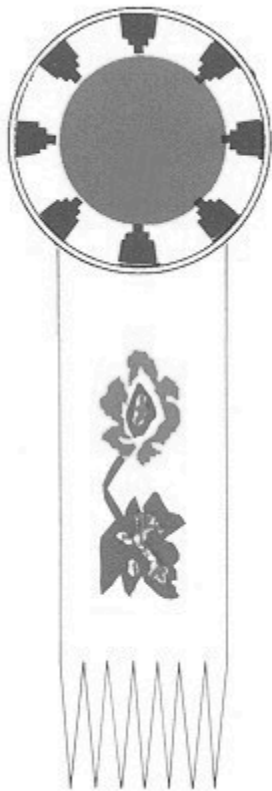


# Native Women's Association of Canada



## ABORIGINAL WOMEN & SUBSTANCE ABUSE

## NEEDS CONSULTATION

~ January 1996 ~

Partner in Canada's Drug Strategy

*An NWAC Report*

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# 1. Introduction

*"Sobriety doesn't mean an end to other problems, like abuse. We have to counsel on the problems - not just the symptoms - which drugs and alcohol largely are."*

*"No one ever took an interest in prevention, because we always addressed abuse at the treatment stage. "It's hard to see the gap."*

## a) Background

Aboriginal women's sobriety is not an entity onto itself, it involves their families and communities. As caretakers of their culture, Aboriginal women have the greatest influence in promoting activities which can avoid or reduce the risk of substance use or abuse.

Aboriginal women have a significant role to play in co-designing programs targeted towards the prevention of alcohol and substance abuse. Yet, in most consultations for programming directives, Aboriginal women are a forgotten minority. A group, who are often neglected in the development of programs.

Rather than be passive recipients of health programs, the purpose of this project was to provide a forum in which Aboriginal women could:

- identify methods in preventing alcohol and/or other substance abuse; and
- develop a conceptual prototype which would assist in the prevention of alcohol abuse among Aboriginal women and their families.

What follows demonstrates that the process utilized by NWAC creates an opportunity to design more effective and efficient prevention programs for Aboriginal women.

## b) Objectives

The objectives of this project were to:

- ensure Aboriginal women's participation in identifying and responding to issues and concerns related to alcohol and other substance abuse;
- provide a forum where information and knowledge relating to the prevention of alcohol abuse can be shared; and
- develop a conceptual model of a preventive alcohol and substance abuse product for Aboriginal women.

## 2. Consultation Methodology

To achieve the above stated objectives, in January 1996, NWAC organized a public participation forum which brought together Aboriginal women and community partners. This two day participation model was designed to ensure Aboriginal women's participation in the creation, and development of a conceptual prevention model.

A total of 26 Aboriginal women from across Canada, and 10 community partners located in the Ottawa region were invited in early December to attend the two day consultation. The actual number of participants (see appendix two) for the consultation included a total of:

- 20 Aboriginal women; and
- 7 community partners.

Since the time frame for this consultation was limited, background information was distributed in advance to better prepare the participants for the work required. This background information included:

- a general overview of substance abuse;
- the current situation with regards to Aboriginal people;
- a brief overview of prevention; and
- additional reading material on prevention programs.

Participants were also informed that the structure of the consultation would involve splitting the participants into three working groups. Each group would be lead by a facilitator, and would be responsible for developing a conceptual preventative measure for a specific target group of Aboriginal women.

To further provide the participants with supporting data, during the first morning of the consultation, a guest speaker from Health Canada, Michael Degagne outlined both:

- the issues surrounding Aboriginal people, and substance abuse; and
- prevention designs.

Following Health Canada's presentation, the participants were separated into three working groups. Under the direction of a facilitator, each group was responsible for:

- identifying the alcohol and substance abuse issues facing Aboriginal women;
- current programs in place;
- future needs of Aboriginal women; and
- a conceptual prevention model for alcohol and substance abuse.

During the afternoon of the second day, each group presented their prevention modules. What follows is the results of this consultation. It should be noted at the onset, that throughout the consultation process many of the Aboriginal women stated that this was the first time they had the opportunity to share information.

To further reinforce the process, a draft report was completed and distributed to all participants requesting comments and recommendations. For the Aboriginal women who participated in the consultation, a conference call was also organized to finalize recommendations.

