

Changing Together – A Healing Journey

An Addiction and Recovery Services Plan for Mt. Waddington



Copies of this Plan are available from the Mt. Waddington Health Network Steering Committee or from VIHA's department of Planning and Community Engagement



Prepared by the Addiction Services Planning Committee, which includes representatives from the following organizations and councils:

BC Ambulance Service
Cormorant Island Supportive Recovery Society
Gwa'sala-'Nakwaxda'xw First Nation
Kwakiutl First Nation
Lighthouse Resource Centre – Salvation Army
Mt. Waddington Health Network
Mt. Waddington Supportive Recovery Society
Namgis First Nation
North Island Community Services (NICS)
North Island Crisis and Counselling Centre Society (NICCCS)
Port Hardy and Port McNeill Council members
Quatsino First Nation
RCMP
Sacred Wolf Friendship Centre
VIHA Adult Mental Health and Addiction Services
V.I.H.A., Family Place
VIHA Youth & Family Substance Use Services
VIHA Planning and Community Engagement

Special thanks to all of the communities in the North Island who shared their stories, feedback, and vision for improved addiction and recovery services in the Mt. Waddington Region.

Last Plan Update: September 2012

VISION

Building on and bridging the gaps between existing services in Mt. Waddington to create a community-based approach to substance use issues that is accessible, flexible, comprehensive, and responsive to the needs of individuals, families and communities, respectful of human dignity and rights, and accountable to those it serves.

Guiding Principles

The following principles from the National Addiction Framework were adopted as a foundation for this work:

- a) Problematic substance use is a health issue.*
- b) Problematic substance use is shaped by social and other factors.*
- c) Successful responses to reduce the harms associated with alcohol and other drugs and substances address the full range of health promotion, prevention, treatment, enforcement, and harm reduction approaches.*
- d) Action is knowledge-based, evidence-informed, and evaluated for results.*
- e) Human rights are respected.*
- f) Strong partnerships are the foundation for success.*
- g) Responsibility, ownership, and accountability are understood and agreed upon by all.*
- h) Those most affected are meaningfully involved.*
- i) Reducing the harms associated with alcohol and other drugs and substances creates healthier, safer communities.*

“We are communities working together to reduce the harms of substance use throughout Mt. Waddington.”

EXECUTIVE SUMMARY

There is an apparent need for improved addiction and recovery services in the Mt. Waddington region. In 2009, Mt. Waddington had the highest death rates from both drug induced deaths and alcohol-related deaths in the Vancouver Island Health Authority (VIHA), and had the second highest rate of death resulting from suicide compared to the other Local Health Areas¹. Between 2006 and 2008, the illicit drug death rate in Mt. Waddington was 106 percent higher than the Provincial rate (per 100,000). The issues related to substance use cross all lines of race, culture, education, and socioeconomic status and affects, directly and indirectly, a large proportion of the population.

While there are a number of organizations operating mental health and addiction services in the region, many of these providers appear to be working independently from one another, creating a compartmentalized system that lacks coordination. Addiction services and supports in Mt. Waddington have been developed in non-systematic ways, resulting in a fragmented system where providers often work in isolation of one another. Services are doing their best to provide supports to individuals dealing with substance abuse issues; however, currently system gaps are creating barriers for those navigating through it. The Addiction Services and Recovery Plan is intended to shed light on the gaps and challenges in the current system and make recommendations to identify development priorities, required resources, and opportunities for improving services in the region.

In 2009, gaps and challenges with addiction services were identified as a major issue by:

- The Mt. Waddington Health Network and the community.
- A Coroner's Inquest into two deaths related to intoxication and a lack of appropriate facilities and services, such as a sobering centre and detox
- Mt. Waddington communities' expression of interest in establishing additional addiction services such as a Treatment Facility and Supportive Recovery.

An Addiction Services Planning Committee (ASPC) was developed through the Mt. Waddington Health Network to bring people with an interest in improving addiction services in Mt. Waddington together to share knowledge and ideas, and to develop a comprehensive addiction services plan for the region. VIHA's Planning and Community Engagement (PACE) department took the lead in facilitating the planning process. A number of meetings were held and a smaller working group was formed, the ASPC *Core Working Group*, to focus on the planning and development of the actual Plan. The Core Working Group included representation from a broad variety of service providers and grassroots organizations. The Core Working Group held regular meetings to review, discuss, and collate a vast amount of information to create a detailed picture as to how addiction and recovery services currently operate, where there are gaps in services, and what can be done to improve services in the region. The process also included broader Addiction Services Planning Committee meetings, community forums in each community in the region, the creation of a service inventory/mapping exercise, as well as numerous conversations with service providers and community members about their experience with addiction and/or knowledge of services and supports for substance users.

A number of issues were identified during the community forums, many of which were consistent with the issues that had been raised at previous Health Network and Addiction Planning Committee meetings, and also revealed during the services inventory and mapping exercise. Many of the issues centred on access to

¹ BC Vital Statistics Annual Report, 2009 (Avg. 2005-2009)

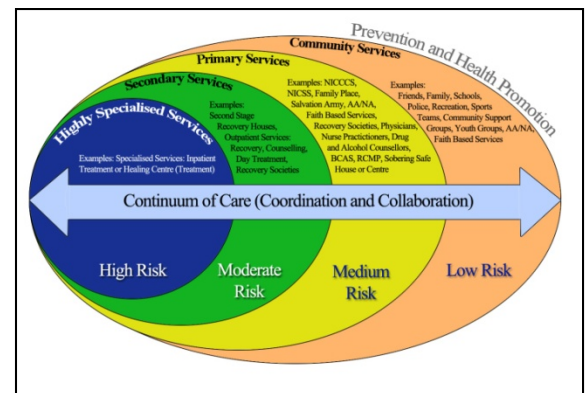
services, including limited access to detox, treatment, and aftercare recovery services. Some of the discussion revolved around the lack of a sobering centre, or a safe place for people to go to sober up. Community members also indicated that they were not aware of all the different services that exist in the region and felt that they did not always know where to go for support. Judgment around substance use was considered to be a significant issue- people are judged for being addicts, judged for quitting, and judged for social drinking. A consistent theme that was heard at all of the forums was that drinking/drugging has become the “norm” in the North Island, and is often the backbone of people’s social networks, so it makes it challenging for those who want to quit, or who are in recovery. People talked about limited aftercare for people returning home from treatment and the attitude of people who think that once they have gone through treatment they are “cured”.

Community members highlighted the fact that there are limited supports for children in and out of the school system, as well as for parents. Lack of funding and resources was also raised as being a major challenge in the region, as well as staff shortages. Community members talked about the fact that there is inconsistent care at facilities in the region, and the services appear to be working in isolation from one another which creates significant challenges for individuals trying to navigate the system.

Mt. Waddington Addiction and Recovery Services Framework

At the onset of the planning process, the ASPC realized the need for a robust framework to help shape the system for addiction services and supports in the region. The committee reviewed precedent plans and strategies and agreed to adopt the Guiding Concepts and the Tiered Model from *A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy*². The group supported the notion that the integrated and holistic system-level model would help to better coordinate existing services to improve care and support for individuals dealing with substance use issues. It was determined that a similar model would be designed for the system in Mt. Waddington, closely based on the tiered model; however, one that was more reflective of the unique character of the region and its communities.

The Mt. Waddington Addiction and Recovery Services Framework has been divided into 5 nested ellipses of Community Services, Primary Services, Secondary Services, and Highly Specialized Services, all of which are connected through the band across which identifies the Continuum of Care and the Collaboration and Coordination of everyone involved. The supports and services identified within each of the ellipses correspond with the associated level of risk for an individual dealing with substance use issues. The holistic system is encircled in prevention and health promotion, indicating its importance at any stage of the care journey.



Using the Mt. Waddington Addiction Services framework, the Core Working Group developed some key objectives and recommendations. The supports and services identified within each of the ellipses correspond with the associated level of risk for an individual dealing with substance use issues – colour coding has been used to link the recommendation to its respective location on the framework. Each recommendation in this plan is supported by some “how to’s,” which provide details about how to achieve

² National Treatment Strategy Working Group. (2008). *A Systems Approach to Substance Abuse in Canada: Recommendations for a National Treatment Strategy*. Ottawa: National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada.

the recommendation in both the short term (i.e., 6 months to 2 years) and the long term (i.e., anything beyond 2 years). These recommendations are listed in section 5.0 of this plan.

Addiction and Recovery Services Planning in Mt. Waddington is the shared responsibility of the entire North Island community – from individuals to families, communities, organizations and service providers, everyone has a role in improving the planning and delivery of supports and services. The recommendations in the Addiction and Recovery Services Plan are the outcome of many months of planning and collaboration between service providers, bands, community members, and individuals involved in addiction services and supports in Mt. Waddington. This Plan attempts to balance the needs of a variety of perspectives regarding how addiction services and supports should be designed and delivered in the region.

The existing ASPC will likely be a natural starting point for this leadership and collaboration as many of its members are already committed and engaged, and have been involved in the planning process since the outset. The committee will provide a strong foundation to begin the plan's implementation; however, a broader membership may be required to ensure that all communities and providers have representation at the table. The success of the plan will depend on inter-sectoral collaboration and coordination, as well as on strong leadership to ensure that the recommendations in this plan become a reality.

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1 INTRODUCTION

There is an apparent need for improved addiction and recovery services in the Mt. Waddington region. The BC Vital Statistics Annual Report in 2009 revealed that Mt. Waddington has the highest death rates from both drug induced deaths and alcohol related deaths in the Vancouver Island Health Authority (VIHA), and had the second highest rate of death resulting from suicide compared to the other Local Health Areas. The issues related to substance use cross all lines of race, culture, education, and socioeconomic status and affect, directly and indirectly, a large proportion of the population. While there are a number of organizations operating mental health and addiction services in the Mt. Waddington Region, many of these providers appear to be working independently from one another, creating a compartmentalized system that lacks coordination. This results in a system that is extremely challenging for an individual trying to navigate it, as well as for families and supports of these individuals. The following plan is intended to shed some light on the gaps and challenges in the current system and make recommendations to create a clear plan that identifies priorities for development, resources required, and opportunities for improving Addiction Services in the region. Ultimately, the goal is to develop a comprehensive addiction services plan for Mt. Waddington that builds on current services and proposes feasible solutions to the existing gaps in services.

2 PLAN BACKGROUND

In the fall of 2009, gaps and challenges with addiction services in Mt. Waddington was identified by the Mt. Waddington Health Network and the community as a major issue. A significant factor in pushing this issue to the forefront was the Coroner's Inquests into two deaths related to intoxication and a lack of appropriate facilities, such as a sobering centre and detox. Another contributing factor was the expression of interest by some Mt. Waddington communities in establishing additional addiction services, such as an inpatient treatment facility and supportive recovery services.

The Coroner's Inquests (November 2008 and July 2009)³ highlighted significant gaps within the existing system in Mt. Waddington and resulted in a number of recommendations being put forward. In addition to specific recommendations pertaining to RCMP procedures in the cells, there were a number of recommendations directed to service providers and municipalities in the Region. These included:

- To initiate plans for the development of a "sobering centre", detoxification centre, "pre" and "post" treatment safe house, and treatment facilities in Port Hardy
- To develop and deliver a public awareness program that highlights social issues within the District of Port Hardy
- To develop protocols that facilitate the sharing of information to ensure the proper continuity of care between all agencies providing service to the patient.
- To provide blood alcohol testing equipment to better assist in the assessment of patients for treatment at Port Hardy Hospital
- To increase emergency department training for doctors and nurses in rural areas
- To refit the observation room at Port Hardy Hospital to ensure safe observation of patients who are mentally ill or intoxicated
- To provide trained staff for the observation room at Port Hardy Hospital

The data also supports the need for improved Addiction and Recovery supports and services in Mt. Waddington. Mortality statistics illustrate that drug induced and alcohol related death rates in Mt.

³ Ministry of Public Safety and Solicitor General, Verdict at Coroner's Inquest, November 2008 and July 2009

Waddington are 127 and 76 percent higher than the Heath Authority rate respectively.⁴ BC Statistics reported that between 2006 and 2008, illicit drug deaths in Mt. Waddington were 106 percent higher than the Provincial rate at 12.8 deaths per 100,000 population aged 19 to 64 compared to 6.2 deaths per 100,000 in BC. Alcohol sales are also 75 percent higher in Vancouver Island North Local Health Area (LHA) compared to the Provincial rate, and 47 percent higher than the rest of the Health Authority (see Table 1 below).

Indicator	Definition	VI North (LHA 85)	BC	VIHA	% Variation from BC Rate	% Variation from VIHA Rate
Alcohol Sales Per Capita	Litres of alcohol sold per resident population >19 (2009)	196.0	112	133	75%	47%
Illicit Drug Deaths	Deaths per 100,000 population (19-64) (2006-08)	12.8	6.2	6.8	106%	88%

Source: BC Stats (http://www.bcstats.gov.bc.ca/data/sep/lha/lha_main.asp)

There are also direct and indirect costs associated with substance abuse. Hospitalization costs resulting from mental health and substance use cases in Mt. Waddington Hospitals (Port Hardy, Port McNeill, and Cormorant Island) totaled close to 1.4 million dollars between April 1st, 2008 and March 31st, 2011.⁵ Substance Use cases alone accounted for 820 thousand dollars (60 percent) of this total. These costs only capture inpatient cases at the three hospital sites and do not include individuals who were treated in the Emergency Department and then discharged. Nor does it illustrate the full extent of the burden to other health care services, law enforcement, or the societal costs such as the loss of productivity in the workplace or at home resulting from premature death and disability. In Canada, it is estimated that substance abuse accounts for \$11.8 billion in lost productivity or 1.7% of the gross national product (GNP).⁶

Between April 1st, 2008 and March 31st, 2011, mental health and substance use inpatient cases accounted for 15.5 percent of all cases in Mt. Waddington hospitals. The greatest volume of cases was seen at the Port McNeill Hospital; however, the majority of the patients were from Port Hardy (48 percent) compared to 18 percent from Port McNeill over the course of the three year period. A summary of this hospitalization data can be seen in Appendix A.

3 PLANNING PROCESS

3.1 ADDICTION SERVICES PLANNING COMMITTEE

The addiction services planning process has been an ongoing and iterative process which started back in the fall of 2009 when an Addiction Services Planning Committee was created through the Mt. Waddington Health Network. The purpose of this committee was to bring all of the people with an interest in improving addiction services in Mt. Waddington together to share knowledge and ideas; and develop a comprehensive addiction services plan for the region that builds on current services and proposes feasible solutions to the existing gaps in services. VIHA's Planning and Community Engagement (PACE) department took the lead in facilitating this planning process.

The Mt. Waddington Health Network meeting held on September 22, 2009 was focused exclusively on addiction issues and a number of subsequent meetings were held throughout the fall and early winter of

⁴ BC Vital Statistics Annual Report, 2009 (Avg. 2005-2009)

⁵ Hospitalization Costs resulting from Inpatient Cases in MCC 17 – Mental Diseases and Disorders, Mt. Waddington Hospitals, April 1, 2008- March 31, 2011. Discharge Abstract Database (DAD), VIHA

⁶ Canadian Profile 1999. Canadian Centre on Substance Abuse. Available at: <http://www.ccsa.ca/>

2010. Much of the discussion at these meetings focused on ensuring that everyone was informed about addiction issues in Mt. Waddington and providing community members with an opportunity to table their ideas and initiatives. At that time, the main issues that emerged were:

- The need for a sobering centre;
- The need for additional inpatient treatment capacity (the 'Namgis currently have the only inpatient treatment program in the area);
- The need for supportive recovery (several groups are exploring this service option);
- The need for cultural awareness and sensitivity;
- The importance of stable and safe housing as a foundation to tackle addiction; and
- The importance of an addiction system that is comprehensive and well integrated, including services such as shelters and police.

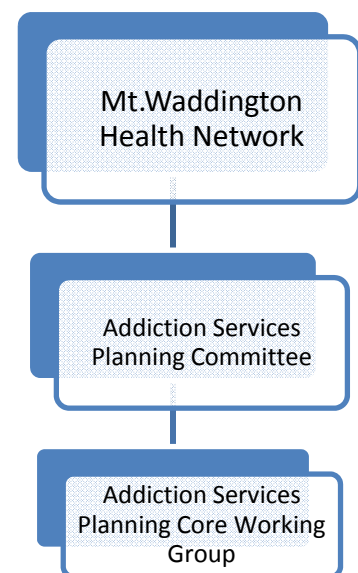
In the spring of 2010, members of the Health Network visited a number of facilities in different areas around the Health Authority. The intent of this road trip was to increase the knowledge about the various programs and services that comprise an addiction system and to see the types of services that were already operating around the Island. Participants visited and toured the following facilities in Victoria, Nanaimo, and Port Alberni:

Location	Facility
Victoria	<ul style="list-style-type: none"> • Sobering Centre • Streetlink/Cool Aid Society • Our Place • Youth Detox • Adult Detox
Nanaimo	<ul style="list-style-type: none"> • Mental Health and Addiction Services (MHAS) Nanaimo • Clearview Centre (medical detox)
Port Alberni	<ul style="list-style-type: none"> • Kackaaman Family Treatment Program

3.2 ADDICTION SERVICES PLANNING CORE WORKING GROUP

A lack of resources in the Planning department at VIHA resulted in a delay in the planning process; however, in the winter of 2011, new resources in Planning allowed for the process to resume. A reconnection meeting was held in Port McNeill to bring the Addiction Planning Committee back together and pick up where the original discussion and planning had left off in the previous year. It was decided that while there was a lot of good discussion at the meetings, it would be essential for a core group of people to come together and form a smaller working group to focus on the planning and work on the development of the actual plan. This resulted in the creation of the Addiction Planning Core Working Group, which included representatives from a broad variety of service providers and grassroots organizations.

A timeline of the planning process can be found in Appendix B.



3.3 ADDICTION SERVICES INVENTORY AND SYSTEM MAPPING

There are already a number of organizations and groups in Mt. Waddington who are providing addiction and recovery services for the population in the region. In order to understand what services exist, how they interact, and how the services are accessed, a Services Inventory and a System Map were developed. A consultant was hired to compile a list of services in Mt. Waddington, on the Island and in the Province that may be accessed by Mt. Waddington residents. These services were then mapped to enable the Planning Committee to paint a picture of what is already taking place, how an individual moves through the system, and ultimately, to highlight gaps or issues in the system. The maps for Mt. Waddington were compiled through conversations, both in person and over the telephone, with community members and those responsible for the services in the region. The maps were also taken to two meetings of the full Addiction Services Planning Committee and one of the Core Working Group for review and changes.

The process of mapping the services in the Mt. Waddington region exposed a number of issues and themes pertaining to the current system in the North Island. For example, there are a number of providers and support groups operating addiction and recovery services in the region, but these services appear to be very compartmentalized and operating in silos independently from one another. This process also identified issues with people accessing detox, which is currently provided in hospital and requires admission by a physician. This can often take time, which is not helpful for an individual who is willing and ready for detox at that moment. Another issue that came to the forefront is a lack of aftercare for individuals arriving home from a treatment facility in another community and then winding up in the same cycle because they were not supported in their recovery upon their return to Mt. Waddington. A number of the issues pertained to individuals picked up by the RCMP for being under the influence of drugs or alcohol in a public place. If they do not have a safe place to go, and they do not have a physical injury that requires them to be in hospital, the RCMP will hold them in their cells for the evening. Although the guards are trained in First Aid and trained to recognize medical issues, they do not have the same medical qualifications as a health professional in a hospital.

The list of services and the maps can be found in Appendix C.

3.4 COMMUNITY FORUMS

In July 2011, the Addiction Planning Core Working Group hosted community forums throughout the Mt. Waddington Region. The intent of the forums was to:

- Provide information - inform the community of the plan and process;
- Receive information – gather information from community members to inform the plan; and,
- Exchange information - build partnerships and relationships, and create awareness of existing services in the different communities.

For each community, the following questions were asked:

1. What addiction and recovery services are you aware of that exist in your community?
2. What are some of the biggest strengths related to the addiction services in your community?
3. What are some of the biggest issues or challenges related to the addiction services in your community?
4. What is your vision for addiction and recovery services in your community – what do you want to see?

The forums were conducted in an open dialogue format which gave people an opportunity to share their ideas and stories with the group. A feedback form was available for those individuals who were not comfortable speaking in a large group, or wanted to keep their information anonymous. Note takers were on hand to capture the essence of the discussion and record the responses for each of the questions.

3.4.1 STRENGTHS OF THE EXISTING ADDICTION SERVICES IN MT. WADDINGTON

The community forums offered community members an opportunity to reflect on the addiction services and supports that currently exist in the region, and highlight their strengths. While the responses varied by community, a number of consistent themes came forward. One of the overarching themes was the strength of Mt. Waddington communities to come together to deal with issues. People talked about the value of the individuals within their own communities who provide support and care to other community members on a regular basis. People spoke about the places where they go for support. These included the Men's Group, Girls and Boys' Clubs, Church Groups, AA/NA, Button Blanket Groups, Healing Circle, and Elders Groups, to name a few.

In every community, people talked about the strength of the actual services and programs that do exist, but more specifically, they highlighted the actual people doing the work as being assets in the region, both on and off reserve. Community gatherings such as potlucks, Health Network meetings, Gift of Life Celebrations, sporting events, and Filomi days were also seen as being positive for the region. In addition, there was a great deal of discussion about the opportunities that are available at the North Island College and Employment Foundation. The complete list of strengths of the existing addiction services in Mt. Waddington is available in Appendix D.

3.4.2 ISSUES AND CHALLENGES OF ADDICTION SERVICES IN MT. WADDINGTON

A number of issues were identified during the community forums, many of which were consistent with the issues that had been raised at previous Health Network and Addiction Services Planning Committee meetings, and during the services inventory and mapping exercise. Many of these issues pertained to access to services, including limited access to detox, treatment, and aftercare recovery services. Some of the discussion revolved around the lack of a sobering centre, or a safe place for people to go to sober up.

Community members also indicated that they were not aware of all of the different services that exist in the region and felt that they did not always know where to go for support. Judgment around substance use was considered to be a significant issue- people are judged for being addicts, judged for quitting, and judged for social drinking. A consistent theme that was heard at all of the forums was that drinking/drugging has become the "norm" in the North Island, and is often the backbone of people's social networks, which makes it challenging for those who want to quit, or who are in recovery. People talked about limited aftercare for people returning home from treatment and the attitude of people who think that once they have gone through treatment they are "cured".

People highlighted the fact that there are limited supports for children in and out of the school system, as well as for parents. Lack of funding and resources was also raised as being a major challenge in the region, as well as staff shortages. Community members talked about the fact that there is inconsistent care at facilities in the region, and the services appear to be working in isolation from one another, which creates significant challenges for individuals trying to navigate the system. A detailed summary of the raw notes from the community forums can be found in Appendix E.



4 APPLYING THE NATIONAL TREATMENT STRATEGY FRAMEWORK TO THE SYSTEM IN MT. WADDINGTON

At the onset of the planning process, the Addiction Services Planning Committee (ASPC) realized the need for a robust framework to help shape the system for addiction services and supports in the region. The committee reviewed precedent plans and strategies and agreed to adopt the Guiding Concepts and the tiered model from *A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy*⁷. The group supported the notion that the integrated and holistic system-level model would help to better coordinate existing services to improve care and support for individuals dealing with substance use issues. It was determined that a similar model would be designed for the system in Mt. Waddington, closely based on the tiered model; however, one that was more reflective of the unique character of the region and its communities.

