

**Report  
on the  
Action Forum  
on Aboriginal Women's Health  
and Addictions Services  
Vancouver  
Saturday, March 4, 2000**

**Table of Contents**

- 1. Introduction**
- 2. Common Themes arising from the Discussion Groups and Proposed Actions**
- 3. Summaries of the 4 Discussion Groups**
- 4. Summary of Evaluations**
- 5. List of Handouts provided to the Discussion Groups**
- 6. List of Participants**
- 7. Bibliography**

## **Introduction**

In March 2000 a one-day Forum was held in Vancouver for the purpose of discussing issues related to Aboriginal women's health and access to addiction services.

The Forum was sponsored by the Minister's Advisory Council on Women's Health, in conjunction with four divisions of the Ministry of Health (the Women's Health Bureau, Aboriginal Health, Adult Mental Health, and HIV/AIDS Divisions), BC Ministry for Children and Families, BC Ministry of Women's Equality, BC Women's Hospital, and Health Canada (Medical Services Division).

The 90 Forum participants were representative of service providers from both on- and off-reserve alcohol and drug treatment programs, Aboriginal women leaders in the health field, Aboriginal organizations, policy makers and planners, as well specialists in key topic areas.

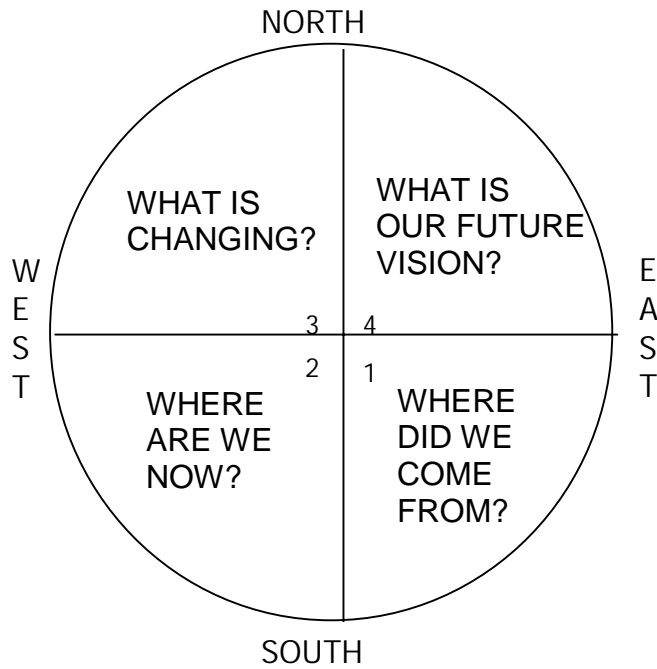
The goal of the event was to provide an opportunity for discussion and action on improving services for Aboriginal women with alcohol and other drug problems.

Prior to the event, a telephone survey was completed to identify key issues to be discussed and participants to be invited. From this pre-Forum work, four priority topic areas for discussion emerged, relating to:

1. how can we improve access to range of supportive services for Aboriginal women with substance use problems?
2. how can we provide/expand programming that help women reduce the harm associated with substance use - such as healthy pregnancy programs, methadone prescribing, HIV prevention and treatment programming?
3. how can we help communities develop ways to address fetal alcohol syndrome and work compassionately and effectively with mothers who use alcohol and drugs?
4. how can better understand and work with Aboriginal women on the connections between their experience of violence and substance use?

A search for articles on First Nations women and substance use issues was also undertaken prior to the Forum. It became evident that little focused attention has been paid to the issue of providing gender-specific support to Aboriginal women with substance use problems. A

list of references in the general topic area is included. One article from the Native Counselling Services of Alberta on violence related issues, provided a framework for the discussion of the four work groups at the Forum. With their permission, their model is included below.



*From "Family Violence is not just a Crime against the Crown It's a Family Affair" by Esther Supernault, Native Counselling Services of Alberta, 1993*

# **Action Forum on Aboriginal Women's Health and Addictions Services**

## **Common Themes and Proposed Actions Arising from the Forum**

### **Networking**

The opportunity to discuss issues related to providing services to Aboriginal women on alcohol and drug issues was appreciated and useful. We need to develop these linkages further through: Internet websites, sharing our addresses and meeting again.

**Actions** - We will:

- Post information on Aboriginal women and substance use issues through sites such as Aboriginal Health Association of BC [www.ahabc.bc.ca](http://www.ahabc.bc.ca), the Women's Addiction Foundation [www.womenfdn.org](http://www.womenfdn.org), the Women's Health Bureau [www.hlth.gov.bc.ca\whb](http://www.hlth.gov.bc.ca\whb). Link this information to other sites such as Prevention Source BC, Red Road HIV/AIDS Network, Healing Our Spirit and Ministry of Health Library.
- Include addresses with this mailing, so we can follow-up with each other now and in the future
- Bring a portion of the group together (as many as we can afford) at the time of the fall meeting of the Minister's Advisory Council on Women's Health, September 29<sup>th</sup> and 30<sup>th</sup>.
- Explore opportunities for networking on a regional basis through linking up with regional meetings sponsored by the Ministry of Women's Equality

### **Information Sharing and Training**

There is not enough information on culturally-centered, women-centered, treatment programming. We need to build on our understanding of: culturally competent programming, healing from addictions, women- and family-centered care, and the connections between substance use & violence, mental health and HIV issues. When sharing information on these issues, we need also to think about training people on how to take action on this information in their communities.

**Actions** - We will:

- Use the websites, addresses and meeting mentioned above, to share information.
- Ask the Aboriginal Women's Health Program at BC Women's Hospital to work with those providing information on Aboriginal women's health in communities, to see how info on Aboriginal women and substance use issues can be incorporated, and shared strategies for education developed

- Investigate federal funding sources issues (other than that already devolved to communities) for developing training on Aboriginal women and substance use/HIV/Violence/Mental Health issues and on how to share and apply this information at the community level

## **Action by non-governmental services and organizations**

Services and organizations attending the Forum recognize the need to address barriers to existing treatment services, create new culturally-based healing services for women, and forge networks of care where additional services are not feasible.

