



Yukon Substance Abuse Summit

Whitehorse, Yukon - June 6th & 7th, 2005

Summit Report





Table of Contents

| | |
|--|----|
| Introduction | 5 |
| Part 1 Summary of Table Discussions and Participant Submissions | |
| Summary of Key Messages | 6 |
| Healthy Individuals and Safe Communities | 7 |
| Prevention and Education | 15 |
| Therapeutic Justice | 19 |
| Reducing the Harm | 22 |
| Part 2 Summit Proceedings | |
| Day 1 _____ | |
| Opening Prayer | 24 |
| Opening Remarks | 25 |
| Healthy Individuals and Safe Communities | 31 |
| • <i>“Creating Vibrant Communities” by Sherri Torjman</i> | |
| Prevention and Education | 40 |
| • <i>“Four Pillars Approach” by Donald MacPherson</i> | |
| Day 2 _____ | |
| Opening Prayer | 54 |
| Welcome to Kwanlin Dun and Ta’an First Nations’ Traditional Territory | 55 |
| Therapeutic Justice | 56 |
| • <i>“An Integrated Response to Substance Abuse” by Nathalie Des Rosiers</i> | |
| Reducing the Harm | 61 |
| • <i>“Helping House” by Marge Storey-Abrahamson</i> | |
| Looking Forward | 67 |
| • <i>“Guiding Principles for Substance Abuse Policy” by Gerald Thomas</i> | |
| Closing Comments | 76 |
| Closing Prayer | 77 |



Yukon Substance Abuse Summit Whitehorse, Yukon - June 6th & 7th, 2005



Introduction

On June 6 and 7, 2005, the Government of Yukon hosted a Yukon Substance Abuse Summit in Whitehorse, YT.

The purpose of the Summit was to bring together representatives of various levels of government, non-government organizations, First Nations, and Yukon communities for a focused discussion that would examine effective strategies to respond to drug and alcohol abuse in Yukon. The Summit was the first step in the development of a Yukon Substance Abuse Action Plan and almost 200 delegates participated.

The Summit was organized around four themes: Healthy Individuals, Safe Communities; Prevention and Education; Responding to Those in Need; and, Reducing the Harm. Guest speakers from across Canada and local experts were invited to speak to issues related to each theme. Following presentations, delegates met in small groups to discuss solutions to substance abuse in Yukon communities.

The following report is divided into two sections. The first section provides a summary of major themes coming out of the small group discussions. The second section contains transcripts of the presentations of the main conference speakers.

A working group is overseeing the preparation of a Yukon Substance Abuse Action Plan that will stem from proceedings of the Summit and from further research. This Action Plan will guide government policymaking in the area of substance abuse and serve as a resource for communities that want to develop their own projects.



Report on the Roundtable Discussions and Participant Submissions

Key Messages

Almost 200 participants from across the territory, and some visiting speakers from other parts of the country, attended the Yukon Substance Abuse Summit. Delegates were asked to focus their discussions around four major themes: Healthy Individuals and Safe Communities; Prevention and Education; Therapeutic Justice; and, Reducing the Harm.

This report provides a synthesis of the messages recorded by 24 groups, as well as 13 written individual responses, which the delegates were invited to submit.

Several key messages reappeared throughout the two-day delegate discussion.

- Governments of all levels need to work more collaboratively with each other and with community organizations and communities in order to effectively address substance abuse.
- Services need to be holistic, integrated, and be part of a continuum of care for persons with substance abuse issues. Services need to address substance abuse directly through treatment, education, etc., but they also have to address issues associated with substance abuse such as homelessness and poverty.
- More services need to be provided in rural communities.
- Consumers of services need to be involved in designing services.
- Families need to be the focus of services.
- Programs need to be culturally appropriate.
- First Nations elders need to be involved in delivering programs.
- Communities need to take responsibility for the substance abuse problems in their communities.
- Harm reduction programs need to be developed and supported.
- More government funding is needed and longer-term government funding is needed to address substance abuse in the territory.



HEALTHY INDIVIDUALS AND SAFE COMMUNITIES

Question 1: What are the key substance abuse issues in your community? What kinds of personal harm, social harm and economic harm have they caused?

Delegates identified many substance abuse issues they see in their community. The key issues are grouped according to the following categories: type of substance abuse, First Nations issues, violence, families, youth, crime, justice and enforcement systems, health care, social issues, cost of substance abuse, community, education and funding.

“We need to take our communities back!”

Type of Substance Abuse

Most delegate groups said that alcohol abuse is the biggest problem in the Yukon; however, prescription drugs and illegal drugs are rapidly growing problems. Prescription drug abuse includes the mixing of prescription drugs (such as Ritalin) with street drugs. The street drugs cocaine, crack cocaine and marijuana were identified as the most common drugs used, and to a lesser extent, hashish, methamphetamine (crystal meth) and ecstasy. Tobacco is also a problem, particularly with youth.

Accessing drugs and alcohol was reported as easy.

First Nations

The history of abuse under the residential school system has caused serious harm to First Nations individuals and communities and many delegates linked residential school trauma to drug and alcohol abuse by members of First Nations. Some delegates said that First Nations children are still taken out of some communities today for educational purposes after Grade 9 and they question this practice.

Substance abuse was reported as making it difficult to keep First Nations culture alive.

Violence

Delegates said substance abuse leads to more violence in families and in communities. This violence includes assault; sexual assault including gang rapes of young women; domestic assault; child sexual abuse; and, selling sexual services for drugs and alcohol.



Families

Delegates said families experience many problems as a result of a family member(s) abusing drugs and/or alcohol, including living in very stressful environments. Substance abuse often leads to family violence and family breakdown. Vulnerable members, including children, women and elders, are being neglected and/or abused physically, emotionally and/or financially. Substance abuse causes some families to come in conflict with the law and/or with Family and Children's Services.

It was reported that substance abuse can be intergenerational.

Youth

Delegates reported that more youth are turning to drugs and alcohol and the age of first contact is getting lower. One delegate group noted that children as young as six and seven years are consuming alcohol. Sexual violence against young women and teenage pregnancies were linked to substance abuse.

Youth have a harder time learning if they come from alcoholic families and substance abuse was linked to the high school dropout rate. Some delegates felt schools are places where youth have easy access to drugs and alcohol while others commented that keeping youth in schools and in college programs are ways of reducing harm.

Youth tend to binge drink on weekends. Some delegates reported that drug dealers exploit vulnerable youth (young women in particular) and that some youth see drug dealers as role models. More youth are turning to crime and violence as a result of drug and alcohol abuse.

“ We often place responsibility on the youth rather than take responsibility as adults and as a community. ”

Crime

Many delegate groups said that crime is often turned to as a way of supporting drug and/or alcohol addiction, in particular, committing break and enter offences. Substance abuse is also a contributing factor in many crimes resulting in incarceration. At the same time, some delegates said that a lot of criminal activity linked to drug and alcohol abuse is unreported. Illegal activities such as bootlegging and drunk driving were linked to substance abuse.



The Justice and Enforcement Systems

Some delegates reported that they felt the justice and enforcement (RCMP) systems were too lenient with drug dealers and bootleggers. Imposed fines were too low and youth weren't being fined. Some delegates said the RCMP do not have a consistent response to dealing with substance abuse in communities. Some delegates said that sometimes the RCMP abuse their powers when they deal with people with drug and alcohol problems.

Health Care

Many delegate groups reported that prescription drug abuse is a growing and serious problem in Yukon communities and access to prescription drugs is easy.

Suicide resulting from substance abuse or problems associated with substance abuse was reported as a serious problem.

Delegates said that substance abuse is causing poor/deteriorating physical health (including disease and injury-related problems), emotional health (including low self-esteem) and mental health (including depression), as well as leading to a loss of spirituality. The rate of Hepatitis C and HIV/AIDS infections is increasing as a result of increased drug use. Health care workers at the Whitehorse General Hospital often see the same addicts more than once a day and more youth are winding up in the hospital after weekend binge drinking.

Delegates reported a growing problem of persons with mental illnesses abusing drugs and alcohol (concurrent disorders), as well as ongoing serious issues associated with women drinking while pregnant (Fetal Alcohol Spectrum Disorder).

Health care workers reported safety concerns around working with persons addicted to street drugs such as crack. Some female workers don't feel safe working alone with these patients when they are impaired.

More women are showing up for detox treatment although the majority of clients are still men.

“Prescribed medication gives society a false impression of being ‘safe’ because a doctor prescribed it. This is a dangerous and false assumption.”



Social Issues

Delegates consistently linked substance abuse to issues of poverty, unemployment and homelessness. Some delegates reported that some families spend their social

assistance cheques on, or sell groceries for, alcohol and drugs.

“ Finding affordable and safe shelter for persons in recovery or with substance abuse issues is a serious problem. ”

Substance abuse can lead to unemployment or vice versa. Unemployment was cited as an issue affecting youth, high risk users and members of First Nations in particular.

Finding affordable and safe shelter for persons in recovery or with substance abuse issues is a serious problem. Substance abuse is also an issue in the workplace.

Cost of Substance Abuse

Delegates said the costs of treating substance abuse and responding to problems associated with substance abuse are significant. They include the costs of health care intervention (mental and physical), incarceration, social programs and recovery/treatment programs. Ineffective treatment drives the costs even higher (repeat visits to physicians, etc.). Higher taxes were cited by some delegates as a consequence of substance abuse.

Community

Delegates said that communities are hurting from the effects of drug and alcohol abuse. Some delegates reported that some communities are in denial about the problem, others said that communities don't know what to do, and still others said there needs to be less talk and more action. Some delegates said more cooperation is needed between community residents and between community-based services/groups, and communities lack a healthy vision of where they want to be.

Some delegates reported that it is hard to report drug and alcohol abuse because the offending person is related to someone on the town or band council.

Rural communities need more services.



Education

Delegates said there isn't enough education available to inform adults and youth about the harmful effects of abusing alcohol and drugs, particularly around the harder street drugs such as crack and around binge drinking. Professionals, including physicians, need more education and training on how to identify and effectively/holistically treat substance abuse. Some delegates said that the lack of, or poor education results in ongoing fear and exclusion of addicts, which is counterproductive to helping them heal.

“ If the community doesn't want the program, it won't work. ”

Funding

Delegates said more and longer-term government funding is needed to prevent and treat substance abuse. These resources should be directed to programs that deal directly with substance abuse (counseling, treatment, after-care and follow up supports, enforcement) and at issues/services related to substance abuse (housing, family supports, mental health issues and alternative activities for youth). More funding should be given to non-government organizations to deliver services.

Delegates repeatedly said there is a lack of resources in rural communities.

Question 2: What steps can communities take to become healthy and productive?

Most delegates reinterpreted this question as: “What needs to happen for communities to become healthy and productive?” Answers were grouped according to the following themes: collaboration, communities, approach to service delivery, services, education and funding.

Collaborative Approach

Delegates repeatedly said that all levels of government (First Nations, municipal, territorial, federal), along with government agencies (RCMP) and community organizations need to collaborate. There needs to be an integrated and strategic approach to dealing with substance abuse issues. Members of communities, including business owners, must be involved.



Delegates said better communication is needed about who is doing what; newsletters and community resource guides can help in this regard.

Confidentiality issues need to be worked out to serve clients faster and more effectively.

Communities

Delegates said communities need to take ownership of and responsibility for their problems and develop strategic plans, including ones to stop bootleggers, drug dealers, prostitution, etc. Some delegates said leadership is needed, including First Nations leaders taking a stand against alcohol and drug abuse in their communities. Political leaders need to be held accountable.

Communities must “buy into” programs and services, including youth buy-in.

*“ Elders
need to be
involved. ”*

Approach to Service Delivery

Delegates said the approach to service delivery needs to be a holistic one that addresses the mental, physical, spiritual and emotional needs of individuals and families seeking help. Tackling substance abuse means tackling the roots of the problem (residential school abuse, poverty, unemployment, sexual abuse, etc.). First Nations culture must be incorporated into programming, including support for First Nations languages. Relationship building is a core component of successful programming.

*“ Solutions
must come from
the heart. ”*

The people who use the services should be involved in developing them. A harm reduction approach needs to be built into programs. Programs should be welcoming and not stigmatize users.

Prevention and education are critical components of tackling substance abuse.

Other ideas:

- *Make government services flexible to community needs.*
 - *Reduce access to alcohol through a variety of mechanisms, including changing legislation to include tougher impaired driving laws; increase legal drinking age to 21 years of age.*
-



Services

There needs to be a continuum of services for individuals with drug and/or alcohol issues that includes one-on-one support, counseling/treatment, follow-up support services (including after serving time in jail), peer support, services in schools (such as social workers/counselors), more housing options (including shelters for youth, women and children), and recreational opportunities for youth, etc.

Programs need to be long-term and they need to be flexible to meet the different needs of clients (including the needs of client with mental health issues and services geared towards various stages of recovery). Clients need to be able to access programs when they need them and for as long as they need them, with no time limits.

Programs that support families are critical to success. Delegates said youth need programs that build their self-esteem.

There need to be culturally appropriate programs that address residential school abuse.

Services cannot be provided only in Whitehorse. Rural communities need treatment and follow-up supports.

Other ideas:

- *Create community kitchens, family centers.*
 - *Develop programs for children who witness abuse/violence.*
 - *Develop bush camps for healing.*
 - *Question physicians on their prescribing practices.*
 - *Develop mentoring programs for youth.*
 - *Lower campus residency age for youth who want further education.*
-

Education

More education in general is needed about the harms associated with abusing drugs and alcohol, especially about the newer street drugs such as methamphetamine.

Other ideas:

- *Families and victims of violence associated with substance abuse should be provided with information about “addictive thinking and behaviour”.*
 - *Physicians need to educate patients about potential harms of prescription drugs.*
 - *Politicians need more education about substance abuse so they can move the agenda forward.*
-



Funding

More government funding and long-term government funding is needed to support existing and to develop new programs/services. Some delegates said funding should also come from the private sector. Core funding should be made available and information on how to access this funding should be readily provided.

Question 3: What has been done in your community?

The answers to this question did not consistently link programs to specific communities. There are, however, many programs already taking place in Yukon that address the harms associated with drug and alcohol abuse, as well as treating addictions directly. These include some alternative activities programs for youth, education and prevention programs such as DARE and PARTY, harm reduction programs such as the No Fixed Address Outreach Van, support programs offered by non-government organizations, substance free graduation programs, addictions counseling, and healthy family initiatives.

A component of the Substance Abuse Action Plan should include an up-to-date Yukon Resource Directory that lists all of the services and programs in the territory that are linked to addressing substance abuse.



PREVENTION AND EDUCATION

Question 1: What are we trying to prevent?

Delegates said prevention strategies need to address the harms associated with substance abuse and prevent a worsening of the current state of substance abuse in the Yukon.

Many delegate groups said they want strategies that will delay the age of first exposure to drugs and alcohol.

Prevention strategies need to address the risk factors that can lead to substance abuse. These risk factors include:

- poverty, unemployment, homelessness;
- loss of culture and community wellness;
- breakdown of family wellness; family violence (includes domestic assault, sexual abuse, child neglect/abuse);
- generational harm from residential school abuse; and
- low self-esteem, boredom, generational grief, shame, loss of hope;
- lack of education about responsible use of drugs and alcohol.

Prevention strategies also need to reduce the harms that stem from substance abuse. Many of these overlap with the risk factors that lead to substance abuse.

Delegates want strategies and programs that will prevent:

- normalizing substance abuse in families; passing an “addictions culture” on to future generations;
- unwanted pregnancies; high school drop outs;
- risky lifestyle of users;
- criminal activity, including drug trafficking;
- individual and community ignorance; denial, complacency, apathy;
- exposing youth to substance abuse lifestyle;
- stereotyping, exclusion, stigmatization of users;
- breakdown of health system due to lack of resources and pressure for services;
- Fetal Alcohol Spectrum Disorder (FASD);
- government policies that ignore and/or inadvertently promote substance abuse; and
- health problems such as mental health problems, infections, disease;
- burn-out of caregivers.

“ People know the harms; they need to see the other options. ”



Question 2: What is the role of the family, community and others in prevention? How do you think families and communities could be more involved in prevention?

Delegates said families play a key role in preventing substance abuse.

Families are the primary vehicles to pass on values and traditions to children and where children can learn positive social skills. Parents also serve as their children's first role models for responsible and/or irresponsible drinking and drug use.

“ Families and communities know the individual (who needs help) and can work together as a team, using a circle approach, providing ongoing support. ”

Because of the importance of families, delegates said families need to be both a target of services and the providers of services in the prevention of drug and alcohol abuse.

To involve parents/families in prevention they need a wide variety of supports, including:

- access to prenatal, traditional parenting and life-skills workshops/programs; early childhood intervention;
- easy-to-understand education around substance abuse and harm reduction approaches;
- affordable access to alternative activities to drugs and alcohol use, including sports, arts and crafts, bush camps, youth centers, etc.;
- programs that work with both parents; men's and women's groups for sharing;
- youth access to mentors and healthy role models;
- flexible workplaces that allow parents to be involved in their community and to spend time with their family;
- ongoing training and capacity building for community front-line workers, such as family support workers and NNADAP workers; and
- programs that break down communication barriers between parents and children and between different cultures.

Communities also have an important role to play in supporting families around difficult substance abuse issues and in providing healthy lifestyle opportunities. Delegates said communities have to be committed to building a healthy community. Communities can



support prevention by holding and promoting the value of non-drinking events and by forming, for example, a substance abuse prevention committee.