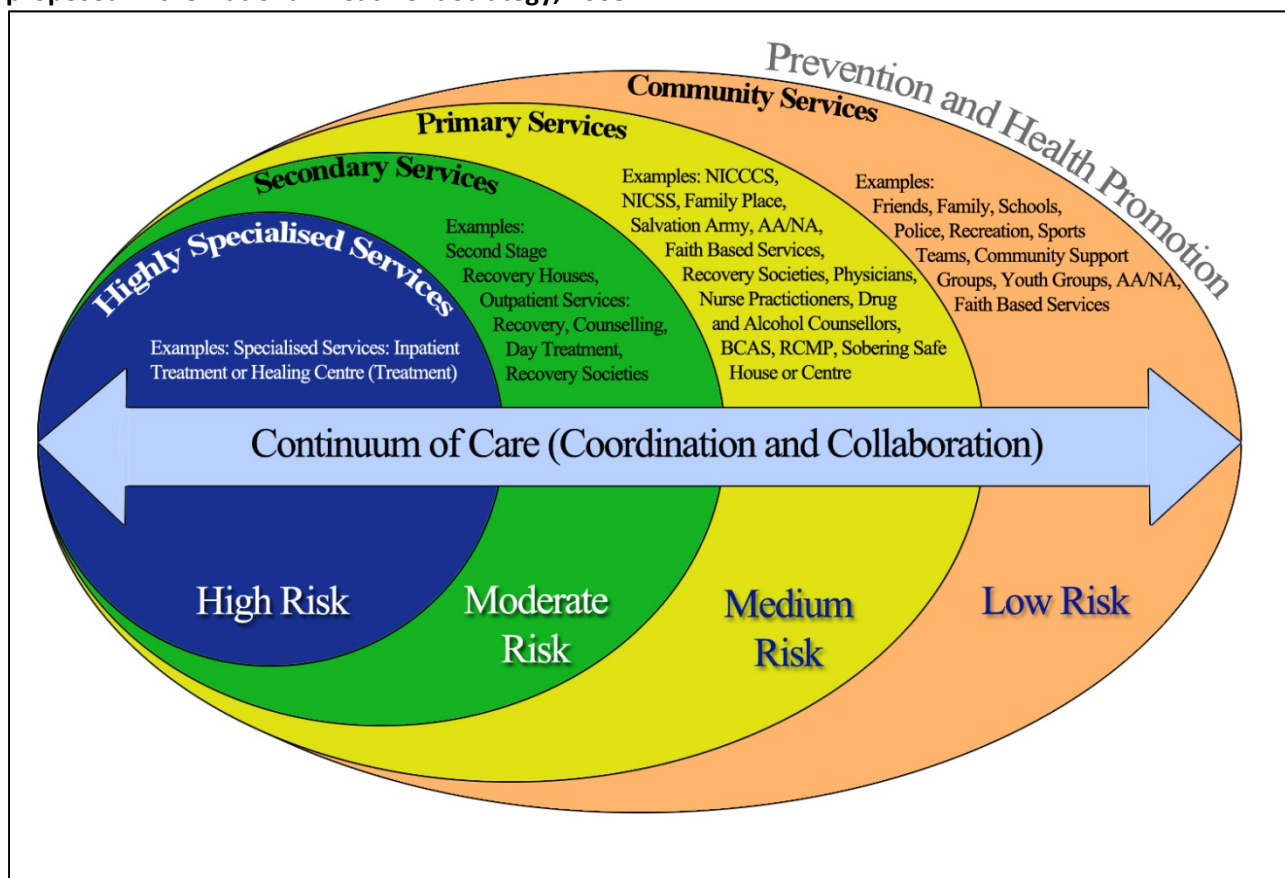
The National Treatment Strategy proposed a tiered continuum of services and supports to address the broad range of risk and harms presented by substance use. Each tier represents a different level of services and supports that corresponds to levels of acuity and complexity of substance use, with lower tiers intended to meet a greater number of people while the upper tiers are more specialized services that meet the needs of a smaller group of people who may have more severe substance use issues. The principle of the tiered model is that a person should be able to access a continuum of supports and services at any stage of their care journey and ultimately be linked to any support or service they need. They should also be able to move freely through the continuum depending on where they are at in their care journey. These principles are outlined in the National Treatment Strategy's Guiding Concepts, which were also adopted for the Mt. Waddington Plan. The Guiding Concepts are:

1. **No Wrong Door** - A person may access the continuum of services and supports by way of any of the tiers and, upon entry, should be linked to other needed services and supports, either in the same tier or in a different tier.
2. **Availability and Accessibility** - Services and supports in all tiers should be both available and accessible within a reasonable distance and travel time of each person's home community, or should be facilitated by different means (e.g., Telehealth, online, and mobile services).
3. **Matching** - A person should be matched to services and supports whose intensity is appropriate to his or her needs and strengths.
4. **Choice and Eligibility** - If more than one service or support meets a person's needs, the person should be able to choose among those services and supports for which he or she is eligible.
5. **Flexibility** - A person should be referred from a lower tier to a higher tier or from a higher step to a lower tier as appropriate to his or her needs.
6. **Responsiveness** - People—and their needs—change over time and with changing circumstances. As a person travels along pathways and through the lifespan, he or she should be given the help needed (e.g., information, referral, assessment, treatment) to ultimately shift the focus to services and supports in lower tiers.
7. **Collaboration** - A person's journey through the pathways should be facilitated by collaboration between providers of distinct kinds of services and supports.
8. **Coordination** - To facilitate service delivery as well as system planning, monitoring, and evaluation, health information systems should allow easy sharing of information between systems.

⁷ National Treatment Strategy Working Group. (2008). *A Systems Approach to Substance Abuse in Canada: Recommendations for a National Treatment Strategy*. Ottawa: National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada.

The following diagram is an overview of the proposed continuum of supports and services in the Mt. Waddington system, highlighting the need for a collaboration and coordination between the different services, from the community-based programs and supports to the more specialized services such as inpatient treatment and long term supportive recovery. The Mt. Waddington Addiction and Recovery Services Framework has been divided into 5 nested ellipses of Community Services, Primary Services, Secondary Services, and Highly Specialized Services, all of which are connected through the band across which identifies the Continuum of Care and the Collaboration and Coordination of everyone involved. The supports and services identified in each ellipse correspond with the associated level of risk for an individual dealing with substance use issues. The holistic system is encircled in prevention and health promotion, indicating its importance at any stage of the care journey.

Figure: A System of Addiction Services and Supports in Mt. Waddington, based on the Tiered Model proposed in the National Treatment Strategy, 2008



Created by VIHA's Planning and Community Engagement Department in collaboration with the Mt. Waddington Addiction Planning Core Working Group

5 GOALS, OBJECTIVES AND RECOMMENDATIONS

Addiction and recovery services planning in Mt. Waddington is the shared responsibility of the entire North Island community – from individuals and families to communities, organizations, and service providers - everyone has a role in the improving the planning and delivery of supports and services. There are already the beginnings of good partnerships and projects in the region; however, there is a need for broad community involvement and engagement in regard to policy and planning.

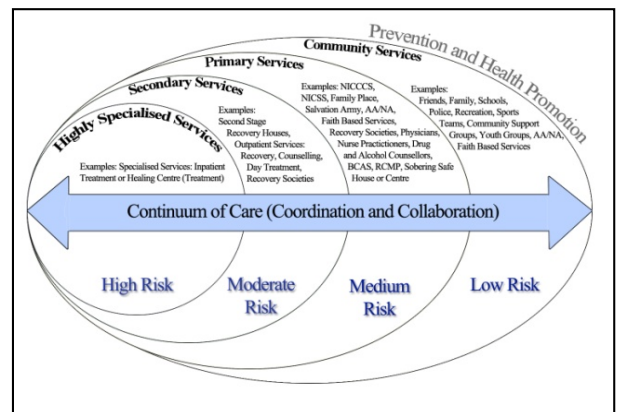
The vision of the Mt. Waddington Addiction and Recovery Services Plan is: ***Building on and bridging the gaps between existing services in Mt. Waddington to create a community-based approach to substance use issues that is accessible, flexible, comprehensive and responsive to the needs of individuals, families, and communities, respectful of human dignity and rights, and accountable to those it serves.***

The following section outlines the recommendations and priorities for a comprehensive continuum of addiction services and supports in Mt. Waddington that meets the needs of individuals, families, and communities in the region. Outcomes and feedback from the community forums, Planning Committee meetings, and the service inventory and mapping exercise were reviewed and summarized into overarching themes and then further broken down into key objectives. Then, the Core Working Group used these themes to identify some short and long term goals to meet the objectives, recognizing that there are some actions that will be attainable in the shorter term and some that will require more time to come into fruition. A detailed summary of the themes and the specific goals and objectives can be found in *Appendix D*.

Using the Mt. Waddington Addiction Services framework that was based on the National Treatment Strategy, the Core Working Group developed the following objectives and recommendations. The supports and services identified in each ellipse correspond with the associated level of risk for an individual dealing with substance use issues – colour coding has been used to link the recommendation to its respective location on the framework. The holistic system is encircled in prevention and health promotion, highlighting its importance at all stages of the care journey. Each recommendation is supported by some “how to’s,” which detail how to achieve the recommendations in both the short term (i.e., 6 months to 2 years) and the long term (i.e., anything beyond 2 years).

5.1 CONTINUUM OF CARE (COORDINATION AND COLLABORATION)

Historically, addiction services and supports in Mt. Waddington have been developed in non-systematic ways, which has resulted in a fragmented system where providers are often working in isolation of one another. While these services are doing their best to provide care for individuals dealing with substance use issues, there are gaps in the existing system that create barriers for those navigating through it. In order for the system to be effective and sustainable, there needs to be collaboration and coordination between the individuals, service providers, and communities in Mt. Waddington, as well as with those in other parts of the Island and the Province. Any new or existing initiatives in the region will require a strong continuum of supports and services in place that a person can access at any stage of their care journey.



The intent of the Addiction Services and Recovery Plan is to create a system that is flexible enough to shift and respond to the changing demands in the region. It is important that the Plan is not so prescribed that it does not allow for flexibility as different needs arise. It is also important to note that the Plan is not exclusionary; and instead, aims to support and work with existing initiatives that are taking place in the North Island communities. The goal of this plan is to build on and connect to the work that is currently taking place to achieve a stronger system of supports and services throughout the region.

Recommendation #1: Ensure collaboration and coordination of all service providers in Mt. Waddington across the continuum of addiction supports and services at the organizational, individual, and grassroots level.

How to achieve this:

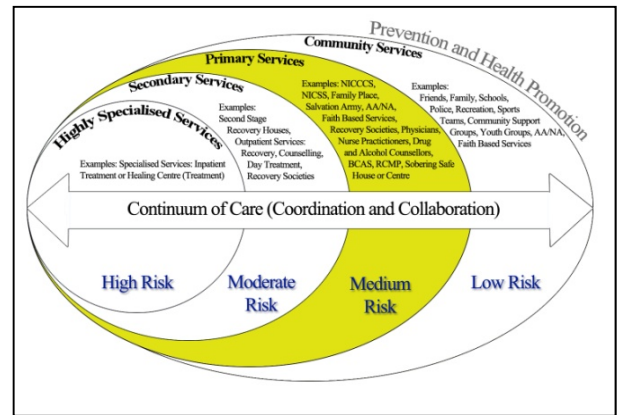
<p>Short Term (6 months to 2 years)</p>	<ul style="list-style-type: none"> - Build on the existing Addiction Services Planning Committee (ASPC) structure to create a strong leadership team that has broad representation from service providers, organizations, communities, bands, and individuals involved the system of Addiction supports and services. It will be important for the committee to develop Terms of Reference. - The ASPC will meet on a bi-monthly basis and will be responsible for implementing the Addiction and Recovery Services Plan. The ASPC will report to the Mt. Waddington Health Network Steering Committee to ensure the objectives are met. - A Coordinator or Project leader will be essential to lead the Plan implementation, coordinate ASPC meetings, identify funding sources, and coordinate with other planning initiatives that are taking place in the Mt. Waddington region. The ASPC should develop the job description in collaboration with the Mt. Waddington Health Network - Ensure bi-monthly meetings of service providers (roundtable updates and networking) including both organizations and grassroots people/groups doing similar work. The purpose of these meetings will be to improve service provider's knowledge of one another and their processes and thus, allow for better integration and collaboration. - Exchange information and network on the following topics: <ul style="list-style-type: none"> o New initiatives or updates in the type of work they are doing/ processes o Presentation of statistics and information- information is up-to-date o Information about new funding opportunities - Invite those communities and bands that are not already part of the committee to assist with the planning of services and supports in the region and create a system of supports and services that is resilient, yet flexible, responsive, and adaptable to the changing needs and demands of the North Island. - Work with bands and the Sacred Wolf Friendship Centre to provide cultural and sensitivity training to individuals working in substance use supports and services in Mt. Waddington. Build bridges between traditional and western philosophies and ways of knowing and healing.
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5.2 PRIMARY SERVICES

Currently, addiction services in Mt. Waddington are not accessible 24 hours a day, 7 days a week, which is creating a gap in the system during times when some people may need support. A major issue that was raised at the community forums, as well as at a number of the Planning Committee meetings is that individuals often do not have a safe place to go at any time of the day when they are under the influence of drugs or alcohol, or if they are generally in need of support. If they are causing a nuisance in a public place,

they are picked up by the RCMP, and if they do not have support or safe place to go, they can sometimes wind up in a jail cell until they sober up. Alternately, a person could end up at the Lighthouse Resource Centre (operated by the Salvation Army) which offers a seasonal extreme weather shelter in the area; however, resources at the facility are limited and currently, staff are not trained to deal with medical issues if this was required.

There is a need for a safe place (e.g. house, shelter, centre) for individuals who are under the influence of drugs/alcohol and need to sober up but do not have a safe place to go, or a safe person to look out for them. Many Canadian cities like Vancouver and Victoria have Sobering Centres which are facilities that provide shelter and assessment of inebriated clients for less than 24 hours (short term stay). A Safe Sobering House in Mt. Waddington could be located in a house, or within an existing service or facility, as long as there was a person on-call who could provide medical supervision or who is trained to recognize and respond to a medical emergency. The Sobering Safe House could be open at night and on the weekends when other services are not open for business. It would be linked to support workers who could offer individuals assessment and referral at the end of their stay, if this was desired by the individual.



Recommendation #2: Provide supportive recovery services in Mt. Waddington that are available and accessible 24 hours a day, 7 days a week for individuals at any stage of their healing journey.

How to achieve this:

Short Term (6 months to 2 years)	<ul style="list-style-type: none"> - Identify existing facilities or places that could be used as a Sobering Safe House/ Shelter (eg., Salvation Army, under-utilized buildings, etc.) in all communities in Mt. Waddington - Ensure service providers are willing to collaborate and coordinate prior to applying for facility funding- this is essential to ensure that there is coordination in the system. Ensure RCMP and BCAS are involved in this process and are active in the discussions.
Long Term (2 years +)	<ul style="list-style-type: none"> - Identify opportunities to expand Sobering Safe Houses (shelter) to all communities

5.2.1 ACCESS TO DETOX SERVICES

Detoxification (detox) is the process by which an individual is withdrawn from the effects of a psychoactive substance⁸. In Mt. Waddington, detox is currently conducted in the hospital, in Port McNeill, Port Hardy, or in the Cormorant Island Community Health Centre. However, the feedback from the community forums, meetings, and discussions in the planning process revealed that there are some significant issues with the current system of detoxification in the region, specifically with accessibility and availability of the current resources. In order for an individual to receive detox services, they require admission from a physician who may not be available at the time of need, which can result in long waits, or the person in need having to go elsewhere (e.g., down Island), away from their family and support network. Community members also

⁸ World Health Organization. (2006). Lexicon of alcohol and drug terms published by the World Health Organization. Retrieved August 2, 2006, from URL:http://www.who.int/subst...inology/who_lexicon/en/

reported feeling stigmatized when having to go through the detoxification process in the hospital, especially if they had been there before. For those that do not want to detox in a clinical setting such as a hospital ward, there are currently little to no supports to detox at home or in a safe place in the community.

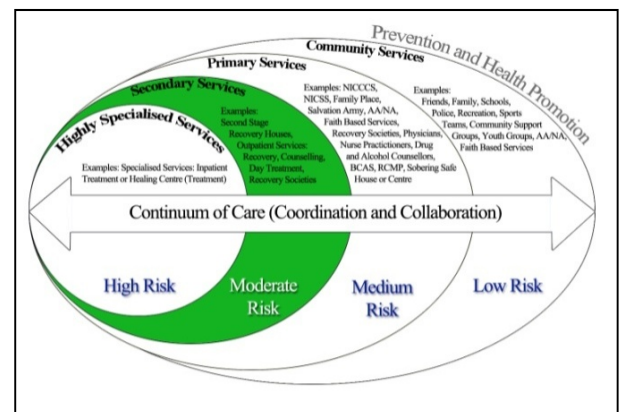
The Addiction Services Planning Core Working Group had a number of challenging discussions about the best way to provide detox services and supports for Mt. Waddington residents, and it was felt that people should have the choice as to where they want to receive detox services – either at home, or in the community if medically supervised and supported. One of the functions of increased Supportive Recovery Services in Mt. Waddington is the facilitation and support of individuals seeking detox services, either by providing admission to hospital (through physicians, Nurse Practitioners, or addiction counsellors), or by ensuring the supports are in place for the individual to detox in the community.

Recommendation #3: Ensure that individuals have access to detox (hospital-based or alternative) when they want it/ need it.

Short Term (6 months to 2 years)	<ul style="list-style-type: none"> - Improve the existing interface between the care providers, hospital staff, physicians, and community partners, and work towards the development of a detox protocol that facilitates a person getting the help they need, when they need it/ want it. Ensure that the protocol is understood and that it works for everyone involved. - Establish a procedure for linking to the supportive recovery services in each community. - Identify alternatives to hospital-based detox (e.g., supported community through med-screen, home-based, traditional practices, etc) and work with physicians and health care professionals to determine how this may be achieved. - Identify both western and traditional philosophies and models for detox. - Support flow of information between detox locations and the Second Stage Recovery House. Currently, Interdisciplinary Case Management (ICM) is confidential so there needs to be an alternative for service providers that do not have access to these files – interagency collaboration could work around this. Ensure linkages to Supportive Recovery Facilities where present.
Long Term (2 years +)	<ul style="list-style-type: none"> - Identify the opportunity to expand Sobering Safe Houses (shelter) to all communities

5.3 SECONDARY SERVICES

Another issue that was raised is that people who go through the detox process and want to enter into a treatment program often have long waits (3-4 months) prior to being accepted into treatment. During this time, people return to their original environments and triggers and often relapse back into drinking or uses substances at a time when they are in need of increased supports. Limited inpatient treatment capacity in the North Island results in individuals who need and want treatment to access it in other parts of the Island, or on the mainland. Some treatment centres require individuals to remain sober for a specific duration prior to be admitted into a program.



During inpatient treatment, an individual does not have to worry about their basic needs such as where they will sleep or what they will eat, which allows them to focus on their recovery. Individuals returning back to their home community after being away in treatment are often immersed back into an environment where they have to worry about these basic life necessities while still dealing with their recovery, which can create significant challenges. The effectiveness of any substance related treatment plan will depend on the provision of aftercare and recovery services. There is a misconception that once a person has undergone treatment, they are “well” and no longer need supports and services; however, getting help for an addiction is not the end of the journey; rather it is the beginning of an important next step in the healing journey. Aftercare refers to any subsequent interventions that follow the initial treatment. In the case of addiction treatment, it will often refer to the additional support that is given following release from the inpatient part of the program. This may occur in the form of counselling, drop-in services, support groups, or follow-up meetings.

An objective of the Addiction and Recovery Services Plan for Mt. Waddington is to build up the recovery supports in the region through supportive recovery services that are available and accessible at any time of the day or night. Supportive recovery services in Mt. Waddington will need to operate as a collaborative model, with a variety of distinct care providers having the ability to offer their programs and services. This will facilitate coordination and collaboration between the different types of providers, while offering individuals and families with a broader range of services in one easily accessible location.

Second Stage Recovery Facility or House:

A Second Stage recovery facility or house could initially be located in one of the regional communities and then rolled out to other communities depending on the need. The second stage recovery facility would provide support services to individuals who have completed detox (or to those who have maintained sobriety for a set duration and who have committed to being sober) and are waiting to access a treatment program, as well as for individuals who have just completed a treatment program and are re-integrating back into their community. A second stage recovery facility or house would provide residents with access to outpatient services such as counseling, mentoring programs, Alcoholics Anonymous/Narcotics Anonymous (AA/NA), support groups, as well as other supports that the individual may require. Ultimately, the second stage recovery would act as a stepping stone between individuals and treatment, as well as between treatment and re-integration into society. The facility would encourage individuals to access day treatment services in the region.

Recommendation #4: Ensure there are supportive recovery services in Mt. Waddington for individuals before, during and after treatment

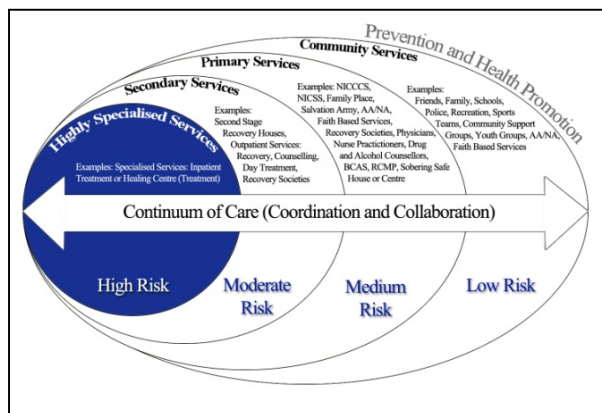
How to achieve this:

Short Term (6 months to 2 years)	<ul style="list-style-type: none"> - Identify new or existing structures that could be used for a Second Stage Recovery House (facility) in Mt. Waddington communities, starting with Port McNeill and Port Hardy. Determine staffing structure and identify opportunities for collaboration between service providers to operate and staff the facility. A Second Stage Recovery House (facility) provides interim housing and support services for individuals who have completed detox (or who have committed to sobriety) and are waiting to access a treatment program, as well as for individuals who have just completed a treatment program and are re-integrating back into society. Second Stage Recovery would be based on a collaborative model and linked to a variety of services. - ASPC should connect to the work that is currently happening with the Housing and
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	<p>Homelessness Strategy, as there may be opportunities to maximize the benefit for the provision of safe, supportive housing to individuals going through recovery in the North Island.</p> <ul style="list-style-type: none"> - Develop business case for second stage recovery including start up costs, staffing structure, and opportunities for collaboration. - Identify transportation options for individuals accessing the facilities, especially in the short term if it is only available in one community - Work with existing Supportive Recovery Societies (Mt. Waddington Supportive Recovery Society and Cormorant Island Supportive Recovery Society) to identify opportunities for collaboration. - Coordinate workplans and arrangements between all service providers (including grassroots organizations) in the region to ensure that aftercare and supportive recovery is part of the coordinated treatment plans. - Once supportive recovery services are in place, work with the individual and their supports to facilitate their re-integration back into the community after treatment. - Ensure basic needs are met, as well as access to education and employment. - Formalize partnerships with North Island College, employment agencies, and other regional businesses to provide education and training opportunities for local employment. - Facilitate concrete, constant feedback from service providers, the community, and those who are using the service to ensure the model is working.
Long Term (2 years +)	<ul style="list-style-type: none"> - In the longer term, ensure ongoing monitoring and evaluation of the initial Supportive Recovery Services in Mt. Waddington to determine if they are working as planned. Based on the success of Supportive Recovery Services in one community, determine the need for similar facilities or linked services in other North Island communities.

5.4 HIGHLY SPECIALIZED SERVICES

A common theme that emerged from community forums was a lack of inpatient treatment facilities in the North Island. Inpatient treatment facilities are typically “live-in” facilities that specialize in the treatment of chemical dependency (drug use), alcoholism, or psychological problems. Currently, the ‘Namgis Treatment Centre in Alert Bay is the only treatment centre operating in the region. The 15-bed facility provides a six week program mainly for Aboriginal people; however, non-status Indians and non-native people are eligible



for treatment when sponsored by the Ministry of Children and Families (MCFD).

Limited inpatient treatment capacity in the North Island results in individuals who need and want treatment having to access it in other parts of the Island or on the mainland. While this can be a benefit for some, it is also an issue for individuals who are at a distance from family members and supports, which can be extremely difficult for single parents who may need live-in treatment services and are leaving children at home. There are also costs associated with traveling to

treatment centres in other areas, which could also be a challenge for family members wanting to visit someone at the facility. One of the major concerns raised at the community forums was specific to individuals returning back to Mt. Waddington after receiving treatment and returning to their original

environment surrounded with their original triggers. A community member reported a situation where an individual had returned from treatment for alcoholism in Vancouver and was met at the airport by his friends with a case of beer. Part of the issue is the lack of understanding or awareness of the concept of recovery and community members assuming that once a person has gone through treatment that they are “healed” or cured.

Increased treatment capacity or some form of healing centre is a long-term goal for the region as an alternative to leaving Mt. Waddington to access inpatient treatment in other areas. There is an opportunity to link the treatment or healing centre to a Second Stage Recovery House so that individuals can transition from second stage recovery to an inpatient treatment program and then transition back for aftercare and recovery. The Core Working Group had some in-depth discussions about how this type of centre might work in the region, and discussed the idea of creating a centre at a rural location where treatment is inclusive of physical, social, spiritual, and mental wellbeing. The Working Group identified opportunities for creating a self-sustaining centre where individuals could connect to nature while working with the land to produce products (e.g., art, agriculture, production, etc.) that could be sold for profit. The centre could also offer opportunities for retreats, as well as programs for individuals who have a family member in treatment. In addition, the centre could provide opportunities for peer mentorship and guidance from individuals who have gone through their own healing journey.

Recommendation #5: Increase inpatient treatment services capacity in the Mt. Waddington region.