***Actions*** – Representatives of services and organizations will:

- Further document and address barriers to our own and other services in communities
- Gather together others in our communities to hear of the issues discussed at the Forum, and plan ways to make local services more responsive to Aboriginal women's needs.
- Provide feedback to Forum organizers on the material in this Report and ideas for further action.

## **Action by governments**

Specific and general government policies and practices were identified at the Forum that hinder Aboriginal women's empowerment on health issues affecting them. Ideas for moving forth that were identified included: better interministerial policy coordination and improved staff training and support on cultural competence, as a basis for developing positive working relationships with communities.

***Actions*** – The Women's Health Bureau with other government representatives on the Planning Committee will:

- Convene a meeting of Assistant Deputy Ministers to discuss how government representatives could work in a coordinated way across Ministries and with the federal government to better support Aboriginal women's health
- Work with the Provincial Health Officer to ensure that Aboriginal women's health advocates are consulted in the preparation of his 2001 report featuring the health of Aboriginal peoples in BC.

# Summary of SERVICE DELIVERY Workgroup Discussion

## *Where are we now?*

### Barriers to Service:

- Lack of confidentiality, trust, safety and security on reserve programs
- Jurisdiction issues with Federal and Provincial responsibilities
- Lack of technology (in isolated areas – just getting phones!)
- Bureaucratic barriers – systemic barriers - Problems with getting medical services approval for travel – impact of funding cutbacks
- Services are limited in remote areas
- Political aspect of who gets support to go to treatment and lack of interest by bands in Aboriginal women's healing
- Lack of cultural relevance in programming
- Lack of facilities for mothers and their children
- Child apprehensions – timing of all the systems such as apprehension – does not fit with the timetable for recovery
- Lack of programs for children whose parents are dealing with their addictions – children recovering from the effects
- Pressure on families in recovery – feels like a magnifying glass
- Dilemma faced by mothers who by asking for help face the loss of their children – also need to know their children are safe while they are in treatment
- Lack of comprehensive programming for women with more than one issue – eg mental health problems, multi substance use, corrections
- Need for sexual abuse treatment programs
- Lack of women-centered care
- Lack of post-treatment programming
- Lack of support for front line workers – financial socials and emotional – skilled workers leave positions - Lack of standardized training for counsellors

## *What is changing/ working?*

- Indian Homemakers approach which focuses on mothers
- Wellness strategies for counsellors such as daily check ins, Round Lake wellness approach
- Professional development programming
- Programming which includes cleaning ceremonies, sweats and reconnect with spiritual
- More empathetic views of people with problems – and more empathetic professionals such as the police who did the Through a Blue Lens film

## ***What is our vision?***

### **a) For Programming**

- Culturally appropriate care, rooted in respect, success defined by and for aboriginal people
- Women centered care and training on gender sensitive approaches
- Programming that is accountable to the consumer, client centered and client driven
- Accreditation of programs and priority on health of service providers
- Policy development that reflects the changes in philosophy of treatment towards being more client driven and harm reduction oriented
- Political structures that fund programs for women
- Research to identify elements of best practice as practiced by programs such as Round Lake and Kakawis – and dissemination of this info - also do qualitative research which looks at women's perspectives on what they need
- Cultural competency training for clinicians
- Seamless continuum of programs, with range of services needed, integration of programming, addressing of gaps, regionalized and localized
- Individualized approach
- Transportation funding increase
- Services for children who are impacted by addictions
- Incorporate holistic principles, deal with whole person, comprehensive assessment of all needs and address needs like nutrition
- Culturally sensitive assessment packages
- FAS services – need to identify and ensure access
- Connections to correctional and programs for special populations

### **b) For networking/ training/research**

- Canadian Institutes for Health Research, Centre of Excellence for Women's Health, People's Health Council
- Women's Day Treatment – aboriginal leadership training
- Aboriginal issues integrated into educational institutions training
- Recruit for aboriginal professionals
- Work in partnership to delivery culturally sensitive services

### **c) For policy and restructuring**

- Need to inform policy – to work with those developing overall Provincial Aboriginal Health Strategy
- Look at accountability of governments
- Bring gender lenses into play
- Rethink Addictions Services structures – make it a commission or under Health rather n MCF
- Review medical service policies re transportation, funding
- Chief and Council need to keep community's health as a priority
- where is Health in the Treaty negotiation process
- \*\*Government needs to be moved beyond tokenism, with more money for First Peoples Health

***What would we want to include on an information pkg. on this issue of Service Delivery?***

- List of federal provincial and municipal services on service delivery and treatment
- Identify funding sources and look at disparities, integration of services and where is the money being spent regionally
- Flow chart for funding process
- Info on First Peoples Health Council
- How to work within the regions and within the Ministry
- Statement of guiding principles and summary of guidelines around the ideas of seamless services that are client-based
- Consistent interpretation of policy funding categories
- Client-centred interpretation of policy
- Consumer profiles
- Continuous flow of updated information to the service providers

***What would an on-going Network Structure look like?***

- On-going access to information as it comes
- Websites: Aboriginal Health, BC Women's, Aboriginal Health Association of BC, Red Road, Health Association of BC
- Lobby and develop process to get these aboriginal women's health issues into election dialogue
- Newsletter
- Coalition
- Another Forum
- Participants list and list of pertinent organizations and addresses



# Summary of HARM REDUCTION Workgroup Discussion

## *Where are we now?*

- Addiction programs are most often based on 12 step model – Not everyone is able to see how abstinence and harm reduction can coexist.
- Some shift is starting in the stigmatizing and punishing ways of viewing people with addictions problems.
- We are looking at new ways of asking about alcohol and drug use – rather than asking how much people are using, we are asking “are you using responsibly”?
- Counsellors in addictions programs get very little consistent long term training
- People with HIV/AIDS are not finding their communities welcoming
- Reserves are not getting enough information from provincial sources and even when they get info, there is need for training of health workers to mobilize their communities using the information