### **3. Current Issues Facing Aboriginal Women**

#### **a) Background**

Throughout the consultation, Aboriginal women identified some of the issues associated with the use and abuse of substance and alcohol in their communities. For many of the participants, the effects of alcohol and substance abuse were interrelated with other problems within their communities. To many, the breakdown of Aboriginal health has generally been undermined by the following realities:

- ❑ inadequate nutrition
- ❑ lack of education and employment opportunities
- ❑ environmental pollution (poor sewage and garbage disposal/lack of clean water
- ❑ inadequate housing
- ❑ lack of information about birth control
- ❑ lack of child care
- ❑ lack of skills to cope with, and handle stress
- ❑ abusive behaviour and child/elder abuse
- ❑ loss of extended family structures
- ❑ the absence of a father, and fathering
- ❑ lack of parenting skills
- ❑ increase in crime/incarceration and suicides
- ❑ lack of self-respect and esteem
- ❑ lack of community support
- ❑ lack of culturally appropriate approaches
- ❑ lack of role models
- ❑ effects of residential school systems

Many of these realities have been the result of Aboriginal peoples' loss of culture and traditional methods of living. Realities which mean Aboriginal people live in communities which have become high risk societies.

For purposes of this report, the issues identified by the participants have been grouped into the following categories:

- Community
- Political
- Social
- Economic
- Personal

Once again it must be noted that these categories are not mutually exclusive, and are seriously inter-related.

## **b) Community**

All three of the working groups identified significant issues prevalent within their communities as factors contributing to alcohol and substance abuse. These issues ranged from the breakdown of family structures to the lack of appropriate programming.

The breakdown of the family has meant that many Aboriginal women are single parents who lack emotional and community support systems. For urban Aboriginal women the situation is further intensified because of the difficulty of fitting into a non-Aboriginal community. For many of these Aboriginal women, they face isolation. As one participant stated,

*"When I was little there were four generations living in a two-room house. In socioeconomic standards we were poor, but by our standards we were not, because we had each other. We had lots of support and advice from the older people -- they were all our grandmas and grandpas. When my grandmother passed away and my mother remarried a non-status Indian, we were forced to leave our community. The children were abused psychologically, physically, sexually. Our family broke down, and many became alcoholics. I had to find out what the pain was that I was holding inside myself. If there had been someone in my community I could have talked to, it would have helped, but the people I had were not any better off than me. The positive role models I once had were not there when I needed them."*

Coupled with the erosion of the family, is the erosion of culture within the Aboriginal community. As depicted in the following quote, many of the participants felt that as a result of the erosion of their culture, abuse had now become inter-generational.

*"An Elder spoke at length about the abuse she suffers from her grandchildren."*

*"A participant noted that people in her community had approached the Elders to try to help them fight violence against women. The Elders didn't agree to help, however, because many had been abusers themselves."*

*"Men abusing women and children is not our culture; respect is."*

In addition, some participants noted that the result of this erosion has also lead to increased problems for the youth.

*"There are no coming of age ceremonies any longer. Some children are ashamed of the changes that their bodies undergo. The community, the spiritual leaders, and/or the schools should teach traditional values to children. "*

*"Traditional teachings such as sweat lodges for children are needed. We don't have this as much any more in Nova Scotia."*

To further increase the problems at the community level, for many Aboriginal women living either on or off-reserve, the accessibility to programs run by Aboriginal people were limited. To many of these participants, the mainstream programs which are available are either:

- insensitive to Aboriginal people's needs; or
- have been designed with little or no Aboriginal input.

Basically, mainstream programs and services have not been culturally-sensitive to Aboriginal women's needs. In addition, much of the program material is difficult to understand.

*"A lot of treatment centres block prevention just by the way they are set up: many are not culturally appropriate and the caregivers don't have enough training. Aboriginal women keep pointing out what's wrong with the centres, but nothing ever changes."*

*"In Northern Ontario, I find people will respond best and tell their problems to their own people and in their own languages."*

*"We have to get simplified material out."*

The lack of accessibility to treatment programs causes further problems for Aboriginal women living on-reserve. Many are forced to leave their community to get treatment, only to return to a community with no follow-up programs. In addition, when they come back to the community, reintegration is often problematic. Many people undergoing treatment become self-exiled for this reason. As one delegate noted the problem of reintegration to the community is similar to the feelings felt by those community members who go off-reserve for schooling.