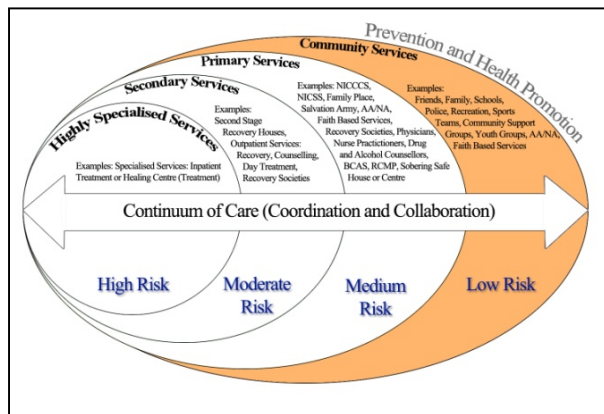
How to achieve this:

Short Term (6 months to 2 years)	<ul style="list-style-type: none"> - Develop coordinated pre, during, and post treatment plans with providers in their home community (or referring agency) to ensure they are supported through their journey. Work with the individual to create this plan. - Facilitate access to treatment centres in other areas by ensuring that the individual has supports to assist them with the logistics of going to treatment, such as: <ul style="list-style-type: none"> o Access to transportation (e.g., costs covered, bus ride, or a ride) to and from the location o Child care if they are a single parent or support for families where one parent has to leave o Housing and work responsibilities will not get in the way of accessing treatment (e.g., identify back-up supports, work with the employer, etc.) - Coordinator or Project Leader will work with a sub-group from the Addiction Services Planning Committee to identify opportunities for the creation of an inpatient treatment or healing centre in Mt. Waddington (i.e., investigate location, funds required, business partnerships, criteria, etc.).
Long Term (2 years +)	<ul style="list-style-type: none"> - Provide an inpatient treatment or healing centre in Mt. Waddington where individuals can connect to nature while working with the land and producing products (art, agriculture, production, etc) that can be sold for profit. Treatment will be inclusive of physical, social, spiritual, and mental wellbeing and healing. The centre can also offer support to families (e.g., retreats, workshops, healing circles, etc). - Work with Therapeutic Communities on the Island to exchange knowledge and ideas about program successes. - Investigate opportunities for the production of goods so that the centre can be self-sustainable. Connect to local businesses and the resource industry to identify opportunities for partnerships.

5.5 COMMUNITY SERVICES - PREVENTION AND HEALTH PROMOTION

Increasing community and health professional awareness and understanding of problematic substance use and its associated risk factors will be a fundamental component to a healthier, more sustainable system of addiction and recovery services in Mt. Waddington. Increased knowledge about what programs and services already exist, how they operate, and where they are located will assist individuals and families seeking support and provide the entire community with a better understanding of what is available. In addition, collaboration and coordination of services will be facilitated by a common understanding and respect of each provider's plans and processes.

One of the issues that was raised at the community forums is the negative judgment and attitude towards



people with substance use issues- judgment for being an addict, judgment for quitting and judgment for social drinking. People at the forums expressed frustration that many events in the North Island are synonymous with drinking, and it is becoming the “norm” in the region. Stigmas and intolerance can be significant barriers to an individual's recovery journey, and can result in relapses. This not only affects the individual who uses substances, but his or her family as well. Improving the community's overall understanding and awareness of addiction and the reasons people use will only help to minimize the stigmas, thereby reducing barriers that prevent people from achieving

health. A greater overall understanding and awareness of those dealing with substance use issues will result in increased tolerance and compassion throughout the community, which will result in greater supports and commitment to work together to combat the challenges associated with substance use and addiction.

Recommendation #6: Raise awareness and understanding about substance use and addiction within Mt. Waddington communities

How to achieve this:

<p>Short Term (6 months to 2 years)</p>	<ul style="list-style-type: none"> - Develop knowledge exchange activities (e.g., events, training, themed dinners, dry events) to raise awareness and understanding about substance use and addiction within Mt. Waddington communities. - Work with frontline health workers to reduce stigmas associated with mental health and addiction issues. - Provide opportunities for local artists and talent to share their knowledge and skills (e.g., carving, dancing, storytelling, language, etc). - Create opportunities for trust building activities (e.g., sports, workshops, and bootcamps) between RCMP and community members (all age groups). - Improve awareness of groups/ activities/ clubs that already exist in the Mt. Waddington region through social media, websites, and community forums (e.g., AA/NA, Men's Groups, Healing Circle, Drop-in Sports, Language classes, Button Blanket groups, etc.)
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5.5.1 CHILDREN AND YOUTH FOCUSED PREVENTION STRATEGIES

As determinants of health are complex and diverse, the most effective health promotion efforts use multi-dimensional strategies that target different populations. Feedback from the community forums revealed a desire to reduce substance-related harms at the population level through measures that promote healthy families and communities and protect the healthy development of children and youth. It was felt that community-based programs and activities are needed that provide alternatives to drinking/ doing drugs, not just for children and youth, but for all age groups. There is evidence that when people become socially disconnected they may seek comfort and a sense of security through drug or alcohol use, and find support and ready acceptance from other users.⁹ Increasing community connectedness and a sense of belonging through the provision of leisure, training, and recreational activities will result in meaningful connections for individuals and for all communities in the region, thereby increasing both individual and community resilience in facing problems related to substance use.

Today's children and youth face a number of challenges and risks associated with substance use. Studies have shown that early intervention often has a greater impact than later intervention by changing a child's life path away from problems and toward positive behaviors.¹⁰ By engaging parents, teachers, school board members, youth councils, public health practitioners, and other community stakeholders, communities in Mt. Waddington can strengthen school and community-level protective factors against youth substance use. This approach to substance abuse prevention is based on the assumption that involving children and youth in activities that are free of alcohol, tobacco, and other drugs will provide a sense of belongingness to their community and peers, and will occupy their time with fulfilling activities that do not involve alcohol and drugs.

Access to reproductive health services and education programs will be another important factor in ensuring healthy outcomes, especially programs that are targeted towards individuals who may be involved in high risk behavior such as drinking and drug use. Evidence shows that using or abusing alcohol during pregnancy poses extra risks to the unborn baby. When a pregnant woman drinks alcohol, it passes across the placenta to the fetus and in turn can harm the baby's development¹¹. Fetal Alcohol Syndrome Disorder or FASD is described by researchers as the leading cause of developmental and cognitive disabilities (e.g., learning disabilities, difficulty understanding consequences of their actions, depression and obsessive-compulsive disorder, physical disability such as kidney and internal organ problems, skeletal abnormalities such as facial deformities)¹². Access to reproductive health services will result in improved awareness and understanding about the harmful effects that substance use can have on an unborn infant. Access to these services will provide support for mothers to ensure that they are making healthy choices for themselves and their children which will have long-term benefits for families in Mt. Waddington.

Recommendation #7: Develop youth-focused prevention strategies and increase capacity for early identification of substance use issues in children and youth.

⁹ A review of school drug policies and their impact on youth substance use HEALTH PROMOT INT (2004) 19(2): 227-234

¹⁰ Ialongo, N.; Poduska, J.; Werthamer, L.; and Kellam, S. The distal impact of two first-grade preventive interventions on conduct problems and disorder in early adolescence. *Journal of Emotional and Behavioral Disorders* 9:146–160, 2001.

¹¹ FAS, U.S National Library of Medicine, PubMed, <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001909/>

¹² Poole, N. (2008). Fetal alcohol spectrum disorder (FASD): Canadian perspectives. Retrieved June 3, 2010, from <http://www.phac-aspc.gc.ca/fasd-etcaf/pdf/cp-pc-eng.pdf>

How to achieve this:

Short Term (6 months to 2 years)	<ul style="list-style-type: none"> - Identify and use appropriate material that will help children and youth identify the risks and harms associated with substance use, as well as reduce negative judgment and increase understanding. - Liaise with public health nurses to facilitate access to reproductive health services and provide important information and education to young teens, women, and families about healthy choices and healthy birth outcomes. - Identify opportunities within the school system to increase awareness and understanding for children, youth, educators, and parents about substance use issues, risks, and prevention. Provide training for parents and educators on the early identification of risky behaviour in children and youth. - Formalize Local Addiction Awareness (i.e., drug and alcohol information) as part of the school curriculum in the North Island (CCSA has come out with new material for schools). Invite educators to sit on the Addiction Services Planning Committee. - Use factual straightforward information for youth (i.e., relevant stats instead of scare tactics). - Identify alternatives to school suspension for substance use so that youth does not become disconnected from education and social ties.
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Recommendation #8: Support and promote healthy opportunities for all age groups in Mt. Waddington as an alternative to using substances.

How to achieve this:

Short Term (6 months to 2 years)	<ul style="list-style-type: none"> - Support youth and elder connections throughout Mt. Waddington communities - Support recreational opportunities for children, youth, adults, and seniors in all communities throughout the region, including leisure activities, sports clubs, groups, theatre, and games nights. Ensure that individuals from all income levels have access to these opportunities by removing financial barriers that may prevent people from attending. - Collaborate with community partners (e.g., councils, Bands, School Districts) to ensure that youth have safe places to hang out during the evenings and weekends. Identify under-utilized buildings and facilities in communities that could provide opportunities for teen drop-in centres. Collaborate with the Mt. Waddington Youth Council to come up with creative ideas as to the types of activities that could be provided, and get youth involved in the mapping process itself. - Host “dry” community gatherings or events at least once a month and rotate between the different communities throughout Mt. Waddington. This could include community dinners, community talks, or themed dinners, and include activities that promote healthy expression (e.g., theatre, singing, dancing, etc). - Work with North Island College (NIC), North Island Employment Foundations Society (NIEFs), Workforce Strategy, Community Futures, and Elder College to increase opportunities for adult education and training in the region. Link with the business community, and provide training through the college. - Promote job fair that takes place every year in the region - conduct speaker series and take resumes right then and there for work. - Identify training and knowledge exchange opportunities for local community members to share their knowledge and skills.
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5.5.2 IMPROVING INFORMATION AND COMMUNICATION ABOUT ADDICTION SERVICES AND SUPPORTS

A theme that emerged from the Addiction Services Planning Community Forums was a lack of knowledge or information about what addiction services and supports currently exist in Mt. Waddington, and how these services can be accessed. In order to engage communities and increase awareness about the causes of addiction, and what services and supports are available, there needs to be improved communication and information exchange between communities and service providers, as well as between the service providers themselves.

Integrating western and traditional philosophies will be a very important component of the successful and sustainable Addiction and Recovery Services Plan in Mt. Waddington. Loss of traditional foods, language, and cultural practices, as well as a lost connection with nature were all highlighted as some of the underlying reasons behind substance use issues in Mt. Waddington. It was also noted that many of the addiction services and supports provided in the region are not culturally sensitive. A number of community members felt that a holistic approach to healing and treatment would have success for people dealing with substance use issues.

Recommendation #9: Increase knowledge and information about what addiction services and supports currently exist in Mt. Waddington, and how these services can be accessed.

How to achieve this:

Short Term (6 months to 2 years)	<ul style="list-style-type: none"> - Develop a communications plan to keep public informed and up-to-date about substance use supports and services. Use existing communication outlets (e.g., social media, newsletters, community boards, newspapers, websites, etc.) to distribute information to bands and communities. - Create a link on the Mt. Waddington Health Network website to an Addiction and Recovery Services Planning webpage that provides up-to-date information about services and supports in the region, as well as resources for individuals, families, and communities. - Hire locally – use the strength and skills of the people within Mt. Waddington communities. - Increase the cultural awareness and sensitivity of residents, service providers, and business people in the Mt. Waddington region, and ensure exchange of local knowledge. Use First Nation Healers as part of the treatment plans.
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5.5.3 INFORMATION AND AWARENESS – REASONS FOR USE (TRAUMA-INFORMED PRACTICE)

Psychological trauma refers to an experience that is emotionally painful, distressful, or shocking, and often has lasting mental and physical symptoms. Trauma and addiction often go hand in hand, with individuals attempting to cover up or numb pain and grief that occurred in the past. Trauma was a consistent theme in the community forums. People shared stories of trauma that were the root cause of their own, or a family member's substance use issues.

Trauma-informed care is based on an understanding that trauma survivors have particular vulnerabilities or triggers that conventional service delivery may exacerbate.¹³ As a practice and set of interventions, trauma-

¹³ Mental Health Coordinating Council: <http://www.mhcc.org.au/resources/trauma-informed-care-and-practice.aspx#WhatIs>

informed care involves professional relationships and interventions that take into account an individual's trauma history to promote healing and growth.¹⁴

Recommendation #10: Increase the knowledge and understanding of the effects of trauma as the root cause of many addiction issues, and better integrate trauma-informed practice into the system of services and supports in the North Island.

How to achieve this:

Short Term (6 months to 2 years)	<ul style="list-style-type: none"> - Identify opportunities for training and education on the topic of trauma-informed practice for all service providers working in addiction services. Collaborate with groups or experts in this area to learn how trauma informed practice can be integrated into current practices in Mt. Waddington. - Provide opportunities for community members and families to learn more about the effects of trauma through workshops, retreats, community gatherings, etc. Increase awareness of existing programs and supports for individuals dealing with trauma, including Men's Groups, AA/NA, Healing Circle, etc. - Identify alternative healing therapies for individuals working through trauma. Ensure that there is a safe place for people to come and share stories, and talk about their own experiences. - Provide support to friends and family members of individuals dealing with trauma and addiction (e.g., Al-anon, drop-in meetings, etc.). - Advocate for emotional sobriety through expressive therapies, natural therapies/healing. - Hold community forums and invite speakers to share knowledge and ideas about trauma and trauma-informed practice.
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¹⁴ Gordon R. Hodas MD., *Responding to Trauma: the Promise and Practice of Trauma Informed Care*, Pennsylvania Office of Mental Health and Substance Abuse Services, February 2006

6 CONCLUSION AND IMPLEMENTATION

Addiction services and supports in Mt. Waddington have been developed in non-systematic ways, which has resulted in a fragmented system where providers are often working in isolation of one another. While providers are doing their best to support individuals dealing with substance use issues, there are gaps in the existing system that create barriers for anyone navigating the system.

The recommendations in this plan are the result of many months of planning and collaboration between service providers, bands, community members, and individuals involved in addiction services and supports in Mt. Waddington. The plan attempts to balance the needs of a variety of perspectives regarding how addiction services and supports should be designed and delivered in the region. The success of this plan will depend on the ongoing collaboration and partnering of these individuals and groups, as well as representatives from all other addiction supports and services.

Addiction and recovery services planning in Mt. Waddington is the shared responsibility of the entire region – from individuals and families, to communities, organizations, and service providers – everyone has a role in the planning and delivery of supports and services in the North Island. The vision of the plan is to **create a community-based approach to substance use issues that is accessible, flexible, comprehensive, and responsive to the needs of individuals, families, and communities, respectful of human dignity and rights, and accountable to those it serves**. The success of the plan will depend on inter-sectoral collaboration and coordination, as well as on strong leadership.

6.1 PLAN IMPLEMENTATION

The Addiction Services Planning Committee (ASPC) will likely be a natural starting point for this leadership and collaboration as many of the committee members are already committed and engaged, and have been involved in the planning process since the outset. The committee will provide a strong foundation to begin plan implementation; however, a broader membership may be required to ensure that all communities and providers have representation on the committee. A Terms of Reference will also be necessary to ensure accountability and responsibility of committee members.

As the plan is intended to be a living document that is fluid and responsive to the changing needs in the region, it will be important that the system of supports and services, as well as the actual demand for these services, are reviewed on an ongoing basis. It is also important that the effectiveness of the goals and recommendations are evaluated to ensure that the needs of the region are being met. The committee will need to develop some indicators in a variety of areas to determine if the plan is having an impact on addiction issues in the region. There will also need to be ongoing communication and feedback with the individuals and families using the system of services and supports (i.e., those who are directly affected need to be meaningfully involved). The committee will need to select indicators to monitor the plan over the long term. The following elements are required for implementation of the plan:

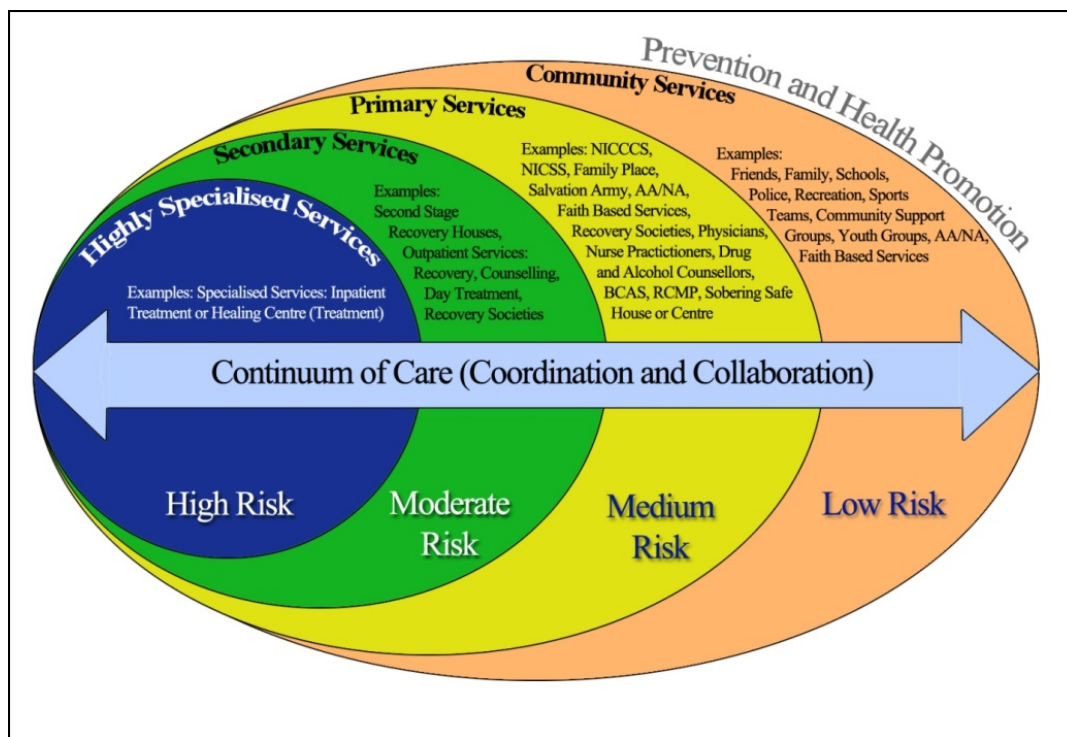
- Establish an implementation plan and process to:
 - Identify funding opportunities, and outline a plan to draw potential funders.
 - Identify who will be responsible for implementation of different parts of the plan and who should to be involved?
- Identify all of the planning initiatives that are taking place in the region and on the Island that may provide opportunities for collaboration or efficiencies in resource allocation. Examples of such planning initiatives include: the Housing and Homelessness Initiative, the VIHA Aboriginal Health Plan, Mt. Waddington Rural Health Framework, and the *Healthy Minds, Healthy People – A 10 Year Plan A Ten-Year Plan to Address Mental Health and Substance Use in BC*.

- Work with the Mt. Waddington Supportive Recovery Society and the Cormorant Island Supportive Recovery Society to identify opportunities for collaboration and linkages. Build off of the work that these groups have initiated, including the business case for long term supportive recovery services.
- Evaluation and monitoring of the plan should be built into the plan implementation to ensure objectives are being met. Develop a list of qualitative and quantitative indicators that will be used to monitor the effectiveness of the plan both in the short term (i.e., 6 months-2 years) and in the long term (i.e., 2 years +). Facilitate regular check-in and feedback from the service providers, communities, and individuals who are using the services. The Project Coordinator can link with individuals who have skills in this area to support this work. Continue to monitor the plan itself as services evolve in the region.
- Using the long term indicators, continue to monitor the plan as services evolve in the region.

The recommendations in this plan identified short and long term priorities for action. It will be important for the Plan Leader or Coordinator to work with the Addiction Services Planning Committee to review these priorities for action on a regular basis to determine what has already been achieved and who the key players are (i.e., who is responsible for different elements), as well as whether these priorities are still relevant and appropriate (i.e., whether they meet the substance use needs of the region). The list above is intended to act more as a guide for implementation; the actual detailed implementation plan will need to be established by the Coordinator in collaboration with the Addiction Services Planning Committee.

6.2 SUMMARY OF RECOMMENDATIONS

The following is a summary of the recommendations outlined in the previous section 5.0. However, please refer to that section for more details about each of the recommendations and the priorities for action.



Recommendation #1: Ensure collaboration and coordination of all service providers in Mt. Waddington across the continuum of addiction supports and services at the organizational, individual, and grassroots level.

Recommendation #2: Provide supportive recovery services in Mt. Waddington that are available and accessible 24 hours a day, 7 days a week for individuals at any stage of their healing journey.

Recommendation #3: Ensure that individuals have access to detox (hospital-based or alternative) when they want it/ need it.

Recommendation #4: Ensure there are supportive recovery services in Mt. Waddington for individuals pre, during and post treatment.

Recommendation #5: Increase inpatient treatment services capacity in the Mt. Waddington region.

Recommendation #6: Raise awareness and understanding about substance use and addiction within Mt. Waddington communities.

Recommendation #7: Develop youth-focused prevention strategies and increase capacity for early identification of substance use issues in children and youth.

Recommendation #8: Support and promote healthy opportunities for all age groups in Mt. Waddington as an alternative to using substances.

Recommendation #9: Increase knowledge and information about what addiction services and supports currently exist in Mt. Waddington, and how these services can be accessed.

Recommendation #10: Increase the knowledge and understanding of the effects of trauma as the root cause of many addiction issues, and better integrate trauma-informed practice into the system of services and supports in the North Island.

APPENDIX A – HOSPITALIZATION COST SUMMARY

Hospitalization Costs resulting from Inpatient Cases in Major Clinical Category 17 - Mental Diseases & Disorders for Port Hardy Hospital, Port McNeill Hospital and Cormorant Island, time period: April 1, 2008 - March 31, 2011

Prepared by: Janice Urquhart and Angela Reid, Planning and Community Engagement, February 2012

Source: Discharge Abstract Database (DAD), pulled by: Clinical Information Support, VIHA

