



Yukon Substance Abuse Summit

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

Summit Report





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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.*
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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.*
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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.*
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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.***
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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.*
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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.***
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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.***
-