Community groups need to collaborate with each other, with government services and with other communities so they can plan and provide a range of coordinated responses and opportunities for families to lead healthy lives.

Delegates said families need to be part of program development. Elders need to be involved. Service providers need to address barriers to involvement such as child care, transportation and a non-welcoming environment. Youth need to be part of decision-making.

Involving more community members in substance abuse prevention can happen by developing personal relationships with families and individuals; taking a “small steps” approach; and, by extending personal invitations. Involving volunteers in substance abuse prevention is important and needs to be supported with training/education opportunities. Volunteers can be recruited by inviting individuals to get involved based on their personal skills/knowledge, offering incentives such as food draws and providing volunteer/community awards.

Question 3: What are the appropriate tools for education? What might be some ways to communicate the harms of alcohol and other drugs to the community – especially youth?

Delegates said one of the best education tools is offering youth and families alternative activities to drug and alcohol use. These alternatives include sport/recreation activities, arts and crafts, bush camps or land-based activities. Key to carrying out these activities is connecting with youth, parent(s) and children in a compassionate, caring manner.

Delegates reported that having speakers who tell their personal stories about drugs and alcohol abuse is a very effective way to educate, as is having healthy role models and mentors. Other education tools include conventional media (radio, television, newspapers, magazines, Internet). Some delegates noted that youth are sophisticated consumers of media and messages need to be ones youth will notice. This can be done by using alternative education tools such as music, pictorials and humour. Youth peer advisory committees and peer education are also valuable tools.

Some delegates said education must take a non-judgmental/harm reduction approach to using drugs and alcohol rather than a no tolerance approach, which would further alienate youth.



Messages should be positive — what youth can do, as opposed to negative — what youth can't do.

Parents and families need to be supported, including providing comprehensive early childhood education programs. Consumers of education campaigns need to be involved in their design to ensure that the target audience is reached.

Government needs to spend more money on education and a long-term approach is needed.

Many delegates supported existing education tools such as P.A.R.T.Y. and the No Fixed Address Outreach Van.

“ Don't be afraid to try something new. ”

Other ideas:

- ***Education needs to continue to take place in schools.***
 - ***Elders should be involved.***
 - ***Education needs to take into account varying literacy levels.***
 - ***Education campaigns needs to be focused and not try to address all issues at once.***
 - ***Special education programs are needed for persons with FASD.***
-



THERAPEUTIC JUSTICE

Question 1: Are there better ways of coordinating the delivery of services to respond more effectively to those in need?

Delegates were clear that service providers need to collaborate more with each other to ensure individuals, families and communities get the best possible service available. Government departments need to collaborate with one another, various levels of government (First Nations, municipalities, federal, territorial) need to collaborate with one another, and governments at all levels need to be collaborating with non-government organizations. Resources, both financial and skills, could be pooled in some instances.

Services should take a holistic approach to working with clients, particularly when dealing with clients with concurrent disorders and when dealing with families. This means recognizing that clients are dealing with a variety of issues such as homelessness and poverty, not only drug and/or alcohol abuse.

To reduce confusion and to encourage the use of services, there should be something like a “one-stop-shop” for substance abuse services. Consumers need to be involved in service design and service providers and governments need to be creative and keep an open mind to new ideas.

Confidentiality issues around sharing client information must be worked out.

Governments need to provide long-term funding in such a way so as to reduce turf wars and competition amongst service providers. Regular and clear communication is critical to working well together. There needs to be opportunities, like the Yukon Substance Abuse Summit, for ongoing dialogue and discussion.

Delegates pointed out that there are several current examples of collaborative projects, such as the No Fixed Address Outreach Van and the Domestic Violence Treatment Option Court.

“ Working together breeds a higher level of expertise. ”

Other ideas:

- *Minimizing fly-in and fly-out service delivery to rural areas.*
 - *Build leadership within communities so there are people who can take charge.*
-



Question 2: What is the community's role in deterring drug trafficking and bootlegging at the street level?

Many delegate groups said members of communities need to start reporting criminal activity more frequently to the police and community members need to support those who do. Communities can also lobby government to change laws so it is harder for criminal activity and substance abuse to occur.

Delegates said that communities need to organize themselves, get their members involved, and hold their leaders, politicians, owners of drinking establishments accountable.

Communities need to educate themselves about substance abuse issues.

Delegates reported that communities need to develop a climate of no tolerance for the harms that come to others as a result of substance abuse, while at the same time supporting, not isolating, those who need help, including families, youth and persons with FASD.

Crime Stoppers and community watch programs were noted as important ways for community members to get involved.

Other ideas:

- *Educate the public on the restrictions facing members of the RCMP in addressing substance abuse related problems.*
 - *Support harm reduction services, such as safe injection sites and safe houses.*
 - *Work with other communities/sharing ideas.*
 - *Involve elders.*
 - *Develop/support programs for First Nations.*
 - *Develop long-term visions of healthy communities.*
 - *Develop problem-solving tribunals.*
 - *Develop social sanctions, such as banning traffickers from communities.*
 - *Pressure traffickers to stop activities.*
-



Question 3: What can police, municipalities, First Nations and other governments do to assist communities dealing with the effects of substance abuse?

Delegates felt strongly that governments have an important role to play in the coordination of service planning and service delivery. While government shouldn't necessarily be the deliverer of services, they can help coordinate services to ensure they are integrated. This includes making sure there is good communication between service providers and bringing people together to dialogue about emerging issues.

Governments also have a critical role in providing long-term funding to service providers, as well as funding professionals to deliver services in rural communities. Governments and the police should support harm reduction programs, such as safe housing; make sure services are holistic and take an integrated approach to dealing with the issues associated with substance abuse; and, provide communities with public education and prevention resources.

Governments can also pass or make changes to existing laws that could make trafficking harder, reduce the availability of alcohol, and that don't criminalize persons with mental disorders or FASD.

***“ We need
less talk and
more action. ”***

Delegates said building relationships with communities is important for all levels of governments and the police. Governments and police should make concerted efforts to get more involved in what's going on in communities, particularly in First Nations communities.

Other ideas:

- ***Community leaders need to be sober/clean.***
 - ***Support dry communities.***
 - ***Find new ways to get community members involved.***
 - ***Shut down drug houses.***
 - ***Put taxes gained from alcohol sales/activities directly back into communities.***
 - ***Police need to develop better relationships with street people and high risk groups.***
 - ***Governments need to be creative and not be content with the status quo.***
 - ***Vacant government positions should be filled and more created so more resources can be sent to communities.***
 - ***First Nations should build on existing bush camps and use them for healing.***
-



REDUCING THE HARM

Question 1: What is your understanding of harm reduction?

“ Some people will never be in recovery so they need the skills to stay safer and to function more effectively. ”

There was general consensus among delegates that harm reduction means providing services that focus on reducing the risks and harms associated with abusing drugs and alcohol, rather than focusing on abstinence. Harm reduction is based on an understanding that making positive changes happens slowly and supports should be given to help the person take care of his or herself during the process.

Delegates said that harm reduction is grounded in a philosophy that is compassionate, non-judgmental and respects the choices of the users, i.e. no “strings” are attached to using the service. Harm reduction is strongly linked to education and prevention activities.

Question 2: What are some innovative ways to reduce harm?

Delegates had many ideas about effective harm reduction strategies that should be used.

- Provide safe houses for people who need shelter when they are using alcohol and/or drugs, particularly for youth, women and children.
- Provide affordable and safe housing for persons in recovery.
- Use services such as the No Fixed Address Outreach Van: services that are street-front, that go to the clients and that don't expect clients to fit into the 9-5 work schedule.
- Develop and support needle and crack pipe exchange programs, needle drop-off boxes, safe injection sites and free condom distribution.
- Develop and support programs that keep youth safe while they experiment, such as Safe Grad.



- Develop programs/services that address other problems in a person's life, such as poverty, hunger, homelessness, unemployment and health.
- Provide long-term government funding.
- Provide a continuum of services that runs from education and prevention to follow-up and aftercare.
- Develop and support any activity that provides alternatives to drinking and using drugs (sports, culture and bush camps, etc.).
- Develop programs that take a holistic approach to working with families, including early childhood intervention programs.
- Share resources and work together so clients don't get the "runaround"; develop a one-stop-shop for services.
- Include consumers in program/service design.
- Involve and work with communities; develop healthy community programs.
- Provide services free of charge.
- Provide education on the risks of abusing alcohol and drugs, including education to the general public on harm reduction strategies.

“ One key doesn't open all doors. ”

Other ideas:

- *Develop bar-related programs: conflict management training for bar staff, breathalyzers on bar premises, reduced bar hours, designated driver programs.*
 - *Provide training for frontline staff to reduce burn-out.*
 - *Deliver cross-cultural training and provide it to a wide array of professionals/persons providing services, including foster parents.*
 - *Provide more services in rural communities.*
 - *Minimize the criminal element by providing safer options to obtain drugs and/or alcohol.*
-



Opening Prayer

Day 1 • Monday June 6, 2005

**MARY BATTAJA: REVEREND AND NORTHERN TUTCHONE ELDER,
WHITEHORSE, YUKON**

(English translation of Northern Tutchone Prayer)

Almighty God, our Creator, you have given us this good land as our heritage. May we prove ourselves, the people, mindful of your generosity and glad to do your will. Bless our land with honest industry, a truthful education and an honourable way of life. Save us from violence, discord and confusion, from pride and arrogance, from every evil course of action. Make us, who came from many nations with many different languages and cultures, a united people.

Defend our liberties and give those, whom we have entrusted with the authority of government, the spirit of wisdom, that there may be justice and peace in our land. When times are prosperous let our hearts be thankful, and in troubled times do not let our trust in you fail.

Let us pray for our neighbours. We commend our neighbourhoods to your care that they may be kept free from social strife and decay. Give us strength, a purpose and concern for others, that we may create here a community of justice and peace where your will may be done. We pray, especially today, for all those who suffer from addictions.

Lord, you minister to all who come to you. Look with compassion upon all, who through addictions, have lost their health and freedom. Restore to them the assurance of your unfailing mercy. Remove the fears that attack them, all who are enslaved by intoxicants. Give them the desire and the free will to be free to live healthier lives.

We pray, especially today, for our youth and our children, for our future generations. Strengthen them in their work of recovery and, for those who care for them, give patient, understanding and persevering love.

We pray and thank you for all who have gathered here at the Yukon Substance Abuse Summit. We pray for wisdom and guidance. Working in unity and spiritually will help us to make a difference to prevent and to reduce substance abuse in the Yukon, our homeland.

Masi. (Thank you.) Amen.



Opening Remarks

Day 1 • Monday June 6, 2005

THE HONOURABLE JOHN EDZERZA: MINISTER OF JUSTICE & MINISTER OF EDUCATION, GOVERNMENT OF YUKON

(Applause) Ladies and gentlemen, thank you.

I would like to start by thanking Elder Mary for her prayers because I believe that recovery from addiction begins with a prayer. Honoured guests, ladies and gentlemen, good morning. I would like to welcome you to the Yukon Substance Abuse Summit.

As I look across the room, I see that we have an inspiring group of participants. We have members of Yukon First Nations, representatives of a wide range of community associations, societies and non-government organizations. I also see professionals from the Departments of Education, Health and Social Services, Justice and the Women's Directorate here.

Alcohol and drug addiction has no boundaries. Therefore, there should be no boundaries in combating the serious concerns for all, whether it be political, ethnic background or whatever. This is an issue that crosses and has no boundaries whatsoever. Again, I can't say how strong it is for everyone to put their differences aside and deal with this issue from the heart.

*“ Alcohol and
drug addiction has
no boundaries. ”*

Some of our guests have travelled a great distance from outside of the territory to join us and I'd like to extend a special welcome to you. It's no secret that we have a substance abuse problem in our territory. Let me highlight a few facts to support that statement. The Yukon has one of the highest per capita rates of alcohol consumption in the country. As a Yukon citizen, that is something that I surely do not want to brag about.

Large proportions of criminal offences that are committed in the territory have alcohol or drug use as a significant contributing factor in the offending behaviour. The Royal Canadian Mounted Police (RCMP) tells us there is an increase in drug trafficking and, as some of you have heard, there has been a large seizure of drugs recently in the territory by the RCMP. As a matter of fact, I believe six garbage bags full of cannabis were going to hit the streets of the Yukon Territory, whether it was in the city or communities. My hat goes off to the RCMP and their dog Justice for being able to confiscate all of that before it hit the streets. (Applause) Thank you.



Fetal Alcohol Spectrum Disorders (FASD) is an ongoing serious issue. It has been for many years, not only in the territory but across Canada. We are well aware FASD is often associated with criminal behaviour, victimization, family violence and other problems.

Those of you on the frontlines see the immediate effects of substance abuse. You see how easy it is for people to become addicted and how hard it is for them to quit. Believe me, I can speak to this from a personal perspective. I was a chronic alcoholic by the time I was 13 years old. I never knew why I even drank. And, I can tell you today, that one of the most difficult journeys in my life was to try to get rid of that addiction. I am a firm believer that it was through the help of the Creator that I am standing here today. I feel that I am a real survivor.

Others of you see the ripple effects. Your neighbour tells you she's afraid to let her children play in the park because they might find a used drug needle. That's becoming a real reality in the Yukon today, not only in the capital city but also in the communities – and it is a very serious issue.

“Drug and alcohol abuse can break down the fabric of our communities...”

We listen to our Elders, who tell us they are worried about our youth; youth who feel disconnected from their First Nation heritage and who are turning to drugs and alcohol. Drug and alcohol abuse can break down the fabric of our communities and as a government we take that very seriously.

So, these are the problems. What can be done to address these issues? We have participated in a number of public meetings and we have taken steps to address some of the issues. I believe our government showed sincerity right from day one when this document was developed with the Departments of Education, the Woman's Directorate, Justice, Health and Social Services, all trying to remove the barriers that prevent the government from being effective in this area. It's called: Working Without Boundaries: Intergovernmental Collaboration Project. We have participated in a number of public meetings, as I had stated, and steps are worth taking to address some of the issues.

There is now a substance abuse counsellor for the Whitehorse Correctional Centre (WCC) to help inmates examine their drug and alcohol use. We also have a mental health counsellor there, which is again, a significant contributing factor in being able to find out what the grassroots issues are for a lot of the individuals that end up in WCC. Our five-step Fetal Alcohol Spectrum Disorders Action Plan has resulted in more professionals trained to assess FASD, as well as new FASD education programs at Yukon College. These are new initiatives that enhance the programs and services that already exist – and like I said, there are no boundaries. We do not intend to sell any other previous government short. Everybody has contributed to working towards trying to combat these issues but there's more work to be done and that's why we're here.



This summit is a starting point. It's a starting point to develop an action plan that will provide a comprehensive, integrated approach to substance abuse. The ideas we gather over the next two days will help develop the action plan. So, we are looking forward, in partnership with you, to developing an effective plan to respond to substance abuse.

I would just like to talk a little from the heart now, from a traditional aboriginal perspective. One of the values we have is to seek understanding. How do we seek understanding of drug and alcohol abuse and addictions? Well, I think one of the ways that I've looked at this is to go into the history. What is the history of the Yukon Territory? What brought a lot of this on? We can go back to the fur traders. Anything I say is not to discredit anyone or any kind of progress in society. It's to make people aware that you need to look at the history to find understanding and to be able to change things in the future. We had the fur traders that came into the territory. What did they bring with them? A lot of things that were good and probably a lot of things that weren't so good.

“ How do we seek understanding of drug and alcohol abuse and addictions. ”

Then we go into the mission schools, maybe all done with good intentions, but I can testify today that it destroyed a race of people – First Nations – a lot of people. I have heard First Nations say it. I've heard others say that the First Nations survived the mission schools. Well, I'm a firm believer that we didn't. If we did survive the mission schools we wouldn't be filling the jails today. We wouldn't have all of our children in care. So, no, we didn't survive. We're still striving to survive the mission school.

And then we would have to look at the gold rush of 1898. It was a big thing across the world, a memorable time and era for the Yukon Territory. It might have been a good thing but how did it impact the people in the Yukon Territory? Think about it. Try to do some research on it.

Then we go to the building of the Alaska Highway. What dynamic impacts did that have on society? Check it out. I did a research essay in the college on this very subject. I interviewed six Elders that were here before the highway. They saw the first Cat coming towards their community. Well, if I had ever cried in my life, it was then. The horror stories of the abuse that went on with the First Nation women were horrendous.

So, that's part of seeking understanding of why we are in the state that we are today. A bit of thought that I would like everyone to give attention to is approximately 150 to 200 years of abuse, with no really serious intervention to speak of. What should one expect our territory's state to be in? What state should we expect it to be in?

Being one that has been through many years of sexual, physical, emotional and mental abuse, I can testify today that with no intervention, you just die, whether it's in jail or



you're killed from doing something stupid. When you have a broken spirit, there is no life – and that's where a lot of our addicts are at today. They really don't care. They're finished. In their mind, they are finished.

But when we all come together and we care for people, we can give them hope and we can change things. I could talk on this for days but I'm going to move on. I wanted to add that so, as people have discussions around this issue, you do seek understanding. I'll tell you today, I can predict we're not going to find a solution in two days – but I can

“ When we all come together and we care for people, we can give them hope and we can change things. ”

tell you one thing for sure that I would love to see everyone in this room and in this territory do. Let it be known to the drug dealers right across Canada, the Yukon is no safe haven for you. You are going to get resistance in this territory. (Applause)

In closing, I would like to say that drug and alcohol abuse affects the quality of life for every

citizen and every community in the territory. Everyone here today has an important contribution to make when we look for answers to the problem. There is no magic solution. It takes dedication, it takes sincerity and it takes people who really do care about what they're seeing and how they feel about the children.