Hospitalization Costs for 2008-2009

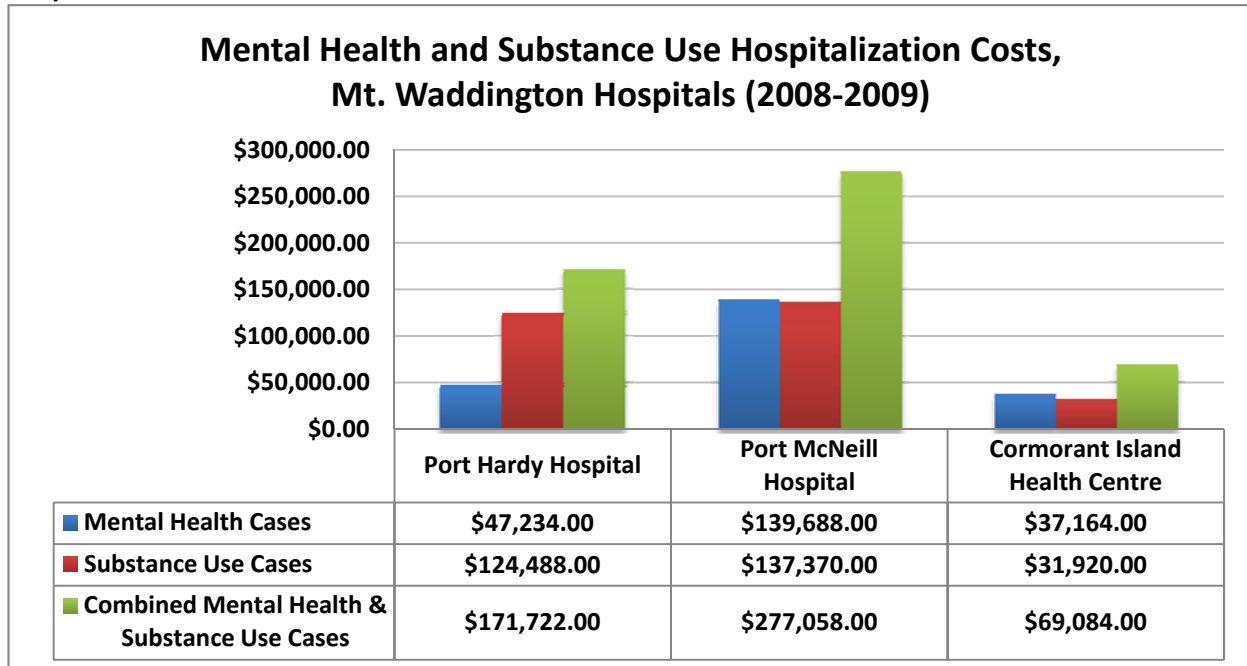
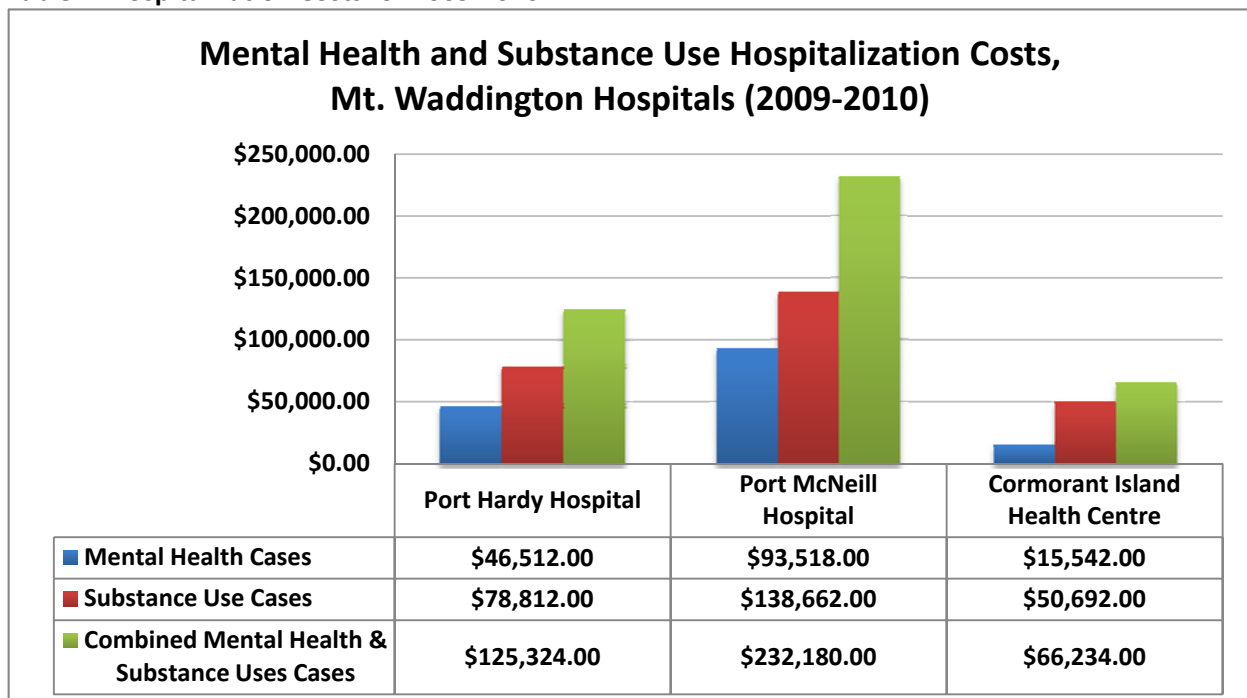
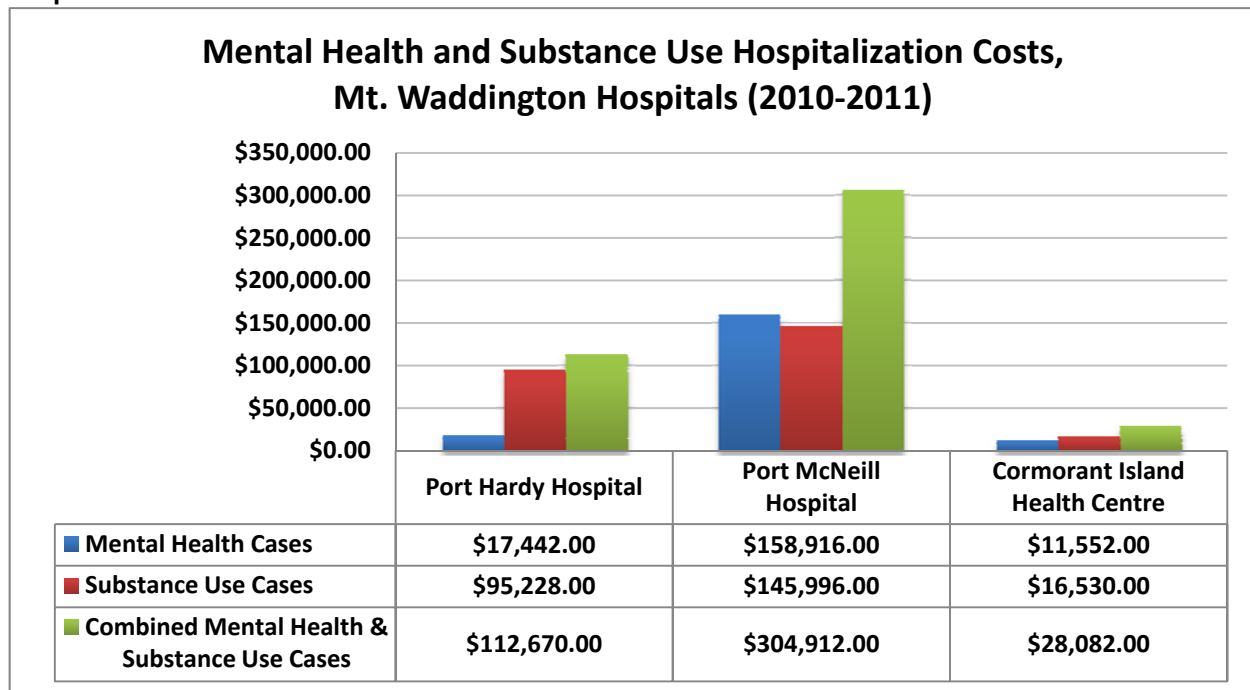


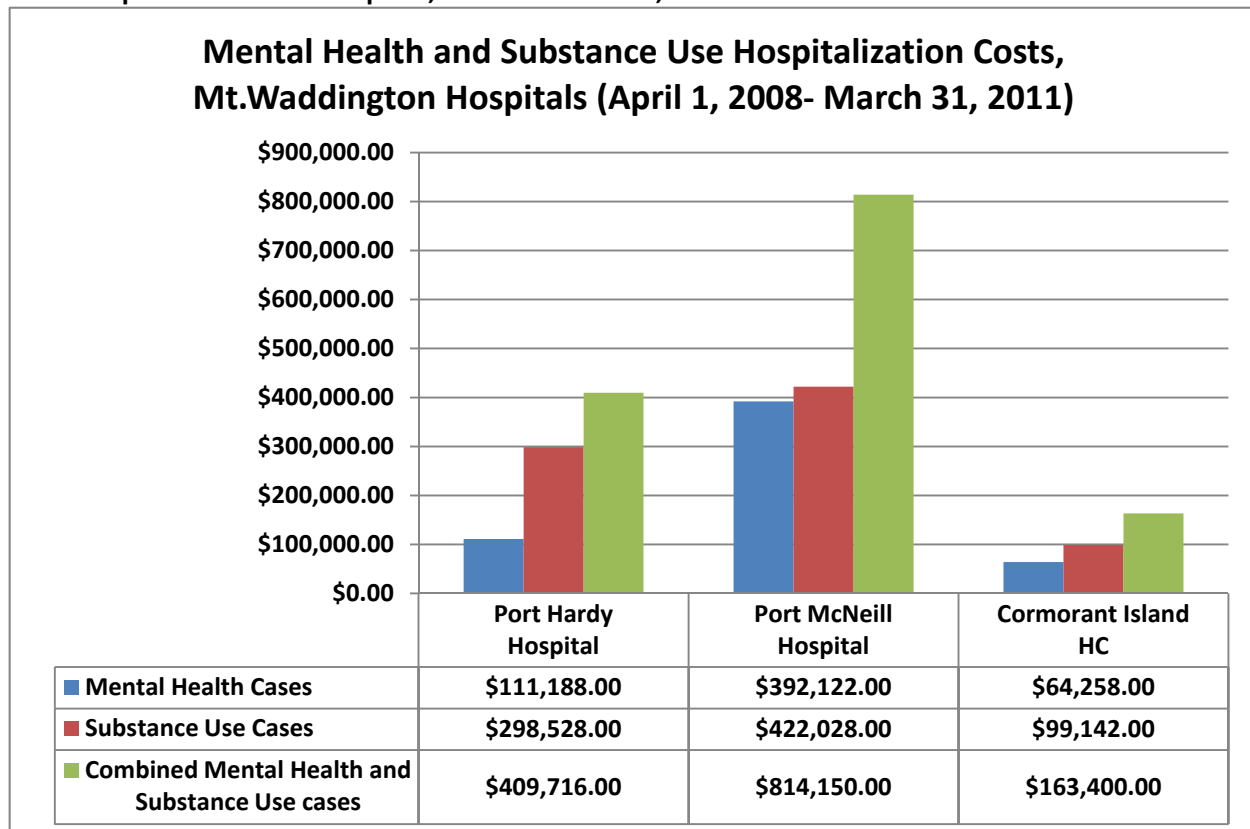
Table 1: Hospitalization Costs for 2009-2010



Hospitalization Costs for 2010-2011



Total Hospitalizations Costs April 1, 2008 to March 31, 2011



APPENDIX B - PLANNING PROCESS TIMELINE

Mt. Waddington Addiction Services Plan – Workplan

Updated: September, 2012

Task	Details	Date	Responsibility	Status
Addictions Committee Meeting	1 st Addiction Committee Meeting in MW	Fall 2009 and January 2010	VIHA Planning and Addictions Committee	Complete
Road Trip to Addictions Facilities	Road trip to facilities in Victoria, Nanaimo and Port Alberni to ensure knowledge about the types of facilities that exist.	April 2010	VIHA Planning and Addictions Committee	Complete
Addictions Committee Teleconference	Teleconference to determine next steps and start development of concrete plan.	May 2010	VIHA Planning and Addictions Committee	Complete
Delay due to lack of Planning resources				
Addictions Committee Planning Meetings (Teleconferences and Videoconferences)	Monthly meetings were conducted with the Addictions Committee to plan out the next MW Addictions Planning Meeting in the Community.	Fall 2010	VIHA Planning and Addictions Committee	Complete
Mt. Waddington Addictions Planning Community Meeting	“Reconnection” meeting with stakeholders in Port McNeill. Introduction of work starting on Services Inventory and Systems Map.	February 16 th 2011	VIHA Planning, Addictions Committee and Community members	Complete
Services Inventory	Scan of existing Addictions services in Mt. Waddington, VIHA and BC were investigated to determine what there is now for Addictions in the region.	January 2011- March 2011	Helen McMaster	Complete
Systems Map	System Map will discuss the populations served by the various services, how they interact, and how the services are accessed.	March 2011- May 2011	Helen McMaster and CWG	Complete
Mt. Waddington Addictions Planning Community Meeting	Meeting at the School – systems map was presented and discussed. School board officials were present. Proposed idea of Core Working Group (CWG) to focus on issues and get work done	March 31 st , 2011	VIHA Planning, Addictions Committee and Community members	Complete
Core Working Group Meeting	Meeting to present flow charts of current Addiction System in MW. Outline goals as well as strategies to achieve these goals. Discussion about vision and name for the group.	May 5 th , 2011	VIHA Planning and Core Working Group	Complete

Mt. Waddington Addiction Services Plan – Workplan

Updated: September, 2012

Task	Details	Date	Responsibility	Status
Development of Addictions Plan	Start drafting up Addictions Plan based on discussions and work to date. Circulate draft to Core Working Group members for review and discussion.	May 2011 – August 2011	VIHA Planning and Core Working Group	Complete
Core Working Group Meeting	Circulate Goals/ Challenges document to Core Working Group members for discussion. Planning of Focus Groups	June 2011	VIHA Planning and Core Working Group	Complete
Community Forums in Mt. Waddington	Hold community forums in 7 communities around the MW region. <ul style="list-style-type: none"> • Provide information - Inform the community of the plan and process; • Receive information – gather information from community members to inform the plan; and, • Exchange information - build partnerships and relationships and to create awareness of existing services in the different communities. 	July 2011	VIHA Planning and Core Working Group and Communities	Complete
Core Working Group Meeting	Debrief from Community meetings and Focus Group sessions. Review feedback and determine next steps.	July 2011	VIHA Planning and Core Working Group	Complete
Summarize Feedback	Summarize Feedback and information from Community Focus Groups and other stakeholders.	July/ August 2011	VIHA Planning and Core Working Group	Complete
Finalize Name/ Vision with Core Working Group	Based on prior work and feedback from focus groups, finalize the Vision for the Addictions Plan	August 2011	VIHA Planning and Core Working Group	Complete
Draft the Mt. Waddington Addictions Plan	Development of the Draft Addictions Plan, integrating feedback received from Community Forums.	August 2011 – October 31 st 2011	VIHA Planning and Core Working Group	Complete
Circulate Draft Plan to the Core Working Group	Circulate first draft of the Addictions Plan to the Addictions Core Working Group	Week of October 31, 2011	VIHA Planning and Core Working Group	Complete
Review feedback from Core Working Group	Review feedback from Core Working Group. Make any required edits/changes prior to November 14 th	November 7, 2011	VIHA Planning and Core Working Group	Complete

Mt. Waddington Addiction Services Plan – Workplan

Updated: September, 2012

Task	Details	Date	Responsibility	Status
Circulate draft goals/recommendations to Addictions Planning Committee (Community) and VIHA Reference Group	Circulate first draft of the Addictions Plan (specifically goals/recommendations) to the Addictions Planning Committee (Community) and VIHA reference group (Child, Youth and Family Health, Rural Health Services, Adult Mental Health, Aboriginal Health and Addiction Services)	November 14, 2011	VIHA Planning and Core Working Group	Complete
Dr. Gabor Maté event during National Addictions Awareness Week	Dr. Gabor Maté event in Port Hardy – talk and workshops.	November 14/15, 2011	VIHA Planning and Core Working Group	Complete
Presentation of Draft Plan and Recommendations at Health Network Meeting	Present first draft of the Addictions Plan at Health Network Meeting at the end of November 2011	November 30 2011	All	Complete
Summarize feedback	Review and integrate feedback from Community and from VIHA reference group into the Draft Plan.	December 2011	VIHA Planning and Core Working Group	Complete
Addictions Planning Committee Meeting	Addictions Planning Committee Meeting to discuss and revise Draft Recommendations	January 25 2012	VIHA Planning Committee and Core Working Group	Complete
Finalize Addictions Services Plan	Finalize Plan Document	Spring 2012	VIHA Planning and Core Working Group	Complete
Present final plan to Municipal, Band and Regional Councils	Present Plan to Mt.Waddington Councils and request letter of support	Spring 2012	Core Working Group	Complete
Plan Implementation	Implementation of Addictions Services and Recovery Plan	Summer – Fall 2012	Addiction Services Planning Committee	Ongoing

APPENDIX C - SERVICE INVENTORY AND MAPPING

Mt. Waddington Addictions Services Inventory

Resources List

Last Updated: June 2012

The following list is an inventory of Provincial, Regional and Local Addictions Services compiled as the initial stage in the development of the Systems Map and Services Inventory for an Addictions Plan for the Mount Waddington Region. The information included is incomplete and inclusion in the list does not imply program endorsement.

Provincial Resources:

Burnaby Centre for Mental Health and Addictions (Burnaby – Vancouver Coastal Health Authority)

- A secured facility, containing a 30-bed stabilization unit and a 70-bed treatment unit. Houses integrated mental health, addictions and primary care residential services

B.C. Women's and Children's Hospital (Vancouver)

- BC Women's Hospital & Health Centre
4500 Oak Street
Vancouver, BC
V6H 3N1
 - **Aurora Centre (Women's Addictions)**
 - a women's-only addiction treatment facility providing both residential and day treatment services
 - **Fir Square**
 - Fir Square Combined Care Unit program is the first in Canada to care for substance-using women and substance-exposed newborns in a single unit. The program helps women and their newborns stabilize and withdraw from substances, keeping mothers and babies together whenever possible and continuing to provide care from ante-partum to postpartum and between hospital and community.

National Native Alcohol and Drug Abuse Program (NNADAP) / National Youth Solvent Abuse Program

- Offer a variety of treatment programs throughout the Province
 - **British Columbia Region Treatment Centres**

[Carrier Sekani Family Services \(Najeh Bayou\)](#)

987 4th Avenue
Prince George, British Columbia, V2L 3H7

[Hey' Way' Nogu Healing Circle for Addictions](#)

401, 1638 East Broadway
Vancouver, British Columbia, V5T 1V4

[Namgis Substance Abuse Treatment Centre](#)

P.O. Box 290
Alert Bay, British Columbia, V0N 1A0

[North Wind Healing Centre](#)

Box 240 Station A
Dawson Creek, British Columbia, V0C 4T9

[Three Voices of Healing Society](#)

3268 Highway 21
Creston, British Columbia, V0B 1G2

[Wilp Si' Satxw House of Purification](#)

Box 429 Cedarvale-Kitwanga Road
Kitwanga, British Columbia, V0J 2A0

[Gya'WaTlabb Centre](#)

P.O. Box 1018, Haisla Post Office
Kitamaat Village, British Columbia, V0T 2B0

[Kackaamin Family Development Centre](#)

7830 Beaver Creek Road
Port Alberni, British Columbia, V9Y 8N3

[Nengayni Wellness Centre](#)

P.O. Box 2529
Williams Lake, British Columbia, V2G 4P2

[Round Lake Treatment Centre](#)

200 Emery Louis Road
Armstrong, British Columbia, V0E 1B5

[Tsow-Tun Le Lum Treatment Centre](#)

Box 370-699 Capilano Road
Lantzville, British Columbia, V0R 2H0

Youth Residential Treatment Centres

- **Peak House** (Vancouver)
 - o Peak House is a voluntary, ten-week, residential treatment program for British Columbian youth aged 13-18 experiencing problems with drugs, including alcohol.
- **Young Bears Lodge** (Vancouver)
 - o Mandate: to provide services to Aboriginal youth aged 13 - 18 years by providing a culturally based empowerment program with an alcohol and drug focus. This is a sixteen-week voluntary co-ed residential program.
- **Crossings at Keremeos**
 - o Long-term residential *treatment centre* in BC for boys and girls, between the ages of 14 and 18
- **Last Door Youth Program** (New Westminster)
 - o Long term residential treatment program for male youth (14 - 18 years of age) who are experiencing addiction related issues.

BC Responsible and Problem Gambling Program

- Funded through the Provincial Government
- Free problem gambling counselling to gamblers and affected Others (individual, couple, group)
- 24 hour Problem Gambling Helpline: 1-888-795-6111
- For information and links: www.bcreponsiblegambling.ca
- Intensive Day-Treatment and Community information/allied professional training presentations

Online Resources

- **Kelty Mental Health Resource Centre** is a provincial web based resource centre working to link children, youth and their families with appropriate resources in all areas of mental health and addictions. They also serve the resource needs of adults with an eating disorder
<http://www.bcmhas.ca/SupportCentre/Kelty/default.htm>
- **Youth in BC** (YIBC) an internet-based chat service, where youth can chat with a trained volunteer from the Vancouver Crisis Centre information. The YIBC website also provides information on a variety of youth-related issues and a list of organizations and websites where youth can get help. <http://youthinbc.com/learn-more/drugs-alcohol-addictions/>

Supported Recovery

- **Innervisions Recovery Centre (Fraser Valley)**
 - o InnerVisions provides a 60-day treatment model moving the client through a twelve-step program. In some cases a client can ask for an extension for a small period of time depending on their Aftercare Plan. There are different facilities for men and women
 - Hannah House (Female)
 - Miller House/Prairie House (Male)
- **Kinghaven Peardonville House Society** (Abbotsford)
 - o 4 different programs
 - o **Kinghaven Treatment Centre**
 - 70 day intensive residential addiction treatment program for men coping with substance misuse

- **Mollie's Place Treatment Program**
 - Provides drug and/or alcohol stabilization for women managing substance abuse and seeking a transition to more intensive treatment.
- **Peardonville House Treatment Program**
 - A ten week residential addictions treatment program for chemically-dependent women.
- **Valley House Treatment Program**
 - Provides drug and/or alcohol stabilization for men seeking a transition to more intensive treatment
- **Charlford House Society for Women** (Burnaby)
 - 14 bed Supported Recovery home for women
- **Last Door Recovery Society** (New Westminster)
 - Last Door Adult Program is a long term residential treatment program for men who are experiencing addiction related issues.
- **Westminster House** (New Westminster)
 - Offers a licensed Women's Residential Recovery Centre, providing 20 beds with 24 hour supervision. The program consists of a suggested stay based upon the required amount of time to complete a set of steps which are drug or alcohol related.
- **Maple Ridge Treatment Centre** (Fraser Health Authority)
 - 35 day program follows evidence-based best practices. Referrals are accepted from addictions counsellors, social workers, employee and family assistance programs, physicians, psychiatrists, psychologists, and other health-care professionals.
- **Turning Point Recovery Centre** (Vancouver and Richmond)
 - Turning Point is a short-to intermediate-term (up to four months) residential program of recovery for men and women.
- **Homestead – Salvation Army** (Vancouver)
 - Homestead's program includes a twelve week residential program for women with substance abuse problems designed to meet the physical, mental, emotional, social and spiritual needs.
- **Berman House** (Vancouver)
 - Licensed community care facility provides psychiatric care and housing for 6 men with a mental illness and co-occurring substance abuse. Provides 24-hour supervised care. 3 - 6 months stay.
- **Pacifica Treatment Centre** (Vancouver)
- **Freedom House Recovery Society** (Surrey)
 - Freedom House is a 20 bed residential recovery facility for men.
- **Elizabeth Fry Society of Greater Vancouver** (Surrey)
 - **Ellendale Program**

- Ellendale is a residential program that provides structured relapse prevention support. Accepts opiate-using women.
 - **Transitions to New Beginnings**
 - Transition to New Beginnings provides temporary shelter to women who are pregnant or with an infant and awaiting access to safe, affordable housing following addictions counselling or treatment.
- **Changing Ways - It's Up to You Recovery Society (Surrey)**
 - Harm Reduction based facility for men

Vancouver Island Resources:

Supported Recovery

- **Second Chance Recovery House** (Campbell River)
 - 4 Crisis Stabilization beds
 - 6 Supportive Recovery beds for adult men
- **Ann Elmore House** (Campbell River)
 - Supportive recovery for women with addictions up to 28 days residency
- **Lilli House** (Courtenay)
 - Lilli House offers a Detox Program for women who need to withdraw from alcohol and / or drug abuse. Women in this program may stay for 1 – 2 weeks, depending on need.
 - Lilli House also offers a Supportive Recovery Program for women who have successfully completed Detox. Women in this program may stay for up to 4 weeks.
- **Comox Valley Recovery Centre**
 - Offers 28, 42 and 60 day recovery programs for males over 19 years
- **Foundation House** (Victoria)
 - Supported recovery program for men
 - 90 days to 2 year long program
- **Lilac place** (Victoria)
 - A five-bed house for women in the first stages of recovery who require extra support for their recovery. Women can stay up to three months and staff are available 12 hours per day. Participation in recovery programs is required during the stay.
- **Holly Place** (Victoria)
 - A five-bed, second-stage supportive home for women who require extra support for their recovery. Women can stay up to three months and staff are available four hours per day. Participation in recovery programs is required during the stay.
- **The Grove** (Victoria)
 - A ten-bed, second-stage supportive home for men who require extra support in their recovery. Men can stay for up to three months and staff are available 16 hours per day. Participation in recovery programs is required during the stay.
- **Healing Circle on Quadra Island**

Mt Waddington Resources:

- **North Island Crisis and Counselling Centre Society**
 - Offer a variety of services including
 - Mt Waddington Crisis line
 - Crisis Stabilization Program
- **VIHA Mental Health and Addictions services** (Port Hardy and Port McNeill)
 - 24 Hour Crisis Line at 1.888.494.3888 or 250.949.6033
 - Assessment and referral to local or regional services as appropriate
 - Acute inpatient care and detox
 - Outpatient stabilization beds
 - Psychiatric consultations from visiting psychiatrists
 - Case management
 - Outreach services to surrounding communities
 - Group therapy providing a range of education, illness management and support tailored to the specific needs of individuals currently receiving services
- **Ministry of Children and Family Development**
 - Child and Youth MHA Services
- **Discovery Youth and Family Substance Use Services – VIHA**
 - Provides counselling for youth who are experiencing difficulties related to their own or another person's substance use.
- **Mt Waddington Health Network**
 - Network goal to address the health care needs of rural and remote communities that in turn, lead to improved health status for the residents who live within them.
- **School District 85**
- **Cormorant Island Supportive Recovery Society**
- **North Island Community Services** (Port McNeill)
 - Provide general counselling not specific to addictions but would refer clients to the appropriate resources
- **Sacred Wolf Friendship Centre** (Port Hardy)
- **Providence Place** - Pilot Project for Youth Housing (Port Hardy)
- **AA & NA groups**
 - In Port McNeill and Port Hardy Narcotics (helpline number is 1-877-379-6652)
- **Aids Van Island**
 - **MOBILE HARM REDUCTION SERVICES**
 - Access to harm reduction supplies, support and education around safer drug use
 - Appropriate referrals and links to other services

- Harm reduction-focused education and support
- Assistance navigating current healthcare and social assistance structures for access
- **Salvation Army Lighthouse Resource Centre (Port Hardy)**
 - Hosts weekly AA groups Saturday, Sunday, Tuesday, & Friday. Also provides information on other AA & NA groups in the Mt.Waddington Region.
 - Works with clients to develop treatment plans, and provide referrals to treatment Centres, addictions counsellors and health practitioners.
 - Partners with the Vancouver Island Health Authority to provide clients direct access to Mental Health and Addiction Services, a Nurse Practitioner, Psychiatric Nurse, and Community Outreach Worker. Practitioners will meet clients and offer services at the Lighthouse Resource Centre.
 - Partners with BC Housing to operate shelter services to homeless clients. This is a low barrier shelter with 12 mats available in the centre from 7 pm–8 am facilitated by two staff

