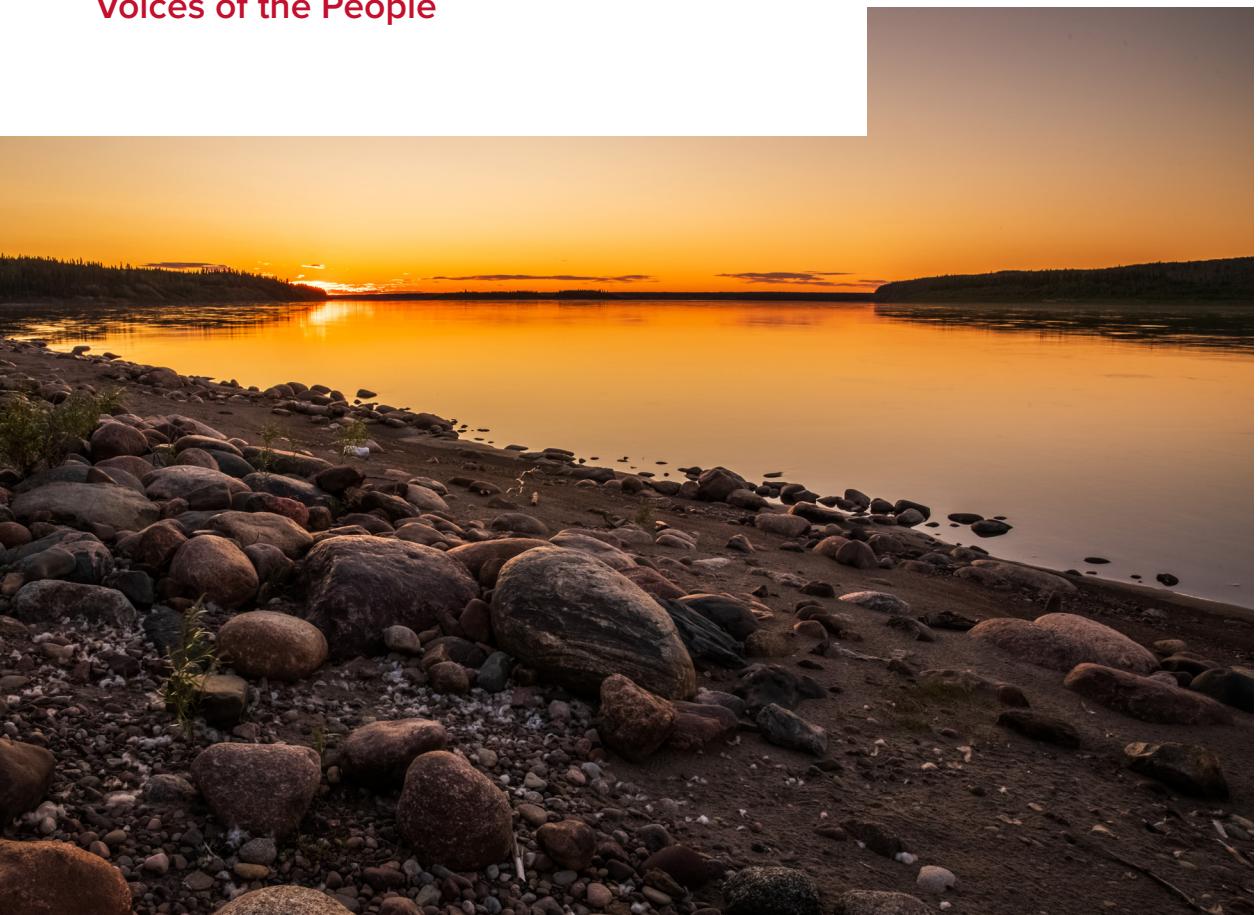


# Kristen Tanche

Ways forward in addictions programming  
in Fort Simpson Northwest Territories

**Dene Gogondié**

**Voices of the People**



## CONTENTS

4 Kristen Tanche Biography

5 Personal Note

6 Problem Definition

INTRODUCTION TO CONVERSATIONS WITH COMMUNITY MEMBERS

8 Background

ADDICTION

ADDICTIONS IN FORT SIMPSON

ADDICTIONS IN THE NORTHWEST TERRITORIES

SERVICES IN FORT SIMPSON

13 Voices of Fort Simpson Community Members

19 Policy Options

1. EVALUATE THE STATUS QUO

2. DEVELOP ADDITIONAL SERVICES AND PROGRAMMING WITH COMMUNITY MEMBERS

3. ENCOMPASS INDIGENOUS HEALING PRACTICES AND METHODS WITHIN ADDICTION PROGRAMMING

20 Analysis of Policy Options

1. EVALUATE THE STATUS QUO

2. DEVELOP ADDITIONAL SERVICES AND PROGRAMMING WITH COMMUNITY MEMBERS

3. ENCOMPASS INDIGENOUS HEALING PRACTICES AND METHODS WITHIN ADDICTION PROGRAMMING

28 Recommendations

1. THE GNWT AND COMMUNITY OF FORT SIMPSON NEED TO EVALUATE THE STATUS QUO OF

ADDICTIONS PROGRAMS AND SERVICES, AND PROVIDE ADDITIONAL STAFFING AND COUNSELLORS

2. THE DEHCHO REGION SHOULD DELIVER REGIONAL HEALTH GATHERINGS LED BY COMMUNITIES FOR COMMUNITIES

3. FORT SIMPSON ORGANIZATIONS NEED TO PROVIDE MORE VARIETY OF PROGRAMS AND SERVICES THAT ARE CULTURALLY RELEVANT

32 Conclusion

33 Appendix A: Research Methodology and Guiding Questions

34 Appendix B: Consent to Participate Form

36 Appendix C: Detailed Participant Responses



The Gordon Foundation undertakes research, leadership development and public dialogue so that public policies in Canada reflect a commitment to collaborative stewardship of our freshwater resources and to a people-driven, equitable and evolving North. Our mission is to promote innovative public policies for the North and in fresh water management based on our values of independent thought, protecting the environment, and full participation of indigenous people in the decisions that affect their well-being. Over the past quarter century The Gordon Foundation has invested over \$37 million in a wide variety of northern community initiatives and freshwater protection initiatives.



The Jane Glassco Northern Fellowship is a policy and leadership development program that recognizes leadership potential among northern Canadians who want to address the emerging policy challenges facing the North. The 18-month program is built around four regional gatherings and offers skills training, mentorship and networking opportunities. Through self-directed learning, group work and the collective sharing of knowledge, Fellows will foster a deeper understanding of important contemporary northern issues, and develop the skills and confidence to better articulate and share their ideas and policy research publicly. The Fellowship is intended for northerners between 25 and 35 years of age, who want to build a strong North that benefits all northerners. Through the Fellowship, we hope to foster a bond among the Fellows that will endure throughout their professional lives and support a pan-northern network.



Kristen Tanche (Photo by Amos Scott)

**Kristen Tanche** is Łíídlı́ Kúęé First Nation, Dehcho Dene. She is also of Icelandic and settler Canadian ancestry. She was raised in Wynyard, Saskatchewan, and Whatı, Gameti, Yellowknife and Fort Simpson, Northwest Territories. As a young adult she returned to her mother’s home community of Fort Simpson to re-connect with her family, community and Dene culture.

Through Dechinta, Kristen attended three semesters of post-secondary land-based education. She then attended Aurora College and graduated with a Social Work Diploma program in Yellowknife. She hopes to continue her education either in post-secondary education or from elders and cultural knowledge holders on the land.

Kristen currently works for Dehcho First Nations. Throughout her time at Dehcho First Nations, Kristen worked on regional on-the-land programming, within the Dehcho K’ehodi Guardian and Stewardship Program. She has seen and experienced the success of on-the-land-programming.

Kristen has worked in the fields of office administration, tourism, and education. She became involved in local leadership, by serving on the Łíídlı́ Kúęé First Nation Band Council, the Fort Simpson District Education Authority and the NWT Tourism Board.

She believes in being actively engaged with her community and region by being involved within local politics, or by working in areas that could benefit the region. She is passionate about the people in her community and the people of the North’s well-being.

## PERSONAL NOTE

Kristen Tanche súzhe, Łíídlıı Kúé gots'eh á aht'e, semq Catherine Tanche Simms úzhe, setá Gunnar Paulson úzhe.

My name is Kristen Tanche, I am from Fort Simpson/Łíídlıı Kúé. My mother is Catherine Tanche Simms and my father is Gunnar Paulson.

My mother's side of the family is originally from Fort Simpson, are Dehcho Dene, and part of the Łíídlıı Kúé First Nation. My father's side of the family is from Wynyard, Saskatchewan. Through my Grandfather I am partly Icelandic. My Grandmother came from a mixture of backgrounds including Danish and American.

As a traditional way of introductions in the Dehcho I introduce myself this way so that you, the reader, can place me.

For many years I talked about quitting drinking and drugs. I thought about it. Talked about it more. I attempted to get help, I went to a community counsellor in Fort Simpson. We didn't work out. I wished at that time for something more, an evening program maybe, or something and someone I could relate to. I did not find that support in Fort Simpson and I continued partying. I continued to hate myself. Throughout my life I have been exposed to the effects of addictions, and have struggled with it.

It wasn't until I enrolled in a social work diploma program, and moved away from my home community

to pursue an education, that I was able to find services I could access regularly. I sought counselling, attended groups that centered around addictions, and learned more through the social work program I was enrolled in. I have been sober for several years now. Since my return to my home community I have questioned "why?" Why do some of us have to leave our homes, our communities, to seek help?

I write this policy recommendation paper with hopes that we, the community of Fort Simpson, we, the Dehcho region, and we, the Northwest Territories, can work collectively to offer more to our people and residents in addictions programming.

*Mahsi Cho* to all those who participated in the conversations with community members I conducted. Your words were inspiring and have guided this paper's development. *Mahsi Cho* to those who assisted me in editing this paper, numerous people devoted their personal time and *Mahsi Cho* to my husband Nathan McPherson for his support.

I dedicate my work to those we have lost and almost lost to addictions, indirectly and directly. I dedicate this paper to my stepmother Lana Roeland; we miss you dearly and wish we had one more day with you. I dedicate this paper to those in the throes of addictions and self-blame. And to my family and my many nieces and nephews. I hope that collectively, we can offer you, the future generation, a better tomorrow.



Skyline in Fort Simpson (Photo by K. Tanche)



Sunrise over the Liidlii Kue Teepee (Photo by J. Antoine)

## PROBLEM DEFINITION

Addiction programming and related services offered by the Government of the Northwest Territories (GNWT) in Fort Simpson, Northwest Territories (NWT), are not always culturally relevant to the Indigenous population, nor do they appear to take the voices of the community into full consideration when developing services and programming. With over half the population being Indigenous in Fort Simpson, there needs to be more culturally relevant programming and services truly based on the voices and needs of the people.

### INTRODUCTION TO CONVERSATIONS WITH COMMUNITY MEMBERS

While addiction to drugs and alcohol is an issue at a larger societal level, in this paper I focus on the community of Fort Simpson specifically. Partly because it is my home community, but also because I did not want to generalize any recommendations for the entire North. Each community in the North is unique in need, culture and resources.

In developing community driven and centered policy recommendations, it was imperative for me to hear from Fort Simpson community members about what they thought would be ideal in terms of addiction programming. While the GNWT has done community engagement such as the Minister's Forum on Addictions and Community Wellness in 2012, seven years have since elapsed.<sup>1</sup> Much has happened in the community of Fort Simpson since then, which could have affected community priorities and thoughts about wellness and addiction.

Reflecting on historical Indigenous community social structures, I decided to take a bottom-up, community led approach. I have often heard elders and leaders speak of community life amongst Indigenous peoples. I have heard that heads of families would be involved in leadership, to not only ensure the voice of the people led the communities, but also to ensure each family had representation. Leaders would be guided by these voices, which meant having the community leading the leader.

<sup>1</sup> Health and Social Services, Government of the Northwest Territories. 2013. "The Minister's Forum on Addictions and Community Wellness Healing Voices." Vol. 17. Yellowknife, NWT. <https://www.hss.gov.nt.ca/sites/hss/files/ministers-forum-addictions-report.pdf>.

At the start of my work, I sought the advice of experts and community leaders. After much consideration, and given my background and knowledge of the community of Fort Simpson, I concluded that an effective method of engaging community members would be to do one-on-one conversations with them. I also wanted to ensure I captured the voices of people who might not want to share their ideas in a public forum. Given that the topic of addictions can be sensitive, I wanted to ensure that people were comfortable and that the process was as confidential as possible. I conducted interviews in private places, I did not share any information concerning who I was speaking with, and kept all recordings and transcribed interviews locked on my personal computer. In the beginning, I requested permission to quote community members; however this was not congruent with my approach to keep information confidential. I therefore changed my

approach, and informed every community member who participated that I would only be quoting people anonymously. In this paper I have used a participant numbering system for quotations, for example, Anonymous 1, Anonymous 2 and so on.