Children are dear to my heart because they're vulnerable – and this is, in my opinion, what drug dealers look for – the vulnerable people. They need to raise those children to be their clients. Solutions will only come when everyone works together with a wide and common vision. That vision is to build healing and safe communities for all Yukoners. We have the expertise in this room to come up with effective ways of responding to substance abuse.

I know that throughout society Master's Degrees are important but what is equally important to a First Nations person is that our Traditional Healers start to get recognition. I can tell you today, it was not a person with a Master's Degree that turned me around. It was a Traditional Healer who made me understand that to have the spiritual side developed in me, I did not have to go to church, but I was able to find something that I could believe in.

So, I look forward to hearing your ideas over the next two days. I want to thank you for your dedication and for coming together to build a healthier Yukon. I sincerely mean that. I just hope that all of us working together can really, sincerely, make a definite, positive impact on this serious issue.

Thank you very much. Masi Cho.



Opening Remarks

THE HONOURABLE PETER JENKINS: MINISTER OF HEALTH AND SOCIAL SERVICES, GOVERNMENT OF YUKON

Good morning ladies and gentlemen. (Applause) Thank you very much.

Minister John Edzerza spoke very eloquently about the problem we're faced with here in the Yukon. It's probably the largest problem the Yukon is faced with, and that is substance abuse. When you can go downtown and buy virtually any type of drug, not just in downtown Whitehorse but also in the rural communities – you can buy virtually any type of drug faster, quicker and less expensively than you can buy a six-pack of beer (and that is readily available also), we know we have a serious problem.

John and I have spoken at length about this issue and we both recognized that neither one of us have all the answers or indeed, any of the answers. I know in the Department of Health and Social Services, we're the acute care provider. When assistance is needed, we're there. John and I, after lengthy discussions, recognized that there is a need for a collaborative effort to join all of the departments together, from the Women's Directorate, Department of Education, Department of Justice and the Department of Health and Social Services to move forward, to seek your advice and your input as to what we can do, because none of us have the answer alone – if indeed there is an answer.

“ ...the costs that are being incurred are not sustainable. ”

We do know there are just over than 30,000 Yukoners here. I'm acutely aware of what we're spending on some of the programs and NGO's to deal with the after-effects of substance abuse – and, ladies and gentlemen, let me assure you, it is significant – but it's not about money. It's about people. It's about families. It's about lifestyle. It's about providing opportunity for our future generations, for our children. Every one of you here today is here because of the skill set you bring to the table. I'm sure that after this two-day summit, we'll be further advanced as to what we can accomplish together.

The acute care side and the costs that are being incurred are not sustainable. When you look at some of the facilities, when you look at some of the initiatives, we are chipping away. We're chipping away. Let me leave you with what I consider to be the biggest problem the Yukon is faced with today, that is, substance abuse: how to deal with it, how to address it and how to move forward.



As a government, we are not going to hide from it.

On that note, I would like to thank the officials in my Department of Health and Social Services for their wonderful briefing notes and speaking notes this morning that said a lot of nice things but, after listening to John, I knew we had to deal with this in a different manner – straight from the heart – straight up and meet the challenges face to face.

Ladies and gentlemen, you are charged with a lot of responsibility here these next two days. I want to thank you on behalf of the Government of the Yukon for your active participation and, what I'm hoping will be, some solution-oriented undertakings coming forward from this summit. May your deliberations be fruitful and may we all build a better Yukon.

***“ As a government,
we are not going to
hide from it. ”***

Thank you very much.



HEALTHY INDIVIDUALS AND SAFE COMMUNITIES

CREATING VIBRANT COMMUNITIES

SHERRI TORJMAN: VICE PRESIDENT, CALEDON INSTITUTE OF SOCIAL POLICY, OTTAWA, ONTARIO

(Applause) Thank you so much for the invitation to be here.

This is just beautiful country and everybody has been so warm and wonderful. It's really nice to be here at your summit on substance abuse, especially to be talking about the communities because, I feel that often times when you talk about difficult problems, complex problems like substance abuse, for example, often the response is to try to identify the people who are having the difficulty, rather than work with those people and provide appropriate treatment. And, certainly, that is essential. We know that that's crucial. There are people who are saying: Can you help me in some way?

Over the next two days you're going to be hearing about a number of interventions that people have been trying in order to help individuals and families who are having difficulties, but equally important are the communities around these people. I've been asked to talk about how we can build communities that actually create support for people and that may help prevent some of the difficult problems or issues that we see.

I'm going to be sharing with you some of the work that is going on across the country, and indeed, throughout the world, in terms of an approach being used in communities called Comprehensive Community Initiatives. I'll talk to you about the process that's being used. I'll give you some examples of what's going on in Canada that are really exciting, with respect to Comprehensive Community Initiatives. Before I do that, what I would like to do is to tell you about Sandra and David because I think the work of Sandra and David are very, very important lessons in this whole concept of: How do we build healthy communities together?

“ How do we build healthy communities together? ”

Sandra was a school principal in a small manufacturing town. Everything was going quite well for her and her job until one day she heard that she was being transferred to another school. The school where she was being transferred to did not have a very good reputation. Kids were not doing well at school. It was a relatively poor community with lots of substance abuse, lots of crime. There were few services and supports.



Nobody wanted to work there – and here was Sandra with her note saying: You’re going to this school. She said, “When I heard about it, I thought two things. The first was, ‘Oh no, this is the school from hell’ and secondly, ‘Why me?’” So she thought, “I’m going to have to go and figure it out.”

She went to the school and decided she was going to spend some time just getting to know people, getting to understand the nature of the problem and getting to understand

“She realized that she alone could not resolve or address these problems.”

the complexities of what she was really trying to deal with. They were complex problems. When kids are not doing well at school, it’s not just the problems of those kids. More often than not they have issues in terms of family violence or poverty or problems that they are experiencing more generally in their lives. She went to see what was going on and to look at what she could do. She then had the most important epiphany or revelation of all. When she looked at the complex problems that she had to address she realized that she

alone could not resolve or address these problems. This was something with such a depth and range of complexity that she alone could not deal with it.

So she said, “I’m going to have to go out and try to find the people who can help support in addressing the issues that I’m seeing in this school.” The first thing she decided to do was to go across the street to a little strip mall. Many kids were hanging out at the strip mall. She said to the owners of those stores, “Can you come and get to know the kids?” She said, “Many of them felt, well, you know, ‘We know these kids more than we would like.’” But they did. They decided to come to the school. She said, “Why don’t you come when they have a choir concert or when they receive their diploma? Just be there.” Do you know what became really interesting? It was difficult for the kids to go and hang out at the mall or even take things from the shelves when first of all, the owners knew your name, and second, when the owner had taken his or her time to be in your classroom, to listen to you and to get to know you. That was an interesting turn around she found.

Then, she got a little bit bolder and she went down the street to the Kiwanis Club. She said to them, “It would be really nice if you could help us out a little bit because we don’t have a gym in our school. There’s no place for the kids to run around. That’s really important because there’s a lot of work now, a lot of literature, which I’m sure many of you are familiar with, about the value of recreation and of culture and of trying to give kids opportunities for learning. We have no place for the kids to do gym or to run around or be healthy. Can you help in any way?”

This was important. Many of you may be aware that there’s so much information coming out now about the value of recreation in terms of not only physical health but social health and leadership, volunteering later in life and just general life skills. So they



said, “Okay. When we’re not using that room, you can use it for recreation.” Then they got to know some of the people who were spending time in that Kiwanis Club. Sandra said to them, “If you have time during the day, can you come to the school and teach the kids some instruments and music? Can you read with them? Can you give some extra time for math, for those who need additional help?” And they did that.

Then she said she got really bold and went further than across the street and down the block. She went across town to General Motors because General Motors was the major employer in that little community. And she said, “We have a problem.” They said, “We do?” and she said, “Yes, we have a problem because these kids are not doing very well. Many of them will be your workers later in life and some of them have parents who work for you. The fact that we have kids who are not doing very well is really a concern for all of us.” So they said, “Okay. Yes we do. We have a problem. How much do you want?” And she said, “I don’t want anything. I don’t want any money.” I’m sure, at that point, they thought she had a problem.

They had never heard of this. They said, “Well, what do you want?” And she said, “You know, what I would like is your commitment to our children. I’d like your interest. I’d like you to come to the school and have some of your workers talk to our children and tell them why it’s important to stay in school. Tell them why they need to learn math and science and how it may apply in their lives. Invite them into the company to see what’s going on where their parents are working and where they may work in the future,” and, on and on. Sandra invited police officers into the school and they did reading circles – you know, these big, burly police officers.

“That we have kids who are not doing very well is really a concern for all of us.”

This school scored in the top category. She really turned it around. It became a place where people wanted to go. It became a model school, but actually, *they* turned it around. It was Sandra who got the people to come in and to work together, to give their commitment to these kids who were experiencing difficulties and complex problems, which you really need a range of solutions in order to address them.

Let me tell you about David because his experience is somewhat similar, but he did something a little bit different that I think is equally important. David was a manager of a mall. You know, it’s funny how all these lessons from social policy come from people who are not involved in the field at all but who have such important things to teach us. So, David was a mall manager. His mall was in the catchment area of six schools. What was happening was that a lot of kids were hanging out in his mall. Now, that wouldn’t have been such a problem if not for the fact that they were hanging out there when they should have been in school. They were there during the day. There was increasing theft, violence, roughing up of customers, until one day – the ultimate – there was a murder committed in the mall.



“ There are 12 agencies in the community which should be looking after these kids...”

Now, in the words of David – you will have to hear him say this – he said, “Believe me, a murder is not good for business.” So he said, “At that point, what was I to do? Either I could turn this into a fortress and have security cameras and guards and metal detectors at the doors. Not many people from the community would want to go. Or I could do something completely different.” His realization was very similar to Sandra’s. He thought, “This may be my problem because it’s on my doorstep but I can’t deal with this alone. The fact that the kids are here should be of concern to the six

principals of those schools; the fact we have the police in often should be of concern to them and the juvenile justice system; and, the fact that there are 12 agencies in the community, which should be looking after these kids, is also their responsibility.” So, what he did was bring together all those people in a room, you know, those people whom he felt really should be working to resolve this problem, and they worked together over several months. They worked for a long period until they really felt that they had something that they could do together to resolve these issues with the violence, and the substance abuse, and the difficulties they were seeing in the mall.

What did they finally decide to do? They realized the kids were coming there so they were going to support that. They weren’t going to turn them away. They were going to build this into something positive. They created a drop-in centre on the second floor of the mall. They started to make coffee available and put posters on the walls where the kids could get information if they were having difficulties. They set up a few sport teams because there were enough of them to have their own sports teams, and they also set up a drama program because a number of the kids were interested in drama. Several of the mall merchants began to offer the kids co-op work placements because they got to know them. They literally turned that mall around to be a model place. Of course, then the media found out about it and they started having stories written about the Dufferin Mall in newspapers, in community papers, in journals and on TV.

What happened at that point was that everybody became interested in what had been done at the Dufferin Mall. And to hear David describe it – this is very funny – he said, “I had people coming from Russia. I had people coming from Australia. And they all were coming to see the ‘Dufferin Miracle’ because that was what the media was writing about: the ‘Dufferin Miracle’.” He said, “If any of them went away and set up a drop-in centre in a mall, I would be very disappointed, unless it was the right thing for that community to do. The essence of the Dufferin Miracle was the fact that we brought together all the people who have a role to play. We brought them together to figure this out and we devised

“ We brought together all the people who have a role to play...to devise a solution that is appropriate to us. ”



a solution that is appropriate to us. It could be different in every other community. It wasn't the drop-in centre that made the difference. It was our decision-making process that we sustained, that we kept going over a period of time, and we worked on it together until we found something that was comfortable for us. That's the essence of the 'Dufferin Miracle'."

That's really the essence of this new form of community building that's being developed in Canada and throughout the world. It's called: Comprehensive Community Initiatives. What David did was, fundamentally, at the foundation of Comprehensive Community Initiatives. Let me just describe to you, briefly, what this is and how it really took hold.

Actually, the whole movement toward Comprehensive Community Initiatives grew out of the inner cities in the United States where they were seeing some very difficult problems with high rates of poverty, homelessness, family violence, substance abuse and crime.

They realized that the way they had been structured to address these problems was not really very effective because you would have the health people coming in here, the justice people from here, the housing people from here, the social service people from here. They were all coming in and doing their own thing, doing their own interventions, often with the same people, with the same family, within the same neighbourhood, very rarely knowing each other or knowing what the other one was doing.

Sometimes, even something positive from one department can create problems for people in another department. For example, sometimes, if you have a little bit of work it may make you ineligible for welfare. Unless you know what's going on all together and you coordinate your interventions, sometimes you can even be creating problems in communities.

So they developed an approach called: Comprehensive Community Initiatives. It was supported at first by a private foundation. We became interested in it in Canada because we were seeing some really complex, difficult problems. We've tried to apply it in a major national project around poverty reduction, again – a very complex issue.

What are some of the fundamentals of Comprehensive Community Initiatives? Well, first of all, they're *comprehensive*. I know that sounds fairly obvious but I just wanted to say it. What does that mean – *comprehensive*? You know, it's not possible to do everything. We would all like to, I know. The issue about being comprehensive is that you understand the links among the problems that you're seeing and you're trying, in some way, to address this. The Ministers of Health and Justice talked about the horizontal work that's going on in the Yukon, which is fantastic – a very, very important first start.

“Sometimes, even something positive from one department can create problems for people in another department.”



These community initiatives are *comprehensive*, intended to support or complement some of the work that the government is doing. These community initiatives are not intended to replace government. I think that's a very clear message, that while communities can do a lot, while people like Sandra and David can do so much in communities, it's not intended to replace what governments can do. It's an important complement to government work and we have to be clear about that.

Second, they're *long-term*. They recognize that the issues that they're addressing don't take place or can't be resolved in a year. Often times government programs work in a

single year, and we've learned that poverty does not start on April 1 and end on March 31, fiscal year. These complex problems have usually taken a lifetime to develop, sometimes, several centuries. Your Justice Minister Edzerza talked about 200 to 250 years. We're dealing with some very difficult issues. One of the things that we're trying to do in our own work is convince funders that they have to do multi-year funding. They have to be committed over longer periods of time. They've moved into two and three and four-year funding arrangements. That's better, though it's still not long enough. The States are getting into ten-year commitments and have moved beyond the one-year narrow framework.

“What are some of the fundamentals of Comprehensive Community Initiatives? Well, first of all, they're comprehensive.”

Comprehensive communities are *multisectoral*. That is, more than multi-organizational. That's an important distinction because often times we bring people together, which is really important but they're all in the same field. They're all doing similar kinds of things and they're talking the same language. What we really have to do is move beyond our own sector and try to get into something very different – involve business and bring in social service people, bring in government people, and also, bring in the people who are affected by the problem in some way. These are called *targets* of the intervention and they should be included in the work that we're doing in poverty reduction.

We have people living in poverty at every single table. Some of them have their own support groups and some have extra assistance so they can participate. This is not what we're doing *to* these people. It's not something that we're *imposing* on them. It's something that we're trying to work on *with* them. That's the only way that it can be relevant: when you reach out and make these processes inclusive.

“Second, they're long term.”

So, you're looking across sectors and, even in your own horizontal-working government, it's still working with government. One of the things that have been really effective about some of the Comprehensive Community Initiatives is that they brought



together the business people, the welfare people and the recreation people. They've created solutions that they never would have done had they not been in the same room together. I've been part of some of those initiatives where, for example, our mayor convened a big group called: Partners for Jobs. The major business people, major high tech owners, were working with the welfare department to do specialized training and bring people into some of the major high tech firms. That never would have happened had not those people been working together in the same room.

And finally, these comprehensive initiatives look for *results*. Obviously, everybody is looking for results. There's no question. I can go on about evaluation if there are any questions about that. But, they're also looking for a community to do things in a different way – try to move out of those boxes in which we all have been placed and to try to come up with some solutions that move above and beyond those boxes. So, they're *multisectoral*. They are *long-term*. They're *comprehensive*. They're *inclusive*. They're looking for different *results* and different ways of doing things.

“...they brought together the business people, the welfare people and the recreation people.”

Just let me tell you, very briefly, about one program that's going on across the country, then I'll stop and respond to any questions you may have. I'm going to use this example because our organization, the Caledon Institute, has been involved in this work so I know it well. I do know that it's one of the most well developed Comprehensive Community Initiatives that's taking place across the country, primarily because of the work of our partner organization: the Tamarack Institute. That's a national institute on community building. The McConnell Family Foundation in Montreal provided a lot of the funding. For some of our work, we've invited up the people from the states who started up the Comprehensive Community Initiatives. We've used them as mentors to help. What was so interesting, at the last meeting we had, one of the key leaders in the United States said to us, "You know what? We are now ready to learn from you, because together you have moved this model to a different level that we hadn't even tried or even heard of." So, we're quite excited. Our results will be coming in soon. I can only talk though about the process that we've been using.