First Nations

- **Gilford Island - Kwicksutaineuk-Ah Kwaw-Amish**
- **Gwa'sala-'Nakwaxda'xw**
 - Box 998, Port Hardy BC, V0N 2P0, Phone: 250-949-8131, Fax: 250-949-6811
 - NNADAP (National Native Alcohol & Drug Abuse Program)
 - Youth NNADAP
- **Kwakiutl (Fort Ruppert)**
 - 97 Tsaskis Way, Box 2220, Port Hardy, BC, V0N 2P0 Phone: 250-949-6625, Fax: 250-902-2246
- **Namgis (K'wak'walat'si)**
 - 48 School Road, Box 290, Alert Bay, BC, V0N 1A0 Phone: 250-974-5522, Fax: 250-974-2736
 - Namgis Health Centre, Drug and Alcohol Department
 - Namgis Treatment Centre - BC First Nations Treatment Programs
- **Oweekeno (Wuikinuxv) Nation**
 - 700 Paxta, Oweekeno Village, BC
- **Quatsino**
 - 305 Quattishe Road, Coal Harbour, BC, V0N 1K0 Phone: 250-949-7161, Fax: 250-949-9224
 - Quatsin Health Centre, Alcohol and Drug Worker
- **Whe-La-La-U**
 - 13 Whe-La-La-U, Box 150, Alert Bay, BC, V0N 1A0 Phone: 250-974-5501, Fax: 250-974-5904
 - Men's Support Group/FASD Support & Advocate

- **Nuu-chah-hult**
 - o Nuu-chah-hulth Tribal Council, Box 428 Gold River, BC, V0P 1G0, Phone: 250-283-2012, Fax: 250-283-2122

Police

- **PORT ALICE RCMP**
 - o 1092 Maquinna Ave., Box 99, Port Alice, BC, V0N 2N0
 - o Phone: 250-284-3353, Fax: 250-284-3589
- **PORT HARDY RCMP**
 - o 7355 Columbia Street, Box 86, Port Hardy, BC, V0N 2P0
 - o Phone: 250-949-6335, Fax: 250-949-6938
- **PORT MCNEILL RCMP**
 - o 2700 Haddington Cres., Box 730, Port McNeill, BC, V0N 2R0
 - o Phone: 250-956-4441, Fax: 250-956-2187
- **ALERT BAY RCMP**
 - o 145 Fir Street, Alert Bay, BC
 - o Phone: 974-5544

Hospitals (withdrawal management services take place in hospitals)

- **Alert Bay Hospital**
 - o 182 Fir Street, Box 223, Alert Bay, BC, V0N 1A0
 - o Phone: 250-974-5585, Fax: 250-974-5422
- **Campbell River Hospital**
 - o 375 2nd Street, Campbell River, BC, V9W 3V1
 - o Phone: 250-287-7111, Fax: 250-286-7080
- **Port Alice Hospital**
 - o 1090 Marine Drive, Box 69, Port Alice, BC, V0N 2N0
 - o Phone: 250-284-3555, Fax: 250-284-6163
- **Port Hardy Hospital**
 - o 9120 Granville Street, Box 790, Port Hardy, BC, V0N 2P0
 - o Phone: 250-949-6161, Fax: 250-949-7000
- **Port McNeill Hospital**
 - o 2750 Kingcome Place, Box 790, Port McNeill, BC, V0N 2R0
 - o Phone: 250-956-4461, Fax: 250-956-4823
- **St. Joseph's General Hospital**
 - o 2137 Comox Ave., Comox, BC, V9M 1P2
 - o Phone: 250-339-2242, Fax: 250-339-1432

Mt Waddington Addictions Services Mapping Project

June 2011

This report was compiled for the Vancouver Island Health Authority and the Mt. Waddington Community as the first stage in the development of a long-term plan for Addictions Services in the Region. The Charts take a snapshot picture of what services currently exists in Mt. Waddington in order to assess what services are needed, to then create a service continuum based on current Best Practice information.

Process and Purpose

The Addictions Services Charts for Mt. Waddington were compiled through conversations, both in person and over the telephone, with community members and those responsible for the services in the region. The Maps were then taken to two meetings of the full Addictions Committee and one of the Addictions Committee Working Group for review and changes. The attached maps are the result of these consultations.

The purpose of the Charts/Maps is to map the addictions client pathways in the Mt. Waddington Region; therefore, not all of the specific types of counselling services may be mentioned. All of the services in the Charts offer many different kinds of in-house counselling, from individual to group sessions, as well as the referral to Treatment Centres. Referral to a Treatment Centre is an option that is chosen by the client and the case worker/counsellor together.

As well as counselling and treatment planning that is offered by the community services there are active NA and AA meetings in Port Hardy and Port McNeill.

VIHA Mental Health and Addictions offer the following services as well as referral to Treatment Centres:

- In House Counselling
- Green House
 - o A Crisis Stabilization House for people with Mental Health and Addictions issues
- Outreach Nurse available Monday – Friday 8:30 to 4:30
- Nurse with the Methadone Clinic
- Partnerships with Community Agencies
 - o AIDS Vancouver Island (Harm Reduction initiatives)
 - o Salvation Army
 - o NICCCS
 - o And others
- Liaison between agencies working with people who have addictions problems, for example:
 - o Hospital
 - o Bands
 - o Primary Healthcare
 - o Family Doctors
 - o Nurse Practitioners

Identified Issues/Gaps:

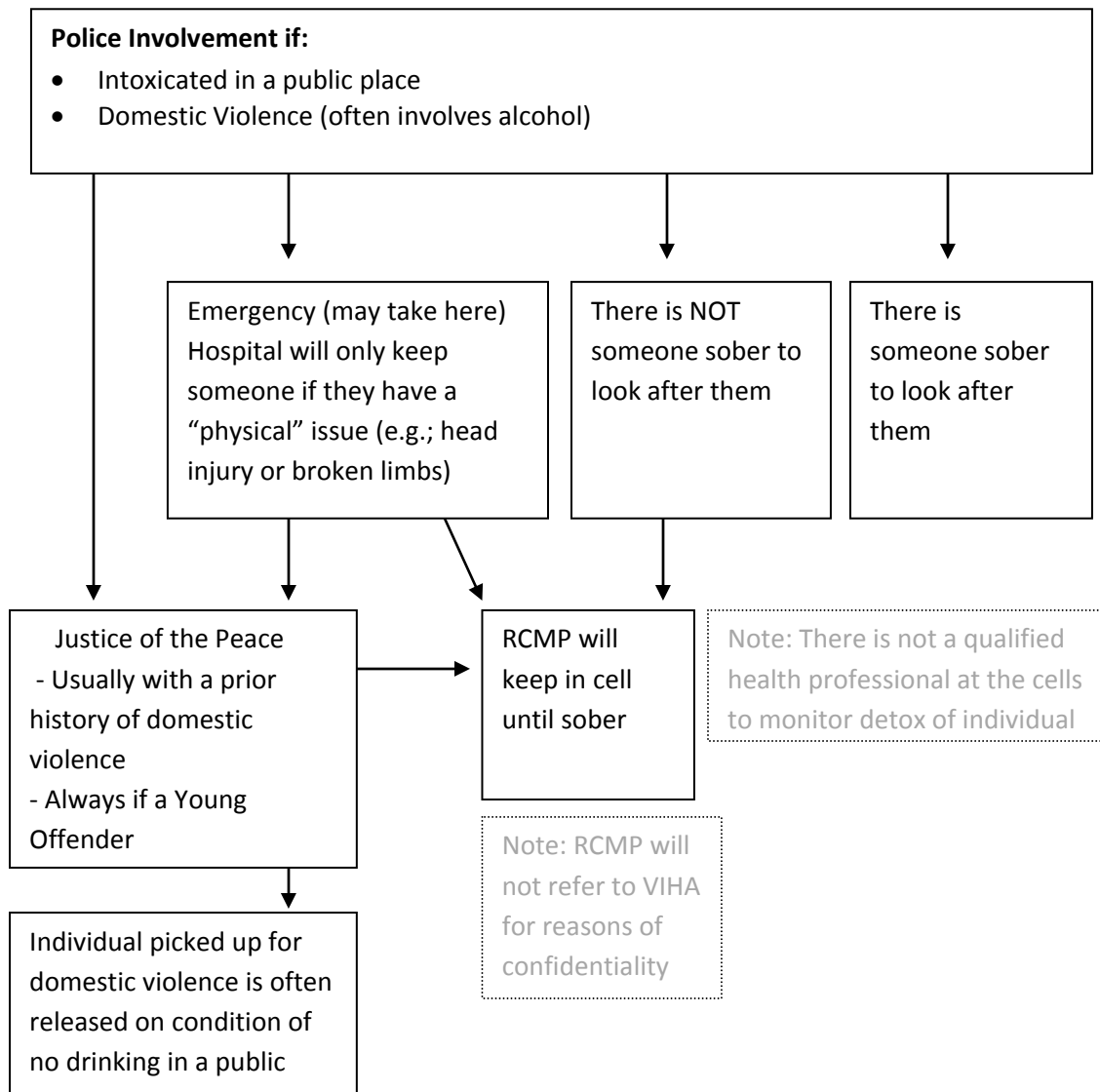
As a results of the conversations to develop the current situation Maps for Mt Waddington Addictions services the following issues and/or service gaps were identified:

- There is no one qualified to handle medical issues in the RCMP cells in Pt Hardy, although they do have 24 hr staffing.
- Hospital will not keep someone in unless there is a physical issue – e.g. broken bone or head Injury
- When a youth who is intoxicated or on drugs the RCMP inform MCFD but rarely hear what happens
- First Nations Health will only pay for NADAAP Treatment Centres
- People often have to repeat their journey through the system several times
- Hospital doesn't document suicide attempt as the secondary cause of admission
- Referral to Treatment Centres through the Band is much faster than through VIHA
- Lack of Nurse Practitioner at the Lighthouse Centre
- Need for a Dr.'s referral for Detox at a hospital
- If a person has gone through Detox several times Dr.'s can be hesitant to admit them again
- Clients prefer Pt McNeill Hospital to Pt Hardy Hospital
- There needs to be more communication between the Treatment Centres and the home community so that appropriate resources can be put in place for their return home.
- Band counsellors acknowledge referrals from community but VIHA does not always.

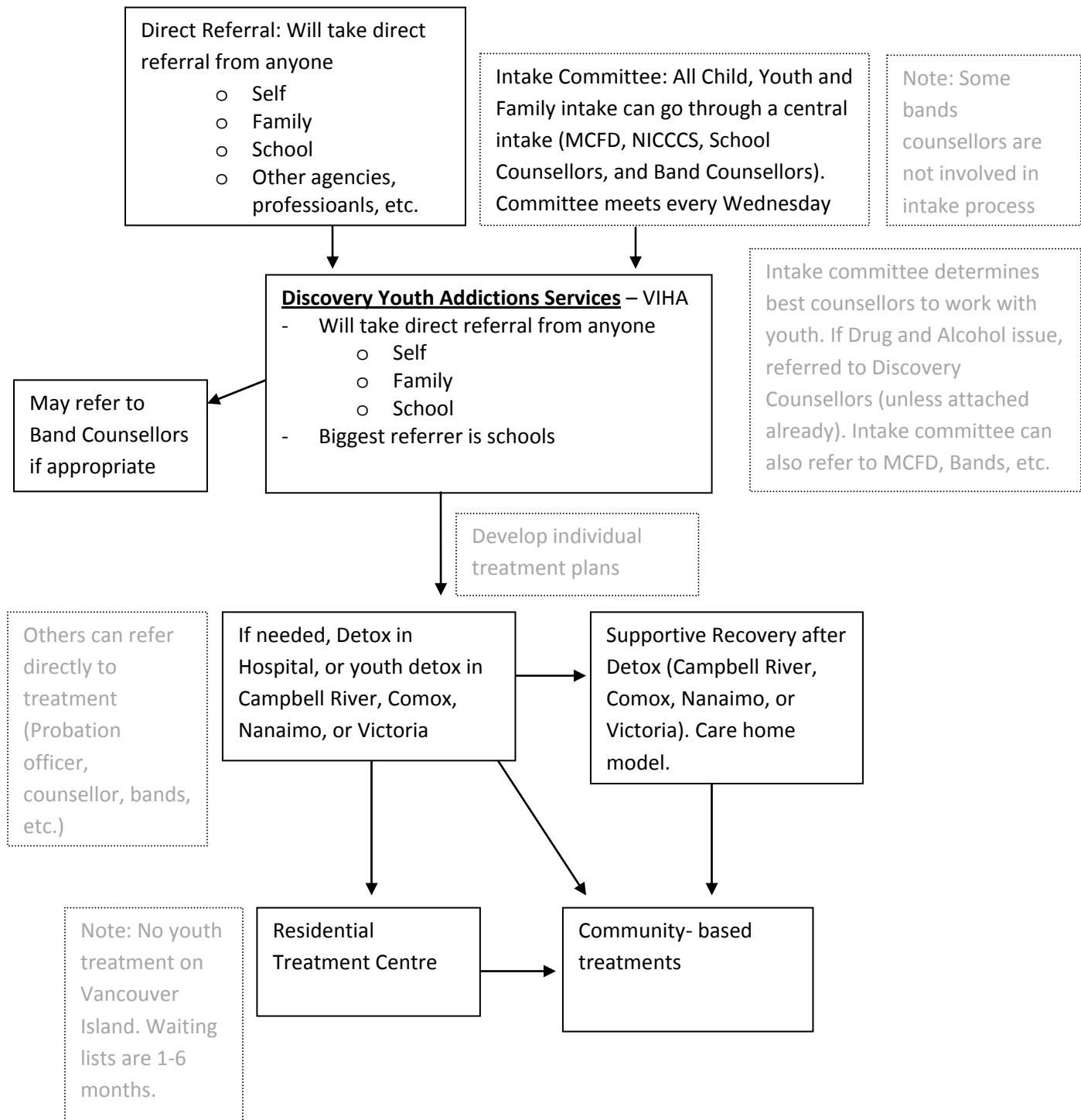
Specific RCMP issues

- RCMP do not have to call a Justice of the Peace if the person is just intoxicated but always if it is a Youth or a Prior History of Domestic Abuse
- There is no minimum or maximum time that they keep someone in to sober up usually about 8 hours but longer or less time if needed
- If someone is picked up in Port Alice they will bring them to the cells in Port Hardy and the Pt Hardy RCMP will meet them half way
- RCMP do not refer to anyone for Addictions but may call someone for a MH issue.
- In Campbell River there is a Psych Nurse who would come to the cells to assess if needed, this would be of assistance in Port Hardy

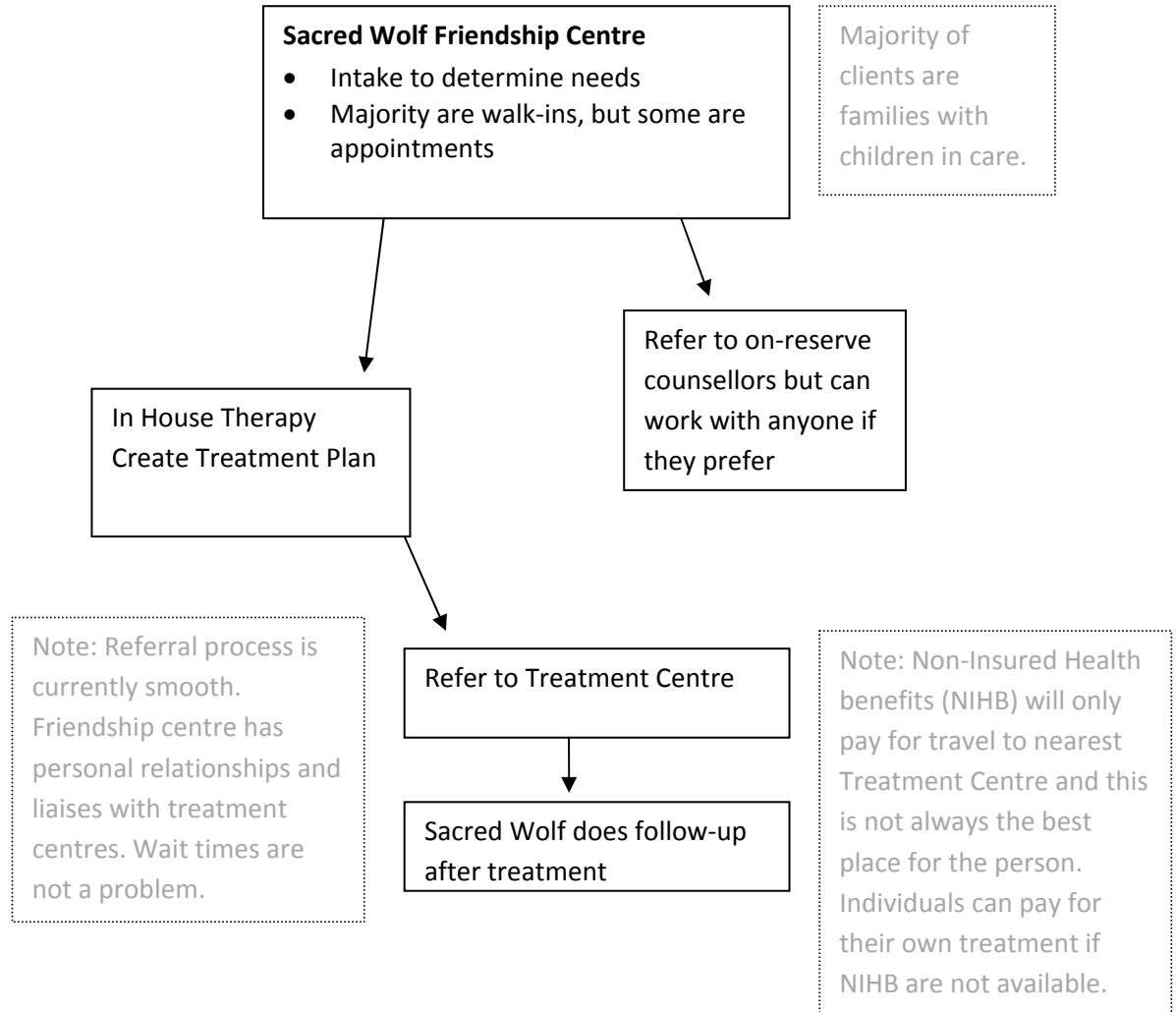
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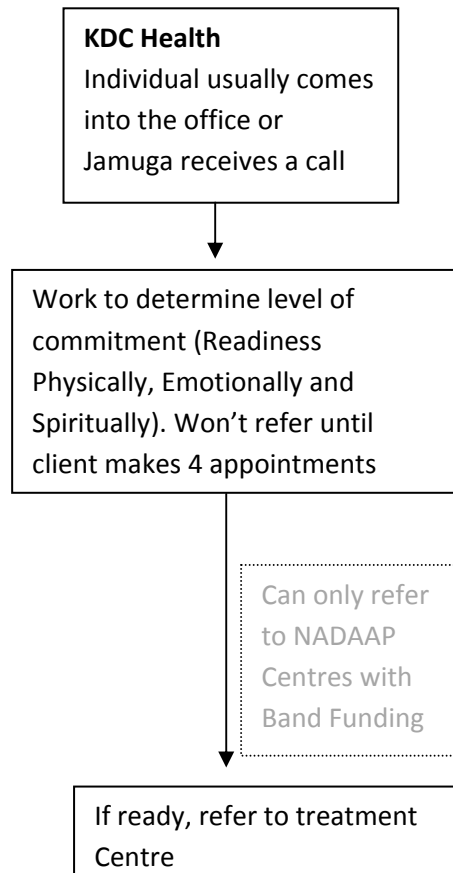
Youth System