I framed the community engagement research as “conversations with community members.” It included posing seven questions related to addictions programming to help guide the conversations. Appendix A provides a detailed outline of the research methodology and Appendix B reproduces the research consent form.

In total, 32 residents of Fort Simpson participated, and 29 recorded and written conversations were used as the basis for information for the recommendations in this paper. Three conversations were unusable due to technical recording difficulties.

**DEMOGRAPHICS OF PARTICIPANTS**

<b>Gender</b>	<b>Female: 20</b>	<b>Male: 9</b>	
<b>Ethnicity</b>	<b>Dene/Indigenous: 16</b>	<b>Non-Indigenous: 8</b>	<b>Métis: 5</b>
<b>Age</b>	<b>25-44: 15</b>	<b>45-59: 7</b>	<b>Over 60: 5</b>

The process of speaking with so many people about addictions in the community changed my thinking and their words will forever stay with me. Each person had amazing ideas for addiction programs. I believe each person drew from personal experiences and their experience touched my heart.



Fort Simpson Aerial (Photo by A. Tambour)

## BACKGROUND

Fort Simpson is a community in the Northwest Territories that is located on the traditional territory of Łíídlı́ Kúé First Nation and the Fort Simpson Metis. With a population of 1296 people the community largely comprises of Indigenous peoples from the Łíídlı́ Kúé First Nation and the Fort Simpson Métis Nation, as well as other ethnicities.<sup>2</sup>

It is a regional centre for outlying communities, including Wrigley, Sambaa Ke, Jean Marie River and Nahanni Butte. The community is home to territorial and federal government offices, schools, a health centre and regional organizations (like Dehcho First Nations). In addition, the community has other necessary services like a local grocery store.

Through living in Fort Simpson for more than 10 years, I have witnessed a strong culture of community. People come together in times of need. For example, when tragedy occurs I have witnessed a strong culture of support being offered to families. I have also seen the community come together for joyous occasions and events, such as the annual spring gathering that Łíídlı́ Kúé First Nation leads. There are also cultural functions that occur, such as drum dances, hand games, feasts and family dances.

<sup>2</sup> Northwest Territories, NWT Bureau of Statistics, Population Estimates By Community, last modified July 1, 2018, accessed July 26, 2019, <https://www.statsnwt.ca/population/population-estimates/bycommunity.php>.

## ADDICTION

The Centre for Addiction and Mental Health (CAMH) describes addiction as “any behaviour that is out of control in some way.” There can be different types of addiction. CAMH defines addiction to substances, such as alcohol, by framing it with the “4 C’s”: “Craving, loss of Control of amount or frequency of use, Compulsion to use, despite Consequences.”<sup>3</sup> “The harms of substance use can range from mild (feeling hungover, being late for work) to severe (e.g., homelessness, disease).”<sup>4</sup> The effects of addiction to alcohol and drugs are detrimental to the health and well-being of individuals, families, communities, and entire generations. Effects vary by person, but overall addiction to alcohol and drugs can lead to liver cirrhosis, diabetes, heart disease, increases in violence, vehicle accidents and crimes. It can also lead to the presence of continuous blackouts, loss of income, anxiety, irritability, depression, loss of hope, and feelings of emptiness.<sup>5 6</sup>

## ADDICTIONS IN FORT SIMPSON

In my conversations with community members, I asked whether participants believed addiction to alcohol, drugs or both was an issue in Fort Simpson. All but one person said that it was an issue in Fort Simpson. The one person who said no clarified by saying that, “Alcohol and drugs is a symptom of the problem” (Anonymous 5). The following comments reflect the combined voices and views of the people I spoke to.

“It [drug and alcohol issues] is a prominent thing you see in our community.” Anonymous 23

“According to community members who attended meetings that were held while our community wellness plan was being formulated, drug and alcohol dependency is believed to be at the root of many social issues. Issues such as family breakdown, elder abuse, depression and hopelessness.” Anonymous 24

“I feel like addictions run rampant in this community and across the North.” Anonymous 14

Participants see addictions in the community. The impacts of addiction can be seen while walking in the community, in the line-ups at the local liquor store and through daily interactions.

“You see it daily everywhere, walking down the street” Anonymous 23

According to many of the participants I spoke to, drinking and addiction is normalized. Respondents stated they saw this through their social interactions, family lives, and community lives:

“I feel that there is an overuse of alcohol and drugs and maybe an over acceptance of the use, for a very wide range of ages, from teenagers to elders.” Anonymous 8

“You can get together with your friends, but even that, so many people socially drink here” Anonymous 23

“I would say personally raising kids here, it was really hard coming here with teenage kids and smaller kids. It was really hard because drinking was the norm when you go to barbecues, cookouts, everywhere. And then you're exposing your kids to it.” Anonymous 11

3 Centre for Addiction and Mental Health, “20103 Addiction,” CAMH. Accessed April 20, 2019. <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/addiction>.

4 Centre for Addiction and Mental Health.

5 Northwest Territories, Health and Social Services, Report on Substance Use and Addiction, last modified March 2015, accessed February 5, 2019, <https://www.hss.gov.nt.ca/sites/hss/files/report-on-substance-use-and-addiction-2012.pdf>

6 Jiwa et al., “Healing the Community to Heal the Individual: Literature Review of Aboriginal Community-Based Alcohol and Substance Abuse Programs,” Canadian Family Physician 54, no. 7 (August 2008) 1000.e1-1000.e7. [https://www.researchgate.net/profile/Len\\_Kelly/publication/5226200\\_Healing\\_the\\_community\\_to\\_heal\\_the\\_individual\\_Literature\\_review\\_of\\_aboriginal\\_community-based\\_alcohol\\_and\\_substance\\_abuse\\_programs/links/54f09980cf24eb879412127.pdf](https://www.researchgate.net/profile/Len_Kelly/publication/5226200_Healing_the_community_to_heal_the_individual_Literature_review_of_aboriginal_community-based_alcohol_and_substance_abuse_programs/links/54f09980cf24eb879412127.pdf).

Several respondents stated that they had direct experience with addiction through personal experiences of usage and through witnessing overuse of alcohol. Community members saw the impacts of it on their family, friends and the community.

**“Ever since I was young the coolest thing to do was drink. I was trying to fit in with older people”**  
Anonymous 6

**“I had young girls coming to my house where they were sexually assaulted, drunk, you know what I mean – passed out. I’ve had so much dealing with people stuck in addictions, young people like my kids are in their twenties, and this has started when they were sixteen. I saw it with their friends and all that, it was the norm. So, they don’t see it as an addiction because it’s the norm, yes. So, that’s how I see it.”** Anonymous 11

Some stated they were seeing harder drugs (for example cocaine) more often in the community and that in the last ten years usage had increased in all age groups.

**“I think drugs are more of an issue that are causing disconnection with socializing and being present in certain settings”-** Anonymous 25

**“We find it normal and nobody wants to deal with the elephant in the room. The drugs in this community, nobody wants to deal with it, that’s sad.”** Anonymous 11

**“I’m seeing more harder drugs coming in and younger kids are getting into it. And more people are getting into it. So, it’s becoming a big factor. Yes, our community has a big drug problem.”** Anonymous 8

Community members saw alcohol use as a symptom of other issues such as trauma, depression, anxiety, abuse, colonization, residential school trauma, intergenerational trauma.

**“...but I also think I know that the addictions is not the issue, the issue is the trauma that people have lived through in the past that has never been recognized and acknowledged and people do not know how to deal with anxiety when they are triggered.”** Anonymous 15

Participants witnessed negative health effects, such as death from exposure or overuse of alcohol or alcohol poisoning.

**“When I see members of our community die from exposure because they were too intoxicated to make it inside, or die from the overuse of alcohol, it is a sign it is an issue”** Anonymous 27

**“I remember at one point there were five people (from another community in the Dehcho) in the course of a year that died from alcohol, just going doing careless things, drinking and going to skidoo on the river and dying, you know, just carelessness caused [...] by alcohol. So, I saw [...] the most devastating, worst effect of alcohol on the people.”** Anonymous 8

Participants provided historical context for addictions in the community. One participant stated that addiction issues were worse in the 1960s to 1970s, and spoke about the history of prohibition, as well as the alcohol purchase rationing system. Residents in Fort Simpson are limited in the amount of alcohol that can be purchased daily and taken home through the local liquor store and the two local bars. Several participants linked addictions to colonization and the residential school experience.

**“[Alcohol] was brought in initially by the traders as rum, and only the white people or the Métis were allowed to drink, and if a Native, Dene person wanted to drink then they would have to give up their status. And there were a few amongst the Dene that did. But of the most part, Dene were not permitted to drink for a long, long, time. And then in the early ‘60s, they brought a liquor store to Simpson.”** Anonymous 8

“I do think addictions is huge everywhere, but particularly devastating in small isolated communities that continue to suffer from intergenerational effects of colonialism and residential school trauma.” Anonymous 26

“I think our (Dene) culture was taken away and we were raised like Molah (Molah is Dene Zhatie/ South Slavey for “white man”). So, it was hard. Just like you’re in two worlds. You don’t know if you’re Dene or Molah so you’re kind of lost and when you’re lost you want to drink and do drugs.” Anonymous 5

Participants mentioned a variety of other ways that they saw addiction: in the homeless population, within the court system (where many of the cases are related to alcohol use), and surfacing through youth who are accessing alcohol and drugs through adults.

“If it wasn’t an issue then I don’t think younger kids would be dabbling in this stuff, right?” Anonymous 1

“Being from a small community you can see the addictions more elaborate and in all generations.” Anonymous 28

“I find a lot of activities are alcohol related, everything is alcohol related.” Anonymous 11

## ADDICTIONS IN THE NORTHWEST TERRITORIES

While it is apparent that community members in Fort Simpson believe addictions are an issue in the community, several participants stated that they believe it is an issue everywhere. Scholarly articles,<sup>7</sup> news reports,<sup>8</sup> government reports,<sup>9</sup> and other sources reiterate that addiction to alcohol and drugs is a social issue faced at



Liidlii Kue Rainbow Teepee (Photo by J. Antoine)

7 Jiwa.

8 Meaghan Richens, “Cost of substance use above national average: report,” Northern News Services, November 26, 2018, accessed August 1, 2019, <https://nnsi.com/nwtnewsnorth/cost-of-substance-use-in-territories-above-national-average-report/>.

9 Northwest Territories, Health and Social Services, Report on Substance Use and Addiction.

the community, regional, national and international level.

The Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addictions found that the cost of substance abuse is the highest in the Northern Territories compared to the other Canadian provinces. The Northwest Territories healthcare costs per person attributed to substance use was the second highest in the country at \$723 per person.<sup>10</sup>

In addition, media continues to shed light on the issues of substance use in the North. For example, a news report was published in 2019 about a drug bust in Fort Simpson where 60 grams of crack cocaine were seized with a street value of \$18,000.<sup>11</sup> The article sheds light on an increasing issue of addiction to drugs in the community.

#### **ADDICTION RECOVERY SERVICES IN FORT SIMPSON**

Fort Simpson houses the regional Dehcho Northwest Territories Health and Social Services Authority (NTHSSA) office, which operates under the Government of the Northwest Territories (GNWT). Through the NTHSSA, people in the community and some of the outlying communities (Wrigley, Samba K'e, and Jean Marie River) can access mental health and addiction services. The NTHSSA offers the community counselling program, referrals to southern residential treatment centres and other programs.<sup>12</sup> I have seen local advertising posters and social media posts indicating the organization offers evening group programs, one of which is called "Sober Skills." The sober skills program is a group led by Dehcho NTHSSA that discusses skills

to help attendees remain sober, or other wellness topics; for example, one topic they have covered is meditation.

Currently in Fort Simpson, individuals interested in attending southern residential treatment centres can only do so through the NTHSSA. Residential treatment centres are live-in centres where individuals reside in a facility for 1-3 months. Centres offer a wide variety of services on site, but typically each centre has a focus area. Depending on the centre, the focus could be for trauma support or various other "mixed methods" treatments. "Mixed methods" refers to the combination of two or multiple methods of healing, for example combining counselling with the Indigenous practice of smudging.<sup>13 14</sup> The NTHSSA offers several options for residential treatment facilities in southern Canada. Options available to residents of the NWT are Poundmakers Lodge, Fresh Start Recovery, Aventa Centre for Excellence for Women with Addictions, and Edgewood.<sup>15</sup>

Beyond the NTHSSA supports, there are programs that are delivered by other community organizations. Łííldlį Kúé First Nation (LKFN) offers its members, in addition to Fort Simpson residents, a weekly men's sharing circle. There are also other programs that arise on occasion, such as grieving and traditional healing workshops, which support other existing mental health and addictions programming. LKFN also runs victims' services and community justice programming.<sup>16</sup>

Although not traditionally related to addictions programs, there are also recreational and arts programs in the community delivered by various organizations, such as the municipal government

10 Meaghan Richens.

11 "Crack Cocaine and Cash Seized in Fort Simpson Drug Bust," Canadian Broadcasting Corporation (CBC), March 20, 2019, accessed August 1, 2019, <https://www.cbc.ca/news/canada/north/crack-cocaine-bust-fort-simpson-1.5064873>.