We got interested in the comprehensive community model because we were looking at ways to reduce poverty. That's a very complex problem. As you know, there are many pathways into poverty. There's not one solution. There's not one organization or one sector alone that really effectively can address that problem. We now have fifteen communities across the country that are joined together in a learning partnership. They are learning from each other. How are you reducing poverty? What are you doing?' They meet regularly. They meet in person and they meet on a monthly basis by teleconference. It's hosted. It's structured. It's not just to say: "Hi, how are you?" It's a very structured session in which they're all sharing together.



The first important thing is that they give each other support. This is hard, complicated work. Don't let anybody tell you otherwise. This is really, really tough. When you're trying to get out there and be a pioneer, like these communities are, you need some help and support in how to do this.

*“More importantly,
we have to
“friend raise.”*

Of those 15 communities, there are six that are Trail Builders. Those six Trail Builder communities get extensive funding from the McConnell Family Foundation. It's about \$100,000 a year over a period of four years. Now, the trick is that they have to match that funding in cash. Over time, slowly, they build it up a little bit, but they have to match it.

Why did the funders put such an onerous and heavy burden in place? We thought, “This is crazy. Nobody is going to want to participate in this.” The funders said, “Unless we can show that there is support and commitment in the community, we shouldn't be there. We shouldn't be imposing this. We have to find that there is commitment on the ground. We have to fundraise. More importantly, we have to “friend raise”. We have to bring people in to really be committed in order to sustain this.”

I think one of the most important aspects of the model is that our colleagues at Tamarack provide coaching and support to these Trail Builders. They're helping them identify local leaders. They're helping them identify and write a Comprehensive Community Plan. They're helping them implement it. They're helping them with evaluation. They're assisting them with their fundraising.

What David did sounds so easy. Just call the people together and they'll come and they'll sit around the table. It's not. Typically, people don't speak the same language. They've never worked together in the past. They have to figure out their own respective agenda's and how to meet their own needs and targets. It takes a long time and a lot of support to keep the interest going. The fact that these six Trail Builders are receiving support is extremely important. They share and they work together through this national project.

I'll just give you an example of why the sharing is important. One community was setting up a program for welfare recipients and it was in a business in food production in the Niagara region. What better place to build up business in food production, in canning, in meat pies and a whole set of things? They went through so much in getting the licenses, getting the health approval, just figuring out how to do this. They talked about it and the other community said, “You know what? We've been with you for an hour and you've just saved us six months of work. Thank you so much.” So, part of it is mutual support. Part of it is the learning that takes place so that you are continually raising the bar. You're helping each other through the networks that you are creating and you're supporting the learning.



At Caledon, our role in this whole process is policy development. We do policy work related to the project. We write research papers that will help support the work. I've brought some of them with me. They're all on our website. There's one called: Comprehensive Community Initiatives. There is another one called: Who Does What In Comprehensive Community Initiatives? There is a third one called: The Social Role of Local Government. There are some on culture and recreation and there are links to well-being. We try to provide the support.

We also look for the policy barriers and the problems. You know, the example I talked to you about regarding the welfare rules, that if somebody goes out and gets a little bit of work, right away they can be penalized and their welfare gets reduced dollar for dollar? I'm sure you've heard of some of those particular problems. They stand in the way of making anything better happen. We wrote a report called: The Don't Make Sense Welfare Rules. And, we also wrote a report called: Dumb and Dumber Government Rules. Anybody interested? You'll find it on our website. It's been very well read because there were many of them. What we're trying to do is to find those barriers that keep people in place.

Finally, what we've been doing is a dialogue, a policy dialogue, involving ten federal departments. They've met over an 18-month period, once a month, to talk about community work – a sustained conversation that's really important. What I've described to you is a very complex national initiative. You know, there's a pan-Canadian learning going on here: the six Trail Builders doing in-depth work around their comprehensive plans, the discussion at the national level, and we've joined up with the communities.

You don't have to do that kind of complex initiative. We developed this just to test the model. We're trying to see if it really does work. We've given it all the supports possible: the learning, the research, the policy work, the coaching support, because we want to make it happen. In your own communities, in your own areas, you don't have to have an exhaustive, extensive approach like that.

Think about Sandra and think about David and what they were able to do in their own small area, in their school, in their mall, just by bringing the people together. Their lessons in this area are so important. The responsibility lies with us all. If we could bring people together who have a role to play then we can all figure it out. We all have the solutions right here in this room. They're all here. What we've been missing is the safe and supportive place to come together on an ongoing basis to figure out those solutions – to bring all our expertise, our networks, our resources and our thinking together on a sustained basis to create that miracle for our communities.

Thank you very much.



PREVENTION AND EDUCATION

FOUR PILLARS DRUG STRATEGY: PREVENTION, TREATMENT, HARM REDUCTION AND ENFORCEMENT

*DONALD MACPHERSON: DRUG POLICY COORDINATOR, CITY OF VANCOUVER,
VANCOUVER, BRITISH COLUMBIA*

(Applause) Thank you very much. Just so you know that I am not totally fresh off the boat from Vancouver and I'm not a totally flaky urban person – I used to live here, okay? So, I have a tiny bit of street credit up here. I lived here for two years. I know it wasn't very long. I didn't last long. I went down south but I lasted a couple of winters. I did the requisite trip to Mexico to break up one winter. It was a real honour to get invited to come back here. This is not something I knew anything about when I lived up here. I was more into paddling, hiking, working in mines and that sort of stuff. It was a real honour to get a chance to come back, to see what the scene is here with regards to drug problems and community.

Since I have been here I've just had a very typical Yukon experience. I landed in the rain and got off the plane, hitchhiked a ride downtown with a shuttle bus that doesn't work for my motel – very nice driver, seemed to be taking anyone who wanted to go.

We went for a drive up to the Skagway road yesterday. It was a beautiful, sunny day. We went up to the summit. We were headed down to Skagway – you know, we did all the typical things that happen to Yukoners. I got finger printed. (Laughter). That was just a test. I did. I got fingerprinted yesterday. I tried to enter the United States using my Fitness World Card as ID. (Laughter). So, you can make judgments about my sanity after the presentation. (Laughter).

The real story is that we rented a car, did all the paper work and had a wonderful banter. I asked the person behind the counter all about the drug scene in Whitehorse. We were so interested in the drug scene that she forgot to give me back my licence and I drove off with this rent-a-car. When I got to the U.S. border the woman asked me for ID and I was struggling in my mind: "I don't have my driver's licence. It's got to be back in Whitehorse." I was thinking that and then she said, "Do you have any picture ID?" I should have told her, "Look, I've forgotten it." I should have turned around and said, "Sorry, big mistake," and drove off down the road. She said, "Do you have any picture ID?" So, I pulled out my Fitness World Card and gave it to her. Big mistake!



(Laughter). Well, then I had to deal with Immigration. The Immigration guy read me the 'Riot Act' with full on ten digit fingerprints. I feel like I left part of me up there on the summit somewhere. (Laughter).

The second point I want to make is that I have never successfully done a Power Point Presentation. I have tried many times and it's never been my fault. It has always been some guy over there that screwed it up. (Laughter).

Anyways, now for something completely different – I have learned a lot this morning about the local scene and dare I say: "Gee, it sounds very familiar" – the prevalence numbers, the 'lets all work together', the hints of territorialism, competitiveness, turf-ism, uncooperativeness, this zero tolerance thing that can't be fixed for some reason. I don't know why but someone has got to fix that. To use *zero tolerance* and *inclusion* in the same sentence is problematic. We have the same thing in Vancouver so I'm not being an arrogant urbanite. We have a Zero Tolerance Policy for the Vancouver School Board and they're looking at the same thing you're looking at. Honestly, all of the stuff I've heard here is very similar to what we are doing in Vancouver. We're by no way out of the woods in Vancouver although we are putting our shoulders to the task.

When I was invited to come up here I thought I was supposed to talk about the Four Pillars Drug Strategy, *prevention* being one of the pillars. So, I will try to skew my talk towards prevention because I noticed on the program that I'm only supposed to be talking about prevention. *Harm reduction* is really prevention, *enforcement* can be prevention and *treatment*, in some ways, is prevention. I'm going to talk a bit on the Four Pillars and spend some time on prevention.

We're just getting to a really good discussion of prevention in Vancouver so it's interesting to hear you guys talking about it too. We're just getting to it because, from my perspective at the City, we've been really focused on a very dreadful situation with death, disease, crime and despair in the downtown eastside of Vancouver. I admit that we unapologetically focused a lot on *harm reduction* and *enforcement*, and to some extent *treatment* and *prevention* have taken a back seat – but we're just getting there now. It takes time to do all this stuff, as you know.

“To use ‘zero tolerance’ and ‘inclusion’ in the same sentence is problematic.”

So, the Four Pillars Strategy. [Powerpoint] Let me give you a little bit of background about Vancouver. I won't spend a lot of time on it and I'll try and entertain you verbally.

Everyone has been to Vancouver: port of entry and *drug capital* of Canada. It's the entrance point for Columbian drugs from Miramar and other places. We produce our own drugs, cannabis, etc. Methamphetamine is a growing problem. And we have very well established organized crime historically, decades long of organized crime in Canada that control much of the drug trade.



Really, what the Four Pillars is responding to is basically a massive failure in public policy that we experienced. We all lived through a massive public policy failure in Vancouver in the late 80's and all throughout the 90's. I didn't know anything about this

“Harm reduction is really prevention, enforcement can be prevention and treatment, in some ways, is prevention.”

stuff. I was a literacy guy working at the community centre at the corner of Main and Hastings. I started in 1987 and there were just people drunk all over the streets of the downtown eastside at that time – just unbelievable! People who have been there – I'm sure many of you have seen that scene years ago – it was a bizarre scene – a lot of alcohol – a major, major problem. It still is probably the worst problem of the downtown eastside but it doesn't get much airplay.

Something happened in the late 90's when we experienced a whole lot of really cheap cocaine flooding into the town – really cheap heroin – really

powerful heroin. We developed an open drug scene. The heroin scene is very quiet, you know, a very low-key sort of scene but the cocaine scene and the crack scene was very busy – a frenetic sort of market place, like Walmart, as you're going into the downtown eastside. All these overdose deaths started happening. We were at the corner trying to run a community centre – a drug and alcohol free community centre – because we were meant to be an oasis in this alcohol and heroin riddled community. So, we tried to run a community centre that was alcohol and drug free, and more and more people were piling up outside the centre that were unable to come in. They were hanging out outside. It was just bizarre – for those of you who have been down there – it was just a total disaster. We were trying to figure out what to do about it. We kept trying to get the police to do something about it. They tried their best but no one else seemed interested. At least the police would show up from time to time.

What really happened was that this small community in the downtown eastside, which is a poor community but a strong, very together community, had a long history with alcohol and heroin. In 1972, the Le Dain Commission Report mentions that 60% of heroin users are in Vancouver. Many of them were in the downtown eastside, different parts of Kitselano and throughout Vancouver. There was lots of low-income housing, private low-income housing, and hotel rooms in poor condition. It was a very vulnerable community with a lot of vulnerable people. How many people have been to the downtown eastside of Vancouver? Holy mackerel! (Laughter). How many people haven't been to the downtown eastside of Vancouver? Not that many.

“In 1988 there were 17 illicit drug overdose deaths in Vancouver.”

That's the Carnegie Centre. [Powerpoint] That's the corner of Main and Hastings where I worked for ten years. I gave my soul to the City of Vancouver and worked for the



community. Chinatown is right next door – no transition zones – the heritage district, right in the middle of the city – really quite a proud, old neighbourhood. So, in 1988, there were 17 illicit drug overdose deaths in Vancouver. In 1993 there were 200 illicit drug overdose deaths in Vancouver. That kept going and in 1998 there were 200 illicit drug overdose deaths again. Throughout the 90's there was an average of 150 overdose deaths, primarily heroin but a combination of drugs: heroin, alcohol etc. Illicit drug overdose became the leading cause of deaths for men age 30 to 45.

Other municipalities were experiencing a similar phenomenon so it wasn't just Vancouver. It was British Columbia and to some extent other parts of Canada, but the majority of overdose deaths seemed to be along the west coast in Nanaimo, Prince George, Campbell River. It was a B.C. phenomena. The drugs were just so cheap and so available and then there was just no response. No one did anything about it. All these people were dropping dead on the streets.

It's interesting that you're doing this summit. You're trying to get some numbers. I've heard various debates at various tables about what numbers they think are accurate and which ones aren't. It's hard to get really good, accurate data, especially with illegal drugs because people don't like to come forward that easily. Generally, they under-report that sort of information.

People were dying by the hundreds in Vancouver and there was no response. In 1995, there was a Hepatitis A scare at a health food juice bar in Canada Place. One of the staff had Hepatitis A – and that is pretty bad news if you work in a restaurant. The public health system mobilized overnight. There were adds put in papers: "If you have eaten in this restaurant anytime in the last six weeks please come down to Canada Place. We have nurses. We have people standing on-site who will inoculate you. They will test you etc." I was eight blocks from there and people were literally dropping dead on the streets, in washrooms, in hotel rooms – and there was no response. It was unfathomable! There was a sense of disposable people and these people were drug users.

“There was a sense of disposable people and these people were drug users.”

That's the spike in OD deaths. [Powerpoint] The next slide just shows you the City of Vancouver. Vancouver is pink and B.C. is blue. So, we mirrored the rest of the province. There was something going on in the drug market in all of British Columbia. It really had a hard impact on the downtown eastside.

The Centre For Excellence and HIV AIDS declared an HIV epidemic among injection drug users. In 1997 there was a Declaration of Public Health Emergency by the local health authorities. That's in 1997. This is in 1993 with 200 people dying in Vancouver. By 1997 there was a health emergency declared – and that was probably because of the HIV epidemic and the work of one activist poet who got himself on the health board



and pounded the table at every meeting and almost forced them into calling a public health emergency.

So, the public health response was no response. This is before the public health emergency. From my perspective, in the community, this is what it felt like. It felt like there was money for enforcement (because we would see teams of extra police officers coming in) but there was no money for extra treatment. Injection drug users were kicked out of treatment for using. They were kicked off welfare for using and they were barred from community services, including our community centre. There was a huge debate in our community centre as to what to do with active drug users – which most of us are, if you include all the other drugs we've excluded from all these systems.

“ It was an absolute mess and there was a growing sense of public frustration. ”

The addiction system in Vancouver was in disarray. It was in the process of being transferred from the province to the health authority and it was basically designed for alcohol.

The police took a containment approach, which they didn't admit until recently, but they were trying to keep the problem where it is because it suited the rest of Vancouver just fine to have all the misery going on in the downtown eastside. It meant it wasn't going on in their neighbourhoods. It suited the police just fine too, because they knew that if they tried not to contain it, that it would take a lot more resources.

In the jurisdictional division, there was no leadership. There was an addiction service partly in the provincial government. HIV AIDS services were in the provincial government. Our local health authority didn't have any direct responsibility. It was an absolute mess and there was a growing sense of public frustration.

Here's some background on how we arrived at the Four Pillars Approach. The fellow at the Centre For Excellence and HIV AIDS did a paper called: Deadly Public Policy, which looks at the public policies that contributed to the HIV epidemic concentrating the drug scene in one area. This concentration was very problematic in terms of networks of sharing syringes. There were concentrations of low-income housing in the city – I mean private low-income housing, not social housing. That was a problem we inherited. We didn't put that housing there. It was there since the turn of the century.

Police contained the problem on the orders of their bosses and the politicians were using the containment approach.

Welfare cheques were distributed on one day each month. There was a huge spike in needle use and sharing after welfare cheques as hundreds of thousands of dollars flooded into the neighbourhood with the high number of people on welfare – and the drug market rose to that challenge to distribute drugs.

There was very little healthcare response. The healthcare response was mostly the ambulance – the constant ringing of sirens in the downtown eastside. If anyone has



**“ (we)...
allowed the
infrastructure
of the drug
market to
build up. ”**

stayed near there or spent some time there, there are sirens all the time, a little less so now but back then it was very, very prevalent.

The City of Vancouver, which I work for, allowed the infrastructure of the drug market to build up. We went from four second-hand stores to having 44 second-hand stores and pawnshops. We were asleep at the wheel as this massive infrastructure of the drug market

built up and sunk its tentacles into that neighbourhood, which is making it really hard to take apart – and that’s where we are putting some of our effort now.

There are other things I could talk about, like the way the city planners pushed all the sex trade onto the downtown eastside from the west end, so basically, cleaned up the rest of Vancouver. When Expo ’86 came through Vancouver, they cleaned up Granville Street. That’s when the cocaine trade was on Granville Street and the heroin trade was in the downtown eastside. That’s when the cocaine trade came to the downtown eastside so Granville Street could be good for the tourists – and that was the beginning of the end of the downtown eastside – when the cocaine scene was laid over top of the heroin scene, the alcohol scene and the prescription drug scene.

The Four Pillars Drug Strategy Approach – it’s symbolic. This morning we heard a lot about comprehensive – to tell you the truth, if I had it to do over again, I wouldn’t do the Four Pillars. Pillars are static. They’re one, two, three and four. Now, we’re evolving in our understanding of the Four Pillars – and really, harm reduction is prevention. It’s tertiary prevention. Now, we’re trying to explain to people, after getting them to understand harm reduction, that harm reduction is actually part of prevention. So, they’re really confused now.

**“ ...harm
reduction is
tertiary
prevention. ”**

The Four Pillars Drug Strategy was symbolic of a comprehensive approach. It was symbolic of an approach where health and enforcement had to work together.