*"When they come back to share their knowledge and skills with their community, they are ostracized and are not accepted. There is prejudice between people living on- and off-reserve, and there is no recognition for those who have helped themselves."*

For many Aboriginal women, the lack of support programs means that seeking treatment for one addiction, sometimes means they end up with another addiction. Programming neglects to focus on the addictive behaviours, and in some programs, not enough time is spent on addressing why people started abusing substances in the first place. The following quotes best depict the problems Aboriginal women association with alcohol and substance abuse programs and services.

*"When I was younger, I could see myself becoming an alcoholic because I couldn't socialize well."*

*"There aren't enough clubs to show that you can get together and celebrate without using alcohol."*

*"Without the need for alcohol, the use of alcohol lessens."*

*"The focus of treatment programs is almost always on crisis, rather than on support services and prevention."*

In addition, many of the participants indicated that much of the programming is targeted towards men, and does not take into consideration the needs of Aboriginal women. Lack of services for Aboriginal women, such as child care, is a very big issue rarely considered by programming authorities.

Regardless of whether they live on- or off-reserve, many Aboriginal women face the problems and inconsistencies of leaders and service providers who are not healthy role models. In some instances, leaders and the caregivers often deny they have a problem with abuse, and are often addicted to alcohol themselves. Aboriginal women felt that for leaders and caregivers to be role models, they have to "walk the talk", and ensure they heal themselves.

*"Aboriginal women should be assisted by caregivers who have gone through healing themselves."*

*"There is active addiction among the decision-makers and caregivers."*

*"We have to get the whole community involved, particularly the Elders and leaders we respect."*

*"We need role models."*

Even the messenger who delivers the information about alcohol and substance abuse is unsuitable for many Aboriginal women. Although the information may be good, it is usually a non-Aboriginal who comes with an intimidating image.

### **c) Political**

On the internal political level, some Aboriginal women felt that the Chiefs and Band Council do not see substance prevention/treatment programs as a priority. This presents a difficulty in Aboriginal women developing programs to meet the needs of their communities. The following quotes best depict these sentiments.

*"The only time women get together is when they speak about a home-based business or something like that."*

*"They (Aboriginal women) need a safe space, because they don't want to go to Council. How can we get a program off the ground when the Council is the cause of the problems?"*

*"Many women are afraid to bring their issues to the Chief and Council as they are then perceived and treated as troublemakers."*

*"The Chief and Band often have control and block services."*

*"The Indian Chiefs are the root of the problem."*

*"Officials often turn their heads from situations involving sexual abuse because they know the people involved."*

*"If you are not a good role model, but are chauvinistic and a drinker, it's not good for the community. And these people are in charge of the funds."*

*"Leaders should take part in healing circles to heal themselves."*

*"This is due to people in the Band who fund the centres, who say they support culturally-appropriate services, but then do not fund them. Some leaders are changing in response to us speaking out."*

*"Community corruption is a big problem. One Elder is abusing daughters and grand daughters and calling it a traditional custom, and the Band council is supporting him. Councils can be barriers to this work, i.e. when they must give permission for the RCMP to come onto the reserve."*

*"We have a 'circle of corruption' in the community."*

The external political structures also provide significant barriers for Aboriginal people. For some Aboriginal women, red tape and the structure of the bureaucracy often weakens the objective of community healing.

*"A large problem, particularly in the Territories, is the red tape that community members have to go through to get services. There seems to be a communication breakdown, too many obstacles in the system."*

*"It's a never-ending job educating the staff in these institutions/organizations. There's no overall support system for the women."*

In addition to bureaucratic red tape, there is often no coalition building among Aboriginal and non-Aboriginal organizations. In some instances, the politics of the various organizations get in the way of helping people.

*"Many agencies/organizations treat our people (doctors, detox centres, sexual abuse, second stage housing), but these organizations aren't concerned about the lack of support systems in the communities. The agency's attitude is that it's not their problem until it gets to their doorstep."*

*"Often non-Native organizations have programs that could serve Aboriginal women. The Aboriginal woman is always stuck in the middle when she is looking for treatment, and stressed there is a need for coalition-building between agencies to facilitate this process."*

*"Non-Aboriginal agencies should inform Aboriginal women of the types of programs they have that are available to Aboriginal women."*

*"There is a lot of difference between mainstream and Native social work. There are more mainstream services available, and for this reason, mainstream treatment should be more holistic and culturally sensitive."*

Other problems with external political structures, deal with the lack of accurate information on Aboriginal peoples and substance abuse. In some instances, this impacts significantly on programming.