12 Dehcho Health and Social Services, Mental Health and Addictions, accessed April 20, 2019, <https://www.dhssa.hss.gov.nt.ca/social-services/mental-health-and-addictions>.

13 Margo Rowan, et al., "Cultural Interventions to Treat Addictions in Indigenous Populations: Findings from a Scoping Study," Substance Abuse Treatment, Prevention, and Policy 9, no. 1 (2014): 34, accessed August 1, 2019, DOI 10.1186/1747-597x-9-34.

14 Poundmaker's Lodge and Treatment Centres, "Programs & Services," Poundmaker's Lodge, accessed April 20, 2019, <http://poundmakerslodge.ca/programs-services/>.

15 Dehcho Health and Social Services, Mental Health and Addictions.

16 Liildlii Kue First Nation, Programs, Accessed August 2, 2019. <https://www.liidliikue.ca/programs>.

(Village of Fort Simpson) and LKFN. Examples of such programming advertised in the community are soccer, basketball, hockey, sewing, beading and various arts programs.

In addition, people who attended residential school, lived with someone who attended residential school and those experiencing or have experienced intergenerational trauma can access counselling services outside of the community. This is accessible through the Government of Canada, Indian Residential School Resolution Health Support Program, counselling services.<sup>17</sup>

By scanning services in the community, I observed that a majority of them were based on Western methods. Western methods of healing addictions originate from a non-Indigenous perspective, using methods such as psychiatric services and Alcoholics Anonymous. Indigenous methods of healing, on

the other hand, originate from Indigenous ways of being and include cultural, spiritual or land-based practices. Specific examples include on-the-land programming, drumming, and smudging, as well as other methods.<sup>18 19</sup>

## COMMUNITY OF FORT SIMPSON'S VOICES

This section highlights what was heard in conversations with community members to provide the foundation for the recommendations made.

While each participant brought unique perspectives, ideas and opinions, to seek commonalities and themes in participant responses I compiled all transcribed conversations and reviewed them several times for key words and themes. While community members had similar opinions about the issue of addictions, and a combination of healing methods being most effective, there was not always consensus when asked about



Teepee Aerial, Fort Simpson (Photo by A. Tambour)

<sup>17</sup> Government of Canada. 2018. "Indian Residential Schools Resolution Support Program." 2018. <https://www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health/health-care-services/indian-residential-schools-resolution-health-support-program.html>.

<sup>18</sup> Rowan et al., 34.

<sup>19</sup> Poundmaker's Lodge and Treatment Centres.

solutions. For example, some participants focused on residential treatment options, while others focused on community-based treatment.

Participant's voices are organized below by the most commonly mentioned topics. For a detailed breakdown of the responses, please see Appendix C.

### **PARTICIPANT THOUGHTS ON NEEDS, REQUIREMENTS AND CHANGES IN PROGRAMMING AND SERVICES**

Participants spoke about the need for more variety in programming and services related to health, wellness and addictions.

*"I think that there has to be a variety, something to choose from, because it's not a one size fits all because we're all at different stages of recovery."* Anonymous 17

*"I think we need to shift, shift in the way we're delivering programming. Maybe there are all these little things that contribute to that, like shutting down the rural college social work program. Saying that everybody that comes to work in the North needs their Masters – why?"* Anonymous 21

*"I would love to have multiple programming options for somebody to access every single night of the week. So if they had sewing and AA on Monday and then on Tuesday cooking and something else, like computer skills and then on Wednesday meditation and AA again, so that, there's something for you to do every single night of the week that helps you grow your sober circle and helps you connect with people who have similar interests to you that don't involve drugs or alcohol. And then if you feel shy to go, because it's such a small community and, there's someone at AA that you don't want to see, there's a second option for you."* Anonymous 20

Participants spoke about the following examples of programming and services that are needed:

**ON THE LAND PROGRAMS**, i.e. in camps outside of the community and on the land in the community. Programming would include cultural and land based experiences and include long-term and short-term programming

*"It would be great to see professional, intentional on-the-land programs for families healing from addiction."* Anonymous 26

*"I think if you have an on-the-land program at least you know the other people out there are from your own community. So, when you go back, you could say, 'Well, Jane Doe was there with me I could go talk to her. She knows what I went through, me and her made a connection.'" Anonymous 11*



Drum (Photo by K. Tanche)

**FAMILY SUPPORT PROGRAMS**, which would focus on encompassing the entire family unit, not just the individual. Participants stated that to heal the person you must also heal the family.

*"I would like to see services offered for whole families in addition to support and services for people suffering with addictions."* Anonymous 26

**AFTERCARE PROGRAMS:** there are few to no aftercare programs for people to access when they return to the community from residential treatment programs elsewhere.

**UNDERLYING ISSUES PROGRAMS:** there needs to be programs dealing with underlying issues such as trauma, grief and other issues.

**PHYSICAL ACTIVITY PROGRAMS:** participants would like to see more variety of physical activity programming, for example yoga.

**LIFE SKILLS PROGRAMS:** there need to be programs that aid people in budgeting, parenting etc.

**ADDICTIONS PREVENTION PROGRAMS:** there needs to be programs that provide education about addictions.

#### **PARTICIPANTS WOULD LIKE TO SEE MORE COMMUNITY-LED, HOLISTIC, EMPOWERING COMMUNITY-CENTRED PROGRAMMING**

Participants were clear that services should be more community led and planned with more community input. There needs to be a shift in the way services are developed. Indigenous organizations, community groups, government organizations and community members need to work together to plan and deliver services, events and programming in a holistic, community-centred, empowering manner.

“...but I think that an ideal program is, the community runs it and it’s out on the land. It’s community owned, you give ownership back to your own people, and I think we were just connecting with the land they always say ‘Go on it your own, do what you can and go out on the land, feel the energy’ You have to survive out there and you have no distractions. You would totally focus on yourself and connect with people and the land yourself. So, I truly believe it has to be an on the land-based treatment programs.” Anonymous 11

“I think people work too much in isolation.” Anonymous 21

“There is just no real way to slow it down. I think the best thing that could happen is for these programs

to be developed based on what people need and for these programs to go through and be delivered.” Anonymous 12

“Well, one thing that would be ideal is we could have a community summit and to have people, an opportunity to have input on just that very question.” Anonymous 4 [When asked what they thought would be ideal in terms of addictions programming]

Participants spoke about the need for more community events. Furthermore, they spoke about attempting to shift societal thinking and stigma on the negative connection that the word “addiction” holds and programming should aim to empower people.

“Instead of labeling somebody with an addiction, as an alcoholic. How I had a hard time saying that my dad was an alcoholic and when we say they are an alcoholic it’s just putting them in a category.” Anonymous 17

“I don’t think addictions is a right way because it labels people.” Anonymous 3

“I think there needs to be greater awareness in our community that addictions are most often rooted in traumas in order to shift the stigma surrounding alcohol and drug addictions.” Anonymous 26

#### **THERE NEED TO BE MORE STAFF AND COUNSELLORS WORKING IN HEALTH AND WELLNESS**

Participants stated that the NTHSSA counsellors are typically hard to access (i.e., long wait times), that there is often limited staff, and there are very few or no Indigenous and northern culturally relatable counsellors available.

“Not that much of our people have that benefit and they sit there and wait, like my daughter waited about three months to four months to the point where I was like, ‘Hey I got to get her out of here.’” Anonymous 11

“...it’s just kind of intimidating, to have to go and meet somebody, build that rapport, somebody that’s not from the community. And then mental health and social services has a really high turnover rate which makes it difficult for people as well, having to build that rapport constantly over and over and over again, right? ... So, if you can find committed people that are actually going to stay, then I think you might see more success in dealing with addictions and stuff.” Anonymous 10

“A lot of social services workers come straight out of university, have not worked with Indigenous peoples before, it’s their first time being in the North, which is very frustrating.” Anonymous 14

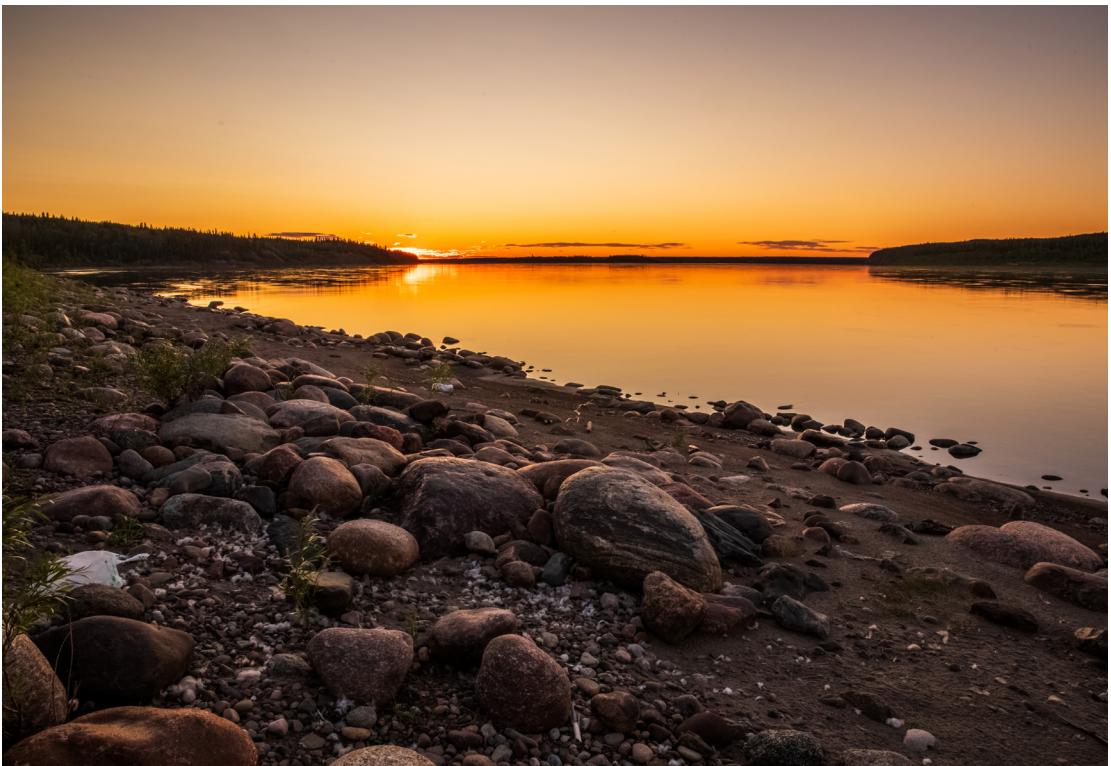
“I think we need to do better at working together and I think GNWT needs to do a better job of awareness. Yes you’re hiring people with Masters and those kinds of things, but when you talk to those people a lot of those people didn’t learn anything about our culture when they went to school.” Anonymous 21

“Have someone more attached to the band office so that it’s right there. And instead of hid away over in SISH [SISH Is the Stanley Isaiah Center in Fort Simpson, which houses GNWT child and family services, and community counsellors] sort of thing or in the government office somewhere.” Anonymous 8

**MORE VALUE NEEDS TO BE PLACED ON TRADITIONAL INDIGENOUS CULTURAL KNOWLEDGE AND THERE NEEDS TO BE MORE OF IT IN PROGRAMMING.**

Participants spoke about the need for more value and importance being placed on Indigenous Traditional Knowledge, including spiritual, cultural and land-based practices. It was noted that there needs to be specifically Northern-based culturally appropriate programming.

“I think learning the traditional way does help a lot. You know, it brings you back to your grandfather, your roots. When you hear your stories from your grandfathers and the traditional way” Anonymous 8



River sunset (Photo by A. Tambour)

“I would like to see something within the North for northern people, for Aboriginal people that supports more of a traditional lifestyle in getting people connected back that way.” Anonymous 23

“You could bring elders in and talk about parenting and your kids would be there, of course you would bring your kids out on the land with you. You know traditionally that’s what you did and you worked as a community.” Anonymous 11

#### **THERE IS NEED FOR EDUCATION AND AWARENESS ON ADDICTIONS.**

Participants believed there needs to be more education about addictions at all ages, but some spoke specifically about youth and children. Education and awareness also related to community empowerment, as several participants spoke about the need for education around addictions to aid in battling the stigma and shame attached to it. There was also a stated need for more promotion of existing services and programming.