## *What is changing/ issues right now?*

- Now realizing that we need to develop programs for those who are still using – and if we do this we can help people gradually move towards treatment/healing
- Shift in the language away from “black and white” clean and sober towards harm reduction
- Starting to see harm reduction as not only providing clean needles and methadone, but also as supporting people on nutrition issues and reducing violence in their lives
- Starting to integrate service provision in some areas e.g. Sheway and Prince George Friendship Centre models
- The AHABC has just produced the Health Authorities Handbook on Aboriginal Health (130 pages)
- The Red Road HIV/AIDS Network is issuing a manual of funding resources for Aboriginal health projects and programs in Canada and the US
- Organizations like PWN are finding ways to involve consumers in planning and program development – through mentoring and other approaches

## *What is our vision?*

- 1. Building a common philosophy and understanding as a basis for our work**
  - Empowerment as a basis for all our work
  - Healing versus medical model
  - Address stigma, misperception and stereotyping amongst health providers and planner
  - Working from a harm reduction framework means being willing to be imperfect, to see the greys of situations, seeing that we are both half full and half empty as human beings
  - Recognize that love and spirit are fundamental to healing and harm reduction

## **2. Connections**

- We need to use the internet to support and get advice from each other Note: Website of Aboriginal Health Association of BC <[www.ahabc.bc.ca](http://www.ahabc.bc.ca)> is coming up March 15th.
- We need to use the info from this Forum
- Federal and provincial governments need to work together and they need to be sensitized to working with First Nations people

## **3. Address barriers to treatment for women**

- A big part of harm reduction is ensuring that women get the care they need. Barriers identified are:
  - Transportation costs – to access treatment
  - Women are not identifying that they need treatment out of fear that their children will be apprehended
  - Lack of services for women where women can take their children with them (and not just preschool –aged children)
  - Child care costs and availability of child care while in treatment
  - Costs of medicals that are required by treatment programs as a criteria for admission. On reserve the doctors are paid for doing medicals but they extra bill
  - Medical Services Branch policy prohibiting funding for women to go to non-MSB funded residential services

## **4. Education and training on the full spectrum of health issues**

- Training as well as education is important as many health providers on reserve need applied skills to support action on issues related to prevention and harm reduction
- Delivering educational and train-the-trainer programming in a collaborative way – as none of us has the money to get to all communities (Red Road HIV/AIDS Network, BC Women's) – we need to share schedules and deliver education on each other's issues so that more communities can be reached and there is not duplication of efforts

## **5. Harm reduction programming**

- Healing Centre model – Dean Dubick's proposal for a Healing Centre in the Downtown Eastside of Vancouver includes spiritual, physical, emotional and mental services. The spiritual services planned are elders, talking circles, pipe ceremonies, sacred smudge ceremonies and sweat lodge ceremonies. Physical services planned are acupuncture, aromatherapy, massage therapy, herbs and traditional medicines and vitamin therapy. Emotional services identified are meditation, counselling, healing circles, harm reduction support groups and peer support. Mental services planned are health and education, life skills, conflict resolution, grief and loss and crisis intervention. Dean envisages the healing centre as having 5 floors – the 1st floor a women's drop in space with many immediate health services provided, the second floor as women's detox, the 3<sup>rd</sup> floor a women's health and palliative care centre, the 4<sup>th</sup> floor an emergency crisis shelter and 5<sup>th</sup> floor supportive long term housing. Healing centers in Arizona and Minnesota have piloted a healing centre model. It was suggested that we follow-up to see what lessons they have learned.
- All programs and services need to work from an empowering, holistic, healing, loving stance, prepared to work from where women are
- Support groups need to be added which are not abstinence based

# Summary of FAS Workgroup Discussion

## *Barriers to Working Effectively on FAS*

- Lack of understanding of contributing factors to why women drink: sexual abuse, residential school trauma, foster care abuse, violence by spouse, poverty, lack of parenting skills
- Recognized barriers women face when wanting help for their alcohol use: rigid treatment models, lack of supports, lack of choices and options, lack of gender sensitive content, lack of culturally appropriate content.

## *Strategies/Recommendations for Women's Treatment*

- There needs to be a consistent awareness/ understanding of why women drink (and therefore what is helpful for them to change) amongst community members, professionals, government reps. etc.
- Models of treatment need to be culturally appropriate—not culture as an add-on to a non-Aboriginal program.
- Models of treatment must address gender
- Aboriginal women's voices must be at the table when designing and developing treatment.
- Women's treatment needs to be women-centered and driven and inclusive—not rigid nor inflexible (“you can't deal with your sexual abuse here, you must deal with your addictions separately and first”).
- Options to stay in community need to be available—going away can feel like further institutionalization.
- Women-only, co-ed and family options need to be available
- Power/oppression and internalized oppression analysis need to be included—challenging oppression, empowering women and believing that women have the power to change.
- Recognize that women's use of substances does not equal child neglect.
- Embrace other models such as Harm Reduction, 13 & 16 step approaches as well as abstinence.
- Treatment should be ongoing, accessible many times and at various points in change
- Lack of housing and poverty are some of the issues that are potential contributors to substance use and/or create barriers to women wanting to access help.

## *Prevention of FAS*

- Target specific groups
- Be culturally appropriate

- Review education and evaluate and create prevention programming for schools, home/families, professionals and community.
- Drug & Alcohol counselling must include information on reproductive choice (birth control/family planning, safe sex and sexual health)
- The context of Aboriginal women's lives must be reflected in the material—women are life-givers. Paying attention to women and girls before pregnancy is important
- Men are a big part of this and they must be included and educated

### ***Child protection: Strategies and Recommendations***

- Legislation needs to be fully implemented and then enforced as it was intended
- Have an aggressive, funded prevention program to reduce or eliminate apprehensions
- Families should have a representative in court at apprehension hearings
- Fund Aboriginal parenting programs such as Parent as First Teachers

### ***Intervention Strategies***

- Service providers to develop protocols on what can be done when a women is identified as using substances while pregnant so she doesn't fall through the cracks (prevention)
- Resources such as housing, nutrition, pre-natal care need to be in place for women who are pregnant and using alcohol/drugs—Healthiest Babies approach
- Apply continuum of service as existing services are fragmented amongst MCF, Health-care services, Addictions etc
- Professionals are misdiagnosing or over-diagnosing women at risk

### ***Child Protection***

What's not working...