*"Health Canada statistics are incorrect for PEI, which suffers financially as a result."*

*"We (Aboriginal women) are the target group, but the government keeps missing the target!"*

#### **d) Social**

The social stereotypes associated with Aboriginal women and substance abuse creates a situation where addicted men are accepted and supported, and women are classified and labelled. The negative ramifications associated with these stereotypes can best be depicted in the following quotes.

*"Women have set such a high standard they are labelled as "good" or "bad" women. A woman who is addicted is labelled "lush", "drunk", "bad mother". People don't look at why the woman is drinking (usually deep childhood issues, experiences, and/or current unmet needs)."*

*"One major problem is the double standard that exists for men and women alcoholics. Women tend to be closet drinkers, while men are quite open about their consumption."*

*"Aboriginal women are scared of looking for treatment, because they are scared that they will be regarded as unfit mothers and that social workers may take their children away."*

*"Men can drink and go for treatment, women are regarded as "sluts and whores " if they go for treatment, and would most probably lose custody of children if a court battle took place."*

*"If she goes she's doomed, if she doesn't go, she's doomed."*

*"Many people blame PAS on women, when it's not only the woman."*

#### **e) Economic**

The socio-economic implications of the realities of Aboriginal communities often prompt Aboriginal women to turn to substance abuse to numb their feelings of despair. As more financial cuts happen, Aboriginal women recognize that the cycle of lack of education, lack of jobs, lack of money will become more vicious. As there is already a lack of resources for:

- life skills training;
- traditional values training;
- shelters; and
- parenting courses,
- support for Aboriginal women will be almost non-existent.

#### **f) Personal**

On a personal front, many of the Aboriginal women stressed that their busy schedules do not permit the luxury of being able to deal with health-related problems of their own.

*"Women don't have time to be sick, they carry the biggest burden."*

*"Even if you recognize you have a problem, your workload is big and there's no support -- it is impossible to take time off knowing the home situation will not be looked after."*

*"Lots of single-parent families are headed by women. You can't be a 24-hour mother and father."*

*"Women place too much pressure on themselves to be perfect and self-sufficient."*

*Low self-esteem is also major factor that contributes to Aboriginal women problems.*

*"There is an attitude that, 'I'm not worth it'."*

*"You're so used to being put down and then the minute you get the nerve up to admit to being an abuser, you're knocked down again."*

The availability of counselling is also an issue affecting Aboriginal women on a personal front. For many Aboriginal women there is no one there to help her deal with the challenges of living in high risk communities. For many Aboriginal women, they are often isolated and alone.

*"A woman needs a system which can help her get counselling, so that she can take the first step of admitting she has a problem."*

*"A woman needs someone constant (like a counsellor) who can be there to help her deal with the different stages of the issue (self-blame, denial, etc.)."*

*"Unaddressed issues affect a woman's other relationships (e.g. with her child)"*

*"Aboriginal women don't consider going to counselling for support."*

*"A lot of communities have to develop support groups themselves, but these groups have to slot their meeting during hours when bingo or cards are not being played."*

*"Many women do not have enough time to attend support groups, because they are attending many other group meetings."*

#### **4. Current Prevention Measures in Aboriginal Communities**

Aboriginal women within the consultation, identified some of the measures currently being taken within their communities to prevent substance abuse. As demonstrated in some of the prevention measures, the effectiveness of these programs varies according to community and individual needs.

##### ***Cultural Camps***

In one community, members go to isolated mountain camps for 1-3 weeks with Elders who teach traditional activities and values (e.g. hunting, horseback riding, etc). This is proven to be a very effective approach.

##### ***Validation Campaigns***

In one Nova Scotian community, where 10 bootleggers and 6 drug pushers were operating, ads targeting the offenders were placed with the message "we know who you are - you are responsible for the deaths of 17 people in our community." A \$500 reward was also offered as an incentive for community members who would name drug pushers and bootleggers. There was a marked decrease in the number of drug pushers and bootleggers.