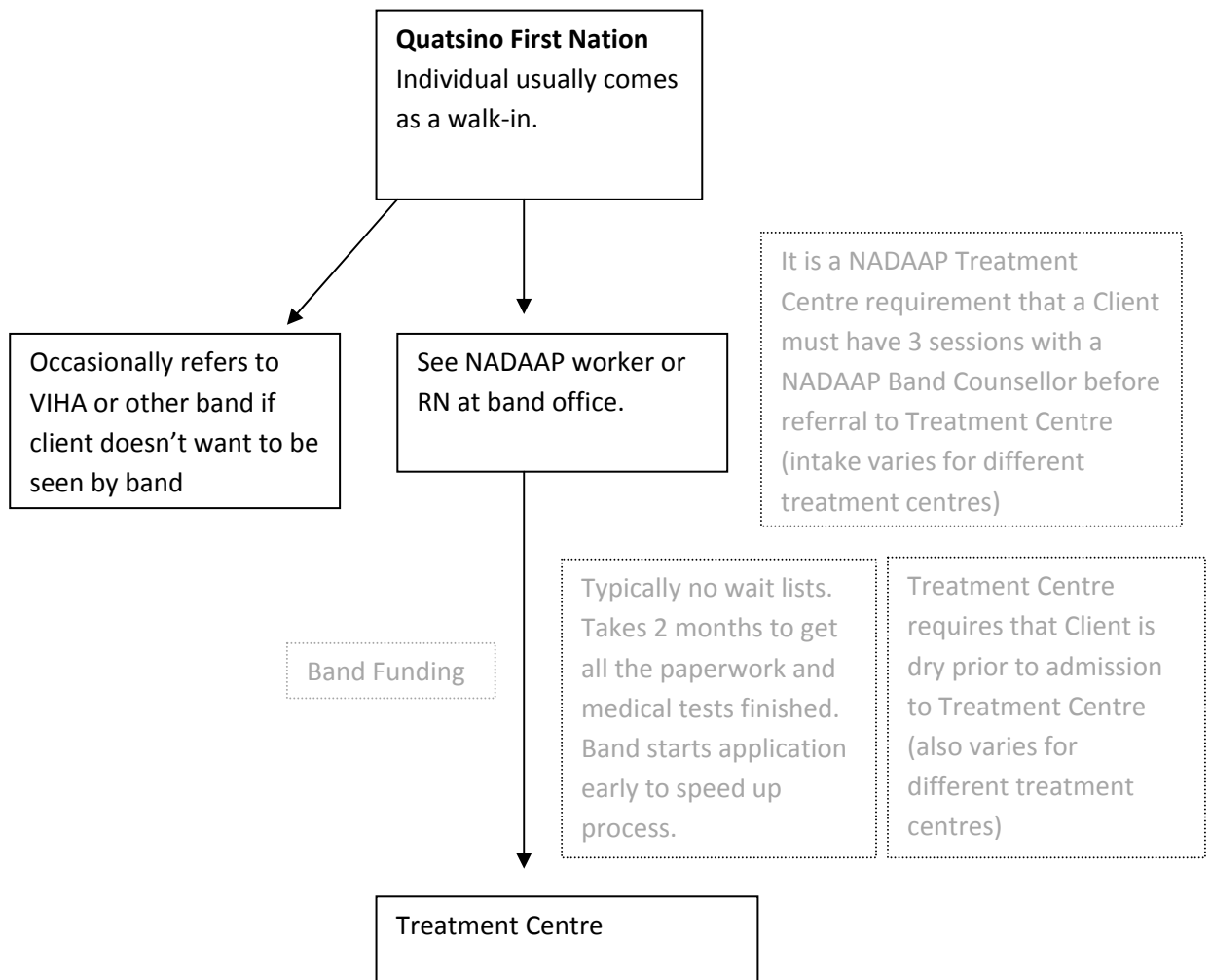
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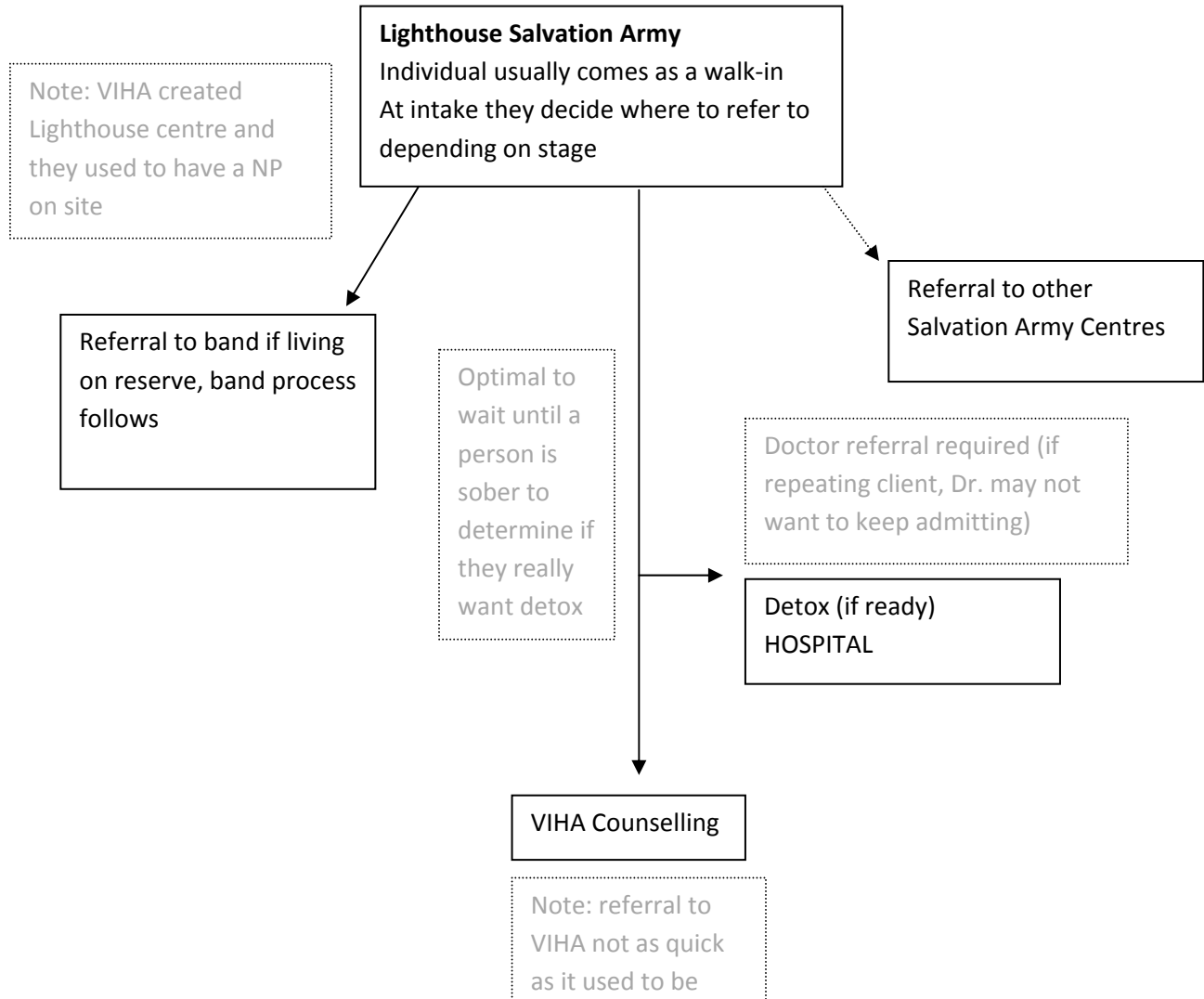
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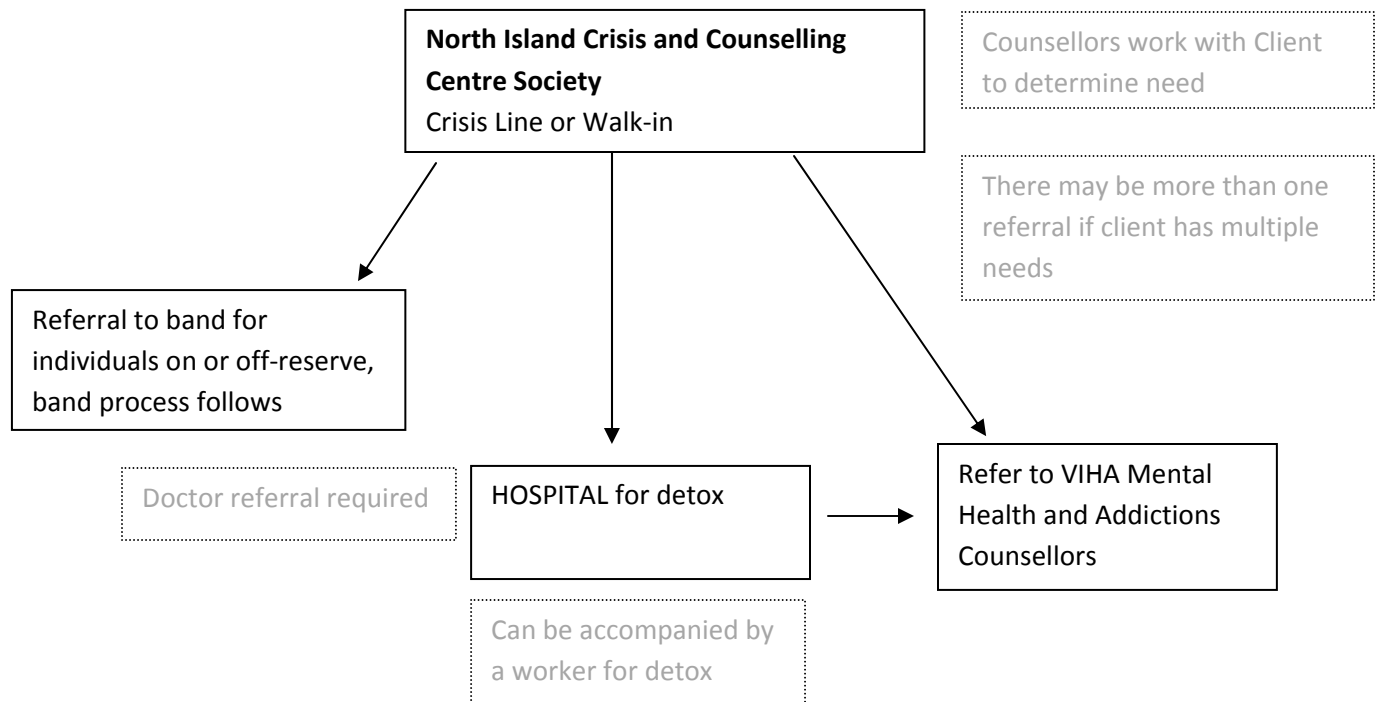
Quatsino First Nation



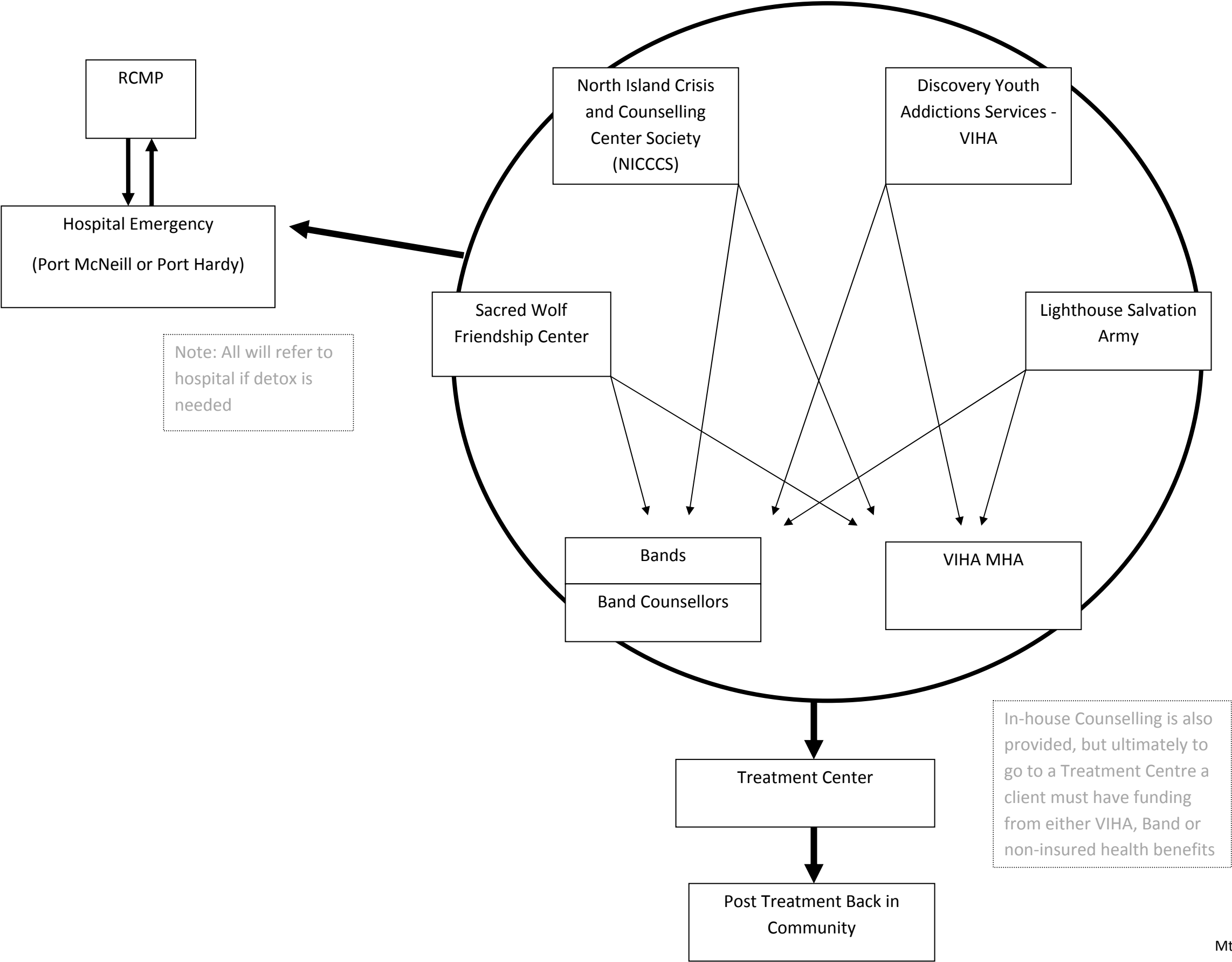
Lighthouse Salvation Army



North Island Crisis and Counselling Centre Society



Overview of Current System as of May 2011



APPENDIX D- NOTES FROM THE COMMUNITY FORUMS

Mt. Waddington Addictions and Recovery Services Plan

Notes from the Community Forums

Meeting Notes captured by N.Wilson & J.McFarlane & the Mt. Waddington Addictions Services Planning Core Working Group.

Please note that these notes are not necessarily reflective of all of the members of the community, nor the members of the Addictions Planning Core Working Group.

**For questions or comments, please contact Jani Urquhart at Janice.Urquhart@viha.ca
Compiled July 27, 2011**

The following document contains notes from the Community Forums that were held in Mt. Waddington over the week of July 18th-21st and will be used to inform the development of the Addictions and Recovery Plan for the Mt. Waddington region. The intent of the Community Forums was to:

- To give information - Inform the community of the plan and process;
- To get information – gather information from community members to inform the plan; and,
- To exchange information - build partnerships and relationships and to create awareness of existing services in the different communities.

Where possible, the note takers have done their best to capture the essence of what was being said; however, these notes are not word-for-word, but rather a summary of the discussion. As the notes are still in a raw format there may be repeating themes; however, it is important for the Core Working Group members to understand the discussion that occurred in each Community.

For each Community, the notes have been summarized by the following questions:

1. What addiction and recovery services are you aware of that exist in your community?
2. What are some of the biggest strengths related to addictions services in your community?
3. What are some of the biggest issues or challenges related to addictions services in your community?
4. What is your vision for addictions and recovery services in your community – what do you want to see?

The notes are summarized in the order of the following Community Forum schedule:

Quatsino – July 18th, 2011 (1:30-3:30pm)

Port Hardy – July 18th, 2011 (7:00-9:00pm)

Alert Bay (Cormorant Island) – July 19th, 2011 (10:00am-12:00pm)

Port Alice – July 19th, 2011 (7:00-9:00pm)

Fort Rupert (Kwakiutl Band) - July 20th, 2011 (1:00-3:00pm)

Port McNeill – July 20th, 2011 (7:00-9:00pm)

Gwa'sala- 'Nakwada 'xw Nation (GNN) - July 21st, 2011 (10:00am-12:00pm)



Quatsino

Monday, July 18th, 2011

Services & Strengths

Medical/Treatment Services

- Dede (Dorothy Nelson)/North Island Crisis and Counselling Centre Society (NICCCS)
- Peter Carter/VIHA Discovery Youth and Adult Addictions Services
- NNADAP (National Native Alcohol and Drug Abuse Program)
- BCAS has created a partnership with the Crystal Meth Prevention Society. They provide info and prevention courses for grades 4-6 and 7-12/Community. This is a new partnership. BCAS is looking for ways they can contribute and help out in the community. They are looking at a junior medic program to get kids involved, and education/awareness for adults. They can bring drug prevention to communities; they have the funding. They are also looking at transport options with VIHA, and to integrate further with VIHA to help with outreach support

Community Programs

- Referral from family/friends/workers/outside agencies
- Elders have information to help people access services outside the community. Mt. Waddington Elders' Committee has an information book they circulate
- Quatsino has a support group, although it's not specifically addictions oriented
- Quatsino AA meetings petered out, especially in the winter. They stopped due to lack of membership
- There is a button group, a girl's group, a school kids group, a diabetic awareness group, and a boy's group. The button group usually requires chaperones to keep the kids focused. They have to stay for at least half an hour. The community supplies community members – non-community members bring their own supplies. Age 5+
- Quatsino Friendship Centre
- Boys'/Young Men's group with potlatches. A guide comes from Kingcome
- Federal "Bladerunners" program (not available in Quatsino) which teaches construction skills etc.
- Youth Council meets once a week, and have once a week sports, and day camp in the summer
- Women's support group
- Family – it is the most important support
- Survival Course (especially for young men) teaching outdoors and survival skills. Boosts skills and help people work off anger
- Friendship Centre has a Culture Night once a week

Other

- Quatsino has 240 people; this poses a remoteness challenge for the community
- Awareness of services can be limited to local representative (e.g., Dede)
- Often people receive services in Quatsino before going to Port Hardy/Port McNeill
- RCMP DARE program at schools

Issues & Challenges

Detox/Supportive Recovery

- Requirement for doctor's approval to detox is a bottleneck – often doctors are too busy to see patients immediately, and when a person requests detox they need to go in immediately
- Clients are sent back to community with prescription (home detox), but no contacts with local support network (if it exists). There is a lack of communication and no follow-up support
- Dede (Dorothy Nelson) is the only support person when people return to the community after detox



- No recovery house; it's very hard when people come back from recovery and everyone's drinking, and there's no place to go that's clean and sober

Gaps/Shortages

- The medical van is not always available, and people don't always have money for the bus. There is no transport on evenings or weekends
- Bed shortage results in patients getting bumped to Nanaimo. It is difficult and expensive to transfer patients there. And Nanaimo doesn't want detox patients from North Island
- Shortage of doctors on North Island – need more doctors. The doctors who are here are here on short rotations, and don't stay long enough to get to know people, so they don't know how to treat people with a personal understanding. There are also long wait times. People give up and go home rather than receiving treatment
- There is a gap in getting into detox, a gap to getting recovery services, and a gap coming back into the community

Other

- People go to Port McNeill, not Port Hardy, for treatment.

Vision:

Detox/Supported Recovery

- Need a program to support peoples' families when they return from detox/treatment – a program that educates people to help them understand the new lifestyle
- Could detox referral be widened to allow others (not just doctors) to refer to detox? E.g., counsellors?
- Dedicated detox beds
- Some sort of sober recovery facility/program where people can live and work the land or make things
- Treatment in the community, rather than sending people away
- Need a follow-up contact/place

Community Programs/Events

- Outdoor skills course like the Coast Line Challenge survival course
- Cultural skills – hands on – unique to the community
- More programs for youth (12-18) – basketball, bowling, activity based programs
- Alcohol free events in the community (dry events). Some exist (e.g., Tribal Journeys), but they are not well attended and are infrequent
- Family night in the community (singing and dancing, dry event)
- Opportunities for kids to get involved, e.g., the youth teaching elders how to use their electronics. There was a youth event where youth were taught to make a digital story, and then made it themselves. This prompted one youth to become a leader and he is now leading a sober summer event for 300+ youth. These programs can have both immediate and longer term success

Education

- Educational support programs at high school level
- A middle school. Currently there is only primary and high school. Quatsino children go to elementary in Quatsino, and then go to Port Hardy for highschool. This is a huge transition, and it's very difficult when there are 12 year-olds together with 18 year-olds
- Find ways to support the schools
- Once students graduate they have no vision of where to go and often slip into drinking/drugging. Need more training opportunities for youth to give them something to do and help them get jobs (especially youth transitioning to adulthood)
- Get parents involved in PAC meetings, and educated them as to what PAC meetings are and what they are for



- “Kids at risk” recognition training for teachers to help identify children who are at risk of becoming addicts. Mentoring programs for these kids?
- In other places, all kids in the school are assigned to a teacher. It is the teacher’s responsibility to check in with each student in his/her group every week and ask the kid “how are you?” This improves attendance and grades, as the children feel that someone is interested in their wellbeing and that they have a friend at school. But it doesn’t exist here.
- “Family Group” once a week. Again, school kids are divided into groups and their teacher takes them on a walk or to the library or another activity. It mixes all grades together, so that the teacher can check in on the students and the kids have a chance to interact between grades.

Other

- Hospitalist position to relieve doctors’ loads in hospitals. They can work in more than 1 facility, and can write prescriptions
- Better integration of services
- Include children’s’ parents in services
- Protective factors – family, school, places to belong
- Look at factors that contribute to health
- Better information – make it easy to know who the contact is for different services
- Need more adult activities – there are a lot focused at youth and elders but not so many for adults. When adults are at risk or without things to do, they put youth and elders at risk.



Port Hardy

Monday, July 18th, 2011

Services & Strengths

Medical/Treatment Services

- North Island Crisis and Counselling Centre Society (NICCCS)
- Mental Health Centre/VIHA
- 12 Step Program
- VIHA Discovery, Youth and Family Addictions Services
- Narcotics Anonymous in the North Island (helpline: 1-877-379-6652) which is a 24 hour service. This number covers from Courtenay / Comox to Port Hardy. (<http://vinprana.ca/index.php>)
- Alert Bay Treatment Centre
- AIDS Vancouver Island
- NNADAP workers on reserves
- New Beginnings House (Crisis Stabilization Centre) – serves as a non-hospital detox, but you have to go through the hospital to be admitted
- BCAS is in every community. They recognize that they want to better integrate with health promotion and support. Partnered with Crystal Meth Prevention Society. They will come to communities and interact with grades 4-6, and 7-12/communities to encourage prevention. They are also working to help adults, incorporating with youth groups
- Family Place has some free programs. They are open 6 days a week, they have outreach workers, they have food one day a week, and programs for families and parents and youth. They require people to be sober and respectful

Community Services

- Lighthouse Salvation Army – lots of attendance over meal times. People come to talk and interact, not just to eat
- Sacred Wolf Friendship Centre has culture and theme nights (e.g., mums and kids, ladies' sewing nights)
- Employment Assistant Programs, for example Marine Harvest

Issues & Challenges:

Detox/Supported Recovery

- Very little after-care or follow-up supportive treatment available locally
- Currently people have to leave the community for treatment, which is far away and expensive, and when people come back into the community there is a large and sudden shock
- There is no access to detox and recovery in a timely manner; when it's needed it often isn't available
- Clients in hospital detox often don't make the connections they need with support workers and programs
- There is a lot of stigma around revolving door access to detox and hospitalization – a detox-centred facility could help with this
- Need more one-on-one counselling
- Need many more workers
- Hospital detox is difficult for the nurses; it's not popular, and they don't want to do it
- Often in small detox units people know each other, and it can be a bad environment
- Hospital isn't a suitable place for detox; it's too cold and clinical

Cause of Addictions

- Sexual assault is at the root of many addictions



- Addiction isn't just a result of lack of jobs; it's a broken spirit that we need to fix.
- People use substances to take away pain; when they are sober they don't know how to fill that void
- Difficult to find employment for people who return from recovery facilities outside of North Island; when people are sober this lack of employment causes them to slip back into drinking (vicious cycle)

Culture of Substance Use

- There are no dry events in town – what example does this show to children?
- Alcohol is legal and 90% of people don't have a problem – this is important to remember
- There isn't a lot to do in town that comes without a cost – many people can't afford activities to keep them from drinking/drugging

Services

- Not enough energy placed on the adult/senior population
- Some people aren't allowed to use services – e.g., people turned away from certain services due to past behaviour
- Addicts don't know how to get the services they need – there isn't so much a lack of activities as a lack of *awareness* of activities. People need someone to take them by the hand and get them involved in activities.

Other

- Hospital data don't always record addictions as being related to cause of hospitalization (e.g., record may say person was hospitalized for a broken arm)
- Lack of understanding as to why Aboriginal people go through what they go through
- Healthy people are leaving the community, while at the same time it seems that less healthy people are coming in. People are giving up and leaving
- The Ministries which have parts to play in this have no connecting vehicle – how do we get the Ministries of Health and Education and Child and Family Development involved?
- Addictions aren't addressed in the PH OCP.
- We have a “whole community of children”
- New Beginnings House (Crisis Stabilization Centre) doesn't allow visitors for confidentiality reasons, which makes it difficult for people to visit or provide mentorship for people in the service.

Vision:

Community Programs/Events

- When you take away alcohol and drugs, you need something to fill the space
- Someone to take leadership
- Use of Robert Scott School for dry events – district or regional district to sponsor events as it requires funding and community champions to run it
- Alano club – clean and sober social club usually run by volunteers. There was one in PH but the rent was too high and it was unable to continue
- Life skills training
- Drop in centre like the Salvation Army
- Staffed place with a coffee house so people have a safe place to meet and talk
- Volunteer work – making clothes for kids, fixing toys for kids, doing things for seniors, assisting with Christmas hampers
- Adult night in a facility with a pool table, TV+ VCR, darts, board games, NO ALCOHOL
- These programs need to be community efforts, not run by and dependent on one person. If they're run by one person and that person leaves town, they collapse.
- Bi-weekly circle meeting – supportive and lets people interact; could be potlatch. Open topic, let people talk about whatever they like. It worked well in Fort Rupert – people sat around the fire and talked (in the Big House)



- There was an attempted clean and sober community centre at the school, which failed due to lack of funding. But something like it with funding would be a good idea to investigate. The original program was run by Rob Lynn.
- Don't just focus on youth – focus on adults and seniors as well
- Sober activities: All-inclusive community events open to non-addicts as well as recovering addicts. This helps recovering addicts mix with those who don't have a problem, who often they don't otherwise mix with. E.g., A motorcycle group that required participants to be sober 24 hours before and after events. It wasn't strictly focused at people in recovery, it was open to anyone who didn't want to drink.
- What is missing is a place to facilitate all these ideas. Renting a gym for two hours doesn't help people who need a different service at another time. A place that is open 24/7 with activities is necessary. An open drop in centre. It would need rules and regulations: "if you're loaded, come back tomorrow." But they can't help everyone
- Family Place isn't used in the evenings, and they have a kitchen. This could be a resource
- Businesses need to buy in and be informed and participate because we need to shift the view so that people understand recovering addicts are employable
- It takes working **"from the top to the bottom"** to make a community drug and alcohol free – communities cannot function properly if the leaders are drug and alcohol addicts
- People need to make themselves available to listen – that's what will help people
- Lose stigmas

Detox/Supported Recovery

- Detox and supported recovery
- A detox strictly for detox (self referral or non-doctor referral) – a facility where you could live for a week – includes laundry facilities etc. Could also include some mental health support
- Stronger hospital detox admitting protocol; current protocol is wishy-washy
- Nurses aren't trained to be constantly on the case of addicts to keep them from relapsing or sneaking in drugs/alcohol – you need counselling and trained workers
- Access to detox and recovery in a timely manner; when people are ready they are ready *now*, not in a week or two months
- Self-sustaining efforts like programs or supported communities which make crafts and sell them

Other

- NIEFS –North Island Employment Foundation Society- Training program for young adults/adults
- Investigate Alkali Lake community – dry Reserve community near Williams' Lake
- There has to be a link with secondary recovery
- Provide financial support for people returning to the community. Compared to the cost of incarceration, crime and hospitalization, this price would be tiny.
- Victoria has an AA/NA phone line which is helpful



Alert Bay

Tuesday, July 19th, 2011

Services & Strengths

Medical/Treatment Services

- 'Namgis Treatment Centre (26 years in operation). There are 5 or 6 counsellors, 2 mental health counsellors. They also have the ability to schedule counselling any time any day.
- ASCIRT (Aboriginal Suicide Critical Incident Response Team)
- Peter Carter – very involved with students
- Jamie works with youth and families
- Cormorant Island Supportive Recovery Society. They are trying to develop housing first initiatives, but funding is scarce
- 4 beds at the hospital which can serve as detox
- AA meets Monday and Wednesday, NA on Fridays. They act as a supportive group even outside formal meetings
- Health Centre works with the hospital – doctors working with counsellors
- Hospital nurses will call counsellors to speak to people in detox who need to talk
- A spider web of connected services exists
- Counsellors work in the community, not just in the Treatment Centre as is usual elsewhere
- Liaison with the RCMP to help people who have legal difficulties due to incidents that occurred while they were intoxicated
- Mt. Waddington Crisis Line
- BCAS is becoming more integrated into the health care system to support various aspects of care delivery (primary and public health for example). They are offering drug prevention programs in grades 4-6 and 7-12/the community. As they are frequently involved with incidents resulting from addictions they are interested in becoming involved in the prevention aspect rather than just reaction. They also recognize the need to ensure more staff education regarding people suffering from addictions. There is the possibility of BCAS leaving information with people to raise awareness of the supportive programs available to them.