- Mandated treatment and abstinence
- We need treatment centres for women who are using and pregnant
- Risk assessment is not working—it is culturally biased (the family members don't qualify as care-givers), it is deficit focused in that it predicts failure.
- Bands are not notified as required and requirements are made up as to how a mother can get her child back
- Unrealistic expectations around treatment length of time, access to that treatment and after-care treatment.
- MCF workers come from abstinence-based ideology
- Indian homemakers are not accepted in parenting programs
- Money spent on foster system could be spent on culturally appropriate parenting programs for Aboriginal families
- Would like some sort of Report Card back to communities
- The Aboriginal Strategic Plan is in conflict with labour agreements and cannot work

### ***Summary***

- Separate treatment from punishment - Who decides what is appropriate treatment?

- Professionals need to be educated about the nature of addiction, FAS, First Nations peoples and the impact of colonialization
- We need more First Nations support workers in the Ministries and communities and the funding to support their education
- Have the taxes collected by the Provincial government on alcohol and tobacco be used for health programs and treatment facilities
- Make the liquor industry more accountable
- Revisit entry requirements to treatment programs
- Review treatment process in general
- Treatment programs to change and respond to community needs
- Ministry needs to provide funding to existing programs that are working—not begin new programs/jobs within their office
- A philosophy of treatment needs to be in place that acknowledges the reality of addictions and recovery over such indicators as money, time and numbers
- Government to provide participatory action research on FAS, addictions that can incorporate a provincial approach of women and family-centre, integrated care—research should help communities and not only academics

# Summary of VIOLENCE Workgroup Discussion

## ***Challenges:***

- Need for support post treatment, including return to family/community
- Need for a comprehensive continuum of prevention through intervention
- Need for youth follow-up services: e.g. employment/support services + residence
- Need youth prevention programming such as “scared straight” model, personal role models
- Need to address the disrespect in institutional settings (e.g. hospitals) towards First Nations Women
- Protection of abuser versus abused (sexual and family violence) - the system favours perpetrators of violence and off-reserve Band members cannot access Band supports for example in child protection interventions.
- Leaving community for services (fractured service continuum OR specialized services)
- Moving between First Nations on-reserve and off reserve “advantages”
- Reverse racial discrimination e.g. mixed heritage and ‘acting white’
- Service Shortfalls:
  - Eligibility
  - Accessibility
  - Duration of service
  - Cultural relevance
  - Funding shortfalls/uncertainties (user fees or % of costs)
  - Appropriate treatment (medical and/or therapeutic)

## ***What’s Changing?***

- Youth speak out
- More interest in cultural practices, language and crafts
- Learning sources include Internet to bring info between the urban/rural when technology is in place
- Link culture to addictions (cocaine, heroin, marijuana)
- Economic self-sufficiency (sell drugs, welfare dependency, ‘family’ role model)
- Community consultation - needs assessment
- Community initiatives
- Open community talking circle—crafts
- Probation/parole outreach
- Restorative justice (e.g. for addressing theft by youth)

## ***Strategies***

### Prevention

- bring public education to target audiences (women, youth, men) and offer therapeutic groups
- Address impact of poverty - Increase food allowance for those on welfare and single parents – Issue of bilateral violence (poor against poor)

### Comprehensive and Culturally Relevant Service Provision

- need culturally relevant programming – such as First Nations Liaison workers
- need comprehensive approach - include abuse history, current history, family violence, addictions, mental illness
- involve community/person/family
- need continuum of service – including comprehensive after-care and client -centered support
- There is a need for First Nations Women Advocacy (e.g. family advocacy) and that women be seen as someone who is a ‘whole being’ with needs
- Inter-Agency & Inter-Governmental case management by regular liaison and information sharing
- United Native Nations are promoting Aboriginal Women Family Centres

### Children’s Service Issues

- political pressure with First Nations to use judicial process e.g. remove children
- Vancouver “Kim” case: child witness not screened in court while testifying in a case where 9 aboriginal girls were assaulted
- Department of Justice accessed RCMP disclosure files re: residential abuse to limit victims rights to sue governments, churches etc
- United Native Nations investigate MCF re report on CIC’s (Children in Care) mortality by First Nations ancestry

### Advocacy

- Need Inter-Ministerial Advocate (at the Minister level) to work with: Ministries of Health (Fed and Prov), Ministry of Women’s Equality, Ministry of Education, Ministry of Aboriginal Affairs (Fed and Prov), Ministry for Attorney-General (court and police services), Ministry for Children and Families and Human Resources
- Need political advocacy including First Nations and Minister
- Need to document when/who/what/where
- Lobby for government funding - including examining client eligibility for off reserve programming

### Networking

- Liaise with other communities or service providers to come up with creative solutions.
- Direct contact with all service providers in our own and surrounding communities (use teleconferencing)
- Get Band/Tribal support for cultural practice through group social/recreational and affirm cultural learning covering areas like: residential school trauma. Family reunification/reconstruction, Lifeline events maps and trauma training.
- Women must speak out - We need to foster and/or support women who do

### Women in Governance

- Have matriarchal tradition and more women are becoming Chiefs and Councillors
- Need to be invited to leadership roles e.g. Boards, Advisory bodies etc.
- Band Council Make-up reflect community diversity—women, youth, men
- Patriarchal ‘control’ through gossip, threats, intimidation/violence
- First Nations leadership must include women as leaders

- Aboriginal Women's Justice Network (Viola Thomas)

#### Workplace Restructuring/ Cultural Competence

- Non-Native workers “assimilate”
- Racially-based discrimination is not recognized
- Need to recognize “life experience qualifications” versus non-aboriginal qualifications such as university degree
- Cultural knowledge must be a valid qualification to consider by MCF and other Ministries, e.g. child custody is a cultural value and a community responsibility

#### ***Future Vision***

- funding from multiple sources for community public education, cost-sharing initiatives
- long-term, results-based funding
- no more pilot projects—reallocate money to other projects

*The following book on restorative justice and family violence was recommended by participants in this workgroup: My Eyes are Black All the Time, edited by Ann MacGillivray, and published by the University of Toronto Press.*



**Summary of the Evaluations  
from the  
Action Forum on Aboriginal Women's Health  
and Addictions Services  
held Saturday, March 4, 2000**

43 of the 86 participants attending, completed an evaluation form. The feedback provided is summarized by question.