### ***Healthy Campaigns***

In Saskatchewan, there is a program called "Healthy Mother Healthy Baby". They give out milk tickets.

### ***Family Counselling Programs***

In Fort McPherson, a treatment program that has been designed which targets the whole family. The program works with family, so that the entire family is involved in addressing the cause for substance abuse among members of the family. Incorporating traditional ways, the program takes place on the land, and ensures that the individual with the problem is not isolated, taken away from the family unit, and then reintegrated into a situation that has not changed and that might have been the cause for the substance abuse in the first place. Although there is more costs associated with this program, it has been more successful in the long run. According to the participant, "the program is more peaceful than individual counselling".

### ***Healing Lodges***

In Maple Creek, Saskatchewan, a Healing Lodge has been established. The lodge was started in April 1989 and opened its doors in November last year. Located on 164 acres of land, the Lodge has 4 live-in Elders and beds for 30 women and children. It also has a cedar teepee room for ceremonies. Women are interviewed in prisons and selected for residency in the lodge - if it is their choice to come. There is a waiting list and sentences must be 2 years minimum. There are no such lodges designed for men, although one is opening in Hobeema soon. The Band provides food. Of the 4,000 Aboriginal men in the federal prison system, 800 are sex offenders. There are 110 Aboriginal women in the federal system. As well as having a 28-day treatment program, an important second step is also included. Traditional ceremonies, like the Moon Lodge Ceremony, is used to teach self-respect and assist in healing the ego. These empowerment ceremonies talk about the five gifts the Creator has given us.

### ***Videos***

There is a film produced in Vancouver of a little Aboriginal girl with FAS. It offers hope that you can still have a quality of life with FAS.

In B.C., they are releasing four 20-minute videos showing how women have overcome their drug and drinking problems. They are available for distribution.

### ***Leadership Healing Programs***

In one community, everyone in a leadership position was asked to go through a healing program. If they were unhealthy, they were asked to leave. With changes in the leadership, the changes can be seen in the community.

### ***Youth Programs***

In Prince Edward Island, the youth wrote a proposal called HEAL (Help Every Aboriginal Learn). The goal is to develop a program so youth can help themselves, and their families. Elements include a mobile library, and the coordination of four workshops for youth.

### ***AA Meetings***

Depending on the area, and whether or not it is run by Aboriginal people, the effectiveness of AA programs varies from community to community. Camaraderie in some AA groups can be quite high. Friendship Centres and Drug and Alcohol Counsellors organize them.

### ***Drug and Alcohol Abuse Counselling***

Drug and alcohol counselling is available in many communities and although effective, it is over-worked. More funding needs to be allocated to this area.

### ***Sweat Lodges (men's and women's)***

Although effective, traditional ceremonies can be misused. To be effective, they must be conducted by recognized healers.

### ***Women's Healing Circles***

Women's Healing circles are very effective sources of closed, confidential support and leadership. Some meet weekly for up to 15 weeks, with each session's journey dealing with a different issue.

### ***Friendship Centre Peer Counselling***

The National Association of Friendship Centres (NAFC) has trained 168 young people across the country to be peer counsellors. The four-day training sessions begins with the breakdown and roles of the family. Discussions deal with the young person, then the family, and finally the community. As many of the participants are headed towards careers in social work, they are also taught how to avoid burn-out There is some follow- up (evaluations after each session), and at the personal level it has been very effective.

### ***Women's Volunteer Peer Counselling***

This is an effective approach as those who take it are working with younger kids. In BC they get to rent a remote ski lodge to do their workshops in a nice environment. There are three or four sessions held each year. It also works well in Regina with street youth.

### ***Recreational Activities***

Inter-tribal tournaments and cultural camps have been effective because they encourage family participation. At these activities "people forget to drink" while participating.

A government program in its second year of operation, deals directly with children. Within this program, young people are paid to supervise kids in recreation, after-school tutoring, supervised non-alcoholic dances, etc.

### ***Community Fundraising Projects***

Profits are taken from one community's video gambling machines, and tobacco sales in the Band-owned store. These funds are then used for recreational activities such as sending kids on trips. Some of the bands have been very successful with this program, however it does raise the issue of other forms of addictions.

## **5. Future Needs**

The future needs of Aboriginal women are diverse, and do not necessarily represent programming for only Aboriginal women. Aboriginal women who participated in this consultation felt that some programs need to address the whole community, while others are better suited to specific target populations. In addition, it was felt that by improving some of the treatment programs, a preventative measure could also be achieved.