Community Services

- Monthly meetings – still being established. Looking at training, networking, and workshop possibilities. They began four years ago and are coordinated through ITHA
- Men's support group used to meet once a week on Tuesdays. Hard to keep up interest/attendance. It is dependent on a single mentor
- Elders – people can sit and talk with them
- Youth Activities – Impression, theatre training, kids programs
- Well babies and Aboriginal Head Start program, Amlilas Day Care. Afterschool for 6-12 year-olds
- Sunshine Group connected with North Island Youth Council
- Grandparents Raising Grandchildren circle
- Rec Centre has drop in sports
- RCMP (DARE Program)
- There are also weekly movie nights and family nights
- "Together We Can" in Vancouver (group therapy and an integrated treatment program)
- Helping Spirit Lodge Society in Vancouver (10-bed transition house that opened its doors for abused and battered women and children)



- Cormorant Island Healthy Community Project - They organize events like career fairs, and could do workshops and community meetings at regular intervals.
- People in recovery are there for each other
- There is a need to acknowledge the strength and support within the community
- “Silent Volunteers” in Alert Bay – people helping people at any time
- Aunties/Uncles/Grandparents – people who take the time to talk to those in need, letting them know someone notices their troubles and cares
- Cultural teachings/activities – songs, dances, button blankets
- Community gardens

Other

- NNADAP funds ‘Namgis Treatment Program
- Sa’nala research group
- 8015 is a number to call for those needing assistance
- Anglican minister
- Trauma-informed services – services for people suffering from trauma but have not necessarily begun to use. Trauma is a major cause of addictions, as it prompts substance use as an escape mechanism. There is a need to make the connection between healing trauma and preventing addictions, a dual diagnosis between PTSD and addiction. When people stop using to provide PTSD relief, the PTSD comes back. There is intergenerational trauma – revolving door syndrome. (Ruby has her Masters in Aboriginal Community Counselling)

Issues & Challenges

Causes of Addiction

- Need space to work on trauma – how can we create this space?
- How do we move away from lateral violence – people who are hurt hurting others
- People are lonely – the social norm is to go to places where drugs/alcohol are available. There are limited activities available which don’t include drinking/drugging
- FASD – some people have little concept of social norms, and need a safe place available

Services/Treatment Challenges

- Not enough funding or resources
- People call for help but don’t want to leave messages, so if someone isn’t there their calls go unrecorded. Need 24/7 staffing
- 2nd stage help – resources for workers needed
- People in remote areas have to travel for services. This is expensive and requires time spent away from home/family
- Self-care for addictions workers – resources are limited. Little own wellness planning
- No follow up place to recover in community – support needed
- There are only 2 family treatment programs for Aboriginal people in BC – long wait lines
- No counsellor in Kingcome or Gilford – isolation factor. There needs to be systemic awareness of this problem

Other

- Nature of addiction is itself a challenge – how do you treat people who don’t want to be reached? Not all addicts are ready to look for help
- Need a safe place to go to in recovery
- Collaboration between all partners for Alert Bay
- It’s difficult to retain anonymity in small communities, but people don’t want to or can’t leave



- Not enough information about this meeting, or other similar activities. People don't know what's happening and can't provide their input – the only source of information is Sandra

Vision

Medical/Treatment Services

- Long-term anger management program and counselling (e.g., 20 weeks). 'Namgis Treatment Centre or Cormorant Island Supportive Recovery Program could consider this.
- A place to stay that is alcohol/drug free where people can get help – a place to heal and recover (supported recovery). People need somewhere to recover other than home, which often has alcohol and drugs.
- 90 meetings in 90 days – a supported recovery process. People attended the requisite meetings, and if they missed one they made it up the next day. They lived at the facility, but had jobs and paid for their food. Feel like they are contributing to something
- Place for individuals with FASD to be safe
- Young families need complete focus; they face economic challenges and have lives that require a lot of work and energy
- A family treatment centre on the North Island where families can go (currently there are only 2 in BC with a long wait list). Accessible to young families
- 2 week pre-treatment program to help people stop drinking enough to be allowed into treatment programs (which require people to be sober). Often people are court-ordered to attend treatment, but if they show up intoxicated they get sent home. Attending with a friend sometimes also helps.
- Need to incorporate more wellness into events. Allow all ages and families. Create positive involvement
- BCAS Drug awareness program is ready to go

Community Services

- Community input into what is happening
- Have a buddy system to help both buddies
- Core working group in Alert Bay
- Go into schools and raise awareness
- Community dinner with workshop once a month
- Re-instate the Tuesday night men's group meeting
- Anger management and trauma workshops
- Draw from the resources in the room
- Support for the support workers
- Programs – include all, not just youth, adult and elders – FAMILY
- Headline Theatre Training for youth

Cultural Shift

- Emotional honesty with ourselves – we shouldn't feel that we have to lie and say "everything's fine." Need a safe space in which to be honest about the impact of intergenerational trauma, as when we don't address it we pass it on
- Bring in traditional knowledge together with western counselling and substance abuse recovery programs
- Need to change how we are. Not just recovering addicts, but the whole community. A cultural shift.
- Address issues at a cultural level

Cause of Addictions

- To be effective in dealing with substance abuse, we have to deal with other abuse



- Greater awareness of what trauma means to people
- Balanced wellness and trauma education/support for all ages. Make it fun as well as addressing pain and trauma
- Need to address the reasons people “drink and drug”:
 - Guilt and shame
 - It makes life seem better than it is without these substances that take away the pain

Other

- Recovery is a person’s responsibility. If you want to stay clean and sober, you have to go find the services to do that. If we provide second stage recovery, are we taking away that skill people need to learn? People need to make their own lives and be responsible for their own recovery
- Need short term and long term goals.
 - Short term: Provide information for now. A to-do list. Incorporate more ages into programs. Not just “do it for the kids/teens/elders” but for everyone
 - Long term: Family treatment centre
- Collaboration mandate – Federal government/First Nations/Health council/ Province/ Isolated regions. ‘Namgis is funded by NNADAP, but there is the possibility of reduced funding in the future. Need more funding and more attendance by VIHA and other supporters
- Prevention education in the schools needs to be consistent and continual.



Port Alice

Tuesday, July 19th, 2011

Services & Strengths

Medical/Treatment Services

- Withdrawal management/“Detox” in Mt. Waddington for adults and youth if doctors are willing. Doctors also liaise with off-site support (community counselling) and refer to those services. Detox is voluntary – you can leave
- North Island Crisis and Counselling Centre – works with the PA Mill – they are local and know how to deal with their issues
- Hospital/Health Centre
- BCAS works with youth
- Peter Carter has funding proposal to help youth transition to adults
- Alcohol and drug counsellors in both highschools (counsellors work 4/5 days a week in the highschool)
- North Island Counselling, VIHA and MCFD will set people up with counselling (the Mill does too) who come to communities
- Family Place does education
- Port Hardy Needle Exchange
- BCAS is interested in bringing more to the table. They have partnered with the Crystal Clear Prevention Program to bring education to schools. Two programs, one for grades 4-6 and one for 7-12 and community. They are working closely with VIHA and communities to fill in gaps in communities. They could bring resource cards/resource information when they pick people up
- Port Hardy New Beginnings Crisis Stabilization house. Loosely governed 28-day program. People stabilize and work on their plans. Also treats mental health issues

Community Services

- Support groups exist
- In Port Hardy, there are private individuals who do activities with youth (e.g., Eddie)
- Mentoring at the mill. Confidential discussions with chosen mentors who can provide information and guidance towards services as necessary
- Salvation Army – drop in centre
- “Silent Volunteers” who support and talk to those who need someone to listen to them
- Providence Place provides safe youth housing
- Port Hardy has NA/AA groups. It uses the buddy system, which is excellent
- Friends and family are a support mechanism
- Pastors and Priests (the PA youth pastor went to Providence Place)
- Friday night youth group at the church; they have games, movies, food, conversation, no judgement, no parents
- Community centre has open teen gym; door is open even if no one goes. They hired 3 people to work with the youth
- Youth engagement meetings by Discovery Youth for the past 4 months
- SD85 plans to offer welding C ticket
- NIEFS “Skills for success” training program for 15-30 that allows several tickets, pays participants to work so they can get training on the job, and if they complete the training they get a \$500.00 bonus
- BCAS PARTY Program
- RCMP DARE (grade 4 only)



Issues & Challenges

Lack of Supportive Programs

- No NA or AA groups for youth
- Lack of family support/education
- Limited to No programs aimed at 18-25 age group; without activities they turn to drinking and drugging
- Not enough work experience programs/apprenticeships – kids can't get jobs, and have nothing to do
- Adult/working range also needs support
- Lack of knowledge of where to go for help or what to do
- Need to change of thought process of parents and adults
- No safe place to be
- Alberta has the Drug and Alcohol Commission (BC doesn't)

Economic Concerns

- Not enough opportunities for work outside of Neucel Mill
- People can't finish their trades training in the North Island
- Economic issues with the town
- Expensive to go away for treatment, but none available here

Service Concerns

- No youth-specific detox (13-19) – there's only detox for adults/all
- Lack of trust in privacy is a big issue – people don't believe their privacy will be kept
- Due to gaps in services, people get turned away

Other

- Kids need encouragement
- Lack of preventative education, which youth and kids need
- Children are going hungry because parents are spending their money on alcohol and drugs
- Marijuana is considered the status quo, not a drug
- How can we help people break the cycle of addiction?

Vision

Detox/Recovery Centre

- Recovery "home" staffed with trained people, not in a hospital setting
- Treatment centre, dual diagnosis for addictions and mental health. In semi-private location to retain some anonymity
- Also short-term detox in place of police drunk tank
- Supportive Community like San Patrignano (Italian supportive community)

Youth support

- Mentor or buddying programs, youth with older youth, or youth with seniors/elders
- Youth are often more comfortable in large groups where they can talk amongst themselves – provide education that way
- Child/teen "New Beginnings" type house on North Island
- Parental education about drugs

General support

- Better communication through social media/websites
- Ability to create trusting relationships
- Greater support and education for families with members who are dealing with addiction



- One-on-one conversations in employment settings – e.g., within the mill identify five people who can act as informal counsellors/listeners to listen to people who need to talk to someone about their problems
- Addict mentors need to be someone who has been there. Those are the people addicts can listen to
- A collective voice for Mount Waddington

Other

- Lobby the government for Sparsity funding rather than per-capita funding
- Short term – increased education, BCAS drug education program
- Long term – continued access to NICCC, semi-privately located treatment centre, sobering centre, housing
- Stay connected within the community
- We need a cohesive, integrated way of working together
- Government to provide travel funding if people have to travel to receive care



Kwakiutl Band (Fort Rupert)

Wednesday, July 20th, 2011

Services & Strengths

Medical/Treatment Services

- Crisis and Counselling Centre Society in Port Hardy/ North Island
- Crisis Stabilization with 6 beds

Community Services

- There was a session with a First Nations Facilitator to get people together and talk about healing
- People with addictions help each other – informal support network
- Community Forums to build a Community Comprehensive Plan
- Youth and Elders Convention (a few years ago)
- Violet has a safe house. You have to be in by 11pm, and respect the rules of the house (it's dry). It is used by youth. Apparently, there are other families informally offering safe houses
- March Tri-Band Youth Conference, which will take its learnings to the elders so that the community can move forward on their ideas
- Lots of local healing activities – e.g., sweat lodge
- The Big House is open to anyone, there is dancing and singing, it has a strong spiritual connection for everyone who visits. All Big House programs draw people with addictions. It is the only place addicts will **consistently** come, since they know they won't be judged
- Family Place – 3 counsellors, men's group, circle group, babies group, supportive services every afternoon, it provides referrals
- Cultural and Recreation Youth Group to help youth develop work ethic and reconnect with land and elders. It takes youth out of the community to see the bigger world. It's open to all youth and is in the newsletter
- "Circle of Courage" gives people the assets identified in the circle to help them stop drinking/using
- Daycare is active in FR. The elders come and talk to the kids and take them on trips
- Buddying between kids and elders, and also between kids and older youths
- Weekly men's group meeting
- AA, NA
- There will be an AA rally in the Big House, with a Dry Dance afterwards (also in the Big House)

Issues & Challenges

Supporting Children and Youth

- Pre-teens need more support
- Youth silence needs to be broken
- How to provide youth with tools – they don't want the drugs and alcohol, they want to be healthy, but they need the tools
- Daycare isn't utilized by all families, so some children are missing this important education

Problems Resulting from Social Judgements

- First Nations peoples still facing racism
- Judgement against people who are using, against people who have stopped using, and against people who drink socially
- There is a perceived lack of safety. It doesn't matter whether a forum is actually safe or not, since often it is perceived as unsafe by addicts. Need a nurturing and safe place



- It can be difficult for people who aren't white or First Nations, since they don't seem to fit in either world
- Bigger agencies often have no patience with counsellors looking for help for addicts

Treatment Issues

- Prescription drugs are over-prescribed – this leads to addictions and to people selling their drugs to addicts
- Need before-treatment care, as well as after-treatment care
- Facilities need to be *here*, people can't afford to go far away
- The hospital is unhealthy for detox
- A sense of being buried in bureaucracy in the white community, where First Nations work face-to-face

Factors Contributing to Addictions

- Challenges revolving around suicide and grief
- Lots of big parties, which are often unhealthy
- Lots of dealers, even in the community
- Sexual abuse often has no services, and people won't listen to survivors. A perception exists that this is the norm. It is the root of many addictions
- People are using alcohol to mask pain and trauma
- Choices have been taken away

Other

- Trust issues both internal and external to the community
- There is a false sense of despair, or a false sense of security, relating to ecological stewardship
- Every voice needs to be heard to get the big picture
- Support workers need tools to understand about drugs, especially if they have not used themselves
- Cross-service funding (VIHA/Bands/Province) is necessary
- Allowing community members to 'choose' their own healthy lifestyle without judging
- Some elders are not approachable
- Funding concerns – worries funding will not siphon down from Federal Government. Also concerns as to how funding will get to Reserve rather than PH
- Everyone's healing path is different
- Currently a lot of the focus is on surface problems, not the underlying issues

Vision

Treatment Options

- An anonymous place to go to get help – non-judgemental and safe, and open 24/7 with First Nations people at the helm, trained and operating
- A healing centre on Malcolm Island or traditional territory
- Before and after-care treatment
- Recognize that different people have different healing paths
- Doctors need to come to the reserve
- Need prevention, and resources to help people who are addicts now
- VIHA MHSU needs more flexibility with their scheduling

Community Services

- Healing circles
- Safe house for youth
- Reconnection to be stewards of the environment
- Helping people through the Big House, where everyone can go and feel welcome and no one is judged



- Include younger children in support programs – bring youth voice forward. Start alcohol and drug education earlier (grades 4+5)
- Spirituality is an important part of lives
- The community needs to act as one and heal as one
- Be more self aware and less judgemental
- The community needs to reconnect with its culture and traditions, this is what heals people. The healthiest communities are the ones that went back to language and culture. Rebuild families through culture
- Community Outreach - workers out of the office more
- Circle of Courage
- Empathy training for service providers. It's most important to get to know the client
- Different communities have different needs – want a Fort Rupert plan
- Help elders to take back their roles in the community; reconnect them and give them their purpose
- Consider what “healthy” people can do to help those who aren’t
- Have people who can relate to addicts help them through the process – e.g., previous addicts.

Other

- Use Gazette to circulate info
- Bring spiritual healing into Health Authorities



Port McNeill

Wednesday, July 20th, 2011

Services & Strengths

Medical/Treatment Services

- North Island Crisis and Counselling Centre Society (NICCCS)
- Doctors provide detox at the hospital
- Crisis stabilization in Port Hardy (“The Green House”) with six beds. It’s not specifically for addictions, it also houses people going through mental health/abuse/emotional crises
- ‘Namgis Treatment Centre
- Methadone clinic
- Limited harm reduction is available

Community Services

- Pool has lots of activities in the spring/summer (May-Aug)
- Dragon boating teams in Port Hardy and one in Port McNeill
- Old school with some afterschool programs – fitness programs and seniors’ groups
- Gatehouse Community Theatre – not for profit showing movies, holds theatre groups
- Lions group does community dinners to fundraise
- Alert Bay Recreation Centre has activities every day for all ages (i.e. everyone can participate in any activity). Space for a couple of hours for people (esp. elders) to walk
- North Island Concert Society
- Quilters’ Group – once a month. Island Zen Quilters’ Group
- Lots of day programs (AA/NA) to support people who want to stay in the community. But they are weekly, rather than hourly/daily as they are in bigger cities
- Church Groups – e.g., men’s and women’s groups. Needs increased awareness that this is a supportive opportunity that doesn’t necessarily carry the heavy religious aspect that makes some people nervous
- ‘Namgis has a lot of training programs with the village of Alert Bay, many of which are open to anyone
- Youth centres
- Street Invaders – do a week of training, then go provide community services to people with mental health and substance use issues (youth program)

Issues & Challenges

Detox/Supportive Recovery

- No supportive care for recovery
- No treatment facilities on North Island
- Nowhere to go after detox is finished – physicians in Port McNeill are amenable to putting people in detox, but after that there is no support or programs
- Even after detox the brain still isn’t functioning “normally”, it needs more recovery time (i.e., supported recovery)

Cultural Challenges

- People think “treatment” will fix them, so they don’t use day programs once they return to the community
- People coming home to family who still maintain a drinking/drugging lifestyle
- People don’t attend church meetings as they fear they will be too religious
- North Island culture revolves around alcohol



Lack of Services/Events

- Transition place with rules and structure is lacking – equally there isn't enough family or individual support once people are back in the community
- Social and life supports aren't in place
- No support for people in crisis
- No sober/dry events
- The town is shut down after 5pm, nothing to do but drink/drug
- People leave because there is nothing to do, and people don't move here because there are no activities
- Tobacco is unrecognized as an entry drug – a large proportion of more serious drug addictions begin with tobacco
- Need to deal with all addictions at the same time, not just one (e.g., don't treat the cocaine addiction and ignore the tobacco addiction)
- A lot of prescription drug addiction goes untreated/unregulated
- Prescription drug use is also a big issue in many communities
- Substance use frequently comes hand in hand with mental health issues, which are often not addressed
- Services are compartmentalized – need more variety and options

Other

- People are unaware the 'Namgis centre is open to all, not just 'Namgis/First Nations
- Communicable diseases are transmitted through drugging equipment
- Logging camps and docks aren't targeted by prevention efforts and they are where drinking and drugging often occurs – these are mobile addiction centres
- People are disheartened with the town's prospects – a lot of depression and lack of hope for the future
- Family atmosphere in the community is missing.

Vision

Detox/Supported Recovery

- A treatment facility. It could be open to other parts of the island, as well, for people who feel they can't achieve anonymity in their home communities. A half-way house
- Services along key transition points
- A separate non-hospital atmosphere for detox
- Self-sustaining place, like San Patrignano (Italian supportive community) or the East End Harbour Light

Community Events/Programs

- Programs for lifestyle change with family
- Develop a mentorship program (like Umbrella)
- Adult "dry" centres as a replacement for drink/drugs
- Hold dry family events to educate and to show children that drinking and smoking are not necessarily "normal" – de-normalize drinking/smoking. Don't tell kids they shouldn't drink/smoke, show them by holding events that don't allow it.
- Affordable programs for parents – free, in a lot of cases, as there are a lot of young parents living on low income
- Bring the joy back into town
- Have a community centre, or a covered pool, or both
- Use a gym and have events all day every day, and in the evenings
- Ask people what they want in a gym or recreation centre, don't just choose the programs with no consultation or it results in programs no one attends because they aren't interested in them
- Community needs to feel valued and listened to
- Age-friendly community



- Alcohol is such a part of the NI Culture, we need a cultural shift. Dry campgrounds?
- Start a “cool” activity for youth (e.g., skateboarding) to keep them from turning to drinking/drugging which is also perceived as cool
- Monthly community dinners, say potlatches, with perhaps a workshop component (job training, raising \$ for recreation centre, addictions awareness, etc)
- Look into other communities that recovered after hard financial times – Elliot Lake, Alberta or Chemainus
- Stepped-up RCMP enforcement against drug dealers

Other

- Create an awareness of services – resource booklet listing all services
- Education raises awareness; better education and prevention for youth
- Crisis support that will prevent people lapsing into drinking/drugging after an emotional crisis hits
- More harm reduction
- Send future notices of events to church groups



Gwa'sala- 'Nakwada 'xw Nation (GNN)

Thursday, July 20th, 2011

Services & Strengths

Medical/Treatment Services

- VIHA Mental Health and Addictions
- Upper Clinic
- 2 Nurse Practitioners who come to the community
- Family Place
- 'Namgis Treatment Centre
- Youth Addictions Service – 40% prevention, 60% intervention/crisis recovery. They run teen programs (swimming, bowling, movies, day camps in summer, the Breakfast Club in the school year where kids can stop in and get fruit and yoghurt and juice)
- NNADAP does a lot of community outreach; the workers network and connect with workers in other areas to see what they're doing and what works there

Community Services

- Salvation Army
- Sacred Wolf
- New boardwalk in Alert Bay – gathering place
- Parks (Carrot Park) serve as community meeting places
- "Silent volunteers" in the community
- Facebook/social media
- There is a adult cooking program, gym program, scrap-booking (materials provided)
- Cedar weaving a few times a year at the elders' centre
- Woman's group once a week with the family support worker
- Specialty workshops through the community (silver jewellery, berry-picking, jam-making)
- Soup nights – allow opportunity to socialize - This was done out of a community member's house
- Youth hunting trip for troubled kids – 5 day trip living off the land
- Kwakwaka'wakw classes out of Fort Rupert (language classes) provided through UVic; people can attend and learn the language. Open to youth and adults, get a certificate at the end and is a lot of fun.
- Youth Conference in Kingcome where they do traditional activities, learn traditional methods of cooking, medicinal herbs, how to live off the land
- Friends and family act as touchstones
- Men's group twice a week, Sacred Wolf has culture nights and family nights (which are dry) that have dances and songs. Their singers/dancers perform in other communities

Issues & Challenges

Staffing Issues

- Keeping hospitals open
- Racism in hospitals with nurses
- Need more doctors – it's hard to get in to see doctors, there are long waits
- Doctor's office tells you to go to ED, but you wait there with a lot of people and the nurses are upset because you should be at the doctor's office
- Services are severely understaffed; this results in a lot of caregiver burn-out
- Need money and people to offer programs, and these are lacking
- Caregivers/workers have a lot of heavy issues to deal with, and need more support



Barriers to Healthy Lifestyles

- Effects of Residential School are still very much within the community – the loss of culture is still very much apparent and painful
- Need a safe and healthy lifestyle for youth; youth are leaving the community because they can't find it here
- Suicide of youth is a major issue
- It's hard to reach out for help

Other

- Can't detox here (PH), lots of red tape, get sent elsewhere
- People use go to Port McNeill for services – they serve you better
- There are a lot of homeless people
- Moms want to be back in school or working; need daycare or other supports to allow this
- AA/NA Counsellors aren't available at the Green House
- Green House isn't dry – people sneak alcohol in. Needs more screen testing

Vision

Safe Community Place

- A clinic room at Sacred Wolf
- A community gathering place
- A place in the community to get better, where you wouldn't have to leave
- The abandoned building in the community may be refurbished as a place to meet/half-way house
- A safe place for moms and dads if they can't stop using, where they won't be judged

Local Programs

- Detox and treatment facility that would be safe and local, to avoid the shock when people come back from down island
- Detox day programs
- Support system in the community

Cultural Programs

- Outdoor programs to help youth – e.g., hunting trips that are dry and teach them to live off the land in their traditional ways
- Taking youth to visit their family's birth places
- Reconnection with the "self" – culture, language, traditions, recipes, living off the land
- Power of belonging
- Dealing with past trauma (Residential Schools) and a facility to teach language/culture/traditions

Other

- More access to Nurse Practitioners, and more awareness of their existence and services
- Central community bulletin boards with health information – perhaps with benches or shelters to facilitate community gatherings and interaction
- Using Facebook and social media as a means of support and connection
- Need youth addictions counsellors of both genders
- Hands on helping – kids helping with cooking etc., and feeling like part of the community
- Acknowledgement and support are essential – they keep people going
- Mentoring would be a good idea
- Support moms to go back to school or to work
- Support for workers to avoid burn-out
- Like to see Greenhouse Crisis Stabilization Centre focused on addictions – have 24/7 NA/AA counsellor, keep alcohol out



The following is a summary of the issues and challenges that arose from early meetings of the Addiction Services Planning Committee (now known as the Core Working Group), the Services Inventory and Mapping process, and the Community Forums.

The issues and challenges associated with Addiction and Recovery Services in Mt. Waddington have been grouped into the following themes of Access to Care/ Service Limitations, Continuum of Care, Financial Issues, Awareness and Understanding, and Prevention/Health Promotion/ Cause of Substance Use Issues.