***Why did you come to the Forum?***

- 15 were motivated by the opportunity for networking,
- 20 came for the opportunity to learn more about substance use issues as they affect First Nations women
- 11 were interested in sharing their knowledge and providing input towards improving services
- 7 were motivated by their concern and passion about the problems facing First Nations women and wanting to influence their communities
- 2 came to start the process of addressing barriers to treatment for women

***What did you like about the day/find most useful?***

- 19 mentioned the sharing of info and ideas on issues, gathering a collective view of the issues
- 16 liked the networking opportunities
- 10 found the brainstorming, the creative problem solving, the interesting discussions and the hearing of the voices of powerful Aboriginal women in the workgroups useful
- 10 found it useful to hear of hope and strength, the consumer voices, the dedication of women working on Aboriginal women's health issues, got a sense of togetherness and not giving up
- other aspects liked:
  - handouts
  - respectful, knowledgeable, empowering facilitators
  - expertise of the organizers, collaboration of those on the Planning Committee
  - Minister Kwan and Dr Ballem's presentation
  - the opening panel of consumers and the keynote
  - hearing of new resources, new ways of thinking about culture, new concepts such as 'positive deviancy', new ideas about how to take action to support women, new ideas about using volunteers

***What did you not like about the day/ not find useful?***

- Didn't get to enough action, didn't get to next steps, not knowing where this will go, needed more time to talk about promising programs, put together an action plan, to strategize, plan
- Too much discussion of both the problems related to government and of expectation that governments will remedy problems
- Too much discussion of personal experiences and complaints rather than strategizing

- Didn't like finding out there were so many barriers to services, and so many barriers to discuss we didn't get to the vision
- Sometimes strayed off topic, or someone dominated the discussion so time was wasted
- Ministerial presentation at lunch - politicians should not tell us the problems – is all talk without providing funding
- Need to remember to talk about structural change to address poverty and literacy and other larger context issues

### ***Suggestions about where to go from here***

- Send notes from workgroups, follow-up on ideas from the worksheets, keep circulating information
- Do follow-up, have more sessions like this, set up action committees to create the changes, have another meeting to do action planning
- Interministerial and multi-sectoral work still needs to be done
- Sponsor a national conference, meet annually
- Provide forum for front line workers to have their issues addressed
- Develop a tighter networking system, provide more opportunity to work collectively
- Need to continue to empower aboriginal women and support participation in their governments
- Get the government to hear of the issues raised and act it, need to figure out how to impact government, to go further, need to move beyond tokenism, to work on the will of decision makers, sit with Ministers in informal settings, become more vocal
- Good start but need more time to work collectively – to get to specific action plan and see results
- Need concrete action plan which takes in both urban and reserve needs
- Have all First Nations facilitators next time and more consumer involvement
- Include a short version of the recommendations so they can be mailed and faxed to provincial and federal representatives
- Have participants encourage women in communities to mobilize on the recommendations
- Don't lose the benefits of this, and have it be just another exercise
- Need a vision separate from governmental barriers and restrictions
- Take the common themes from across workgroups to form the basis for a working direction
- Use 'appreciative enquiry' model versus problem solving approach to planning – start with capacity building in the group, then move to visioning and strategic planning within the framework of the Medicine Wheel

### ***Other Comments***

- It is good to know how many want to advocate for First Nations women
- Great representation from policy to front line workers to consumers
- Great facility, thank you for breakfast and lunch
- Art Napoleon has a great book on Visioning in Native Communities, now on CD