### **a) Types of Programs and Services**

The following represents some of the programs and services Aboriginal women envision for their communities.

#### **1. *Cultural sensitivity training for mainstream organizations.***

For mainstream service providers, cross-cultural training programs need to be developed which teach service providers:

- how to implement the new knowledge in their lives; and
- how to communicate with Aboriginal women.

Cross-cultural programs should also ensure that they are being delivered to the correct audience.

**2. *A holistic cultural centre in each community with qualified Native professionals.***

Each community needs a service that is culturally-appropriate, that is located in the community, and offers child care. Ideally, the centre should be staffed by qualified Aboriginal professionals.

**3. *A "24-hour hotline" to intervene and provide support.***

A crisis or 1-800 line should be developed in Aboriginal communities to provide advice, references and general support.

**4. *Each community needs to take ownership of solutions and strategies.***

In order for communities to take ownership, each community needs to be re-educated about how alcohol affects it and what substance/solvent abuse is. Some children don't even know that using solvents is damaging them. Community members need to come together and talk. Events should be organized that involve everyone. This would serve to increase the community awareness levels of alcohol and substance abuse.

A circle should be created to educate people of all ages on alcohol and substance abuse. Once the communities are educated, they can make better decisions. The communities could then take ownership of their problems, and actively seek out solutions.

Communities also need to teach themselves how to gain access to resources for basic grassroots community development. Information about accessing funding from corporations, foundations and government needs to be developed.

**5. *Community leaders need to take a prominent role in the development of the community as the role models for prevention of substance/alcohol abuse.***

Community leaders should be good role models. You need people who have already healed themselves.

**6. *Identify and Develop Mentor-type Programs***

Focus attention on those who have overcome their problems. In some communities, we should have Elders select the role models. This would help to give recognition to the ones who have overcome their problems, dispels the stigma and shows others they can also succeed.

Aboriginal entertainers should be approached to do benefits or get the message out while performing. (For example, Save Our Native Grandchildren was a campaign to reduce solvent abuse and suicide in Davis Inlet. Entertainers raised funds and established a recreation centre for youth.)

**7. Recognize the diversity of individual communities, and ensure that the women of each community develop the prevention program targeting Aboriginal women.**

Each community needs a prevention program, and the Aboriginal women of each community need to develop it. In communities where Aboriginal women lack the expertise to design programs, consultants could be called in to help.

**8. Develop case studies on Aboriginal women's experiences.**

Reading about other women's stories would help Aboriginal women realize:

- they are not alone;
- it is not hopeless; and
- there is something they can do.

More psycho-educational material like "First Nations Speak" and "Crazy Water" needs to be developed.

**9. Develop materials that incorporate an easily understood language.**

Often educational material is hard to understand because:

- it is not translated; and
- many Aboriginal women lack reading skills.

To overcome these problems, material needs to be packaged in plain language, and translated into the necessary Aboriginal language. For individuals lacking reading skills, more materials should be made available on videos or audio-cassettes.

**10. Identify the need for co-educational resources for couples, families.**

It is important that couples and families be treated as a whole. Aboriginal women need to work with men to design programs that would "help men help women". Healing must take place together.

**11. Environmental Cleanups**

We have to have the determinants of health (clean water, sewage treatment, housing, etc.) in place within our communities.

**12. Educational Programs**

Since education helps with prevention, more target specific programs need to be developed.

## **a) Aboriginal Women**

Since a significant percentage of Aboriginal women head single families, Aboriginal women are the logical starting point for educational programs. Through these programs, it is felt that Aboriginal women will make the difference in their communities.

Aboriginal women need to take individual responsibility for their lives. To do this, Aboriginal women need educational programs which are specially targeted to their needs. The programs must also be available at the community level to ensure access for Aboriginal women. Programs need to be designed to deal with the following issues:

- ❑ Sexual abuse;
- ❑ Adult child;
- ❑ Inner child;
- ❑ Residential schools;
- ❑ Parenting;
- ❑ FAS/FAE;
- ❑ Lifeskills; and
- ❑ Stress Management.

These are all areas which Aboriginal women feel contribute to alcohol and substance abuse. The numbness of alcohol and drug abuse helps abuse victims live with the pain.