“I think what the community needs more than anything is education on understanding that no one's choosing to be a drug addict and no one's choosing to be an alcoholic and no one, you know, and they're little kid is like yes, I'm going to be an alcoholic when I grew up and I can't wait.” Anonymous 20

“I get sick of people preaching about don't drink, don't drink, don't drink. I think we need to start teaching harm reduction.” Anonymous 21

“I think that a lot of times we have to bring that pride back to the people. We have to bring that empowerment back to our people and the thing is that to not so much look at the past, but what we can do from today.” Anonymous 17

“I think the responsibility is in the education of and rather than looking at it as shutting it down, stopping it, rationing it, prohibition, but it's the education of it, of the responsibility.” Anonymous 17

“It doesn't matter where you go in the world. I mean alcohol and drugs are gonna be there regardless, but I think that there should be more education about it, especially in the schools.” Anonymous 1

“I think that what we need to help the healing process is a greater understanding that an addict isn't necessarily at fault for their addiction and there shouldn't be blame, which leads to shame. And then shame leads to secrecy. And then the secrecy-shame cycle continues and it's hard to heal in that. So, if an addict were to have a person or a place where they could feel comfortable saying, I'm ashamed about my behaviour and I want to change it without the fear of being persecuted for that behaviour.” Anonymous 20

#### **MORE INFRASTRUCTURE IS REQUIRED.**

Participants talked about facilities such as a drop-in centre, transitional housing (both for those returning from residential treatment programs and for the homeless population), a community wellness centre, and year-round accessible on the land locations with cabins, etc.

“I think a safe house for active addicts would be helpful as well as a variety of culturally relevant and sound programming. I see a gap in services for people who have gone to residential treatment and are returning to their families and communities and struggling with sobriety, so transitional services and continued support for people who are trying to overcome addictions is key as well.” Anonymous 26

“It's crucial that we have more facilities.” Anonymous 8

#### **PARTICIPANTS SPOKE ABOUT THE CURRENT PROCESS OF RESIDENTIAL TREATMENT FACILITIES AND ABOUT THE NEED FOR A NORTHERN-BASED RESIDENTIAL TREATMENT CENTRE**

It was often mentioned that getting into a treatment facility was a long and complicated process. However, there were mixed responses from participants about the effectiveness of sending people to southern

residential treatment facilities. Some said attending a southern centre was effective in their recovery, while others felt that sending people to southern facilities was ineffective. Most commonly mentioned on this topic was the need for a Northern-based residential treatment centre.

“You know some people are so heavily addicted to alcohol and drugs and they have to wait three months. I had to wait, I had to wait three and a half months to go to my treatment program at Poundmakers and I wish I could've went sooner.” Anonymous 8

“I think we keep getting it all mixed up. We send our people south and they inherit beliefs that are from the south that are not really ours to believe in. So, they come back to the community and they have no support because people around them don't go to sweat lodges.” Anonymous 11

“Everybody is sent south. There's nothing right here. You know what I mean. This person is coming to you, they want to quit drinking today, they can't wait two months, but there's nothing in the community to address the issue of that person's addiction. There's mental health counsellors who have– I'm going to say the majority of the time is solidly booked, solid, can't keep up, there's no capacity to keep up” Anonymous 11

#### **THERE IS A REQUIREMENT FOR ADDITIONAL SUPPORT AND PEER GROUPS**

Commonly talked about was the need for additional support groups like An-Anon, Narcotics Anonymous and other community centred peer support groups.

#### **FINANCIAL RESOURCES AND CAPACITY-BUILDING OPPORTUNITIES ARE REQUIRED**

In order to deliver effective programming, or any additional programming, participants felt that additional financial and capacity building opportunities (such as training) resources are needed.

#### **OTHER COMMON TOPICS BROUGHT UP**

Beyond common responses on needs and requirements for programming and services, community members spoke about the following topics:

- ▶ They acknowledged that addiction issues will never stop. It is an issue that will be continuous within the community and in society.
- ▶ People within the community have had direct or indirect experiences where confidentiality was broken by health and wellness staff, or by other people in peer support groups.
- ▶ Some participants talked about fear of judgement by others in the community.

“There's so much trust issues from residential schools and there was a residential school here in Fort Simpson. I was in it when I was 6 years old. So, there's trust issues within institutions. So you know why you can't aid somebody or help somebody in the community when there's trust issues. I think you have to build that first before we really help anybody.” Anonymous 11

“This [referring to things that should be available to aid in the slowing and/or cessation of addictions issues] is a big one in Fort Simpson and also in the smaller communities in the region and in Canada and the United States on a larger scale in general, if we go back to the war on drugs really became the war on drug addicts. And so, there's a lot of shame associated with use and shame really thrives in secrecy and that's where it grows, and it becomes harder to carry and the shame becomes unmanageable and unbearable. And the anecdote to shame is really just honesty and the ability to speak openly about your struggle.” Anonymous 20



Trees with Moon (Photo by A. Tambour)

## **POLICY OPTIONS**

Provided are three policy options, the numbering of them does not indicate their importance, as each option should be equally considered.

### **POLICY OPTION 1: EVALUATE THE STATUS QUO**

The first policy option would be for the Government of the Northwest Territories (GNWT) and the community of Fort Simpson to examine and evaluate the status quo of the delivery of services. The services could remain similar, for example, the community counselling program, various workshops, and services that occur on a sporadic basis; however, more services could shift to being offered by different organizations, such as LKFN. Such models have been used in other communities in the North and throughout Canada.

### **POLICY OPTION 2: DEVELOP ADDITIONAL SERVICES AND PROGRAMMING WITH COMMUNITY MEMBERS.**

A second policy option is for the GNWT, Indigenous organizations, and community led organizations to develop services and programming with community members, not for community members. This would mean direct community engagement in the development process to promote partnerships with organizations in Fort Simpson, creating more meaningful and culturally relevant services. Direct engagement with community could be in the form of gatherings led by Indigenous organizations.

### **POLICY OPTION 3: ENCOMPASS INDIGENOUS HEALING PRACTICES AND METHODS WITHIN ADDICTIONS PROGRAMMING.**

A third policy option is for the GNWT and Indigenous Organizations to implement a combination of Western and Indigenous healing methods for addictions programming through on-the-land programming.



Lidlil Kue Drum Circle (Photo by J. Antoine)

## ANALYSIS OF POLICY OPTIONS

### POLICY ANALYSIS OPTION 1: EVALUATE THE STATUS QUO

The GNWT needs to evaluate the status quo of its addictions programming in the Dehcho region, and consider how it could better meet the health and wellness needs of the community and the region. Given participant responses, the current system of addictions programming is not meeting the needs of the community.

*“I think the process is not, I don’t think it fits our people. I really don’t think it fits our people.”*  
Anonymous 11

*“I think our government and policy makers are missing a step in engaging people and families who are dealing with active addictions what they need for better quality of life in order to inform policies, right from early childhood education and prenatal care all the way through to adult employment.”*  
Anonymous 26

Within my work of “conversations with communities,” issues with the current system were often brought up,

such as long wait times to access services, services not being culturally relevant, and the existence of a lot of “red tape” to get help.

*“I just feel like it has to get to a breaking point before something’s done.... I see people suffering and I feel like there’s such a huge process for somebody to get help. Whereas I don’t think it should be that huge a process. If someone’s struggling, I think they should be able to get help right away.”* Anonymous 13

*“A couple of times I phoned mental health and they can fit you in eight days from now sort of thing, I phoned about a person who was struggling and I was so worried, and they said, well you have to make appointments and go there. [...] and it’s not that they don’t care, we don’t have the resources here [...] if we decide we want to do something about it, we really, really have to pull together as a community.”*  
Anonymous 16

In Fort Simpson, the status quo involves counselling services offered by the GNWT; however, in other communities in the NWT, counselling services can be accessed through other organizations. For example, there are Indigenous organizations that have counsellors

staffed. The Yellowknives Dene have listed on their website a wellness area, where there is Dene wellness-specific support, with two workers who “provide education and awareness of addictions and its effects, assessment, counselling, case management, crisis intervention, referrals to treatment, recovery. Aftercare, follow up sessions.”<sup>20</sup>

Participants in conversations with community members recalled previous times when there was programming offered to community through local organizations:

“We had a really good addictions program and it ran out of the Friendship Centre. They had a couple of addictions workers who worked with the people, were involved in the AA program and were involved in community wellness. It worked really good because the individuals that were working, really loved our community.” Anonymous 15

Community members stated they believe that there needs to be the option of accessing Northern and Indigenous counsellors, which is currently not always an option locally:

“We don’t have enough Indigenous homegrown people in those positions. So, it’s difficult to relate to the people that come up and it’s difficult as well because they don’t stay here. They’re only here for a short amount of time and to be able to open yourself up so in such a raw way, you need to have a connection and it’s not possible, connecting with somebody, if you know they’re going to leave in two months.” Anonymous 15

“It’s improving the programs that are available. It’s making sure that if somebody does come to you and they say, well I don’t want to do the western style of things, I want to go traditionally, like have an elder there that they can go to, or ‘fuse’ it. So they can pick instead of being limited just to one. Having those resources available to them would make a big difference.” Anonymous 10

“So, reading about it, will never do anything. And having a guy with a white tie, with a tie being in the knows, all and all just talk to them they won’t be convinced. You need a guy that’s been down and out and who can say, look, I been there, and I know how you feel.” [Referring to counsellors] Anonymous 9

In “Innovations on a shoestring: a study of Collaborative Community-Based Aboriginal Mental Health Service Model in Rural Canada,” research was completed on the Know Chi Ge Win service system in a Northern Ontario community. Know Chi Ge Win offers mental health and wellness services from a “holistic Aboriginal framework.” The centre offers its clients an approach to mental healthcare that blends Indigenous and Western methods of healing, and includes staff on hand such as psychiatrists and traditional healers. Through participatory action research, it was found that the model resulted in “... improved illness care and cultural safety, managed wait times, and reduction in professional isolation.”<sup>21</sup> The research found that the model assisted in overcoming barriers in providing mental health care in a rural community with limited resources.<sup>22</sup> Such examples show that mental health programming can achieve a blend of methods that serves the needs of the people.

“I just think there needs to be a lot more than just your typical counselling services” Anonymous 21

20 Yellowknives Dene First Nation, Wellness, accessed April 22, 2019, <https://ykdene.com/wellness/>.

21 Marion A. Maar, et al. “Innovations on a Shoestring: A Study of a Collaborative Community-Based Aboriginal Mental Health Service Model in Rural Canada,” *International Journal of Mental Health Systems* 3, no. 27, accessed August 1, 2019, DOI 10.1186/1752-4458-3-27.

22 Marion A. Maar, et al.

## **POLICY ANALYSIS OPTION 2: DEVELOP ADDITIONAL SERVICES AND PROGRAMMING WITH COMMUNITY MEMBERS.**

Participants said they would like to see more programming that is led by the community and co-developed with community members themselves. More specifically, they would like to see programming that assists in reducing the stigma of addictions and more local events that are alcohol-free and community inclusive.

*“You need to let communities decide what they want to do, how to do, and then provide it. If you don’t it’s not going to be successful.” Anonymous 3*

Community members stated a need for more community and family centred programming. However, this programming was to be in the community itself and not away from the community.

*“When you want to treat addictions and all of that, I think you need to deal with the family as a whole. So that everybody goes through that whole healing process.” Anonymous 10*

In the article entitled “Healing the community to heal the Individual,” an extensive literature review was undertaken that examined community-based or community mobile treatments for alcohol and substance abuse programs. Their review found that “community-based addictions programs are appropriate alternatives to treatment at distant residential addictions facilities.”<sup>23</sup> Such scholarly research and additional evidence-based work should be drawn upon further to model a holistic community-driven, culturally inclusive addictions program.

When considering community and Indigenous led initiatives and instances of success, Dehcho First Nations is a good example. They have successfully administered and implemented the Dehcho K’ehodi

guardian and stewardship program since 2014. This program includes a yearly gathering held by Dehcho First Nations that brings together partners, researchers, community members and others to share information and to further lead direction of the program. Dehcho First Nations has found that this model has been very effective in creating and implementing a regional program. The Dehcho K’ehodi has been community led and driven since the onset and has proven to be successful. This success has been demonstrated through their annual gatherings, delivery of a regional-wide training program plus other notable endeavours. The organization is actively engaged with communities on multiple levels, such as the delivery of language programming and hosting regional leadership meetings, and it currently has an education division. Originally established for negotiations purposes, it now has several departments including language, negotiations, education, and lands and resources.<sup>24</sup> Furthermore, in the Dehcho First Nations Agreement in Principle (AIP), chapter 23, “Traditional and Health Agreements,” there are provisions for the health and wellness of the Dehcho to be managed, administered and delivered by the Dehcho. Through the AIP, the region has future plans for the Dehcho First Nations to manage health programming.<sup>25</sup> With adequate resources, the organization could successfully lead health and wellness gatherings in the region that would not only assist in spreading awareness and education on addictions, but would provide a space for the region and community members to further lead local addiction programming.