## Handouts provided to participants of the Action Forum

Workgroup	Handouts
FAS/ Child Protection	<p><b>List of services</b></p> <ul style="list-style-type: none"> <li>• <i>Moving Forward - FAS Activities in BC</i> - October 1999 Listing</li> <li>• Circle of those with a stake in FAS</li> </ul> <p><b>Background Information</b></p> <ul style="list-style-type: none"> <li>• Overview of community process on FAS prevention from Prince George manual</li> <li>• Excerpt from <i>It Takes a Community</i> manual, Aboriginal Nurses Ass'n of Canada</li> <li>• Research summary – Exploring Issues of Substance Use During Pregnancy among Urban Aboriginal Women in Montreal</li> <li>• Excerpt from <i>Discharge Planning Guide for Substance Using Women and their Newborns</i> BCRCF Nov 1999</li> <li>• <i>Protocol Framework and Working Guidelines between Child Protection and Alcohol and Drug Services</i> – MCF 1999</li> <li>• Summary of 5 major American reports on substance use &amp; child welfare issues</li> <li>• <i>Strategic Plan for Aboriginal Services</i>. MCF</li> <li>• article on Sheway from <i>Canadian Nurse</i></li> </ul>
Service Delivery	<p><b>List of services</b></p> <ul style="list-style-type: none"> <li>• Graphic overview of the “continuum” of services</li> <li>• Blank view of the Health Risk Continuum</li> </ul> <p><b>Background Information</b></p> <ul style="list-style-type: none"> <li>• Position Statements from Health Association of BC</li> <li>• Overview of Healing Centre model - Dean Dubick, DAMS</li> <li>• Summary of research on Barriers to Treatment for Pregnant and Parenting Women - BCCEWH</li> <li>• <i>Planning for A&amp;D Withdrawal Services in Communities</i> - MCF</li> <li>• Excerpt from <i>Report on the Royal Commission on Aboriginal Peoples</i></li> <li>• “Coyote Returns: Survival for Native American Women” by Robin LaDue on service delivery issues for First Nations women</li> <li>• Native Alcohol and Drug Abuse Counselling Association of Nova Scotia description</li> <li>• 16 Steps for Discovery and Empowerment group information</li> <li>• Aboriginal Health Program BC Women’s Hospital pamphlet</li> </ul>
Violence	<p><b>List of services</b></p> <ul style="list-style-type: none"> <li>• List of violence services from MWE</li> <li>• Info on National Clearinghouse on Family Violence</li> </ul> <p><b>Background Information</b></p> <ul style="list-style-type: none"> <li>• Backgrounder on the overlap of violence, mental health and substance use done for BCASVSCP Oct 99 conference</li> <li>• <i>Live Violence Free</i> package sponsored by Ministry for Women’s Equality and BC Association of Broadcasters</li> <li>• MWE Report on Family Violence in Aboriginal Communities</li> <li>• Shimai (Atira Transition Society) services overview</li> <li>• MAC Report on Violence Against Women and the Health Care System</li> <li>• Info sheet on Aboriginal Healing Foundation (from their website)</li> <li>• Native Counselling Services of Alberta article by Esther Supernault “Family Violence is not Just a Crime against the Crown It’s a Family Affair”</li> </ul>
Harm Reduction	<p><b>List of services</b></p> <ul style="list-style-type: none"> <li>• Red Roads list of services and excerpts from Communicating about HIV/AIDS within BC’s Aboriginal Communities</li> </ul> <p><b>Background Information</b></p> <ul style="list-style-type: none"> <li>• Spectrum of what is involved in harm reduction from Harm Reduction Coalition</li> <li>• Backgrounder on Harm Reduction written by Nancy Poole and Scott Robertson</li> <li>• Overview of Sheway model</li> <li>• Overview of services needed created by PEERS</li> <li>• Donald Macpherson’s summary of Swiss Harm Reduction service structure</li> <li>• Dean Dubick’s Healing Centre model</li> <li>• BC’s Framework for Action on HIV/AIDS</li> </ul>

To all groups:

*First Contact – Treating Substance Use Disorders in Primary Care Hospitals*, HABC

*You and Your Health A Woman’s Health Handbook* Women’s Health Bureau BC Ministry of Health

## Participant List

### Action Forum on Aboriginal Women's Health and Addictions Services

<b>Harm</b>	Viola	Antoine	Vancouver Native Health
<b>Reduction</b>	Christine	Atkins	Capital Health Region
<b>Working</b>	Lorraine	Calderwood Parsons	Ministry of Health HIV/AIDS Division
<b>Group</b>	Dana	Clifford	Dual Diagnosis/Sheway
	Mary	Clifford	Prince George Native Friendship Centre
	Linda	Day	Vancouver Richmond Health Board
	Dean	Dubick	DAMS - Drug and Alcohol Meeting Support for Women
	Kelly	Finlayson	Rural and Remote Task Force
	Miki	Hansen	Ministry of Children and Families - ADS
	Donna	Hill	Soda Creek Indian Band
	Goldie	Hill	
	Maria	Hudspith	Positive Women's Network
	Suzanne	Jackson	
	Yvonne	LaBoucane-Yemm	Boundary Family and Individual Services Society
	Chris	Leishner	
	Geraldine	Pearce	Vancouver Native Health
	Nancy	Poole	BC Women's - Aurora Centre - Research Consultant
	Deborah	Schwartz	Tobacco Prevention
	Anne	Speer	Ministry of Health - Women's Health Bureau
	Lerinda	Swain	BC Women's Aboriginal Health Program
	Denise	Taylor	Aboriginal Health Association of BC
	Alice	Whiteman	Prince George A&D Services
	Dr Elizabeth	Whynot	BC Women's
	Art	Zoccole	Red Road HIV/AIDS Network
<b>Service</b>	Marie	Anderson	Hey- Way'-Noqu' Healing Circle for Addiction
<b>Delivery</b>	Dr. Penny	Ballem	BC Women's Hospital
<b>Working</b>	Marie	Bartleman	Consumer/Panelist
<b>Group</b>	Linda	Breault	Minister's Advisory Council
	Nadine	Caplette	Ministry of Health, Aboriginal Health Division
	Irene	Champagne	Central Island Women's Day Program
	Dr Heather	Clarke	RNABC
	Caren	Cochrane	Consumer/Panelist
	Sharon	Coflin	Nenqayni Treatment Centre Society
	Marge	Fraser	Stikine Health Unit
	Wayne	Fullerton	Ministry of Health, Mental Health Division
	Annette	Garm	Sheway
	Nyela	Glazier	Saik'uz First Nations
	Louise	Hill	ADS Victoria Clinic
	Linda	Lee	Phoenix Transition Society
	Roxanne	L'Esperance	Interior Indian Friendship Society

	Norma	Manuel	Round Lake Treatment Centre
	Crystal	Phillips	Musqueam Indian Band
	Valery	Simonds	Metis Provincial Council
	Sue	Spalding	Minister's Advisory Council
	David	Stirling	New Life Mission
	Joy	Ward	Health Association of BC
	Kathy	Wyse	Phoenix Centre
<b>FAS</b>	Janet	Amos	FAS Provincial Consultant
<b>Working</b>	Lois	Blankinship	BC Community Health Association
<b>Group</b>	Lauren	Brown	BC Women's Hospital
	Elizabeth	Cook	Victoria Native Friendship Centre
	Sandra	Dan	NNADAP, Old Masset
	Nola	Harper	YWCA Crabtree Corner
	Elaine	Herbert	Vancouver Aboriginal Child and Family Services
	Vera	Jones	Native Courtworker and Counselling Ass'n of BC
	Audrey	Lundquist	Elder
	Sue	McGowan	Women's Addiction Foundation
	Jenelle	McMillan	Vancouver Aboriginal Friendship Centre
	Laura	Miller	First People's Health Council, HABC
	Janice	Murphy	First Nations Friendship Center
	Shiela	Nyman	New Dawn, New Day Recovery Home
	Lisa	Samms-Maxwell	Prince George FAS Community Collaborative Network
	Minnie	Thomas	SaiK'uz First Nations
	Thelma	Woelke	Hey- Way'-Noqu' Healing Circle for Addiction
<b>Violence</b>	Janice	Abbott	Attira Transition Society
<b>Working</b>	Irma	Cooper	Anaham Band
<b>Group</b>	Lillian	George	Minister's Advisory Council
	Karen	Hallett	Family Services Greater Vancouver - DEW Program
	Effie	Henry	Ministry of Health - Women's Health Bureau
	Karen	Hewitt	Cariboo Friendship Society
	Valerie	Inglis	Battered Women's Support Network
	Nicole	Jackson	
	Anne	Jimmie	Ktunaxa/Kinbasket Wellness Centre
	Terri L.	Jones	Lake Babine Nation
	Jasu	Kotak	Minister's Advisory Council
	Sandra	McKay	Aurora Centre
	Joan	Miller	Kamloops Indian Band
	Suanne	Morgan	Ministry for Women's Equality
	Yvonne	Muschamp	
	June	Rose	Sheway
	Chief Bernice	Saunders	Soda Creek Indian Band
	Tammy	Sloan	Metis Commission