In addition to educational programs, there needs to be some form of counselling available.

Specific programs need to be developed for expecting mothers. These programs need to address:

- ❑ nutrition; and
- ❑ effects on the fetus from drinking and smoking.

Information could be delivered by:

- ❑ pamphlets;
- ❑ information on fetal development;
- ❑ videos on FAS/FAE;

A buddy system could also be developed for future mothers. Under this system, a pregnant woman would be paired with a woman who has been through the experience. Throughout the whole process of education, Aboriginal men should be included and involved.

## **b) Aboriginal Elders**

Since Elders are an important component in the Aboriginal culture, Elders need information about what is going on. This will increase their role as counsellors.

Elders should be involved in the pre-natal and 6-12 age group programs. They can teach a lot about the pre-natal stage.

## **c) Aboriginal Youth**

Aboriginal women recognize that the times are changing, and there is a need to reach people at a much younger age. To prevent Aboriginal youth from having children, or engaging in abusive behaviour, there should be education, counselling, and activities for Aboriginal youth. Since knowledge is empowering, Aboriginal youth should be provided with educational programs dealing with the following issues:

- pride;
- cultural identity (e.g. teaching traditional dances);
- self-esteem;
- political systems; and
- sex education (Use educational tools like the potato sack baby, or Suzy, which shows the effects of smoking on the fetus) .

Counselling programs should be developed which deal with issues of:

- AIDS; and
- sexual abuse.

There should be guidance counsellors in schools which allow children to speak freely, without the fear of being taken out of their home.

To keep Aboriginal youth from being bored, activities need to be implemented which provide alternative options. For example, youth forums could be held for them to discuss issues. Representatives from the RCMP and social services could come as speakers. In addition, "children of alcoholics" programs should be implemented.

Welfare should not be an option for young people. It's an easy way out of family problems. Welfare is not going to be there forever.

## **d) Funding for education/training**

For individuals who are involved in training, there should be more income support. In addition, support should also be available for child care. Access to training programs needs to be easier to obtain.

### **13. Organize Validation Campaigns**

Recognition and acknowledgement of the problems is the first step in taking control of the situation. Community campaigns need to be developed which:

- validate what is happening (sex and alcohol abuse, bootlegging, drug pushing, etc.); and
- identify the role Aboriginal women can play in overcoming these problems.

For example an advertising campaign could be developed which says "these things are going on in our communities and they should not be. If they are, call us at ..."

### **14. Develop Community Case Studies**

In order to promote information sharing, case studies should be developed which tell the stories of communities that have decided to break the cycle of abuse.

### **15. Create non-Alcoholic Activities**

More non-alcoholic gatherings like social nights, or talking circles need to be implemented to reduce the pressure to drink.

### **16. Develop Traditional Programs to Re-Connect**

Aboriginal people are trying to reconnect with their background, with what's basic to their culture. The mental, physical, spiritual and emotional aspects all tie in together. Some traditional foundation (e.g. a healing circle, regular smudging -- something which establishes a connection with a group and with traditions / values) should be offered as part of substance abuse prevention / treatment for those who want it.

### **17. Develop Programs to Deal with Issues of Child Abuse**

Because of the long-term effects on an individual's abilities to cope, and relate to others and the high correlation between sexual abuse and drinking and drug abuse, programs need to be developed which deal with the prevention of child sexual abuse and neglect. In many communities there is a vicious cycle of abuse. There is a need for education on parenting. (In one case, a child was drinking her mother's cologne and replacing it with water. She learned to do this by watching her father. Child welfare had to intervene.)

Issues of foster care also need to be addressed. Why are children sent back to abusive situations when they have been taken out of the home several times? What do you do when the parents are neglecting the children? There has to be an educational component for everyone (parents, children and foster parents) to understand why children are put into care.

There should be more Aboriginal approved homes for foster care. The lack of funding for caring for relatives means many Aboriginal children end up having to go into non- Aboriginal or off-reserve homes. To improve the foster care program, non-Aboriginal foster parents should have to go through a program to become acculturated to meet the needs of Aboriginal children.

Programs should also be designed which offer support, as well as, invite Aboriginal women to come forward.