The enforcement pillar was absolutely critical. We had some criticism of where the enforcement folks were putting their energy, such as chasing users around. We know that the enforcement piece was absolutely critical to the drug trade and to issues like drug houses, one problem premises – the bars were a big problem. It was this notion of having to work together that we’ve heard about today.

**“ ...that was the
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“ The Four Pillars Drug Strategy Approach became symbolic. There was something for everyone...”

The Four Pillars Drug Strategy Approach became symbolic. It took off like wild fire in Vancouver and people were identifying with it. There was something for everyone. If you didn't like harm reduction, well, you could go work in the prevention pillar or if you wanted more enforcement, you could go and talk to the police.

So, there was something for everyone in the model, and for the public it was easy to understand – and it just took off.

We wanted to include a discussion on evidence-based prevention. Let's look at the evidence: what works and what doesn't. Treatment with a focus on housing – housing is huge in Vancouver. Harm reduction for individuals but also, trying to explain to the community that if you help individuals, then, we are making the community safer and better. It was about reducing harm. It wasn't about enabling people or encouraging drug use or any of that stuff. It was all about reducing harm to both the individuals and the communities.

It took a long time. It was a very controversial discussion to have but we felt it was really important. The coordinating of enforcement that targets the drug trade, that was something that the city enforcement people – like inspections people and the police. They had to work very closely together with the health folks to try to figure out how to deal with the elements of the drug trade, knowing that we weren't going to get rid of it.

So, we started off very much like you're starting off with this. It's a very exciting process. It's very exciting to hear that this is the launching of a process that will take place over the next – I don't know how many months or so – where information will be collected, papers will be drafted, public consultations will be held. I think you've got to do that – and it's a really valuable experience.

Drug users were really critical to our process. They weren't included in the beginning but they certainly made their voices heard and came to the table saying: “What about us? We have a certain expertise too.” The Vancouver Network of Drug Users was formed and they played a very critical role in helping to develop a strategy. We had lots of public forums in every part of the city – this whole sense of trying to bring this issue alive across the city. People came out from all walks of life – and someone mentioned it this morning – I think it was one of our initial speakers, Minister Edzerza, that said, “This crosses all sorts of boundaries.”

“ It wasn't about enabling people or encouraging drug use or any of that stuff. It was all about reducing harm to both the individuals and the communities.”



One of the most moving moments was the development of “From Grief To Action” – a support group of parents from the westside of Vancouver – white middle class folks from Kerrisdale who had children that were addicted, primarily to heroin but some to cocaine and some to methamphetamine and alcohol. They showed up at a public meeting and they said, “Hey, this isn’t just about the downtown eastside. This is about all of us. Some of our kids are in the downtown eastside trying to score some drugs. Some of our kids have died in the downtown eastside.” It was really a coming out for the whole city. Our mayor likened it to: in order to fight addiction, to deal with your problem, you have to acknowledge you have a problem.

Vancouver, in a very public way, was trying to come out in the sense of saying: “Yes, we do have a big problem and it’s not hidden anymore” – because it was hidden before it was accepted. It was tolerated as long as it was in the downtown eastside. There was an ugly sort of complicity going on there. Everyone was involved. It was similar to this process with lots of folks involved: police, treatment providers, users and citizens spoke out. We drafted the paper and we took it around. We met with whomever we could meet and developed the Four Pillars Strategy. We then realized, of course, that we only had one sliver of the problem. We had to link it to other strategies. At the same time, the Vancouver Agreement was being born, which was really the feds, the province and the city sitting down and saying: God, how can we fix this downtown eastside problem? It’s awful. It’s horrible. We need to work together better. We need to coordinate our dollars. We need to do all that work at the government level.

We have developed a housing plan. There’s an economic development strategy, an employment strategy. Jobs are important. Income is important for people who are using or trying to not use; development of low threshold health services that people can easily access; and an enhanced enforcement strategy that really looked more at the infrastructure of the drug trade, rather than the street level dealers, most of whom are users. They still arrest those folks but they’re really trying to look at the step above.

We’ve expanded healthcare services. We created a health contact centre in the middle of the drug scene, right downtown at Main and Hastings. We say, “Come on in folks. You’re a marginalized population. Well, come on in and access the health care system. It’s a universal system. You have every right to it just as much as anyone else does.” We also created a life skills centre in the downtown eastside.

Vancouver Coastal Health Authority is integrating addiction services into primary health care settings. They have five community health clinics all over Vancouver. The idea is you access addiction services like you access any other service. You go in and there are core addiction services in primary health care centres. There’s a needle exchange.

“ We have developed a housing plan. There’s an economic development strategy, an employment strategy. ”



There's methadone prescribing. There's home detox support. There's prevention. There's alcohol and drug counselling. It's trying to normalize addiction services instead of having them off in this other two-tiered system, where there are health services over here and then for all you addicts you have to go to this door over here. They're trying to normalize that and some modest expansion of treatments services.

“ We’ve expanded healthcare services. We created a health contact centre in the middle of the drug scene. We created a life skills centre in the downtown eastside. There’s a needle exchange. There’s methadone prescribing. There’s home detox support. There’s alcohol and drug counselling.”

Of course, you've probably heard about the supervised injection site. That gets the most news. It's actually quite a small, modest intervention but it's challenging the status quo. I've been to a lot of public meetings in Vancouver and I think there are some bigger issues we have to broach. I don't know if just doing the same thing better is going to work. We have to do new things and we have to do things differently. On a bunch of different levels we have to challenge the status quo – and this field has a lot of baggage. I think we've been kept in the dark for a long time about drug policy, addiction issues and harm reduction issues.

The back allies: this was a usual fixing site in a back ally. [Powerpoint] I just put this picture in to show the before and the after. For me, it's a statement of what we do tolerate as a society. This is where people ended up dying. They ended up injecting in urine-soaked alleyways with feces beside their head as they lay down and were injected by their friends in their throat – that sort of thing.

The injection site is a well-done, very clinical setting but the majority of the users have accepted it – and it's doing as we wanted it to do. It's reaching high-risk people. It's reaching unstable people. A significant number of women are using it. I'm not suggesting Whitehorse needs one, by the way. It's a very inner city, urban type of intervention. The principle of bringing people inside out of the cold, in terms of being a drug user, stands. There have been over 200 overdoses in this site, but no fatalities. Scientifically, can we prove it is saving lives? We don't know, but we think one or two of those people might have died if they hadn't been in the injection site. Now overdose deaths in Vancouver are at 50. That's still high by European numbers. Amsterdam would have 12 and Frankfurt would have 15 to 20 per year at the most. So, we still have very high numbers. We have a lot more to do. There has been some research that showed that there's a protective factor against needle sharing.

“ It’s reaching high-risk people. It’s reaching unstable people.”



There was a tremendous focus in the downtown eastside. It was a tremendous focus on harm reduction because – it was like, when your house is on fire, you don't call a meeting. You go and grab a bucket of water and throw it on. That's where we were – in the "throw a bucket of water on the fire" mode for a couple of years as we tried to focus on the people dying on the street. And so now, as I said, 50 is still too high in terms of overdoses. The HIV rate has gone way down. The Hep C rate is very high although I don't know what the new instances of Hep C are.

Now we're shifting our focus to treatment and prevention. For the city it's very hard for us to talk about treatment because Vancouver Coastal Health Authority is a regional health authority. We do talk about it but it's not our sandbox. It's not our turf. They control treatment services, whereas prevention is something we all need to be involved in. We feel we have a role to talk about prevention.

The Vancouver Police Department (VPD) did decide as a corporate decision to try, and to some extent to disperse, the open drug scene, to dismantle the drug scene. It had been there on the corner for 12 years and it had been a big debate in the Vancouver Police Department. They decided they would try to dismantle it and disperse it. They have had some small successes – and all of this as the preamble of prevention, which I am supposed to talk about. After all of this, I'm not an expert in any of this stuff. I just want to make stuff happen that helps people and saves lives – that sort of thing. There are tons of experts around like the people in this room.

We've run up against prevention – and we've been so focused on injection drug use, harm reduction, overdose deaths – and then, our mayor says that we need a prevention strategy. So okay, we'll go do a prevention strategy – and holy mackerel, (Laughter) harm reduction was easy compared to prevention because prevention is so big and people forget about alcohol. They forget that in Vancouver our biggest problem is alcohol, not heroin. More people die from alcohol than illicit drugs. We have lots of cannabis smoking in Vancouver but I would say that alcohol is a much bigger problem. Tobacco is still a big problem. The national numbers, of course, alcohol and tobacco create the most harm. They kill the most people. They cause the most damage and they cause the most violence. Alcohol contributes almost as much to crime as illicit drugs.

“Holy mackerel, harm reduction was easy compared to prevention because prevention is so big and people forget about alcohol.”

I've heard some of the rumblings in the room: How do we talk about prevention when we're all hypocrites – because most of us in this room are drug users. We use drugs. We use pharmaceutical products. We use alcohol. We use tobacco. I don't know, maybe there's somebody in this room who isn't a drug user but I'll bet that most of us are. Drug users tend to be those bad drug users: heroin, cocaine, methamphetamine,



ecstasy and the usual illicit drugs. But we know the worst drugs to society are the ones that are *legal*, that are promoted and available in corner stores and tons of bars.

We embarked on this prevention strategy. We hosted an international symposium about a year and a half ago. We tried to get some people in the room from around the world. It wasn't huge: one from the U.S., one from Sweden and a couple from Canada trying to figure out what does *evidence-based* mean? When we talk about evidence-based strategies, what does that mean? The city took it on to lead this process because it's one pillar. We do have a real legitimate leadership role to play. So, we had this symposium.

“If friends and family are that powerful then involve them in the program within the school itself.”

We started a process of developing a strategy. Regional health is working with the school district to develop a prevention strategy in the schools. The conversation we just had here about the Zero Tolerance Policy was the same one that we're having in Vancouver. I don't know much about the Drug Abuse Resistance Education (DARE) Program. I know enough to know that, from my experience, there are benefits to the DARE Program but I think it's limited in terms of prevention. I think that a school-based program needs to include the police but be driven by a whole bunch of other professionals and experts and have peer involvement. I was crying out to

say, "If friends and family are that powerful then involve them in the program within the school itself." Not that the school is going to solve all the problems. I certainly understand the limitations of school-based drug education. In Vancouver, we don't do DARE and actually, we don't have much of an approach. It's really spotty. It's ad hoc. So, that's what we're doing right now. We're developing a comprehensive approach within the schools. The police are at the table along with our health and school folks and our city folks. Of course, we want to do a comprehensive, evidence-based approach.

Dialogue. Someone mentioned dialogue this morning. We believe in dialogue. We have had a lot of public discussion around this issue because it's so complex, so laden with mythologies and misunderstanding – and this penny under the tongue, you know – well, maybe it works. I don't know. There's a lot of bad information out there, like the notion about cannabis. How can you have a reasonable discussion about cannabis with young people within schools when it's illegal and there's a Zero Tolerance Policy? Go figure! You're not going to have it. It's just not going to work. People won't come to the party. No pun intended.

We published: [A Dialogue on the Prevention of Problematic Drug Use](#), which was just a discussion paper that we put out to summarize the conference. It's on our website if you want to look at it. We broached the whole range of issues. You need prevention



strategies that are across the life course. So, much of it is not about drugs and alcohol, it's about quality of life. It's about protecting and supporting vulnerable families, building community – the stuff we heard about this morning – people coming together to address various community issues. It's about capacity building in the community. It includes harm reduction. You have to do tertiary prevention for problematic drug users.

Another thing we want to point out with our drug prevention strategy is that we want you to notice that we're mostly interested in problematic drug use. We're not necessarily interested in drug use that's not problematic. You can have lots of debates as to whether cannabis use is problematic. I know problematic cannabis users and I know non-problematic cannabis users. I know teachers who would love to say to their students: "There's a time and a place, you know, and it ain't at 9:30 in the morning in the schoolyard. It's on Saturday night." They can't say that. If the parents ever heard a teacher saying: "There is a time and a place," you know they would be on the ropes. Stuff like that we have to work out.

“We're not necessarily interested in drug use that's not problematic.”

The Regulatory Changes. We have some work on the chapter of regulatory changes, policy changes around alcohol, tobacco and cannabis. To call a spade a spade, our mayor is on record as being for the legalization of cannabis. Our paper will talk about that. We believe that in order to establish good education about a potentially dangerous drug, cannabis, it should be regulated through the legal market. Then we could begin to have those discussions about the appropriate amount of use. What are the actual harms? It's a notion that no drug is made safer by being left in the hands of organized crime and unregulated dealers. What are we doing with cannabis, especially with the prevalence of use? It's getting up there. That's one part of the paper and legislative changes around all drugs.

The Four Pillars Drug Strategy Approach. Again, driving home – and you certainly have it up here with Caring Communities – it's primarily a health issue – for God's sake! It's a health issue that people are really concerned about. Yes, there is a criminal part of it but some of that is our own doing. We have to recognize that. Just a little bit on the other pillars before I finish.

Again, Coordinating Enforcement. We're getting better at it. Finally we've knocked the number of second hand stores from 44 down to 22. One of the police officers mentioned to me the other day that commercial crime in the downtown eastside has been reduced by 57%, which is really good if you're a storeowner. The citywide enforcement team wasn't issued by the Vancouver Police Department so the VPD really took it on. They really only focused on the downtown eastside and the central core. They put a big focus on places that sell stolen goods, such as sky train stations and the open drug market. They also took pride in developing a new program where they stopped responding to routine overdose calls, citing research in Australia that



showed when police don't show up for routine overdose calls, people call more. There's no reason for a police officer to attend a routine overdose call. One police officer in Vancouver spent about two years trying to get this through his system and through the ambulance system. He finally succeeded and it's something that needs to be evaluated. Police will attend if the ambulance folks call them and ask them to but they have stopped responding to routine calls.

Police worked hand in hand with us around the police strategy for the injection site so we have police officers walking people over to the injection site to use if they see them using in the back alley. There is very pragmatic health care and enforcement going on. Enforcement on methamphetamine labs is an issue – although the numbers – I believe there were 40 in B.C. last year – I think there were five in Vancouver. The fear around the methamphetamine labs in Vancouver and in B.C. is that we'll see what happened in Washington, which was going from a few to 1,200 meth labs – or something like that.

A brief word on treatment. This means just increasing new programs, streamlining access, decentralization of core addiction services and increasing methadone patients. The Heroin Prescription Project: It's a very small intervention but it's actually giving heroin to users, hard-core treatment resistant users – actually providing heroin for them. They're having trouble recruiting people for it but they want to try to recruit about 80 people. European evidence is that things get better as other things get better, like

health, housing, social circles – reducing your contact with the criminal market, spending your whole life looking for your next hit of heroin – you're better able to deal with your actual addiction. The NAOMI Study is going to study that in the Canadian context.

“The essence of Harm Reduction – for me it's about building relationships.”

The essence of Harm Reduction – for me it's about building relationships. So, you have people who are using, who are problematic, a pain in the ass to work with, who won't quit and won't go to treatment – but building and deepening those relationships and helping people move towards better, healthier choices in their drug use. There continues to be a harm reduction thrust for us to do our work.

Methamphetamine: That is the big fear. Is it here or is it coming? I got mixed messages. There's this fear that it's coming – I'm right on schedule don't worry, as long as I don't get fingerprinted again. (Laughter) That took about half an hour and the U.S. Immigration guy was not very nice to me. He wasn't happy that I tried to get into the United States, post-9/11, with a Fitness World Card. (Laughter). Anyway, I digress.

One of our major challenges for politicians is maintaining community support. People love it when politicians say they're going to do stuff about this complex problem. After two or three years, when you just get started, the public is really frustrated saying: “Well, you're not doing anything.” Well, you know, like someone said, this is a long-term



term thing. We have to look at the whole way we live here folks, to do real good prevention work.

One of our major challenges for the community is maintaining political support. Political support is absolutely *key* in my mind. In my context in Vancouver it was absolutely *key* for this agenda to move forward. We had political support at the city level. We had some support at the provincial level, although very quietly, and we had some at the federal level. Without the political support, this alcohol and drug file would be at the bottom of the heap with the mental health file where politicians like to put these because they are difficult issues that aren't going to be solved overnight.

Significant Funding Challenges. Prevention is a significant investment. If you really want to do it well you want to have the right number of daycare supports and supports for vulnerable families etc. You want to build your protective community system.

Responding to New Patterns of Drug Use. Another challenge is to gain support for experimenting with new ideas. If you're going to challenge the status quo you've got to have enough support, people with the political courage to take you through there.

Evaluation. Evaluation is key, keeping a focus on alcohol. People like to go to the methamphetamine problem. If you look at the whole population in British Columbia, only a very few people, a very tiny percentage are using methamphetamine. A lot of people are screwing up on alcohol.

Some measures may be unpopular, like tightening regulations at bars. I was in the Capitol Hotel having a requisite beer last night and noticed that at 12 a.m. midnight they have a special. At 12 a.m. midnight, when people had been in there for – when does it open – for like 10 hours? They give you cheap drinks at midnight. Between 12 a.m. and 12:30 a.m., highballs and beer are reduced in price. I thought, "That is an odd time." Usually, you sell them early in the day to get the people in and then you raise the prices, you know, that sort of thing. Not at the Capitol. So, stuff like that would be even more problematic up here than down in Vancouver. We have a very strong bar lobby in Vancouver. They want to stay open all night. The police are going crazy trying to beat them back to 3 a.m. We got it back to 3 a.m. now. They were up to 4 a.m. at one point.