Agnes	Snow	Provincial Women's Committee
Viola	Thomas	United Native Nations
Jan	Trainor	Organizer
Jina	McCaffree	Organizer

**Selected Bibliography on Aboriginal Women and Substance Use**  
prepared as background for the Forum on Aboriginal Women's Health and Addictions  
held in Vancouver, BC on March 4, 2000

- Aboriginal Nurses Association of Canada. *It Takes a Community: A Resource Manual for Community-Based Prevention of Fetal Alcohol Syndrome and Fetal Alcohol Effects*. Ottawa, ON, 1997
- Addiction Research Foundation of Ontario. *The Hidden Majority A guidebook on alcohol and other drug issues for counsellors who work with women*. Toronto, ON, 1996
- Beauvais, Fred. "American Indians and Alcohol" in *Alcohol Health and Research World*. 1998
- Berkowitz, G., Peterson, S. et. al. "Community and treatment program challenges for chemically dependent American Indian and Alaska Native Women". *Contemporary Drug Problems*. 1998
- BC Centre of Excellence for Women's Health. *Mothering & Substance Use: A Women-Centred Policy Perspective* (info package). Vancouver, BC, 1998
- British Columbia. Ministry for Children and Families. *Moving Forward: FAS Activities in BC*. Victoria, BC, 1999
- British Columbia. Ministry for Children and Families. *Planning Alcohol and Drug Withdrawal Services in Communities*. Victoria, BC, 1997
- British Columbia. Ministry for Children and Families. *Protocol Framework and Working Guidelines Between Child Protection and Alcohol and Drug Services*. Victoria, BC, 1999
- British Columbia. Ministry for Children and Families. *Strategic Plan for Aboriginal Services*. Victoria, BC, 1999
- British Columbia. Ministry of Health and Ministry Responsible for Seniors. *Alcohol and Other Drug Problems and BC Women*. Victoria, BC, 1997
- British Columbia. Ministry of Health and Ministry Responsible for Seniors. *British Columbia's Framework for Action on HIV/AIDS*. Victoria, BC, 1998
- British Columbia. Ministry of Health and Ministry Responsible for Seniors. *Moving Towards Change: Strengthening the Response of British Columbia's Health Care System to Violence Against Women*. Victoria, BC, 1999
- British Columbia. Ministry of Health and Ministry Responsible for Seniors. *Provincial Profile of Women's Health: A Statistical Overview of Health Indicators for Women in British Columbia*. Victoria, BC: Women's Health Bureau, 1999
- British Columbia. Ministry of Health and Ministry Responsible for Seniors. *You and Your Health: A Woman's Handbook*. Victoria, BC: Women's Health Bureau, 1999
- British Columbia. Ministry of Women's Equality & British Columbia Association of Broadcasters. *Live Violence Free*. Victoria, BC, 1999

- British Columbia. Ministry of Women's Equality. *Paying for Violence: Some of the Costs of Violence Against Women in BC*. Victoria, BC, 1996
- British Columbia. Ministry of Women's Equality. *Family Violence in Aboriginal Communities: A First Nations Report*. Victoria, BC, 1992
- British Columbia Reproductive Care Program. *Principles of Care for Substance Using Women and Their Newborns*. Vancouver, BC, 1999
- Canada. Health Canada. *Directory of Substance Abuse Prevention Programs Serving Metis, Inuit and Off Reserves Aboriginal Peoples*. Ottawa, ON, 1995.
- Canada. Health Canada. *Maternal-Child Health Care. Programs for Aboriginal People: A Review of the Literature*. Ministry of Supply and Services. Ottawa, 1995
- Canada. Health Canada. *Prevention Framework for First Nations Communities*. Ottawa, ON, 1993.
- Canada. Report of the Royal Commission on Aboriginal Peoples. Ottawa, ON: Ministry of Supply and Services, 1996
- Canada. Canadian Panel on Violence Against Women. Changing the Landscape: Ending Violence ~ Achieving Equality. Ottawa, ON: Ministry of Supply and Services, 1993
- Canadian Council on Social Development, Voices of Aboriginal Women. Aboriginal Women Speak Out About Violence. Ottawa, ON, 1988
- Core Women Care. *The Place to Start – Women's Health Care Priorities in Vancouver's Downtown Eastside*. Vancouver BC: The Vancouver Women's Health Collective, August 1995
- Dubick, Dean. "Draft Proposal for a Healing Centre" unpublished, May 1999
- Garm, Annette. "The Sheway Project." In: The Canadian Nurse. November 1999, pp.22-25
- Health Association of BC. *Position Statement on Alcohol and Drug Services*, Vancouver, BC, September 1999
- Health Association of BC. *Position Statement on First Peoples' Health Services*, Vancouver, BC, September 1999
- Health Association of BC. *First Contact – Treating Substance Use Disorders in Primary Care Hospitals*, Vancouver, BC, 2000
- Hill, Audrey. "Cultural Considerations for Native Clients" in Alcohol and Drug Problems: A Practical Guide for Counsellors. Eds. Susan Harrison and Virginia Carver, Addiction Research Foundation: Toronto, ON, 1997
- Harm Reduction Coalition. "The Spectrum of Harm Reduction." *Harm Reduction Communication*. Oakland, CA. 1996
- Institute for Health Policy Studies. Evaluating the Effectiveness of Alcohol and Substance Abuse Services for American Indian/ Alaska Native Women. San Francisco. CA: University of California, 1995