*“The small communities suffer just like us.” [Referring to addiction issues in the Dehcho communities.] Anonymous 8*

*“I think what is needed is to really support and help people to bring out their voices.” Anonymous 4*

23 Jiwa, 1000.

24 Dehcho First Nations, accessed April 22, 2019, <https://dehcho.org/>.

25 Dehcho First Nations, Agreement in Principle Rolling Draft #41, January 3, 2017, accessed August 1, 2019, <https://dehcho.org/docs/50-ROLLING-DRAFT-AIP-VERSION-DATED-JANUARY-3-2017-2-1.pdf>

“I think it's crucial thing that we do, bring our leaders in and address it, to our leaders and let them know that it's getting worse.” Anonymous 8

Since time immemorial, the Dehcho People took care of their wellness without outside influences, and the people of the area could lead empowering programming and wellness initiatives for the benefit of all residents.

In conversations with community members, participants offered ideas and stated where there were additional programming needs. If community members were engaged further, they could offer a variety of ideas for programming that is truly “from community for community.”

“I think that a lot of times we have to bring that pride back to the people. We have to bring that empowerment back to our people and to not so much look at the past, but what we can do from today.” Anonymous 17

“I've had friends that committed suicide in the North, and family members. I think it's crucial that we have our leaders understand.” [understand addictions and wellness issues in the communities.] Anonymous 8



Dehcho sunflower (Photo by K. Tanche)

**POLICY ANALYSIS OPTION 3: ENCOMPASS INDIGENOUS HEALING PRACTICES AND METHODS WITHIN ADDICTIONS PROGRAMMING.**

“You hear that prayer song, and it’s like the whole, your whole, inner self just comes alive. And you just feel that vibration and that excitement and emotions at times too. But you’re feeling... it’s not a sad feeling, it’s happy.... like oh I’m home.” Anonymous 8

As noted previously, Fort Simpson is a predominantly Indigenous community. Despite this, when I scanned the local addictions services, there was little in the way of consistent Indigenous-related services. This is further reflected in the conversations I have had with community members. Services and supports such as Dene spirituality, culturally based programs, or land-based options are not always easily accessible in the community.

“On the land healing traditional programs for Indigenous people, because a lot of the people in this community are Indigenous and I’m sure they would like to see their own things reflected in that type of programming.” Anonymous 14

“I’m just so thankful that I was a part of it [a residential treatment program] from the spiritual, and the Indigenous side of it with the western side. I guess it depends on you. Everybody’s different.” Anonymous 1

“I think that’s very, individually, orientated because some people might find it better that a western way works rather than a traditional. But for Indigenous people maybe a traditional way would work a lot better or a combination.” Anonymous 7

Participants’ most common response was that a combination of Western and Indigenous methods would be the most effective for treating addictions. However, this would be dependent on the individual’s

needs. Participants added that the methods for treatment need to be relevant to the community, have to be done in the right way, and that both ways (Western and Indigenous) have value. Having a combination of options available for support would make programming more accessible to a wider range of people.

“It just depends on the situation and individual. But you have to be respectful, what works for you might not work for me.” Anonymous 3

“I think there needs to be some sort of bridging between Western and Indigenous ways. Western methodologies have been so ingrained in them [Indigenous people]. I think in a lot of ways it’s been literally beaten into them that this [Western ideologies] is the right way, So I think some sort of bridging of Indigenous ways is okay too, it can be helpful, it could be good, it can be better.” Anonymous 14

“I don’t think that one way completely, so the Western alone, would be beneficial. I don’t think that that would work to be honest, and I don’t think that coming from a full on, just traditional cultural way either would be completely helpful. I think that in this day and age we have to mix the two to have the best outcome.” Anonymous 12

“I think both systems of understanding the world have value, and I think there is ways to integrate both into programming, so that you’re really using the strengths of both ways of seeing things and understanding things to benefit people who need help. Because some people in our communities, feel really more at home and comfortable in ceremony and some people don’t and then some people may feel more confident with, maybe a western approach and some people won’t.” Anonymous 19

Within scholarly articles,<sup>26</sup> government documents<sup>27</sup> and Indigenous government documents,<sup>28</sup> there have been consideration and calls for more culturally relevant and community centred addiction programming for Indigenous peoples. This further reiterates the need for a shift in a programming.

Rowan et al, stated that “[t]he hope and promise of healing from addictions for Indigenous peoples are rooted in cultural interventions.” This scoping study then went on to review and examine the effectiveness of culturally relevant programming and effects on wellness. The findings concluded that culture-based interventions “improve client functioning in all areas of wellness.”<sup>29</sup>

“You can combine it, but I have to say it would have to be relevant to the community.” Anonymous II

“I think a combination of both makes it more accessible to a wider range of people because as soon as they can identify with part of it, there'll be buy in. That with a combination you'll reach the best amount of people, and I mean there's the research behind the Western medicine, empirically speaking, but anecdotally speaking, there's so much power in the Indigenous healing and science just hasn't caught up yet. So, I think that combining them both together would make for the best outcome.” Anonymous 20

Within the First Nations Mental Wellness Continuum Framework, several recommendations were made including one for “culturally-grounded community development and capacity building that reduces risk factors and increases protective factors.”<sup>30</sup>

“I never thought it would be possible for me to quit. But just by sitting there and listening and asking questions with the spiritual Advisors at Poundmakers [a residential treatment facility], it really made me realize so much that, if you really believe in whatever you believe in, God, Jesus, whatever, those prayers can be answered.” Anonymous I

In 2012, the GNWT conducted a territorial forum on addictions and community wellness which resulted in a report with 67 recommendations for the NTHSSA and communities. The first priority was on-the-land programs.<sup>31</sup>

Within Łíídlıı Kúé First Nation's past two multi-year wellness plans, plans were laid out to include on-the-land-programs.

Various organizations like Liidlii Kue First Nation and the GNWT Health and Social Services currently offer addiction related programs and services. However, within “conversations with community members,” several participants stated that organizations currently work in silos and there is a need for more community organizations to work together for the betterment of the community.

“I think sometimes each organization is so stuck in what they're mandated to do.” Anonymous 21

Currently there is a Fort Simpson interagency committee led by Łíídlıı Kúé First Nation. It is comprised of GNWT representatives, community organizations and Indigenous Organizations. The committee provides a forum for health services providers. The role of the committee is to: respond to community issues and needs,

26 For example, Rowan et al. and Jiwa et al.

27 Northwest Territories, Health and Social Services, Minister's Forum on Addictions and Community Wellness; Government of Canada, Health Canada, First Nations Mental Wellness Continuum Framework, last modified January 2015, accessed August 1, 2019, [http://publications.gc.ca/site/archivee-archived.html?url=http://publications.gc.ca/collections/collection\\_2015/sc-hc/H34-278-2-2014-eng.pdf](http://publications.gc.ca/site/archivee-archived.html?url=http://publications.gc.ca/collections/collection_2015/sc-hc/H34-278-2-2014-eng.pdf).

28 Liidlii Kue First Nation, Liidlii Kue Community Wellness Plan: Strength from Within [2017] Accessed August 2019, <https://www.hss.gov.nt.ca/sites/hss/files/fort-simpson-community-wellness-plan.pdf>; Liidlii Kue First Nation, “Liidlii Kue Community Wellness Plan,” Accessed August 2019 <http://www.liidliikue.ca/sites/default/files/Liidlii%20Kue%20Wellness%20plan.pdf>;

Katloodeechee First Nation, Development Plan Dene Wellness Centre Project.

29 Rowan et al, p.1

30 Canada, Health Canada, First Nations Mental Wellness Continuum Framework, 14.

31 Liidlii Kue First Nation.

communicate and share information, and to collaborate on special events.<sup>32</sup> If this committee considered collaborating, but led by an Indigenous organization, on on-the-land programming with Indigenous and Western methods of healing that are culturally relevant and specific to health, wellness and addictions, it would be very beneficial for the community. All organizations could pool resources, such as infrastructure and financial and human resources, to better support the needs of the community and bridge the gaps that currently exist in the community in Indigenous healing methods. A more collaborative approach might help to bring different organizations and agencies out of their mandated silos.

Dehcho Elders and cultural knowledge holders often speak about how the land is a healing place and that you cannot separate the land from culture and language. Therefore, to have land-based programming led by Indigenous peoples is to have healing cultural programming.

*“I went out to the bush with an elder for two weeks I think that did more for me than one month in a treatment program.” Anonymous II*

There are several examples of community-led and run addictions related programs within the territories, such as the On the Land Mobile Addictions treatment program in Cambridge Bay, Nunavut;<sup>33</sup> Kwanlin Dün First Nations Jackson Lake Healing Camp in the Yukon;<sup>34</sup> Smith Landing First Nation Mobile Addictions Program in Fort Smith, NWT;<sup>35</sup> K’atl’odeeche Wellness Centre, K’atl’odeeche First

Nation, Northwest Territories;<sup>36</sup> and the Arctic Indigenous Wellness Foundation in Yellowknife, Northwest Territories.<sup>37</sup> All of the programs have integrated Western healing methods with cultural and/or land-based programming and/or spiritual programming. Such models prove that integrated programs in northern communities are not only possible, but successful.

The GNWT recently announced in the 2019-2020 budget that there would be “...\$1.002 million for mental health initiatives, including funding to implement the Mental Health Act and to support land-based mobile addictions treatment and aftercare.”<sup>38</sup> This could be an avenue for the community of Fort Simpson to seek resources.

While the recommendations in this paper are focused on the community of Fort Simpson, addiction and healing programming also serves outlying communities. If on-the-land pilot programs were successful, then those programs could be shared with other Dehcho Communities.

The concept of on-the-land programming for mental wellness is not new to the Northwest Territories. In fact, it has been a topic of discussion at the political and community level for many years. In 2013, the Department of Health and Social Services went on a territorial-wide consultation tour. As a result, a report titled *Healing Voices* was produced. This report includes recommendations from members of 22 different communities. The top recommendation was to provide more opportunity to participate

32 Fort Simpson Interagency Committee, Interagency Terms of Reference.

33 Karen McColl, “Graduate from Cambridge Bay’s Home-grown Healing Program Goes Back as Guest Speaker,” Canadian Broadcasting Corporation (CBC), November 25, 2018, accessed April 22, 2019, <https://www.cbc.ca/news/canada/north/healing-program-second-year-1.4918088>.

34 Kwanlin Dün First Nations, “Justice- Jackson Lake Wellness Team,” Kwanlin Dün First Nations. Accessed August 1, 2019 [http://www.kwanlindun.com/index.php/health/section/jackson\\_lake\\_healing\\_camp/](http://www.kwanlindun.com/index.php/health/section/jackson_lake_healing_camp/)

35 Northwest Territories, “Mobile Addictions Program Piloted in Fort Smith,” news release, September 11, 2017, accessed April 22, 2019, <https://www.gov.nt.ca/en/newsroom/news/mobile-addictions-program-piloted-fort-smith>.

36 Kristen Murphy, “Former Nats’ejee K’eh Treatment Centre Gets New Lease on Life as Dene Wellness Centre,” Canadian Broadcasting Corporation, January 10, 2019, accessed April 22, 2019, <https://www.cbc.ca/news/canada/north/new-life-for-natsejee-keh-treatment-centre-1.4972862>.

37 Arctic Indigenous Wellness Foundation, accessed April 22, 2019, <https://arcticindigenousandwellness.org/>.

38 Northwest Territories, Finance, “Government of the Northwest Territories Releases 2019-2020 Budget,” news release, February , 2019, accessed April 22, 2019, <https://www.gov.nt.ca/en/newsroom/government-northwest-territories-releases-2019-2020-budget>.

in on-the-land programs.<sup>39</sup> The GNWT has taken specific measures by providing the on-the-land healing fund, which can be accessed by Indigenous governments and non-government organizations.<sup>40</sup> Another example of existing on-the-land funding is the On the Land Collaborative, which provides funding opportunities to implement community-driven on-the-land programs.<sup>41</sup> Therefore, there is potential opportunity for the community of Fort Simpson to access currently available on-the-land wellness funding.

“I think yes there’s always going to be a need for people with Masters [in counselling positions]. There’s always going to be a need for people with the Western education, but there has to be a balance of that with the traditional.” Anonymous 2I

“Like I said you send them [community members], you have somebody who has been in residential schools, you’re sending them to a treatment program. You’re telling them, no phones, you’re not allowed to go out past this time, you’re not allowed to do this. It’s another residential school, it’s a trauma again. It doesn’t help, and I think when you’re at a land-based program you’re free to walk around.” Anonymous II



Teepee and Sunset (Photo by A. Tambour)

39 Northwest Territories, Health and Social Services, Minister’s Forum on Addictions and Community Wellness.

40 Northwest Territories, Health and Social Services, On the Land Healing, accessed April 22, 2019, <https://www.hss.gov.nt.ca/en/services/land-healing>.

41 NWT On the Land Collaborative, accessed April 22, 2019, <http://www.nwtontheland.ca/>.

## RECOMMENDATIONS

### RECOMMENDATION 1:

# The GNWT and community of Fort Simpson need to evaluate the current status of addictions programs and services, and provide additional staffing and counsellors.