Access to Care/ Service Limitations

Detox Issues

- **Limited Detox Beds:** Limited detox beds means that people cannot get in when they need to. Results in people not going in for detox or having to go elsewhere (down island), could be a missed opportunity.
- **Detox Admission:** Requires admission by a physician and doctors are not always available. Reports that some doctors refuse to refer to detox. Stigma associated with individuals repeating detox.
- **Long Waits for Detox:** Owing to lack of doctors to admit patients, limited beds.
- **Detox Environment in Hospital:** Detox in hospital is unwelcoming, atmosphere is too clinical; nurses and doctors do not appear to like doing detox. There appears to be a stigma associated with detox in the hospital. Stigma associated with individuals repeating detox.
- **Adequate Supports for Home Detox:** clients can be sent home (from physician?) to detox with a prescription, but without adequate community supports
- **Youth Detox:** No specific detox for youth, only for adults

Inpatient Treatment Issues

- **Limited Inpatient Treatment in the North Island:** People who want/ need Inpatient treatment often have to leave Mt. Waddington (as there is only one 15-bed Treatment facility on Cormorant Island).
- **Distance to Inpatient Treatment:** People don't want to or cannot leave their families for treatment. Going away means people lose their supports. Costs associated with people having to travel for treatment or for families wanting to visit. Distant treatment contributes to lack of understanding of the healing process – community members assume people returning from recovery are “cured.”
- **Down Island Facilities:** Reports that down-island facilities can be unsympathetic to north-island clients.

Supportive Recovery Issues

- **Services for people prior to and after Treatment:** Creates large “shock” when people return from care to North Island and are suddenly immersed into old substance use lifestyle.
- **Aftercare:** Very little community aftercare available advertised or coordinated.
- **Transportation Issues:** People who don't drive rely on transportation from others. Local transit is not always available, especially at non-peak times
- **Limited Family Recovery Services:** Only 2 family recovery programs for Aboriginal people in BC – very long wait lists

- **Limited Recovery Services:** Limited Services in Small Communities (Kingcome and Gilford)

System Limitations

- **RCMP Cells in Port Hardy:** RCMP guards in Port Hardy have First Aid and are trained to recognize medical issues, but medical qualifications are limited if emergency were to occur.
- **Sobering Centre:** Hospital will not keep people under the influence of drugs/alcohol unless they have a physical issue (e.g., broken bone or head injury). Limited service for individuals to get sober. Relates to the lack of care prior to detox or Treatment, in addition to the lack of aftercare once a person has returned from Inpatient Treatment.
- **Limited Access to NP at Salvation Army Lighthouse Centre:** Nurse Practitioner is at the Lighthouse Centre one day per week. Depending on behavior, the Lighthouse Centre will allow people to stay at the seasonal extreme weather shelter even if they are under the influence.
- **Inconsistent Care at Hospitals:** Reports that there are inconsistencies between care and attitudes at Hospitals in the region. People indicate that they do not want to go to the Port Hardy Hospital due to the attitudes of staff.
- **Privacy and Confidentiality:** People do not trust that their privacy will be protected in some facilities so they are hesitant to go.
- **Crisis Supports:** there are limited supports for people in crisis in the North Island.

Referral Issues

- **Inconsistent Processes:** Inconsistent referral and detox protocols across the region. For example, Band counsellors acknowledge community referrals, but VIHA doesn't always. Referral to Treatment Centres is much faster through Band than VIHA.
- Doctors can admit people to detox; long waits to see them and reports that some won't admit if they have been through the system before.

Data Issues

- Hospital doesn't document suicide attempt a secondary cause of admission
- Hospital doesn't always document substance use as related to hospital admission. For example, if a person comes into hospital and they have an injury and they are intoxicated, the injury would be recorded as the "reason for visit."

Continuum of Care

Coordination and Communication Issues

- **Coordination Issues:** Services are compartmentalized – There appears to be little coordination between different providers, or at lack of understanding about the different processes in place.
- **Coordination between providers:** When a youth who is intoxicated or on drugs is taken in, there is limited follow up and communication back to the original service provider who took them in.
- **Communication:** Little communication between Inpatient Treatment Centres and home community to arrange resources for the return home. Limited access to counsellor or individual who follows a person through their journey of care.

Financial Issues (funding/costs)

- **Funding limitations:** First Nations Health Non-Insured Health Benefits will only pay for travel to the nearest Treatment Centre or NNADAAP Treatment Centres. This is not always the best place for the specific individual.
- **Funding concerns:** worries funding will not siphon down from Federal Government. Also concerns as to how funding will get to Reserves rather than towns
- **Resource Limitations:** Costs associated with provision of increased services – where is this going to come from?

Awareness and Understanding

Provision of Information Issues

- People don't know what programs are available, or how to access them. People have incorrect knowledge about programs that are or are not available. They don't know where to go to get information about the different services.
- Organizations don't necessarily know about community services or what they have to offer.
- Logging camps/docks aren't targeted by prevention awareness campaigns, and they are a central location for substance use

Awareness/ Understanding Issues

- People don't understand about the recovery process – misconception that people returning from supported recovery are "cured" and can resume their drinking/drugging lifestyle healthily.
- People themselves returning from treatment also can believe they are "cured" and revert to previous lifestyle

Negative Culture

- Lots of judgment around substance use: people are judged for being addicts, judged for quitting, and judged for social drinking
- Substance use is considered the "norm" now in many North Island communities. For example, Marijuana isn't considered a "drug", just the status quo
- Big events are synonymous with drinking.
- Perception in some communities that sexual abuse is the norm – people won't listen to those who need to talk.
- Reports of a lot of drug dealers in the community.

Cultural Issues

- **Racism:** Still prevalent in some facilities – this is a major barrier to care. People get turned away, but people will also refuse to go if they think they will be turned away – it has a ripple effect.
- People who are of mixed heritage have difficulties in both worlds, as they sometimes don't seem to fit in either.

Prevention/ Health Promotion/ Cause of Substance Use Issues

Education/ Training

- **Preventative Education in Schools:** Not enough consistent preventative education in schools – needs to be an ongoing message, not just told a few times.

- **Attendance in school and daycare-** not all children attend schools/ daycare/ programs which is often an important stage in their development. They are exposed to other kids, activities, etc.
- **Limited support for children in schools** – this is an intensely stressful time, and is especially difficult for those children who travel to school outside their community and/or transition from elementary to high school
- **Limited job training in schools** – if kids leave school and can't find a job, they often turn to substance use.
- **Education for parents/adults about addiction:** Limited information for parents on how to prevent, how to cope, how to help with recovery.

Community Programs and Services

- **Limited Programs/ Activities for Adults:** Reports of a lack of programs/services for adults (18-64); in the evenings people have nothing to do to stop them drinking/using
- Lack of 24/7 clean & sober safe place in the community, a place where people can come, talk, hangout and not have the pressure to drink.
- **Limited dry events in town:** difficult for those trying to quit/in recovery. Also presents negative image to youth.
- **Limited AA/NA Meetings in the North Island:** NA/AA meetings exist, but are rare (twice a week) and only in some communities in the region. There are no youth-specific NA/AA services

Triggers and Reasons for Use

(Note: We are aware there are many more; however, these were the ones that were raised by community members at the Forums)

- **Trauma:** people use substances to mask the pain left by past trauma (especially sexual assault). Lack of services to help people suffering from trauma makes it difficult for people to stop using/can contribute to people beginning to use. There is often a void in a person's life.
- **Mental illness:** There is a strong relationship between mental illness and substance use. Lack of services for those with mental illness contributes to substance use
- **Fear of Losing Social Networks:** Social networks based on substance use, which people fear to lose their networks.
- **Limited activities/programs in town:** People are bored and feel like they have nothing to do in their free time. There is also a lack of dry events in town
- **Cycle of substance use:** parents/family history of substance use is passed down to children
- **Cultural loss/trauma in Aboriginal communities:** choices having been taken away, there is a disconnect from culture, traditions, nature, and language.
- **Depression:** self medication for depression
- **Cultural norm:** Drinking has become part of the social norm

APPENDIX E –GOALS AND OBJECTIVES

	Short Term Goals (6 months – Year)	Shorter Term Action – How to get there	Long Term Goals (2+ Years)	Longer Term Action- How to get there
1. Access to Services - Provision of Supportive Recovery Facility and Services (Sobering Centre, Aftercare, Outpatient Services)	<p>Identify opportunities for creation of a supportive recovery facility in Port Hardy first, then Port McNeill, then other communities</p> <p>Facility will be centrally-located and accessible. Open 7 days a week, 24 hours a day.</p> <p>Following services will be provided at a Supportive Recovery Facility:</p> <ul style="list-style-type: none"> - Outpatient services <ul style="list-style-type: none"> o Counselling o Support Groups o Mentorship programs - Sobering Centre - Residential Treatment (in Port Hardy- see below) 	<ul style="list-style-type: none"> ▪ Identify existing facilities or places that could be used for Supportive recovery in Port Hardy/ Port McNeill/ Port Alice (e.g. Salvation Army, supported in-home, Stabilization house), under-utilized facilities accessible at any time of the day or night ▪ Require 24 hour/7 day a week Addiction Services in MW ▪ Work with RCMP and BCAS to identify opportunities for collaboration ▪ Determine staffing structure and identify opportunities for collaboration between service providers to operate and staff the facility ▪ Identify transportation options for individuals accessing the facilities, especially in the short term if it is only available in Port Hardy ▪ Business case to apply for funding for location in Port Hardy ▪ Training is required for staff and support services ▪ Salvation Army could meet the need in the short term, but longer term options need to be investigated 	<p>In addition to Port Hardy, creation of a supportive recovery facility in Port McNeill, and Port Alice</p> <p>Facilities will all be centrally-located and accessible. Open 7 days a week, 24 hours a day.</p> <p>Following services will be provided at a Supportive Recovery Facility:</p> <ul style="list-style-type: none"> - Outpatient services <ul style="list-style-type: none"> o Counselling o Support Groups o Mentorship programs - Sobering Centre - Residential Treatment (in Port Hardy- see below) 	<ul style="list-style-type: none"> ▪ Determine the demand for the short term sobering centre alternatives in communities such as Port McNeill and Port Alice ▪ Ensure collaboration between the service providers is already in place prior to applying for facility funding ▪ Two-way check in with community and VIHA (weekly check-ins or updates) to ensure the model is working ▪ Identify successes and challenges in starting up a facility in Port Hardy, and use knowledge and learnings to apply for funding for other facilities in Port McNeill and Port Alice
2. Access to Services - Alternatives to Hospital Based Detox	<p>Provide accessible detox opportunities for people when they want it and need it – including repeating individuals</p> <p>Allow for alternatives to hospital based detox</p> <p>Create consistent processes –</p>	<ul style="list-style-type: none"> ▪ Ensure hospital detox is accessible if people want it. Support individuals who want detox to get it where and when they want it/need it. ▪ Identify alternatives to hospital-based detox for those who want it (supported community through med-screen, home-based, etc). Work with VIHA to determine how to achieve this. ▪ Work with NP in area to support role of the NP in the referral and detox process 	<p>Ensure detox is accessible for those who want it and need it</p> <p>As above - Creation of a coordinated process in the North Island through inter-agency collaboration based on individual's needs – support the individual to access a variety of</p>	<ul style="list-style-type: none"> ▪ Allow NPs and Counsellors to refer individuals to detox, not just physicians ▪ Establish consistent processes with other service providers in the North Island, VIHA, and in BC including grassroots organizations, people working in Addictions, etc. ▪ Support continuation of alternatives to hospital-based detox if it is being accessed by individuals in the North Island. This could

3. Access to Services – Residential Treatment	<p>flowchart for all care providers so people know what to expect</p> <p>Standardize the gathering of statistics to better monitor what is happening</p>	<ul style="list-style-type: none"> Improve Interface between the care providers + VIHA + Community Partners as it is a complex process 	<p>services (Multi-agency intake)</p> <p>Support flow of information between supportive recovery facility and detox location</p> <p>Formalize the provision of alternatives to hospital based detox in place within the North Island (supported community through med-screen, home-based, etc) for individuals who do not want hospital based detox</p>	<p>include formalizing these options as alternatives to hospital based system</p> <ul style="list-style-type: none"> Interdisciplinary case management (ICM) is confidential so there needs to be an alternative for service providers that do not have access to consistent file – interagency collaboration could work around this
	<p>Identify opportunity for provision of residential treatment within the Supportive Recovery Facility in Port Hardy.</p> <p>Facilitate access to Residential Treatment for those who need it and support individuals seeking treatment</p> <p>Create Coordinated treatment plans with provider in home community (or referring agency) for individuals pre, post and during to ensure they are supported through their journey. Ensure individual is involved in the planning.</p>	<ul style="list-style-type: none"> Work with Town of Port Hardy, as well as other service providers to determine if residential treatment is appropriate within the Supportive Recovery Facility in Port Hardy. Collaboration to determine how this will work. Link with the Housing initiative that is currently happening in the region Identify Residential treatment opportunities in other areas of the region If individuals have to leave MW for Treatment, ensure they have access to transportation (costs covered, bus ride, or a ride) to and from location Ensure a person’s basic needs are met so they can access treatment (housing, food, transportation, support) Determine if there are children that require care while a parent or family member is receiving treatment Ensure person is accompanied throughout their journey by referring agency or designated individual, if the person wants this 	<p>Provision of a Residential Treatment Facility in the North Island (at Recovery Facility in Port Hardy, Alert Bay or Victoria Lake) – offers opportunities for retreats, healing journeys, etc. Provision of programs for individuals and families</p> <p>Residential Treatment that is inclusive of physical, social, spiritual, and mental wellbeing</p> <p>Ongoing coordinated treatment plans with provider in home community (or referring agency) for individuals pre, during and post treatment. Work with the individual to create this plan.</p> <p>Connect to local businesses/</p>	<ul style="list-style-type: none"> Business case to apply for funding Service providers work together to determine best model for a Residential Treatment Centre in the North Island Ongoing monitoring and evaluation of Residential Treatment Centre in the North Island Collaboration and coordination with Namgis TC Identify long term funding opportunities to fund facilities in NI. Ongoing link with the Housing initiative that is currently happening in the region

4. Access to Services – Aftercare and Recovery		<ul style="list-style-type: none"> Assist First Nations clients in reaching facility that they want to go to, even if it is not an approved, even if it is not a NNADAAP facility 	resource industry to create a self-sustaining facility where production occurs (very long term goal).	
	<p>Ensure that aftercare and supportive recovery is part of the coordinated treatment plans, for all levels of treatment</p> <p>Aftercare and recovery services can be provided at the Supportive Recovery Facility, with individuals having access to a number of service providers that they want to work with</p>	<ul style="list-style-type: none"> Connect with work being done on the Housing Initiative in MW to identify opportunities for coordination (establish connection to BC Housing via the Housing initiative) Increase outpatient services in Port Hardy, Port McNeill and Port Alice through increased 24/7 service, rather than current 5-day service. Coordinate a plan to have all service providers, including grassroots groups access to work with individuals at the Supportive Recovery Facility 	<p>Collaboration with business community and NIC to look for opportunities for work and re-integration into the workforce after treatment</p> <p>Facilitate re-integration of individuals back into community after treatment</p> <p>Ensure people have the basic needs met (food, housing, clothing, health care and education)</p>	<ul style="list-style-type: none"> Person or agency accompanying the individual should assist with reconnection and reintegration into community after treatment and during recovery Work with business community to determine if there are work opportunities for individuals looking to re-integrate into society and support themselves. Work with MCFD and Housing Initiative happening in the region to provide supportive housing opportunities for recovering addicts
5. Continuum of Care	<p>Improve coordination and collaboration between service providers to ensure individual are supported along their care journey</p> <p>Support relationship building</p>	<ul style="list-style-type: none"> Individual should be supported through their care journey by one or multiple support workers (whatever works for the individual). This can be a care worker, service provider, referring agency, etc.) See “Communications” Goal and Action: to start bi-monthly meetings of service providers (roundtable updates and networking) – could base this off of the Addictions Planning Committee Investigate the possibility for 7 days/week service in the North Island 	<p>Have a coordinated system where providers have a solid understanding of each other’s processes and work together</p> <p>Continue to build and foster relationships between all providers, including those in grassroots roles</p> <p>Coordination of processes between service providers in the North Island as well as those in other parts of the HA and the Province.</p>	<ul style="list-style-type: none"> Establish consistent processes with other service providers in the North Island, in VIHA, and in the Province through meetings and correspondence. Ensure there is service available 7 days/week in the North Island Identify opportunity for inter-agency meetings similar to the youth system for coordinated care planning and intake. Ensure self-care for service providers working with people dealing with Addictions – allocate time for peer-to-peer discussion and reflection

6. Access to Service – Data Collection Systems in Hospital and Community	<p>Create a consistent coding system in hospital (ED) for “reason for visit” so it is easier to track visits related to Addictions</p> <p>Capture secondary cause of admission</p>	<ul style="list-style-type: none"> ▪ Work with health care professionals (nurses, BCAS, service providers) to understand the importance of consistent intake processes. ▪ Have advocates for individuals who do have to go to hospital for detox – act as a link to external service provider (at any level) ▪ Ensure all hospital employees (especially in the ED) are aware of, understand and follow the referral flowchart ▪ Work with VIHA to determine if a system of codes for “reason for visit” can be identified for rural Hospital sites in addition to secondary cause of admission ▪ Ensure plan aligns with Rural Health Framework that is being developed 	<p>Develop a consistent data collection system in hospital. Increase staff compliance intake processes including data collection.</p> <p>Need both professional and relational protocols – community voice</p>	<ul style="list-style-type: none"> ▪ Regular monitoring and updates of system success. ▪ Share the data with the providers doing the intake so they understand the value of consistent data collection and codes. ▪ Ensure regular data dissemination as part of ongoing monitoring. ▪ Maintain human interaction which can get lost in professionalism ▪ Create a system of culturally sensitive practices as a teaching tool
7. Addiction Awareness and Understanding	<p>Raise awareness and understanding about Addictions within Mt. Waddington communities</p> <p>Increase trust and communication between RCMP and community members (all age groups)</p> <p>Support Elder and Youth Connections</p>	<ul style="list-style-type: none"> ▪ Schools/ Drop-in Centres – Identify opportunities in the school system to increase awareness and education for children and youth about Addictions Issues, risks and prevention. ▪ Use factual straightforward information for youth - use relevant stats, not scare tactics. ▪ Identify alternatives to school suspension for substance use ▪ Hold a workshop for youth with RCMP – trust building activities ▪ Identify peer-to-peer training opportunities ▪ Training – Provide “themed” information sessions throughout the different communities at gatherings (dinners, recreation, meetings, etc.) ▪ Presentation of statistics between service providers – regular updates ▪ Invite elders to participate in efforts to assist people in their recovery journey. 	<p>Provide learning opportunities for children, youth and adults in Mt. Waddington about impacts of Addiction, especially local issues.</p> <p>Increase local involvement from communities in Mt. Waddington</p> <p>Reduce judgment and negative culture around substance use</p>	<ul style="list-style-type: none"> ▪ Formalize Local Addictions Awareness (Drug and Alcohol information) as part of the school curriculum in the North Island (CCSA has come out with new material for schools) ▪ Inclusion of SD 85 administration/school board/ teachers ▪ Provide training to educators for early identification of issues with youth in addition to local Addictions issues ▪ Invite educators to sit on the Addictions Planning Committee ▪ Have PAC host information sessions for parents and their children ▪ RCMP coaching for youth summer sports (soccer or bootcamps) ▪ Presentation to school board on statistics around local addictions issues

8. Community Programs and Support	<p>Increase opportunities for adult recreation in all communities</p> <p>Increase adult education opportunities through NIC courses</p> <p>Increase family activities that support healthy expression (drama, dance, song, etc.)</p>	<ul style="list-style-type: none"> Identify and map under-utilized or available buildings/ facilities within the different communities for drop-in activities (sports, clubs, training, meetings, etc) Link individuals interested in learning opportunities NIEFs (online employment assistance or training opportunities); Workforce Strategy; Community Futures Business Plans; and Elder College Partner with the NIC to identify continued learning opportunities Work with MW business community to determine if there are employment opportunities for individuals going through recovery Promote job fair that takes place every year in the region - conduct speaker series and take resumes right then and there for work 	<p>Increase opportunities for adult recreation in all communities</p> <p>Increase adult education opportunities through NIC courses/ Elder Courses</p> <p>Ensure individuals in all income levels and ages have a place to go, or something to do any day of the week as an alternative to drinking/ doing drugs.</p> <p>Support programs that encourage healthy family activities and gatherings</p>	<ul style="list-style-type: none"> Create a permanent location such as a drop-in centre for individuals to meet with others, receive counseling, etc (see supportive recovery facility) Link individuals interested in learning opportunities NIEFs (online employment assistance or training opportunities); Community Futures Business Plans; and Elder College Provide subsidies for low income individuals to participate in recreational activities or education/ training Host “dry” events in the region, including activities that expose children early to healthy forms of fun and connection Identify transportation opportunities for individuals who may not have access to a vehicle/transit
9. Communications and Information Exchange – general	<p>Ensure that there is collaboration with the communities</p> <p>Improve awareness of support groups and activities already happening in the MW Region (AA/NA, Drop-in sports and recreation, button blankets groups, Men’s Groups etc.)</p> <p>Improve service provider’s knowledge of one another and improve flow of information between all providers and the community</p>	<ul style="list-style-type: none"> Provide each service provider and organization with a list of activities and when/where they are taking place to give to clients Ask organizations to remove their “blindness” to ensure they are listening to and collaborating with communities - be open to different ways of thinking Designate a community information board in all MW communities for postings. Develop a bit of a “What’s Happening” around Addictions Planning and use websites, band newsletters, Gazette, NI radio, Council newsletters, TV Listings, etc).Also use social media (facebook, twitter, etc) 	<p>Identify people and organizations in Mt. Waddington who are working in Addictions Services (independently or through an organization) and link individuals with these people/services</p> <p>Increase presence awareness of the Supportive Recovery Societies</p>	<ul style="list-style-type: none"> Hold bi-monthly themed community dinners around the subject of Addictions and provide information about the different service providers at the gathering. Use the MW Health Network distribution outlets (website, e-mails, etc.)

10. Communications and Information Exchange – Service Providers	<p>Improve service provider’s knowledge of one another Better integrate existing services for continuum of care Improve flow of information between all providers</p>	<ul style="list-style-type: none"> Start bi-monthly meetings of service providers (roundtable updates and networking) including both organizations and grassroots people/groups doing similar work. This could be formed off off of the Addictions Planning Committee Have a page on the Mt. Waddington Health Network website for topics related to Addiction Services Hire locally 	<p>Improve the connection to communities in Mt. Waddington (all service providers) Improve integration of Addiction Services in the North Island with those in other parts of the Health Authority and in the Province.</p>	<ul style="list-style-type: none"> Establish key contacts within service providers in other areas and create consistent work processes with these groups. Create a communications plan that identifies opportunities for collaboration, information exchange, crossover training
11. Reasons for Use (Trauma)	<p>Increase support for individuals dealing with trauma Increase awareness of the role of trauma as the root of many Addictions Increase support for parents and families Advocate for social/emotional intelligence to start at an early age</p>	<ul style="list-style-type: none"> Healing circle every Tuesday Offer outlets for individuals dealing with trauma such as support groups, one-on-one sessions, a safe place to go. Youth focused support groups to allow for emotional and social intelligence Improve awareness of groups/ activities/ clubs that are already happening in the MW region (AA/NA, Men’s Groups, Healing Circle, Drop-in Sports, Language, Button Blanket groups, etc.) Advocate for emotional sobriety through expressive therapies/natural therapies/ healing 	<p>Support trauma informed practice Continue to increase awareness and broad understanding of the role of trauma as the root of many Addictions Provide ongoing support for individuals dealing with Trauma (programs and/or physical place)</p>	<ul style="list-style-type: none"> Create ongoing programs/ workshops in the region for individuals who are dealing with trauma (could be an outdoor or a cultural retreat). Provide support for friends and families of individuals dealing with Addictions (Al-anon, drop-in meetings, etc.) Support opportunities for community and service providers to learn about the effects of trauma (both normal and natural responses)
12. First Nations Culture	<p>Increase cultural awareness and sensitivity for residents, service providers and business community in the MW Region</p>	<ul style="list-style-type: none"> Host group training sessions in the different communities around the region Work with business community (large organizations) to identify training opportunities for Cultural Sensitivity Training Hold an event similar to the Gift of Life Celebration- different theme (wellness) Include local knowledge 	<p>Create a policy that all Addiction Service providers within VIHA must have certificate of Cultural and Sensitivity Training (ICC) through PHSA (online effective training) Use First Nation Healers as part of the treatment plans</p>	<ul style="list-style-type: none"> Provide cultural sensitivity training opportunities in each community around the MW Region Host regular community potlucks or dinners throughout the Region (could be integrated as part of the themed bi-monthly community dinners)