Thank you.

“One of our major challenges for the community is maintaining political support.”



OPENING PRAYER

Day 2 • Tuesday, June 7, 2005

MARY BATAJA: REVEREND AND NORTHERN TUTCHONE ELDER

This morning I would like to offer a healing prayer. Although we talk a lot about substance abuse, alcohol and drugs, I think all of us need some kind of healing in our lives, especially when working in these kinds of fields. So, I'm going to offer prayers for a healing. It's time to heal. We must remember the people out there that are poor and neglected and also the aging. So, I will do a healing prayer.

Let us pray for the poor, neglected and those who are in the prison, for all the people who work in these institutions, in our workplaces, and also, for the seniors, the aging and all people. Almighty, most merciful God, our Creator, we remember before you the homeless, the destitute, the sick, the aging and all who have none to care for them. Deal with those who are broken in body and spirit and turn their sorrow into joy. Gracious God, help us to be obedient to your command to love and serve you and all people. Make us conscious of your love and presence everywhere, especially with those in prison. Comfort the prisoners in their loneliness and uphold their families during separation, remembering their grandparents, their parents, their children and their community.

Remember those who work in our justice system, that they may perform their duties in the spirit of fairness and patience. Bring us to a closer relationship with our brothers and sisters who are prisoners. Instil in us the joy of your release from human bondage. Let us remember the aged, our Elders and all seniors. Oh God, our Creator, look with mercy on all those increasing in years that brings them isolation, distress or weakness. Provide for them homes of dignity and peace. Give them understanding helpers and the willingness to accept our help as their strength diminishes. Increase their faith and their assurance of your love. We pray for all who suffer from all substance abuse. Save us from habits that harm us.

Thank you for all who share their hopes and ideas, and working together may we, with your help, find solutions to help others to combat this battle we have with alcohol, drugs and substance abuse especially, in the whole territory. We pray for those who are present here that you will be with their families and friends as they prepare to go on with the day and to be safe. We ask this in your name Jesus.

Amen.



Welcome to First Nations Traditional Territory

Day 2 • Tuesday, June 7, 2005

JESSIE DAWSON: ACTING CHIEF, KWÄNLIN DUN FIRST NATION, WHITEHORSE, YUKON

Good morning Elders, First Nations members, delegates, presenters and other invited guests. First of all, I would like to say Masi (thank you) to Elder Mary Battaja for her prayer. For those of you who don't know me, I'm Acting Chief Jessie Dawson from the Kwänlin Dun First Nation. Our Chief is away doing business and, therefore, I would like to welcome you to the traditional territory of the Kwänlin Dun First Nation. We share this territory with Ta'an Kwäch'än Council. So, on behalf of the Ta'an, I would like to say welcome.

I'm attending this summit to see what's been done to date but also to see how we can work together to find solutions on how to deal with this issue of alcohol and drug abuse that affects everyone, regardless of race and gender. I was at a meeting last year on this very topic of alcohol and drugs. One speaker got up and said, "Where are the First Nations? Don't they care?" Yes, we do care, but how can we deal with such a huge issue with limited resources? The communities need support to help their members. Healing is not a one-time deal. It's a day-by-day process. We need First Nations sitting at these tables along with other panellists. No one understands our issues if you haven't walked in our shoes or down our trails.

I would like to share a quote with you that I used as a tool and a guide for myself when I started my healing: "The healing process is a lot of hard work and pain, but if you are not healing, life is a lot of hard work and pain." Just a few little words and it says a lot. I got that from an Elder when I was back east. It really inspired me when I heard him say it – and I hung onto that. That's what I use for myself. Addictions are the same process. Some people are more successful in one treatment session. Others, it takes two or three attempts. I know we can't help everyone but if we help one or two people, that's success.

I would like to say Masi (thank you) to everyone that has been involved in this. Our work is cut out for us, so let's work together. In closing, on behalf of Chief Mike Smith and the Council of the Kwänlin Dun First Nation, welcome to our traditional territory. Enjoy your stay. I said a prayer for you that you all have a safe trip home.

Masi Cho. Kwanis Chees. Thank you.



THERAPEUTIC JUSTICE

AN INTEGRATED RESPONSE TO SUBSTANCE ABUSE

NATHALIE DES ROSIERS, DEAN OF CIVIL LAW, UNIVERSITY OF OTTAWA,
OTTAWA, ONTARIO

First of all, I want to thank Acting Chief Jessie Dawson for her welcome to their traditional territory. I want to thank the organizers for having me here. It's great to come to Whitehorse. It's my second time to Whitehorse. The first time I came in June to see the beautiful light. Last time I came it was a little darker so this is wonderful.

My objective today is to talk about the 'Therapeutic Jurisprudence Movement' and about 'Problem-solving Tribunals'. How do they function? What are they? And what are the concerns about them? – basically, have a discussion about the way a problem-solving court could respond or help communities dealing with substance abuse. Feel free to interrupt and ask questions as I go along. [Powerpoint] My presentation is not very long because the point of it is to elicit some different ideas about the possibilities of problem-solving tribunals.

'Jurisprudence' is kind of a funny word and essentially it's a movement that started in the mental health field that asked itself: What are the outcomes? What are the therapeutic and non-therapeutic effects of participating and the juridical outcome? That is the way in which the question was framed initially. Mental health patients were brought to court because they were refusing to take their medicines. There was an entire legal process where they focused on the rights of the patient and wanted to adjudicate the rights of the patient. Well, obviously, the impact of this process on the patient was not always great. The patient felt isolated from his or her doctor, isolated from his or her family and basically the process. And that is what we're going to talk about. This was a one shot deal – a 'one time only' to respond to a very complex situation.

***“ ... the way a
problem-solving
court could respond
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substance abuse. ”***

It came with a sense of failure in the way the confrontational adversarial system was working out. It's interesting in mapping the therapeutic and anti-therapeutic effects of participating in the legal system and hopefully, maximizing the therapeutic while minimizing the anti-therapeutic. What is the impact on the real people when they come



and participate? Initially, in its more theoretical model it is a blend, or it seeks to invite social science, law and the participants to discuss this. When it's taught in university there's the idea that it has an empirical base. People do studies and surveys of participants and sometimes even identify some markers to see whether people, in fact, are getting better or getting worse. What's interesting is that when we talk about therapeutic jurisprudence people said, "Ah, that almost sounds like somebody on the couch." The idea is not completely new but what's important about the movement is that it says, "The legal system already makes assumptions about the well-being of its participants." What we are trying to do is to uncover whether they are the good assumptions, whether in fact they are assumptions that were made by the justice system that basically say, "People feel better if they have been heard." I mean, that's something that has existed in the legal system forever. All sorts of assumptions were made about the well being of the participants that now are being tested to see – well, are they the right ones?

This was written in 1935. Obviously, it referred mostly to men so probably women should think about this now. When we look at what it has been good at – What are the key aspects of the Therapeutic Jurisprudence Movement? What has it done? I think it has linked itself to all the profound criticism of the contradictory process. It has been there linking up with the Restorative Justice Movement, with preventative justice and with collaborative 'lawyering' – all sorts of new ideas that are emerging at the core and raising the question, whether the only way to get at the truth is to put people in a confrontational position. So, there's a large body of people who deal with this in the Therapeutic Jurisprudence Movement.

The second one – and this is the one that I like the best – [Powerpoint] I've been in the legal business for a long time and when I started going to court I thought this was the most interesting. Even as a student we were told to start streamlining our thinking. So, you're right in court and the first thing that happens is that what you want to say is irrelevant because the process is about feeding out information – getting information out so we can narrow down the legal issue. The whole process of legal reasoning is about taking some information away to focus more readily on the legal issue. It's frustrating when you go somewhere and what's meaningful to you is dismissed. "Well, no not here. It is irrelevant. Talk about it somewhere else". This idea of putting aside lots of information is also criticized by trying to say, "Obviously, we can't deal with everything." Are there ways in which we can reflect the need for information sharing that is not defined in advance – that's not defined from the outside? This sort of profound reflection on how the current criminal process is built on making things irrelevant, which people and participants feel is relevant. In fact, how to incorporate that better is one of the aspects of the movement.

“It is frustrating when what is meaningful to you is dismissed as irrelevant.”



When we look at the way our current justice system is event based, whether, it's in family law but most certainly in the criminal justice system, we're trying to decide who did what to whom and what is going to happen to that person. It's focused on the event – on the culpability. What are we trying to do? What the reflection here was meant to say is: "Well it is not enough to talk only about the event. It's to move from an event-based inquiry to a more relationship-based inquiry, more contextual." So, in that sense, it's very much linked to an entire body of work that has been linked to a critical assessment of the impact of law, whether it's the Feminist Movement, the Critical Racial Theory Movement. We are saying: "Listen, this is not only about isolated events. There are patterns. There's power in society and we need to take this into account. There's history that has been hidden and we need to take this into account."

This is a comparison. [Powerpoint] The National Justice Institute did a manual that's on their website. It tries to create a map, and obviously it's a caricature. Every time we're trying to highlight some features we may 'caricature' a little bit. But in general, we could describe the current criminal justice process as mostly based in the adversarial process. The truth is being elicited through a process of competing forces that are both trying to assert their position – and from that fight, the truth will emerge. That's the basis so, the adversarial process. The therapeutic jurisprudence or the therapeutic justice process is the idea that it's often more consensus based but not always. It is more collaborative.

As I said, the current criminal justice system is case-oriented. This case has to be resolved – as opposed to more people oriented. Obviously, the people who drafted that are really supporters of therapeutic jurisprudence so they make it look like they are the good guys but we'll see after that there are some concerns, and we'll talk about those concerns as well. So, the current criminal justice system is really 'rights' biased. It's very good at protecting the rights of its participants.

Therapeutic justice aims at protecting and recognizing the different interests of the parties. I really like this one: the backward looking versus the forward looking. [Powerpoint] As I said, the focus on the event is always about: What happened? Who did what to whom? Not: is it relevant? That's important to know but what are we going to do so that it doesn't happen again? How can we prevent this from occurring? How can we manage the risk of this happening again? Certainly, the current system is more individualistic than recognizing the interdependence of the people – the interdependence, for example, between the offender and his or her context and their family or support system that may or may not be there.

This is another chart that I find interesting because again, this opposes the actor – and we are going to talk a lot about the role of the judge. [Powerpoint] One of the features of this problem-solving court is that it tries to harness the power of the judge in a way that's forward looking and doesn't make it a stranger to the process, but rather, that participates in the process. I will talk more about that – but the participants, basically, the judge in the current criminal justice process is supposed to be dispassionate and there is limited communication.



The Irrelevance Process: “You are entitled to one day in court, not a month in court, so get going. Okay! So, no, not now! This is not relevant” or, “Talk to your lawyer.” This is another feature: talking through intermediaries. You know, the judge talks to the lawyers and then they manage the process outside. So, there’s a lot of filtering of information. We’ll talk about how therapeutic justice tries to eliminate this filtering – only irrelevant facts, autonomous decision-making – the judge decides. That’s the job and he or she is really involved and it’s his or her responsibility to decide. It’s a fairly autonomous or personal decision-making.

Omnipotence: Obviously, we assign to judges this omnipotent power and we also react to the positions of the party, to the arguments made and so on. Whereas, on the other side, we’ll seek to foster somebody who is interested in the issue, in the people; who is committed to open communications, to bettering the communications; who worries about the context; who is aware of the context; who wants to know more about the context; who fosters a team approach to decision-making, recognizing that he or she has a limited role in time and in space; who seeks to empower all participants to actually move forward; and, who is proactive.

This is just a quote from a book that was published in 2003 that recognized the reason why more judges are interested in exploring this – is that they are depressed. [Powerpoint] They are depressed about the fact that we have a reflex to law and we are packing the legal system with all sorts of social problems. It’s like the emergency ward. If there’s no other place then it ends up in the criminal court and that creates a sense of inability; a frustration about not being able to move forward.

In the manual there are lots of testimonies of people that are in the system saying: “You know, I’m upset that the legal system, for which I work, is not working. I want it to work. I want it to do what it is supposed to do.” So basically, problem-solving tribunals are linked to the Therapeutic Justice Model. It’s hard to know whether one created the other but there are some synergies that exist. What I really want to make clear here is that there’s not one problem-solving tribunal and there’s not just one model. In fact, it’s a work-in-progress. One of its key factors is that it should have the flexibility to respond to local situations.

There are examples in Canada, the U.S., Australia and elsewhere of these tribunals existing and there’s a spectrum of what exists. There are some that operate in a more casual manner or that are more structured. There’s, obviously, a lot of variety in terms of the level of services that are connected. When I was trying to decide what I was going to present I thought I was going to elicit some key objectives for

“ One of the features of this problem-solving court is it tries to harness the power of the judge in a way that’s forward-looking and doesn’t make it a stranger to the process, but rather, that participates in the process. ”



problem-solving tribunals and some key ideas, that in my view, should be part of the reflection of how to move forward on this idea. I think the objectives were as we talked about: the context of the offender, understanding the social problem.

What is interesting about these tribunals is the second part – they exist elsewhere. There are a million services trying to help the offender heal, to get better and to respond. There are a lot of good community programs we heard about last night. What this is doing is saying: “The legal system cannot be a stranger to this. We have to harness the power of the judge to support this healing process.” That’s the key aspect. Many people would say: “Well, we don’t need this. We already have all these good community processes.” So, there’s some reluctance sometimes to having these tribunals. But the reason they exist, the reason people are moving towards them is because criminal law is there. No matter what, it is there. If it’s not integrated, if it’s not brought in, it can have a perverse, detrimental impact. It can operate in its own set of values that really do not link up with what’s going on in the community.

It was a recognition, whether you want it or not – and this is not the most empowering model – community programs can be more empowering, can be extremely good. This is responding to: “You’re the criminal justice system.” Can we use whatever it has? What it has is the symbolic power of authority – how to harness this, to make healing better and certainly, it has the objective of possibly linking different services.

People that are more sceptical about these tribunals are a little bit reluctant. The reason why these tribunals emerge is that society is more willing to pay for services to the criminal law door than to pay for community services outside of criminal law. Some people who are quite negative say: “Oh, yes, well, the service could exist but we can’t get any funding but if we link it to the criminal law system, we have better funding.” So, there’s this reluctant feeling out there when we talk to different service providers. The ultimate goal is to provide some healing that would reduce incarceration rates or that would prevent the revolving door – the constant in and out.

Thank you.

“ ...the legal system, for which I work, is not working. I want it to work. I want it to do what it’s supposed to do. ”



REDUCING THE HARM

HELPING HOUSE: Programs that Address Issues of Addictions and Substance Abuse

MARGE STOREY-ABRAHAMSON: TREATMENT PROGRAM SUPERVISOR, TSOW-TUN LE LUM SOCIETY AND THE ROAD TO RECOVERY TREATMENT CENTRE, LANTZVILLE, BRITISH COLUMBIA

Thank you. My name is Marge Storey-Abrahamson. I'm Manitoba Métis and I want to thank the people of this land for having us here. I've been around a long time and lots of people know me as Marge Storey. This is my colleague Mitzi Bob. Mitzi is my star here. I'm going to talk about our Tsow-Tun Le Lum Treatment Centre but I also want to say I have a lot of hope for what's happening in this and other communities.

This is probably not a new concept but this is just a little diversion from our presentation. In 1985 the Northwest Territories hired me to train alcohol and drug counsellors in Rae-Edzo, which is about 60 miles south of Yellowknife. I went into that community and I played a supportive role. I trained the two counsellors. When new projects came up and they wanted me to lead those, I wouldn't do it. I only played a supportive role. When I left that community, all of those things were still in place. I think that's one of the things that worked really well. So, I'm just going to lead you with that. We also had Alcoholics Anonymous (AA) meetings there and sometimes it was just me and somebody else and one other person. But by the time I left there were 17 of us. Those are just really simple grassroots things that people can do.

“Tsow-Tun Le Lum means helping house in ‘Halkomelem’.”

Now, I'll talk to you about our treatment centre. [Powerpoint] This is Tsow-Tun Le Lum Treatment Centre. We're on Vancouver Island about half way up the island. We're about five minutes outside of the bigger centre, which is called Nanaimo. Here is Tsow-Tun Le Lum Society: The Road to Recovery.

Here is a moving picture of the front entrance and what you're seeing is the balcony off our spiritual room. We have a large spiritual room. Tsow-Tun Le Lum provides programs that address the issues of addictions, substance abuse, survivors of trauma and survivors of residential schools. The primary mission of the program is to strengthen the ability of aboriginal people to live healthy, happy lives by eliminating the abuse of alcohol and other substances, and by affirmation of pride in the aboriginal identity.

I should also tell you that I'm quite prone to thinking one thing and saying something else. One of the last things that I was talking about was my definition of success and I



wanted to say: “Success to me is challenge and creativity and variety.” What I did say was, “My definition of sex is uuuuhhhh ...” And it wasn’t until I had said, “Challenge, variety and creativity,” that someone said, “It is for most of us Marge” – that I realized I hadn’t said success. (Laughter) So if I goof up then it’s just me.

Our programs are holistic and balanced. They acknowledge and support physical, emotional, mental and spiritual health. Each program successfully integrates traditional teachings with modern therapeutic techniques. The programs operate on the premise that change takes place over time and our common principles are: grieving and healing with dignity and respect; normalizing personal development in education; acknowledging individual strength and self-determination (and everybody has individual strength); and, approaching our cultures and traditions holistically, with the purpose of affirming aboriginal identity. We are on Vancouver Island and we practise the traditions of that area but people come to us from other areas with their own traditions, and we certainly honour those.