- Joseph, R. *Healing Ways: Aboriginal Health Service Review*. Vancouver, BC: Vancouver/Richmond Health Board, October, 1999.
- Jumper-Thurman, Pamela. & Barbara Plested. "Health Needs of American Indian Women" in Drug Addiction Research and the Health of Women, Eds. C.L. Wetherington & A.B. Roman. Maryland, 1998
- Kasl, Charlotte. Many Roads, One Journey: Moving Beyond the 12 Steps. New York, NY: HarperCollins, 1992
- Klein, D., Williams, D., & J. Witbrodt "The collaboration process in HIV prevention and evaluation in an urban American Indian clinic for women." in: *Health Education Behaviour*. 1999
- LaDue, Robin A. "Coyote Returns: Survival for Native American Women." in Alcohol and Drugs are Women's Issues: Volume One. A Review of Issues. Ed. P. Roth. New Jersey, 1991
- LaRocque, E.D. "Violence in Aboriginal Communities". in Report of the Royal Commission on Aboriginal Peoples. Ottawa, ON: Ministry of Supply and Services, 1994
- Liepman, M.R., Goldman, R.E., et. al. "Substance abuse by special populations of women." in Women and Substance Abuse. Eds. E. Gomberg & T.D. Nirenberg. Norwood, N.J. 1993
- MacPherson, D. *Comprehensive Systems of Care for Drug Users in Switzerland and Frankfurt, Germany: A Report from the 10<sup>th</sup> International Conference on the Reduction of Drug Related Harm and A Tour of Harm Reduction Services in Frankfurt, Germany*. Vancouver, BC: City of Vancouver Social Planning Department, 1999
- Northwest Territories. *We Must Take Care of Each Other: Women Talk about Abuse*. Yellowknife, NWT: NWT Status of Women, 1990
- P.E.E.R.S. (Prostitutes Empowerment, Education and Recovery Society). "Creating an Atmosphere of Hope for All Children and Youth: Teen Prostitutes Speak Up & Speak Out" an unpublished report prepared for the Ministry of Women's Equality, April 1997
- Prince George Community Collaboration Network. *Grounded in Hope: Our Community Policy Response to FAS*. Prince George, BC. 1998
- Poole, N. & S. Robertson. "Backgrounder on Harm Reduction and Women". Vancouver, BC: The Women's Addiction Foundation, 1999
- Poole, Nancy. "Backgrounder on the intersection of violence, mental health and addictions issues for women" in *Making Connections Symposium Proceedings*. Ed. Kathleen Whipp. Vancouver, BC, 1999
- Red Road HIV/AIDS Network Society. *Pathways to Wholeness: An Aboriginal Strategy for HIV and AIDS in BC*. Vancouver, BC. 1998
- Red Road HIV/AIDS Network Society. *Red Road HIV/AIDS Network Society Resource Directory*. Vancouver, BC. 1999
- Red Road HIV/AIDS Network Society. *Communicating about HIV/AIDS Within BC's Aboriginal Community*. Vancouver, BC. 1999

- Robin, R. W., Chester B. et. al. "Factors Influencing Utilization of Mental Health and Substance Abuse Services by American Indian Men and Women". *Psychiatric Services*. Maryland, 1997
- Smart, R. & A. Ogborne. "Drinking Among Aboriginal People" in Northern Spirits: A Social History of Alcohol in Canada. Toronto, ON: Addiction Research Foundation, 1996
- Supernault, Esther. *Family Violence is not just a Crime Against the Crown, it's a Family Affair. It involves the Entire Family and so must the Healing* Edmonton, AB: Native Counselling Services of Alberta. 1993
- Tait, C. "Exploring Issues of Substance Use During Pregnancy Among Urban Aboriginal Women in Montreal". Montreal, PQ: Aboriginal Women of Montreal Inc., 1998
- Vancouver Status of Women. *Kinesis - Native Women's Issue*. Vancouver, BC, 2000.
- Vancouver/Richmond Health Board. *Women's Health Planning Project: Final Report*. Vancouver, BC, January 2000.
- Vazquez, R. "Healing of Hearts: American Indian Women in Recovery." California Women's Commission on Alcohol and Drug Dependencies. Van Nuys, CA, 1995
- Walker, R., Dale, M. et. al. "Alcohol Abuse in Urban Indian Adolescents and Women: A Longitudinal Study for Assessment and Risk Evaluation." *American Indian and Alaska Native Health Research*. 1996
- Wiebe, J. & K. M. Huebert. "Community Mobile Treatment: What it is and How it Works." *Journal of Substance Abuse Treatment*. 1996

## **Internet Resources**

- Addiction Research Foundation: <http://www.arf.org/isd/bib/native.html>
- Canadian Centre on Substance Abuse: URL: <http://www.ccsa.ca>
- Health Canada (First Nations and Inuit Health Programs) URL: [http://www.hc-sc.gc.ca/msb/fnihp/drug\\_e.htm](http://www.hc-sc.gc.ca/msb/fnihp/drug_e.htm)
- Nechi Training Research & Health Promotion Institute: URL: <http://www.nechi.com>
- Women's Addiction Foundation: URL: <http://www.womenfdn.org>
- Red Road HIV/AIDS Network: URL: <http://www.red-road.org>

This report was prepared by Nancy Poole, Wavelength Consulting and Jan Trainor, Trainex Works  
 Phone: (250) 370-1197 Fax: (250) 370-1979 Email: [wavelength@telus.net](mailto:wavelength@telus.net)