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Presently, counsellors in the community are employed by the GNWT. Based on the responses received from participants, this first recommendation corresponds with community members' thoughts on the current system of community counselling programs and their words on local needs, such as having Indigenous counsellors who are from the North and are culturally aware; having counselling offices easily accessible in the community, in a band office and not hidden in a potentially intimidating government office; and ensuring there are enough positions that people can get immediate help when they need it.

There was a stated gap in services that could be filled by providing local organizations with adequate funding and resources to deliver their own community led counselling programs, in addition to the community counselling program that currently exists. Furthermore, local organizations should actively seek out financial opportunities to deliver such programming.

## RECOMMENDATION 2:

# The Dehcho Region should deliver regional health gatherings led by communities for communities.

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Participants in conversations with community members said that more local voices need to be heard in community-driven, community-centred, and empowering programming, which would include families, be accessible and be more culturally relevant. Furthermore, participants spoke about the need for more education about addictions and that there is need for education to aid in shifting perceptions on addiction. One participant spoke about a need for a community gathering, so people could collectively create solutions to addiction programming.

The second recommendation is, therefore, for the Dehcho region to have several regional gatherings led by non-government organizations, such as Dehcho First Nations, and funded by the Federal Government, the GNWT, or both, and supported by various other organizations. The gatherings would focus on sharing knowledge about health, addictions and healing. They could bring together both people and organizations who work in the health field and also community members in the region.

The gatherings would seek to have community members from the region lead further recommendations and strategies for future regional-wide addictions, wellness and healing programming, thereby creating programming that is truly led by community.

### RECOMMENDATION 3:

# Fort Simpson organizations need to provide more variety of programs and services that are culturally relevant.

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Participants in conversations with community members spoke about the need for more variety of programming, that a combination of healing methods would be most effective, and that organizations work in silos. In addition to participant voices, there are numerous resources, referenced throughout this paper, that indicate a combination of Indigenous and Western methods of addiction healing would be effective in a largely Indigenous population.

The third recommendation is that Fort Simpson's organizations and community members currently involved with wellness programming work collaboratively to provide a wider variety of addiction programs and services, with a focus on Indigenous, culturally-relevant programming and services. The Fort Simpson interagency committee could collaborate on creating more culturally relevant programming. Should they be unable to, a community task committee should be formed. The task committee (interagency committee or a newly developed committee) needs to involve community members.

Given that on-the-land programming was so frequently discussed and that it involves Indigenous land-based cultural practices, there should be a pilot project for on-the-land healing camps. Based on the participants' responses, two different options are recommended:

- ▶ Short-term, phased program within a drivable distance that is done in the evenings and weekends to ensure it is accessible to the population of Fort Simpson.
- ▶ Longer-term on the land programming away from the community that lasts a month or longer.

## CONCLUSION

It is evident from conversations with community members that much needs to be done in the community of Fort Simpson with regard to addictions programming. While there are services in the community that people can access and do find helpful, there are areas that could use improvement. A key area of improvement would be to have more community-driven programs that are Indigenous and culturally relevant, appropriate, and accessible.

I believe it is often forgotten that governmental policies have very real effects on community members. What works in one region or community may not work in another. While there are commonalities in northern communities, there are also many differences too. Let us remember that policy relating to addiction programming has real-life effects on people, families, and communities. The lack of relevant programming had an effect on my life, my family and my community. Programming can make the difference in aiding people in their recovery, but programming that is ill-suited can have the opposite effect.

I am not the only one in my community who had to leave my home to better my life and my situation. Some of the community members I spoke to mentioned the inaccessibility of services in the community. As an example, a young lady who shared her story with me outside of conversations with community members, stated she also struggled with addictions. She left the community where she was then able to access peer

support groups and full time counselling services with an Indigenous counsellor with whom she was able to relate. If those services had been available in the community, she said, “...*things would have been different. It’s not easy to leave your home to have to access services to better your life*” (name withheld by request).

I saw that community members have the answers on what would work best. Their words were insightful, heartfelt and wise. I heard hope, resiliency and strength in their voices. The people have the strength, resourcefulness and determination to help create solutions. If additional engagement with the community would occur in a relevant and significant way, there would be positive change.

With these presented recommendations, based on the voices of Fort Simpson, and with further community engagement, I am hopeful that the community members, organizations and the Government of the Northwest Territories can implement changes to the current addiction programming model and delivery. This will ensure that our community members can access culturally relevant services today, not tomorrow and certainly not 10 years from now.

*“I think it is crucial that we all work together as a community.” Anonymous 8*

## **APPENDIX A: RESEARCH METHODOLOGY AND GUIDING QUESTIONS**

To guide the conversation and to ensure I received the information I required, I developed seven guiding questions. I had several professionals in the health field and academia review them before finalization.

The intent of one-on-one conversations with guiding questions was to find out if community members thought addiction to alcohol, drugs or both is an issue in Fort Simpson. Further, the conversation was designed to gauge what sort of services they knew were available, to find out what their ideas were about ideal programming, and to see if they thought Western or Indigenous methods were more effective. The topic of Western and Indigenous approaches to addiction services was brought forward because of my experiences and scan of services as noted in the body of this paper. The majority of the services were Western in approach, as mentioned, with few Indigenous services available. I sought to find out whether either approach, or both, would be effective for the community of Fort Simpson.

### **COMMUNITY ENGAGEMENT**

I engaged with community leadership by informing local Indigenous governments of my intents and of my work in the community. In June 2018, I attended a Liidlli Kue First Nation Council meeting, where I presented the work I would be doing to the Chief and Council and made myself available to answer any questions or concerns. All members were supportive of the work and added that I could access any of them as participants. I also informed Dehcho First Nations' Grand Chief Gladys Norwegian of my work. The organization expressed verbal support of the work, considering it could have regional impacts.

### **RESEARCH METHODS**

In order to ensure the process was done in an ethical manner that informed participants of their rights, and to adhere to The Gordon Foundation's research

policy, I created a consent form. There were two signatory areas on the form; one was for consent to participate and the other for consent to be quoted. The form also outlined the work I was doing, explained any risks/discomforts and the participant's right to withdraw, and provided additional information in the event that the participant had questions about their rights (attached as Appendix B).

Before I began to contact individuals for potential conversations, I reviewed the demographics of Fort Simpson to ensure that the people I spoke with were representative of the population.<sup>42</sup> I contacted participants by my knowledge of community members and by recommendations from people in the community. People contacted were people I knew in the community, or active community members, or people who worked closely with others (either directly or indirectly). I also attempted to contact people who I knew had intimate knowledge of or had participated in programming, or had experience dealing with addictions.

The main method of initial contact of participants was through social media messaging, verbal communication, and by cellular phone, including texting. Each time I contacted a participant, I explained the work I was doing and the process I was using; I then asked if they would be interested in taking part. Every participant I spoke with accepted the invitation to participate.

Conversations were conducted in my personal household, by the river, in offices, and at participants' households. To ensure the comfort of the participants, I provided options on the location of the interview. I also reiterated that I was attempting to ensure that each conversation was as confidential as possible, so, we would have to avoid very public places.

At the beginning of each interview I verbally reviewed the consent form with the individual, and once the

<sup>42</sup> Statistics Canada, Fort Simpson, Village [Census subdivision], Northwest Territories and Northwest Territories [Territory].

participant agreed, they signed the consent section. I then offered a written copy for their records. Each interview was recorded on my personal cellular device, except for four that were typed out by the interviewees. An independent Canadian transcription company was contracted to transcribe all the audio conversations. The company was bound by a confidentiality agreement.

## **GUIDING QUESTIONS FOR CONVERSATIONS WITH COMMUNITY MEMBERS**

### **DEMOGRAPHIC QUESTIONS:**

- ▶ What is your age?
  - ▶ What is your Gender?
  - ▶ What is your Ethnicity?
  - ▶ How long have you lived in Fort Simpson?
1. Do you think that addiction, to alcohol and/or drugs, is an issue in Fort Simpson? Can you expand on that?
  2. What do you know about the addictions programming offered in Fort Simpson?
  3. What do you think would be ideal in terms of addictions programming offered in Fort Simpson?

Prior to asking question 4, I provided each person with the background information noted below:

4. Do you think Western or Indigenous or both methods of addictions programming is more effective in helping people to stop or slow down with their addictions?
5. What do you think should be available in Fort Simpson to aid with the slowing down or cessation (stopping of) addictions issues?
6. Are there any questions or additional comments you would like to make?

Background Information reviewed before asking question 4:

I'm going to ask a question about what you think is effective, Western or Indigenous or both methods of addictions programming. But I'm going to give a quick description so we are coming from the same understanding.

Western methods for addictions treatment would be Alcoholics Anonymous, some residential treatment programs, harm reduction programs. Essentially methods to treat addictions that come from a non-Indigenous perspective/way. Indigenous methods of treating addictions could be ceremony, drumming, on-the-land activities or having a medicine man work with a person. It would be methods of healing that originally come from Indigenous peoples. Examples that encompass both methods would be Poundmakers residential treatment center, where you can access traditional methods of healing, like sweats, combined with the AA 12 steps, and group therapy for example.<sup>43 44</sup>

43 Rowan et al.

44 Poundmaker's Lodge Treatment Centers, "Programs & Services."

## **APPENDIX B: CONSENT TO PARTICIPATE FORM**

### **Consent to Participate in Information Gathering**

#### **Introduction and Purpose**

My name is Kristen Tanche. I am a Fellow from The Gordon Foundation's Jane Glassco Northern Fellowship Program. I would like to invite you to take part in my information gathering/conversations with community members, which concerns Indigenous and Western methods of addictions' programming in Fort Simpson, NT. My intention is to have conversations with community members about what they think would be an effective way forward in addictions programming. Within my work it is very important to me to hear directly from community members and to have their views lead my final policy recommendations. I come from the belief that effective addictions programming must come from the recommendations of community members themselves.

#### **Procedures**

I will be conducting one-on-one conversations with community members, or I will provide written open-ended questions for participants to provide written responses to. I have developed several questions to help guide the conversations and written responses. The questions are focused on addictions programming in Fort Simpson and what you think would be ideal.

If you agree to participate in the one-on-one conversation, I will ask you several pre-developed questions. The conversation could take anywhere from 20 to 60 minutes depending on how much time you would like to spend speaking about the topics. With your permission, I will audiotape and/or take notes. The recording is to accurately record the information you provide, and will be used for transcription purposes only. The interviews will be transcribed by an external, independent, professional transcribing service, which will be bound by confidentiality. If you choose not to be audiotaped, I will take notes instead. If you agree to being audiotaped but feel uncomfortable at any time, I can turn off the recorder at your request. Or if you do not wish to continue, you can stop at any time.

If you would prefer to provide a written response I will provide you with the written pre-developed questions. If you agree to participate but feel uncomfortable at any time when providing the written responses you can stop.

#### **Benefits**

There is no direct benefit to you from taking part. The cumulated conversations of community members will inform policy recommendations for change in addictions programming. It is hoped these recommendations will be accepted and implemented by the Government of the Northwest Territories, and First Nations Governance Organizations.

#### **Risks / Discomforts**

Due to the size of the Dehcho and Fort Simpson there is a risk you may be identified even though all resulting information will be treated as anonymous unless you request otherwise below. If you are uncomfortable during the information gathering/conversation you are free to decline to answer any questions, or to stop the conversation at any time.

## Confidentiality

All information will be handled as confidentially as possible. When the results of the information gathering are published or presented, individual names and other personally identifiable information will not be used unless you give explicit permission for this below. The final results of this information gathering exercise will be made available on The Gordon Foundation's website ([gordonfoundation.ca](http://gordonfoundation.ca)).

When the information gathering is completed, I will save the recordings and notes until the winter of 2020, at which time the 2017 Jane Glassco Northern Fellowship cohort will have completed the program. The information will be saved only for reference in the finalization of the final policy recommendation paper, after which I will delete the recordings and notes. The same measures described above will be taken to protect confidentiality and you will be contacted for permission before secondary use.

## Sponsorship/Compensation

The Jane Glassco Northern Fellowship is a program of The Gordon Foundation. All funding for this project is provided directly by The Gordon Foundation. For more information, please visit the program's website at [gordonfoundation.ca](http://gordonfoundation.ca).

## Rights

*Participation is completely voluntary.* You are free to decline to take part in the project. You can decline to answer any questions and are free to stop taking part at any time. Whether or not you choose to participate and whether you choose to answer a question or continue participating in the project, there will be no penalty to you.

## Questions

If you have any questions about this research, please feel free to contact me. I can be reached at 867-445-7284 or at 867-695-3495, or at [kristen\\_tanche@hotmail.com](mailto:kristen_tanche@hotmail.com).

If you have any questions about your rights or treatment as a participant, please contact Kristina Fry, Information and Projects Officer at The Gordon Foundation either via phone 416-601-4776 ext. 230 or via e-mail [kristina@gordonfn.org](mailto:kristina@gordonfn.org).

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## CONSENT

You will be given a copy of this consent form to keep for your own records.

If you wish to participate please sign and date below.

