



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.

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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

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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.

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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

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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.



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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
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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

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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

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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

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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.

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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 BATAJA: 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/>