Participants are encouraged to recognize and come to terms with past pain influencing current feelings or behaviour. They are encouraged to develop strategies for gaining control of their lives and their immediate environments, and to develop new patterns to strengthen their connection to the Creator. Programs offer traditional teachings with cleansing and other cultural ceremonies, men’s and women’s healing circles, sweat lodges, daily journal work, and physical activities; balancing the spiritual, emotional, mental and spiritual aspects of our programs.

What you see is a picture of our Elders and the faces that are not there are three of our Elders that have crossed over. We are not allowed to show pictures of them at this point. [Powerpoint] Tsow-Tun Le Lum has developed a network of supporting Elders, some of whom have become Elders in residence. This is really the backbone of our program. The majority of the Elders are from Vancouver Island and the lower mainland. During each session there’s an Elder in residence assisting in the physical, emotional, mental and spiritual wellness of clients. Elders in residence are at the centre for short periods of time, so participants experience several different Elders and approaches in their healing journey. We can’t emphasize enough how important they are to our centre.

Our Referral Criteria: Referrals are made by alcohol and drug counsellors, band social workers, community service workers, Aboriginal Healing Foundation project staff or community professionals. People come to our centre for healing. We give them tools and they do some healing. The biggest part of their healing happens in their community. So we really depend on the referral workers to prepare people to come to our centre. It’s an exhaustive process and emotionally intense – and their community is where

“...a network of supporting Elders, some of whom have become Elders in residence. This is really the backbone of our program.”



they're going to go back to. So, we want to make sure people come well prepared from their community. We don't want our centre to be the only safe place they know.

“ Some people come from a very unhappy history and have reacted and responded in a violent way. They're part of our community.”

Potential participants are aboriginal people, 19 years and older, experiencing traumatic effects of residential schools, substance abuse, physical, sexual or emotional abuse, family violence or abandonment, violent death or suicide of a loved one, cultural oppression or generational trauma and spiritual wounding. We have an institutional liaison officer and he goes into the federal institutions. He works with corrections and he interviews people in the system. He assesses them and helps them become ready for our programs. They work closely with Mitzi. Mitzi often goes into the institution and, at one time, she did that extensively.

So, when speakers were talking about programs and family violence this morning, and all of the things happening in the community, that is who we have in our centre. We want you to know so you're not surprised when you come to our centre, that some of the people there – they don't have a big sign on them – are parolees. Some people come from a very unhappy history and have reacted and responded in a violent way. They're part of our community. The other traumas we talked about.

Thuy Namut Substance Abuse Program means, “getting better” in Halkomelem. [Powerpoint] Grounded in aboriginal culture and tradition, this is a 40-day intensive residential program. This program is the basis for much healing. It provides participants with life skills and gives them the foundation that residential school took away. Holistic in nature, the program is for those who are ready to put substance abuse behind them. Here are pictures of what used to be our front entrance. We have had some renovations. A dorm. There are no private rooms and we are a co-ed facility. Not co-ed in the rooms, just – I told you I would do something like that. (Laughter)

Each participant works with a counsellor to complete an aftercare recovery plan and evaluation form. The Aftercare Recovery Plan establishes the social and therapeutic support structure necessary for the participant when they leave Tsow-Tun Le Lum. The counsellor checks with the community and referral worker to make sure there is some really good support when a person leaves us. At the completion of each program, participants receive a discharge summary and continue programs as outlined in their aftercare plans. It's not uncommon for people to come in to and need to go through two addiction programs before they settle themselves down. That's particularly true of people who come from institutions. It takes awhile for them to become comfortable enough in community that they stop their old reactive ways of looking at the world. By the second time, they're part of our community and they're comfortable. Sometimes, people go on to our Qul-Aun Program and I'll talk about this right now. [Powerpoint]



Qul-Aun means, “moving beyond the trauma of our past”. This program is designed to address the special needs of people who have suffered or who are experiencing trauma in their lives, including emotional, mental, physical and spiritual health issues that stem from the effects of residential school experience, past substance abuse, violence, domestic, physical and sexual abuse, unresolved grief – issues that are often passed from generation to generation.

We have a ‘state of the art’ kitchen and there’s our gymnasium. Experienced staff guide participants through processes such as group therapy, role-playing, psychodrama. Psychodrama is action-oriented therapy. There are men’s and women’s groups, individual counselling, journal writing and physical activities. The people who come to our centre go out to 12-step meetings in the community. So they’re at Alcoholics Anonymous, Narcotics Anonymous, Alanon and Co-dependents Anonymous.

“It’s not uncommon for people to come in and need to go through two addiction programs before they settle themselves down.”

Traditional ceremonies are an important component of this healing program. The healing techniques chosen are tailored to individual needs. We have a healing pond and a sweat lodge but if that’s not a part of a person’s culture and they choose not to participate in that, they don’t have to. When they first come to see us, during their first week, we have one of the sweat sisters come and do some sweat teaching for people so that, if they are interested but they’re not familiar, they know what to expect when going to the sweat lodge. Through them, the participants gain an understanding of the damage caused by trauma and learn how to move beyond it. In addition, the program assists in identity restoration and in spiritual reclamation.

Here’s a summary of our best practices. [Powerpoint] Traditional components include: Elder teachings, daily prayers, spiritual pond, sweat lodge and grounding techniques. Other ceremonies are included, such as the Welcome Home Ceremony. Welcome Home is a very emotional ceremony. Everyone that’s in the house welcomes the new people, just as if they were children coming home from residential school. So, individually, we just walk around

in a circle and say, “Welcome Home” and for some people who have never been welcomed home, it’s really touching.

We talk about grounding techniques. We have two psychologists on staff and we have a dietician so when people arrive at our centre – and a lot of people do have dietary issues such as diabetes – we can make sure their dietary needs are met. We have grievance ceremonies, the bead ceremony, releasing of a helium balloon – we just did that, about a hundred of us, two weeks ago. It was very special. I won’t go into why we were doing that – our spiritual pond cleansing and we have burning ceremonies for different occasions.



“So individually we just walk around in a circle and say, “Welcome Home” and for some people who have never been welcomed home, it’s really touching.”

Week One is about connecting. We have the Welcome Home Ceremony, the orientation of group members and techniques for grounding so when people are triggered by what is going on or something that is happening with themselves or someone else, they know how to be okay. Building trust and safety within the group and the full house. So, we have three programs at all times. We have one alcohol and drug program, and three weeks later, when we start our new year, another one starts so, there’s always a group that’s three weeks ahead of the other one. And then, we have Qul-Aun. So, week one, we talk about identifying resiliency and their strengths. We talk about triggers. What are the things that make you feel hurt? Validation and support – and our Elder visits in the group. That is our dining room. Here’s our spiritual room and the chairs where the Elders sit. This is a large room and this picture doesn’t do it justice.

Week Two: Discovering men and women’s circle and the sweat lodge. We define Post Traumatic Stress Disorder and we do a family origin genogram. We talk about early childhood development, relationship development, the effects of shame and guilt, the history and effects of residential schools, the effects of unresolved trauma, the effects of cultural oppression and the effects of sexual and physical abuse. The Elder is part of that group too. These are pictures of the front of our centre and in the corner there’s a picture of our healing pond. [Powerpoint]

Staff members also use that healing pond. We don’t make a differentiation between the clients and staff. The staff members aren’t some almighty, healed, wonderful people that are perfect now. We’re human like everybody else and so, if we’re having difficulties, it’s not uncommon for one of us to be at the pond saying prayers. We try to role model what a healthy family looks like – and I think our staff is a healthy family with all the lovelies and the un-lovelies that go with that. Research into Post Traumatic Stress Disorder has shown that many trauma symptoms are unconscious, non-verbal and right-brained experiences, which cannot be accessed through talk therapy. Psychodrama creates a place to act out unprocessed drama within the containment of therapy, in order to stop the obsessive repetition of the past.

Week Three: Psychodrama with trauma survivors. The group experience is known to be highly effective for aboriginal people as it promotes healing by generating ways to release one from fear; providing clarity through the collective energies of other people; allowing one to rebuild and regain a sense of wholeness; affirming aboriginal cultural values, including aboriginal rituals – an action-oriented approach that uncovers unused resources. This is our healing pond and we have railings for people to hang onto. Some people aren’t very steady on their feet and some people are older. [Powerpoint]



Week Four. So they've gone through a really intense week in Week Three. They've gone through their individual psycho-dramas and played a role in other people's psychodramas so it's not just their own healing they have been part of but everyone else's in the group. And we debriefed that. We do some healthy grief work and mourning about the losses. We discuss crisis-oriented families. We talk about lateral violence in the community and we all know what lateral violence is. The biggest one is gossip. Understanding and honouring people's defences. Empowerment. We have a "Black Prince" sweat lodge and the Elder visits. In the corner, there's a picture of the Elders suite and their door is open during the time they are there 24/7. They're on call the whole time, which is an amazing feat for some people.

Week Five: We made it through – so, men and women's circles and sweat lodge. We talk about resiliency and empowerment. We have a self-care plan, an aftercare plan and we talk about, "When I go back to my community where are my resources?" – and re-entry into the community – the Elder visits. We have a completion ceremony. People have such a difficult time sharing and talking with each other – and so, we talk about going home and reconnecting to yourself, to spirit, family, the land, your community, your culture, friends, partner and children.

Isolation: There's that whole history and people have not talked about their past or family, about residential school. We're just starting to talk about that. There are clients who would simply prefer to sit in a space by themselves and carve – and that's okay too. We encourage you to stay in your head, unlike what we normally do in group. We want you to talk. Talking, talking, talking! You need to connect with people before you can trust. We'll offer you tools that don't require reading. Some of those tools are the grounding techniques that the psychologists teach people. How can you look after yourself today? This session is not intended to be therapy. I know we talk about things that push buttons for people. If you're feeling the need for support from one of us, we will be happy to meet with you one-on-one.

How do I allow myself in? What are the signs of change? You begin to show up at different community events, such as graduation ceremonies. You are learning to say, "I love you" to your children and parents – acknowledging that this is the process, made by one small step at a time. The ability to laugh and find joy – ability to create support networks outside of my family – more signs of change. Celebrating success in a sober way. Physical appearance often changes and people carry themselves lighter and prouder. Spending time with children and grandchildren. An illness no longer rules your life. It's amazing how many people come to our centre with a lot of prescriptions and leave without them. Turn off the television and visit.

Thank you.

***“ Talking,
talking, talking!
You need to
connect with
people before
you can trust.”***



LOOKING FORWARD: ACTION PLANNING

GUIDING PRINCIPLES FOR SUBSTANCE ABUSE POLICY

CANADIAN CENTRE FOR SUBSTANCE ABUSE

GERALD THOMAS: SENIOR POLICY ANALYST, CANADIAN CENTRE ON SUBSTANCE ABUSE, OTTAWA, ONTARIO

(Applause) Thank you. First of all, I would like to thank you for bringing me up here. Believe it or not, this isn't my first time to the Yukon. I was engaged to my first wife, sixteen years ago, this week. We actually got our wedding rings down here at the Pot of Gold, so I've got a little bit of history here. I spent about eight months in Dawson so, I didn't last as long as Don, but I was here for a portion of time – and thank you for the welcome received. Actually, I'm an avid hiker and biker, and one of your local residents loaned me her bike on Saturday so, I spent four hours in the rain riding around this area on a bike. It was quite nice.

For those of you who don't know what the Canadian Centre on Substance Abuse (CCSA) is, it's the only national addiction centre in Canada. [Powerpoint] It was created by an act of parliament in 1988. It has had a couple of different lives. It's now in what I call its second life. It's been renewed out of the new National Drug Strategy. We look broadly and do a lot of things to try to help out what the jurisdictions do in this issue – and that's really where this piece came from. We revived it from some work that was being done in the early 1990's and created our guiding principles for policy-making around substance abuse.

We're supposed to be looking into the future here but unfortunately, I left my crystal ball at home. I think if you listen carefully to what I have to say, it'll be focused on policy but you will also hear a summary. I wanted to start off first by talking about the context in which we make policy. There was a book published by my organization in the early '90's called: Panic and Indifference. It's a book that really only a person like myself, a true policy nerd, would enjoy. It's an excruciatingly detailed account of policy-making around drugs in Canada since the turn of the century, and really, you can get the major point from the title. What the authors did in a wonderful way, at least from my opinion, was show how policy-making around drugs in Canada has been driven by two conditions, in a punctuated equilibrium sense.

“ The Canadian Centre on Substance Abuse (CCSA) is the only national addiction centre in Canada. ”



We have these periods of panic; sometimes driven by real information and sometimes driven by information about reality that is false, punctuating long periods of social indifference around drugs and alcohol.

I think it's important to realize that if you think about it, good decisions, generally, aren't made when you're afraid, in a panic to speak or when you really don't care about what you're deciding. So, last night when the person asked about the inconsistencies in drug policy, when they were comparing alcohol and cannabis for example, I thought about this and I thought, "This is why when we make decisions in panic and indifference, we don't make good decisions." When you lay down an entire hundred-year history of

“Policy-making around drugs in Canada has been driven by ... periods of panic and sometimes information that is false, punctuating long periods of social indifference around drugs and alcohol.”

those kinds of decisions, you end up where we are now, most of us in Canada, who are in this area, trying to sort out these inconsistencies. I wanted to make sure you understand the importance of context so that when you make policy, think of those who have been part and party in this process bringing us to where we are. Are you in a panic or do you live in a society that is, for the most part, indifferent about these issues? What can you do about that?

As I said, we developed the principles to help inform policy-making in Canada. I revived them from work in the early '90's. This Power Point Presentation will be handed around later so, that's where you can find the full statement. [Powerpoint] It's about four pages long. We start off by talking about parameters, and in many cases this is probably more important, like the context. There are four principles. To start off, the development of good substance abuse policy can be usefully viewed within the context of health promotion. I think a lot of our discussions here are trying to do that – take us away from the focus of substance abuse and its effects, perhaps, and move upstream in thinking about the causes of substance abuse. When you do that, you

automatically broaden your view because you find that there are a lot of causes and they don't all end up in easy to find places.

Keep in mind that under the topic of health promotion, particularly thinking about substance abuse, it's important to be mindful of these issues. First of all, public policy is one of two general approaches for dealing with these kinds of problems. The other is education. Any efforts you make around substance abuse will be improved if they also support your efforts in the educational realm. Prevention is probably where that is focused most but it's also in other places as well. And finally, health promotion strategies must respond to the risk factors. We're talking about the causes that drive



these substance abuse problems. Also, work to enhance protective factors, which takes us back to the first day of that upstream look.

I think of substance abuse like we think about disease. Some people believe that they get sick when they are exposed to a cold virus, for example. What is the main determining factor of getting sick? How strong your immune system is. We are constantly exposed to viruses and diseases, constantly. That is what science tells us. The difference is in individuals – how well prepared they are within themselves to fight off those diseases – and substance abuse can be seen that way as well. What we are talking about are protective factors.

Any statement of guiding principles around substance abuse policy-making would be completely naive without explicitly recognizing the limitations of policy. To start off, substance abuse should be viewed as a symptom of social and individual problems, as much as a cause. I think sometimes we get caught up in the causes and don't think too much about the fact that it's a symptom of larger problems. Substance abuse is enmeshed in personal and social factors, such as poverty, unemployment, family function, trauma, discrimination and wounded spirits. I think that one is relative for up here. As such, policy only represents one lever to address problems like this, and will be most effective if combined with activities and initiatives in the other realms: education, family and all of that. The determinants of substance abuse are what we like to call them.

So, how do we understand the determinants of substance abuse? Research in health promotion over the last 50 years has allowed us to distil this list of how we can use science to decide what affects health. Generally, you can look across the list, and as we talk about the limitations of policy, consider what exactly you can do with regards to policy about things like physical environments or personal health practices and coping skills. There is perhaps, a small place that policy can play a role in dealing with these things: to help promote health, to reduce our susceptibility to substance abuse – but policy is pretty small. That brings us into the other realms. Keep that in mind please. I like to be humble about what policy can do.

In the document we start off with a set of conditions that talks about what's called a preamble. Substance abuse is a very serious problem in Canada and it produces significant costs. This is an interesting slide. [Powerpoint] If you look closely, we say this is 1992 data. It's the best we have for Canada and it doesn't include the territories.

“ I think of substance abuse like we think about disease. What is the main determining factor of getting sick? How strong your immune system is. ”



There's a new study around costs of substance abuse that will be coming out this summer, which will update this data and does include the territories, as far as I know. Total cost to society for alcohol, tobacco and other illicit drugs in 1992 – and this is a conservative estimate. I will say these people were very careful when they constructed this: \$18.45 billion, and that's in a year. That breaks down indirect costs into a little over

half – \$11.7 billion – showing up late to work – and direct costs are more like what we spend on law enforcement – things that are easy to measure. Really, their estimate of indirect costs is probably quite conservative and they were being careful not to overstate their case.

“ Often times we approach substance abuse with the idea that for people to get their lives together, they have to give up drugs. What harm reduction does is say that people should get their lives together to get off drugs.”

I think what's really interesting in this information, if you look at the total cost by substance – and once again this does not include the territories – if you can see the numbers there (they will probably change to some degree as we look into the more modern period) 40.8% alcohol overall; 51.8% tobacco overall; and all other illicit drugs combined, every single one – that is MDMA, LSD, cocaine and cannabis, every other one is 7.4%. It just gives you a little context as to perhaps where our problems lie. So, now we can enter into the actual guiding principles.