\_\_\_\_\_  
Participant's Name (please print)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

If you agree to allow your name or other identifying information to be included in all final reports, publications, and/or presentations, please sign and date below.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

## APPENDIX C: DETAILED PARTICIPANT RESPONSES

The following section includes the questions that were posed to participants in conversations with community members, common themes spoken about, and some of their responses. Verbatim conversations could not be included in this paper because of length. Some quotes of the participants were included in the body of this paper and some are included in the following section. Because certain topics were commonly brought up during conversations with community members, those topics are duplicated in this section.

### Question 2: What do you know about the addictions programming offered in Fort Simpson?

Almost all of the respondents had some knowledge of the addictions programming offered in Fort Simpson. Out of the twenty-nine people, one responded with “Not Much.” Some responded similarly stating they knew “very little,” but then expanded on their knowledge of programming.

“It’s pretty limited. I think they have something called Matrix which I think is just; I’m not even sure what it is. I think there’s also counsellors available with Health and Social Services and occasionally from time-to-time there is like pop-up programs, but it’s very few and that’s the extent of my knowledge of addictions counselling programs in Fort Simpson.” Anonymous 19

Some stated they had previously accessed services in the community and so, had intimate knowledge of programming. Others had knowledge because friends, family or acquaintances had accessed services.

The following programs were the most well-known and most mentioned. They are listed in the order of how many times they were mentioned, with those mentioned the most at the top.

**Alcoholics Anonymous meetings**

**GNWT, NTHSS Community Counselling Program**

**GNWT, NTHSS Residential Treatment Programs**

**GNWT, NTHSS Matrix Program**

**LKFN, Men’s Talking Circle**

**GNWT, NTHSS Sober Skills Group**

**Local Churches Programming**

**NAAW Week, National Addictions**

**Awareness Week**

**LKFN, Justice Circle**

**Other:** Justice system, Federal Residential school Healing funds/programs, Tree of Peace Friendship Centre in Yellowknife, Family programs, pop up programs by GNWT and other organizations, LKFN’s Victim Services, Sweats, Residential treatment programs (i.e. Poundmakers)

#### COMMENTS HIGHLIGHTS:

“Very little. I know that there’s a matrix program, I believe.” Anonymous 1

“I know there’s AA, there’s a matrix thing. That’s all I know. I just know the name of it. Other than that, I don’t know any.” Anonymous 7

“It’s sort of up to our community members to supplement it [referring to addictions programming] for themselves with church services and I know, they have a men’s talking circle and LKFN offers a lot of parenting groups and stuff. But in terms of things like strictly addictions based, it’s pretty sparse.” Anonymous 20

“Yeah it’s relatively sparse.” Anonymous 20

“I think there have been improvements over the years in available and culturally relevant programming to support people with addictions (i.e. intention to hire indigenous staff) but the model hasn’t changed much over the years- people can access residential treatment programs and counselling services and access AA but they don’t seem to be very effective for the majority of people.” Anonymous 26

“I have my own counsellor in Poundmakers [a residential treatment facility] that I phone once a week when I’m frustrated and I’m like oh no, I want to drink.” Anonymous 8

“I know there is community counselling, [in the community, through the GNWT] they have mental health and addictions counsellors there. I’m not sure; I don’t think they’re fully staffed again. I think that’s because they’re not always fully staffed.” Anonymous 21

### Question 3: Is there anything you wish was available in the community for addictions support?

Answers to this question varied, however the overarching themes were as follows:

#### **NEED FOR A VARIETY OF PROGRAMS AND SERVICES**

Participants talked about the need to have a number of different programs to suit the needs of the wide variety of people. They wished there were the following programs: more aftercare for people returning from residential treatment, programs that address the underlying issues of addictions (trauma, stress), physical activity programs (yoga), more options for young adults and family orientated programming.

“I cannot identify one specific thing, but I think that there needs to be more services available for people to access.” Anonymous 10

“The other thing that would probably be also beneficial because we really see it in our communities, is if there were ever to be the opportunity for family-based programming because addictions affect an entire family unit. Sometimes, it’s more than one family member struggling.” Anonymous 19

“I firmly believe if you develop a solid base for your family and your support system, you’re going to have success and then you need to work with these individuals to see if their willing to share their story because if their willing to share their story, people can connect.” Anonymous 3

“I think it would be more beneficial and a better kind of like integration back into the community if it was actually done in the community. So it’s learning how to function within your community rather than going to a foreign place, learning your skills and then coming back here and having no support in order to, you know, to live an addiction-free life.” Anonymous 13

**MORE PROGRAMMING ADVERTISEMENT**, there is a need for more printed material and/or information sessions on what is currently being offered, and they wished that programming was more visible and available.

**ON THE LAND (OTL) PROGRAMS**, from short-term programs that could be hosted over a weekend, to long-terms programs that would include addiction counsellors. One respondent stated that being on the land is for everyone, and everyone would benefit from it:

“An on the land based program where they have addiction counsellors. I’m going to say counsellors that are not from the community that don’t have a tie to people, like a personal tie because some people would rather see somebody who is that doesn’t

know their past or they feel comfortable sharing, but I think if there is on the land based program, somebody comes in today and says, 'I need help now.' You know, you're not going to say, 'Well, you got to wait a month.' You could say, 'Okay we have a land-based program, there's families out there already, let's go.'" Anonymous 11

"I would like to be in the bush, in my own territory with my own people, in my language and learning my history. Like you know traditional knowledge how to live on land, language, trapping, hunting." Anonymous 8

"I would love to see something on the land." Anonymous 3

"More young adult programs that connect us back to the land and active lifestyle. Whether it be winter camping with a ski/snowshoe component or short canoe trips with planning meals and learning about the flora and fauna, etc. Programs that take you out on the land and escaping technology and letting your mind process the environment and your surroundings reconnect you back to your roots." Anonymous 25

"As for me I would like to do on the land short term programming that is developed in stages/phases. Sometimes classroom settings make you feel trapped and if you are on the land you feel more comfortable to share your story." Anonymous 25

#### **MORE STAFFING AND COUNSELLORS**

There is a need for additional staff and counsellors. Specifically, a need for Indigenous and northern counsellors, experienced counsellors in alcohol and drug addiction, and increased access to counsellors, particularly after the typically working hours of 8:30am-5:00pm.

"More Indigenous counsellors, males especially, who community members can relate to." Anonymous 24

"More counsellors, more aboriginal counsellors" Anonymous 1

"Having more people, available for counselling. I have heard of lots of people who have tried to get in and there's a huge waiting list and they can't. If someone's feeling like they want to take that next step, you need to get them while they're on that path because it's so easy to take the turn back to drugs and alcohol." Anonymous 23

"I find when people come back from treatment there is not much evening support, like there's a lot of day time support with people that come back from treatment." Anonymous 18

#### **INCLUDE MORE TRADITIONAL KNOWLEDGE**

Participants stated that they would like to see more Dene Traditional Knowledge included in addiction supports, including more spiritual programs and Indigenous wellness options. Furthermore, there needs to be more emphasis, importance and value placed on local Indigenous traditional knowledge.

"Sometimes I think your western style of addictions treatment works, but I also think that there needs to be more emphasis on traditional knowledge and traditional way. I don't think they [Referring to the GNWT] put enough value into traditional knowledge." Anonymous 21

"There is a struggle with government because they still don't buy into a traditional healing traditional way of doing things." Anonymous 3

"I think revamping the program would definitely help instead of making it so clinical right? Make it more traditional." - [Referring to GNWT addictions programming]. Anonymous 10

"I think culturally specific programming, especially ones that address things like residential school impacts because indigenous communities really are still reeling from inter-generational impacts residential schools and I think that's where a lot of our addictions stem from" Anonymous 19

“Our number one thing that we could use is an elder that understands inter-generational traumas, an elder that understands how trauma affects a person’s life and how they could teach the tools to help.” Anonymous 15

“There could be more indigenous wellness stuff, so sweats. I don’t know if that’s a common thing around here or in the culture here, but if that was something that was advertised and something that I had the opportunity to take part of, or if other people that were struggling with addictions had the opportunity to take part of I’m sure that it would be utilized.” - Anonymous 12

“Within the GNWT there was a mental health and addictions position advertised with pay starting at \$40-\$50 an hour, then a traditional counsellor position was posted years ago for like \$29 an hour. That is a big discrepancy in pay and shows that there is not enough value placed on traditional knowledge.” Anonymous 21

## INFRASTRUCTURE

Infrastructure including drop-in centres, transitional housing, sober living areas, and a community centre facility.

“I wish we had transitional housing, that there was a place for individuals to go to when they are returning from a residential treatment program.” Anonymous 20

“I think a big barrier to staying sober once you return to the community after a residential treatment is housing and lack of available, and accessible, sober living.” Anonymous 20

“I wish there was a cultural centre where people could access whole hearted, non judgmental support in all stages of their personal development in dealing with trauma and addictions.” Anonymous 26

## COMMUNITY AND EMPOWERMENT

Within the theme of community and empowering people, participants said that there needs to be less judgement on those needing help, and that as a community we need to empower people. Communities need to decide what they would like to do. For example, ideas for programming should come from community members and there should be more sober (dry) community events.

“...used to be the communities look after each other.” Anonymous 3

“If we can get role models of people that are willing to share their stories, its [addictions programming] going to be more successful.” Anonymous 3

## SUPPORT AND PEER GROUPS

People would like to see additional support groups like Narcotics Anonymous, Al Anon and peer support groups.

“I’m not sure if there is Al-Anon here, but that would be something I would be interested in doing just for the people that are in my life, to be supportive in that way.” Anonymous 12

“I wish there was a like an Al-Anon group.” Anonymous 16

“I don’t think it’s so much as in addiction but I think it’s in life’s challenges because as a recovering alcoholic I am sometimes, I’m just barely keeping my nose above water just trying to deal with all the stressors of the community, of home, of work, of everything, and I think sometimes you just have to reach out and call somebody.” Anonymous 17

“Yes. A lot more [addiction support] – I’m going to say group support groups.” Anonymous 22

## RESIDENTIAL TREATMENT FACILITIES

Two participants stated that we need a residential treatment facility in the North. One participant believed

that sending people south was positive and that it removed them from the situations they were in.

"I wish that we had a facility. I know that our population probably doesn't allow for that, but I do wish there was like a place where people didn't have to leave their home, like their home community, in order to access services." Anonymous 13

"It's ridiculous that people have to go south for treatment, when some people have never left Fort Simpson before." Anonymous 10

## Question 4: What do you think would be ideal in terms of addiction programming in Fort Simpson?

### PROGRAMMING

#### ON THE LAND PROGRAMMING

Participants spoke about programming that occurs on the land, that has cultural teachings, with cultural knowledge holders and counsellors. One participant stated intentional, professional on the land programs for families would be ideal. Another participant stated that short-term programs, and programs that are developed in stages would be ideal for accessibility.

"I think that more on the land type things. I think that people are really drawn towards things, the cultural things and things that of are their roots." Anonymous 12

"I just think we need a much more holistic program where there's somebody there 24-hours a day" Anonymous 16

#### FAMILY- ORIENTED PROGRAMMING

Participants would like to see more programming and support that would look at helping and assisting the entire family, not just programming for the person dealing with addictions issues.

"Whereas if, there was some, family sessions or whatever where the families were involved in; the families would learn how to support the person with addictions." Anonymous 13

"I think, ideally, there would be programs available to addicts and their families, sort of like an intervention process; families of addicts need support too." Anonymous 27

"There is not enough family supports currently, if family sessions were offered then families could learn how to support people in their lives with addictions. Addictions effect entire families." Anonymous 19

#### MORE VARIETY OF PROGRAMMING

Participants would like to see a wide range, demographic specific, and multiple programming options every night of the week to suit the needs of the community. With a wide range of programming, people would have options every day.

"So there's no ideal way because when you look at it right now the biggest thing would be grief because there has been so many losses and people don't know how to deal with that because there is nowhere to go and nobody reaching out." Anonymous 17

The following themes are sub themes of the theme "Variety of Programming":

#### NORTHERN-BASED/CULTURAL PROGRAMMING

There needs to be more programming that supports an Indigenous traditional lifestyle that is holistic and culturally specific.

"You will have to be able to work with our elders. You need to bring them in, because they have a lot of life stories and they've had lots of challenges and they survived...." Anonymous 3

"I think people would feel more in their element and more comfortable being in something like a healing workshop or some sort of cultural thing that could tie that in to addictions programming..."  
Anonymous 12

#### **LIFE SKILLS PROGRAMMING**

Participants would like to see more classes and programs like budgeting.

#### **PHYSICAL ACTIVITY PROGRAMS**

There needs to be more variety of physical activity programs.

#### **AFTERCARE SUPPORT AND PROGRAMMING**

Some participants spoke about the lack of after-care support and programming for when people return from addictions programs.

"So a lot of after support programs. Sometimes, we focus so much on getting people into the program and then not enough helping them afterwards."  
Anonymous 19

#### **YOUTH PROGRAMMING**

Several participants spoke about the need for youth specific programming.