Guiding Principle #1: Harm Reduction. [Powerpoint] Over 15 years ago, this would have been very controversial for me to stand up and say that our first principle is harm reduction but this world of substance abuse has changed since that time and it's not quite so radical. One thing I like to say about harm reduction to give people a different way to conceive of it – often times, I think we approach substance abuse with the idea that, in order for people to get their lives together, they have to give up drugs. What

harm reduction does, more than anything else, is turn that statement on its head for some people and says instead that people should get their lives together to get off drugs. What it means is we're going to look more broadly at the person rather than focusing on their substance abuse, and say, perhaps the reason they're using is related to lots of other things. If we deal with those other things like housing, like employment, like friendships, like family, like health, then substance abuse becomes less of an issue. That's generally what they've found when they've taken this approach. It's not real common but that's the way harm reduction puts it – and I like to think of it that way.

I believe that harm reduction by itself is effective because, in essence, we train people to go into these environments and use the judgment of drug users. Anybody, I'm sure, who has been in a tough place in their life can say, probably most of us can say, that the most important thing was having somebody to talk to, to understand you, who didn't



judge you, who didn't tell you that they knew what was right for you but instead just sat there with you to help you consider what you do and how it effects you.

There is an Indian philosopher that I love to quote sometimes. He is dead now. When he was alive and speaking in India, he was asked by a young girl: "Will the naughty boy become good because of punishment or because of love?" Jiddu Krishnamurti is his name and what he said was: "Well, in reality, both forms, love and punishment are a form of coercion. You're trying to change this person from the outside. You are saying to this person, 'I know what is right for you.'" Well, Krishnamurti answered and he said, "The most important thing you can do is help this young boy figure out why he is bad." It's not easy to help people figure out why they make poor choices if you don't understand them. If you go in with no judgement to let them explain their story, you have an opening that isn't created in any other form of helping people. Harm reduction does that very well for a very difficult reach of population, something to keep in mind. (Applause) The first principle is Harm Reduction. Focus on reducing harms not on reducing use. That's what we say, especially for certain populations.

Guiding Principle #2: Continuum of Interventions. I think that you'll hear a lot of what we've been talking about here, in terms of interventions, in what I've got to say. There should be a balance to process substance abuse policy that addresses the full continuum of risks. In this case, strategies to enhance health and prevent substance abuse among the general population. This is the DARE work. This is primary prevention.

Does anyone know what one of the most important variables is when it comes to problematic substance abuse? It's age of initiation. Science can show us, believe it or not, that people who use substances in moderation, generally, have higher functioning, that is, social functioning, economic functioning, than those who do not use – the abstainers and those who use to excess. Age of initiation – the earlier you start using drugs, your chances of having trouble goes through the roof. The risk goes up so high. If you can prevent adolescents introducing themselves to these substances – delay for a year, for six months, two years –they mature so much in those years, and it makes the difference between having someone downstream to pull out who is drowned or helping them before they hit the water.

Prevention programs are targeted to high-risk youth. This is targeted prevention. We go after the people on the streets in Whitehorse, the people who get the needles, for example, those who are at high-risk, perhaps the aboriginal populations in certain communities. This is a very important one that's emerging from the research. Early

“ It's not easy to help people figure out why they make poor choices if you don't understand them. If you go in with no judgement to let them explain their story, you have an opening that isn't created in any other form of helping people.”



“ One of the most important variables when it comes to problematic substance abuse is the age of initiation.”

detection and intervention for at-risk and excessive substance use – early detection. We often focus on health professionals when we talk about this training, to learn how to identify problem people before they really have a problem – people on the way to becoming problematic.

A couple of summers ago, I was having a hard time. I started drinking a little more than I usually do. For me, that means buying a six pack every weekend on the way home on Friday. I did that for about three or four weeks. One Friday afternoon, when I walked through the door with a six-pack of beer my wife just made a comment. She said, “This isn’t like you. You don’t normally buy beer on Fridays.” That’s all it took. I realized in that two-sentence exchange what I was using alcohol for. I became conscious of it as a coping mechanism. I can’t say I became an alcoholic but it definitely brought me to an awareness of why I was using. I think that we all have the power of brief intervention within our interpersonal actions, interpersonal relationships. How many people do you know who probably drink a little too much?

Can you find the opportunity to show them that you care just enough, in a gentle non-judgmental way, to remind them to consider why they are using and drinking as they do? Think about that please.

Finally: Individualized Treatment and Rehabilitation. [Powerpoint] We could add harm reduction on the end of that now. When this was written it wasn’t quite so accepted. So, we need a continuum of responses. That’s my point.

Policy Effectiveness is the next one and I will talk about three things. This is the really boring part of the talk, but I will do my best. Policy research and policy design and policy implementation, all of these matter. We pass laws. We were listening to some examples today. We pass just crazy laws where you can’t have your treatment paid for because you are not clean but you can’t go for treatment because you’re not clean. The policy inconsistencies that just don’t make any sense when you think them through. That’s the kind of stuff around implementation that I’ll be talking about.

Research: This is what I do. I collect information, relate it back to policy and try to improve policy with research. The collection and analysis of timely and accurate information is one of the most important components in creating and implementing effective policy. It’s why I ask, all the time, about evaluation. Have you done the work to prove to me that this works? I don’t really need proof, but the people who give you money need to know because effectiveness is important to them.

The following points should be kept in mind when we talk about research. Research can employ a broader continuum of methods, such as population health surveys. Graphic research is critical. It’s very cool that the people who are doing the northern



version of the Canadian Addictions Survey (CAS), the Yukon Addictions Survey (YAS), have done work in the streets of Whitehorse. We didn't do that. We missed every scrap of that population in the CAS at a national level. We don't have that information. It's important information to have if you want to understand your problems around substance abuse. My hat's off to those who decided to do that research here. That's great information. I hope you use it well. Research should be used to identify some of the best practices. You can use research to identify what works. Then please, when you know something that works, send your runners out. Have them talk to people in the business. Show them you are doing something that works. Convince them to emulate or take pieces of your approach that works. Spread the good news.

Resources: Finally, resources should be directed at improving transfer from research to practice. I can also stand that on it's head and say, sending information from practice back to research. That's a two-way process. Policy design relates to the tuning of particular policy response, particular goals. There is no magic bullet. You can think about things that are important, such as targeting. Who are you going to reach?

Make sure that your policies aren't creating unintended consequences that are inside your target population.

Comprehensiveness: A variety of services we talked about.

Culturally Sensitive: Ideally, policy should incorporate the perspectives and values of the population that they are intended to serve. We heard some of this. How do you bring your drug users to these meetings? It might be a little difficult in Whitehorse since everybody knows everybody. They might be having a hard time coming out, so, maybe you have to find a way to channel what they do, what they know, how they see the world, into this process.

Gender and Age: That stuff is the same.

Implementation: To improve implementation, policy should include specific measures for performance criteria and collect information necessary to gauge how well you are progressing towards your goals. How many people do this in their work? How many people just go to work without thinking about collecting the information you need to figure out whether what you're doing is really helping? It's important to do.

These are from the National Drug Strategy. These are performance criteria that have been identified and the information will be collected in order to judge the success of the

“ It’s very cool the people doing the northern version of the Canadian Addictions Survey (CAS), the Yukon Addictions Survey (YAS), have done work in the streets of Whitehorse. It’s important information to have if you want to understand your problems around substance abuse.”



national strategy. [Powerpoint] Look at the first one: They want to find a way to increase the average age of initiation. This is incredibly important. They want to decrease the instances of communicable diseases, which they can measure carefully. They want to increase the use of our current criminal justice measures and they want to decrease avoidable costs. This is why we're actually redoing the cost study now, to get current data on costs.

The last guiding principle is Cost Effectiveness. It probably speaks for itself. Those in the room who are responsible for budgets understand the importance of this. Relate your budgets to what you do and your outcome measures, if you can. That's how we develop good policy. The worst policies are those with no evaluation criteria that just stay in place, even though people know they don't work.

“The worst policies are those with no evaluation criteria that just stay in place, even though people know they don't work.”

Summary. As you look towards the future, these are the things to keep in mind around good policy-making. The importance of social context. Don't panic. Fear is sometimes a good motivator but almost never produces good policy. Here's the important part. Up to this point I've spoken to your minds. I want now to speak to your hearts. Cultivate, if you can, in all of your interactions, a genuine desire in the Yukon, in Whitehorse, in your neighbourhood, to deal with substance abuse. Help your society to not be indifferent.

Limitations of Policy: You should keep these in mind. Determinants in health are many and varied. Policy is one of the most effective tools when combined with other approaches, in other domains.

Remember the principles: The overall goal should be to reduce health and social harms. You should employ a continuum of methods, interventions, tailored to the needs of individuals in the communities. You should conduct research to inform policy-making and design and implement policy to maximize

effectiveness. You should routinely evaluate policy for cost effectiveness, and I would say, lastly, be wary of the quick fix. We have talked a lot today about sustainability, the long haul or as a friend in the States, Mark Clymans, says: "The case of the slow fix". I think that's what we need. Once when I was very sick, I went to see a doctor and I was that young, impatient man looking for the drug. Give me the drug to make me healthy, and the doctor refused to prescribe antibiotics. It wasn't appropriate and he said to me, "Look son, it took you a while to get sick. It's going to take you a little while to get well." I think that applies in this case.

You've heard of a 'Challenge Goal'. It's all the rage now in the business. I have a challenge goal for all of you. Do you know the definition of insanity? Somebody stole my thunder earlier. The definition of insanity is continuing to do the same thing,



expecting a different outcome. I think in many ways, what is happening here, you're heading into new territory and you've begun a process at this summit. I propose this challenge goal to you and I'll give you performance criteria. In five to ten years, make the Yukon a model for other similar jurisdictions in the world for dealing with substance abuse. The performance criteria I'll give you is, at the end of ten years, how many people from outside this jurisdiction have come here to learn from you, to see what you do and how you do what you do? That's a good indication that you're a trailblazer – that you are out there. I think the question on everybody's mind is really, how are you going to do this? If you were to take my challenge seriously, how would you do it?

And now, I really want to speak to your hearts. I used to teach college. The first quote up there was actually from a student of mine, a young woman getting ready to graduate. Her parents had plans for her at the end of the semester that I taught her. She stood up to her parents and said, "No, I want to go do something else." It was the most beautiful thing I'd seen, in terms of personal development. She gave this to me on a comment card. I used to collect comment cards in my class.

We were talking about the environment in this class but I think it applies here as well. She said on her card, and I read it in class that day:

"When it comes to dealing with social problems, we need to develop a 'want to' attitude, rather than a 'have to' attitude." What is the difference when we think about things that we want to do? What do we do? We put our hearts into our work. It's not all in our minds. It's not just going to work. It's bringing out the creative element that we need to come up with new ways of thinking, new ways of doing. Develop that 'want to' attitude. Draw upon how you feel when you want to do something and bring that into a creative aspect of your work, if you can.

Finally, this is from a personal friend of mine. I seek counsel from a native Elder sometimes, with all respect, when I need help. I remember, in all my enthusiasm one day, describing my work, and what I do, and all the plans we had to solve the crisis of substance abuse in Canada. [Powerpoint]

My native friend listened to me for about ten minutes and then he gently interrupted to remind me. He said, "No device or plan of the mind will ever solve a crisis of the heart." I think for those of us in this room that work in this business, it doesn't take very much to realize that addictions are really a crisis of the heart. So, I ask you all – I won't be here in ten years – some of you will. Take my goals seriously. Bring your heart into your work. Make the Yukon a place where people come to learn what to do about these problems.

Thank you.

“The definition of insanity is continuing to do the same thing, expecting a different outcome.”

“No device or plan of the mind will ever solve a crisis of the heart.”



CLOSING COMMENTS

**THE HONOURABLE JOHN EDZERZA: MINISTER OF THE DEPARTMENT OF JUSTICE,
MINISTER OF THE DEPARTMENT OF EDUCATION, GOVERNMENT OF YUKON**

I would like to say thank you to a lot of people involved in organizing this conference. Thanks to Elder Mary Battaja for the beautiful prayers that she said. My first comment was that the road to recovery starts with a prayer. I honestly believe in that. I want to thank all the First Nation participants that were here today. You're here and that's what counts. I would like to thank Kwänlin Dun and Ta'an Kwäch'än First Nations for the use of their traditional lands. It's important to recognize which First Nation's land you are on. I would like to thank Todd Hardy, leader of the official opposition, for bringing this issue forward and putting the motion forward in the House to have this summit. Also, thanks to Pat Duncan for her support and input into having this summit become a reality. This has been a very productive summit. All of the different energies and different ideas in the room are what will make solutions. I would like to close by using a traditional practice and leave all of you something to think about. It may help you when you brainstorm on how we best approach the issues of substance abuse.

I have been sober for approximately twenty-three years. I'm fifty-five plus years old and now I feel that I'm almost healthy enough to start a family. I was unaware of what made me turn to alcohol. I was told to never cry and I never did in public but cried inside. It's a very vulnerable feeling when one is in this state and that's when poor judgment is made and undesirable, unacceptable behaviour to society may occur, even suicide. The moral of my story is to seek understanding of the individuals who are substance abusers, who are spiritually, mentally, emotionally and physically unhealthy individuals. I encourage solution seekers to be creative and innovative. Step outside the box. Don't be afraid to take risks and try something different. You may not think it would help anyone, but the one that needs your help might think it'll work.

When we're trying to determine how to deal with this issue, it's going to be a very painstaking process. Far too often in my years in the Yukon Territory, which is forty plus years, I've seen many good intentions fall through the cracks. When there is a crisis, people react and when there isn't, they slack off. We need to keep this motivation alive, keep it going. It's important to keep in mind, through the eyes of the Creator, everyone is equal, everyone is valuable and not one person is more valuable than the other. So, the solution must include respect for everyone and focus on the healing of the spirit. Again, I want to thank you all from my heart for taking the time to care about this issue.



CLOSING PRAYER

**MARY BATTAJA: REVEREND AND NORTHERN TUTCHONE ELDER,
WHITEHORSE, YUKON**

Before I offer the prayers, I would also like to say thank you for inviting me here to be part of this summit. I just want to share with you what Minister John Edzerza said about when he was a young man. I too, am only twenty-four years old because I had my sobriety twenty-four years ago. When I was young, like most young people, I wanted to be in the 'in group' so, I didn't listen to my parents, my Elders. I thought I would join them and grow up really fast and go to work and have a few drinks. Well, it didn't work out that way. It was not for me. So, I went back to my people, to my Elders and I will share with you their teachings.

When I sat down with my Elder her advice to me was: "Sit down and listen." And I had no choice. "If you want to change your ways, you will have to change your thinking," she said. And she was speaking to me in the Native language because she didn't speak English. She is a very big woman, very strong structured, very healthy, never drank in her life. She said to me, "You have a good pair of big ears like your father. If you use them, you will learn to listen good because I know today you young women don't use your ears to listen. Good thing the white man made earrings because they use your ears, they have a purpose putting earrings on them – but to listen, very good."

There was another young woman there. We kept looking at each other and we thought, "Why do we have to listen to this?"

But, I am glad today and for many years, even though after she had died, these teachings will always be with me because if it weren't for her, I wouldn't be standing here. In the end, she said, "It is hard to change, especially to listen. It takes a lot of work. Listen and yes, sometimes discouragement, lots of discouragement but it is possible to change – but only if you want to. And don't be afraid to ask for help." She said, "I say this with love. I know you can change. I see it in you." And she said, "One day you are going to be a minister for our people." I said, "No." And here I am today. That is what I do in my work.

So, for many of us as Elders, we still have a lot of struggle dealing with alcohol and drugs and substance abuse in our Native communities with family members, with children, with Elders, but we never stop giving up hope because, if there was hope for us, there is hope for them.



Sometimes, it's very tiring and sometimes, you think, "Is there an end to this?" But we never stop trying because that's how it is in our traditional teachings. If somebody had helped us, somebody gave us hope. We have to share that and pass that on. I just wanted to share this with you.

Now I will do the prayers. Let us pray. I will pray in my language, Northern Tutchone.

I love my language because it's my identity. It's a real mystery how I can still speak my language fluently because, I too went to residential school and it's very hard to find any fluent speakers today, but I do not stop speaking my language. I love my language.

(English translation of Northern Tutchone Prayer)

Oh God, our Creator, we thank you for your presence and your guidance, for bringing us together to share our ideas, information, our hope, to find ways to prevent and reduce the substance abuse in the Yukon. As we come to a closing of the summit, we give thanks for all who came to give their time, hard work done by all with much care and input by all who send a message of hope and healing to all who suffer from substance abuse.

We pray for all those suffering from alcohol and drug abuse. We pray to continue to encourage taking all the information, sure to find ways to be substance free. Let us build a healthy, strong relationship to help our future generations of children to build strong, healthy communities, making healthy decisions and choices to enjoy a safe lifestyle. Help us in our workplaces to be caring, understanding and patient – and lots of love and prayers. Give us the positive energy to move forward with the hope, with a positive outlook to a healthy future. Fighting this deadly disease that has come into our country, Lord with your help and your unity, we will win this fight, with your help.

Masi Cho. Thank you Creator.

Amen.



Yukon Substance Abuse Action Plan <http://www.substanceabuse.gov.yk.ca/>