"So maybe, gearing programs towards youth so they can make changes for the next generation."  
Anonymous 27

"...there has to be a program for the young people nowadays."  
Anonymous 5

#### **PROGRAMMING LOOKING AT UNDERLYING ISSUES OF ADDICTIONS**

There needs to be more offered in grief, trauma, prevention, unemployment, stress and the effects of residential school.

#### **SUPPORT AND PEER GROUPS**

Participants spoke about the need for more peer support groups.

"Do not walk ahead of me, I might not follow. Do not walk behind me I may not lead. Walk beside me and be my friend.' That's one of the things that we have said and those are one of the things like there are just three little sentences, but they mean so much, yes." Anonymous 17

#### **STAFFING AND COUNSELLORS**

Several participants spoke about the changes needed for staffing of counsellors in the community. They would like to see more counsellors hired, mainly because participants felt that GNWT NTHSSA are understaffed, and that there are issues with availability, accessibility, and staff retention. One participant stated that there needs to be a re-evaluation of the education qualifications of counsellors because the standards are set too high and therefore they omit people who may be suitable for the positions.

#### **COMMUNITY AND EMPOWERMENT**

Participants emphasized need for community-based programs, driven by the community, to assist in empowering people by promoting self-discovery and self-reliance. Some stated that the community needs to work towards adjusting judgement of those seeking help. One participant said that we need to have community gatherings to get the input of the people on programming needs.

"You can't judge, and you should just be respectful and work towards it, you also need a place where they go in there and they feel safe." Anonymous 3

"I think there needs to be greater awareness in our community that addictions are most often rooted in traumas in order to shift the stigma surrounding alcohol and drug addictions."  
Anonymous 21

"It's a gradual process. It may be that somebody goes to a program and they don't drink for a few months, but invariably they fall off, that's because that person really needed to go again."  
Anonymous 8

## PEER GROUPS

This theme was mentioned often, stating we needed more peer groups.

“I don’t remember my father being sober very often growing up as he has been an alcoholic since before I was born, so I can honestly say that, if I was informed about resources that were available to me to assist me in learning to live and deal with that, I would have taken advantage of it. Instead, I grew up hating my father because of his addiction. Then I hated my brother because he followed in our father’s footsteps. If there are programs that can be made available to families of addicts and help for them and no judgements for using those resources, I believe that may be enough to give families some light and in turn may help prevent young people from following in their addict family’s footsteps.” Anonymous 27

## INFRASTRUCTURE

The same comments were provided as previously mentioned, drop-in centres and dry-out centres.

## RESIDENTIAL TREATMENT FACILITIES

There needs to be more support for those who want to attend residential treatment facilities.

## RESOURCES

One participant suggested that people who want to attend residential treatment facilities should be provided with funding to aid in compensating them for wages lost while at treatment.

**Question 5: Do you think Western or Indigenous or both methods of addiction programming is more effective in helping people to stop or slow down with their addictions?**

“It’s not just one thing that’s going to make everything better.” Anonymous 10

The most common response was that a combination of Western and Indigenous methods would be the most effective; however, what would be most effective would depend on the individual’s needs. Participants added that the methods need to be relevant to the community, had to be done the right way, and that both ways (Indigenous and Western) have value. Furthermore, programming would be more accessible to a wider range of people if there was a combination.

“You can combine it, but I have to say it would have to be relevant to the community.” Anonymous 11

“I think we need both and I think that a lot of what is needed is to help people feel that pride in themselves again.” Anonymous 22

“You know from my own experience anything helps.” Anonymous 9

“I think it’s definitely the combination of both. In order for any treatment method to be successful there has to be buy in from the participant, pushing a strictly western way of healing who may not be interested in accessing that isn’t going to be successful. And same with Indigenous, if you’re pushing that and there isn’t any buy in, I don’t think it will be successful.” Anonymous 20

“I think most Western addictions programming are rooted in the idea of stopping a negative behaviour and learning tools to make other choices. This can be effective for some people, but it seems like Indigenous methods are more holistic and help a person look at their whole identity, family and community history in order to heal trauma and find self-value.” Anonymous 26

"I'd say both. Because I'm native I'd want to learn more when I'm recovering." Anonymous 2

"..Inpatient treatment changed my life so far it really opened my eyes and made me realize that there's other ways to have fun rather than just drinking and drugging". ... "There is a better life than just drinking and drugging." Anonymous 6

One participant said that, based on their personal experience, traditional Indigenous methods worked best.

One participant stated that based on their experiences, they would personally choose to participate in Western methods of healing, but they were glad there are options for other people.

"But the western way worked for me." Anonymous 6

One participant said the key was to bring self-identity back, that people were dealing with residential school trauma and that they needed access to on the land treatment programs.

## Question 6: What do you think Should be available in Fort Simpson to aid with the slowing down or the cessation (stopping of) addictions issues?

The most frequently mentioned responses to this question were as follows:

### **MORE EDUCATION**

Participants thought that education should be provided to community members on how to drink responsibly, harm reduction techniques, and information about services offered in the community. Furthermore, there should be training opportunities provided for

those who want to pursue work in the helping field i.e. addictions counsellors, social services.

"I think some getting some current information about the roots of addiction out to the community would be helpful." Anonymous 26

"What they should do is, I feel somebody should go into the schools and give, a presentation or a talk with the students and give them not a lecture, like a talk, an education talk and say look, you know you do this, and this will happen..." Anonymous 1

### **MORE VARIETY OF PROGRAMMING**

A common theme in all answers to all questions posed was that there needs to be more options for programming and that addictions issues cannot be stopped, but programming can help with the slowing down of issues. The following ideas were provided: aftercare programs, career development, parenting programs, more programs for youth and adults, more family supports, cultural relevant programming and more on the land programming.

"I think we need to be able to just have a lot of preventative things and we need to do more like family orientated things." Anonymous 21

"I think it would be really good for the counsellors to start dealing with all the youth." Anonymous 10

"Elders to help us... not focus on the harm that people have hurt us and not focus on the hurting that people have done to us. But to focus on what we want in life, where's our goals." Anonymous 15

"Keep people busy on the land doing cultural things." Anonymous 19

"If they want a western method of healing or traditional that needs to be provided." Anonymous 10

"I think there's lots of knowledgeable people who are not elders and who have had to face their own past and have had to find ways to overcome them. They could be really valuable resources." Anonymous 19

"On the land programming where childcare could be provided. Families who want addiction supports do not always want to leave their families, nor their children." -Anonymous 14

### **STAFFING AND COUNSELLORS**

Participants stated that there needs to be more counsellors, and the counsellors need to work varied hours.

"Well, I think we need more workers.. I've certainly never seen the worker sitting on their butts. I think they work hard and long, but I don't think a nine to five model works very well for a lot of people because a lot of people don't want to go during work because it's causing attention to their issues." Anonymous 16

"There is so much red tape when trying to get help." Anonymous 13

Addictions Issues Will Never Stop- This was brought up several times by participants. They believed that

"we will always have alcohol and addictions because it is legal, in the past there was rationing but the issue is still there." Anonymous 22

### **COMMUNITY AND EMPOWERMENT**

There is a need for more sober events, and there needs to be a realignment of services to make them more community centred.

Empowerment of the community and people was brought up. Specifically, that strong leaders and role models in the area of addiction are needed to lead, encourage, and influence people. Participants also commented that we need to start looking at reducing the stigma attached to addictions.

"It truly is a "community" effort. Perhaps we can use a method of mentoring, pair a sober individual with a person that is trying to get sober." Anonymous 28

"Raise up the voices of the community." Anonymous 4

"I think you need to treat people with kindness."

Anonymous 21

"We need to support and assist people, empower them to do things themselves." Anonymous 4

"Even in the North, going around to conferences, different communities, getting the community more involved to understand why there are addictions happening, all these drugs and alcohol, you know, where's it coming from?" Anonymous 8

"Another thing we need in this community, [is] to recognize that we have addictions and try to work towards a better life, right? Work on things." Anonymous 2

### **NEED MORE RESOURCES**

Participants focused on the fact that organizations need to work together for the betterment of the community and that more financial resources are needed to successfully deliver programming.

"I think when people come back from treatment programs there's not enough support. I think what can aid them..... we just don't have the capacity. We don't have the money to hire people that could help. There's so much of red tape." Anonymous 11

"I think being on the land probably would be the most beneficial for our region because a lot of people know how to be on the land and enjoy it, but there is not enough programming or funding available to make those programs happen." Anonymous 18

### **NEED MORE INFRASTRUCTURE**

There is a need for more facilities for: a territorial treatment centre, a community wellness center, transitional housing and safe houses for active addicts.

"We need our own treatment centre modelled after pound makers." Anonymous 24

## Question 7: Additional Comments?

Half of the participants had no additional comments or questions. The participants that did respond to this question, mentioned the following:

### STAFFING AND COUNSELLORS

Participants reiterated that there needs to be more counsellors available in the community, specifically ones that are from the North. They saw that currently the counsellors in the community are overworked, therefore, it can be difficult to make appointments. It was also mentioned that counsellors and employees needed to be provided with more cultural awareness about the community and engage more with the community. Participants also talked about high turnover rates of GNWT staff that come up from the south, which amplifies the challenges of accessing counselling,

### COMMUNITY AND EMPOWERMENT

Participants stated that more role models are required. The community needs to work together and to focus on families.

### RESIDENTIAL TREATMENT FACILITIES

Two participants spoke about the benefits of residential treatment facilities. However, another participant said that the process of being referred to and the wait time to attend a residential treatment facility was too long of a process.

“We need a treatment centre in the North, however that terminology is troublesome as it is reminiscent to the residential school term - Residential treatment centres and residential schools have links to residential School. People are sent away, essentially locked up, disconnected, which can re-traumatize them. Land-based programming would be best there are no limitations if you are on the land, in addition to helping you can learn other essential land-based skills that involve the community (i.e.

bringing in elders, kids)- This is what communities did traditionally. - Would like to see community centred and focused programming.” Anonymous 11

### PARTICIPANTS ALSO ADDED COMMENTS THAT DID NOT FALL INTO ANY THEMES MENTIONED ABOVE:

“I really don't know what would stop it [addictions issues]. I feel like intergenerational trauma from the residential schools is still very much here, and I don't know if that can really stop on its own.” Anonymous 12

“You can't always trust [counsellors] and then they have that westernized view. It's people that come up from down south. It's not someone you know, how the hell are you supposed to leave your kid with people that you have no clue about [referring to community social workers] people that are here. There's no experience, they have just come straight out of university and then are coming into the North and have never been here in their lives before or never worked with Indigenous people. That's really frustrating to see as well.” Anonymous 14

“Having local people trained up to assist in the healing/treatment and aftercare programs. I believe this would assist in the journey.” Anonymous 28

“There are other additions, like gambling.” Anonymous 5

“I know with me, I've been sober for over three and a half years now and I still struggle, especially here. Like I won't go to AA Meetings, I just have no confidence in going there just because of the whole confidentiality and the trust has been broken. I have no faith in that. Basically with me, I just kind of stick to myself. I do other things, I read and it's okay to have fun when you sober.” Anonymous 1

“I just wish the band and the government would help people that want to get into that field [Drug and Alcohol Counselling].” Anonymous 1

“...so, maybe with addictions, I think it's the biggest thing is getting people to realize they have addictions, and finding a way to enlighten them, about the fact that they have addictions and how to overcome them.” Anonymous 7

“You name it we've done it, we've gone through those programs ourselves. I think that something to help people is to know this is not a shameful thing. That we need to really somehow embrace, and I think more celebrating, when people have stayed sober for so long, celebrating that.” Anonymous 22

“I deal with people who come in with addictions. A lot of addictions, but there is nowhere to refer them. No sound base to refer them. There's mental health, but there's such a high turnover and they're technically not addiction counsellors, they're mental health counsellors.” Anonymous 11

“We already have social workers that are at full capacity like the Auditor General even said it already. So, how do we expect them to take on clients as well or help those clients when they're out of capacity with their case loads?” Anonymous 11

“I think we need to really, really look at what we're doing. I just think we're doing a terrible job right now.” Anonymous 16

“I think the other part is that the people that are supposedly counsellors or addiction counsellors or helpers have to get out in the field and away from their office.” Anonymous 17

“I went to addictions treatment centre, ...but I never; I don't have an alcohol addiction or drug addiction. That was never my problem. My problem is I have how can I explain this – I have traumas that are so overwhelming that overlap each other and are so compound and complex that when way I get triggered sometimes it's so overwhelming that it doesn't trigger me back to one trauma it triggers me back to like maybe 20, and I've had to learn what PTSD is.” Anonymous 15

“I think a strong leader would be helpful too, for someone to come in and say I can help you or I lead you, or I can point you in the right direction and I'm sure that there are people out there that do that.” Anonymous 12

## Ways forward in addictions programming in Fort Simpson Northwest Territories

Dene Gogondié  
Voices of the People

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