### **18. *Develop Programs to Assist the Police in Dealing With Aboriginal Issues***

The role of police needs to be examined. Questions such as:

- ❑ How much can we expect police to do?
- ❑ How can we make them more sensitive to Aboriginal needs?
- ❑ How can we facilitate a team approach?
- ❑ How do you deal with people who are selling drugs – especially when they are just kids?
- ❑ How do we enforce the laws that are there to have longer terms for drug dealers.

should be addressed.

### **19. *On- and off-reserve***

Programs should not be distinguished as on- and off-reserve. This puts limits on accessibility. In addition, there should be workers who act as liaison between on- and off-reserve communities. This will provide backup support if someone goes into a crisis.

### **20. *Develop More Workshops and Community Networks***

There must be information-sharing so that people can share existing programs with others who want to create similar programs. Periodic workshops could facilitate the information flow. In addition, workshops would help facilitate support networks in the community. Peer counselling and other forms of support would recreate the extended family. We can train our own women and create "our own circle of friends".

## **6. Prevention Programs - Conceptual Models**

### **a) Prevention Program Design -- Group One**

#### **Goal**

To strengthen the family unit by decreasing the abuse of alcohol and substances within the family.

#### **Objective(s)**

- a) To provide a system of direct communication among the family and community.
- b) To provide training to caregivers, the family and community leaders.

#### **Target Population(s)**

Primary Audience

- Family unit

Secondary Audience

- The whole community.

#### **Strategy to Organize Program**

In order to achieve the stated objectives, communities must take a more proactive approach and take ownership of the program. For this to occur a number of strategies would need to be employed.

In order to train the caregivers, the focus must be directed towards people who live in the community. To ensure continuity, train the trainer programs also need to be developed.

Parents also need to be trained about the developmental stages of their children so that their expectations aren't too high. Support groups that are flexible and incorporate traditional values would also need to be established. Family awareness weeks with activities for families could also be established.

Youth programs should begin in the school system. More peer counselling programs need to be initiated. "Kids help kids" programs would help to build self-esteem. Summer camps for youth and activities that involve fun and involve laughter (drama, play therapy) would also need to be developed.

More networking with outside agencies and among experts in each community would also need to take place. This would ensure that should there be an emergency, there is always someone available to cover a crisis. In addition, networking would also provide community members with the opportunity to attend and become aware of other community programs.

To involve the community, presentations would need to be developed about the family program. These presentation would need to be made:

- Chiefs and Band Councils;
- Elders; and
- community leaders.

The support of these individuals to hold community assemblies, and activities is an important component in the success of the model.

Community police should also be involved in the community dialogue, and its focus should move from enforcement to more prevention activities. The police should meet and talk with families.

In order for communication flows to be strengthened, information would be distributed through the following channels:

- Videos/TV shows;
- Flyers;

Activities which would support this project could include:

- establishing 1-800 # (hotline) staffed by crisis workers;
- developing Workshops/presentations for caregivers, parents, etc.;
- developing programs which increase communication within the family unit;
- developing programs which include Elders; and
- establishing community resource centres with available information/ documentaries.

## **Evaluation**

A number of indicators would be used to determine the success of this family model.

- Improvement in family life

Indicators:

- Number of families attending/involved in the program;
- Evaluation surveys to find out how many families have used the program;

- Increase in the number of recreational activities
- Parent-teacher interviews to see if the kids are improving,"
- Community Improvements

Indicators:

- Number of committees developed -- church, social, etc.
- Increase in the number of recreational activities
- Surveys to measure whether the videos are borrowed," keeping track of how many resources are used;
- Number of suggestions for workshops and speakers, and attendance at these events;
- Increase in the number of speaking engagements by police, and number of new prevention programs developed;
- Assess whether there are more programs involving Eiders.
- Improvements for Youth Community Members

Indicators:

- Increase in the number of meeting places for youth has increased;
- Increase in the number of recreational activities
- Creation of boys/girls' clubs
- Decrease in the number of fights.

## **b) Prevention Program Design -- Group Two**

### **Goals**

To increase Aboriginal peoples knowledge and awareness levels about the effects of substance abuse.

To empower Aboriginal peoples to break the dependency in our communities.

### **Objectives**

- a) To develop programs which work towards a healthy community.
- b) To develop programs which put the drug pushers and bootleggers out of business.
- c) To educate children that the drug free life is healthier and better.

### **Target Audience(s)**

Primary Audience

- The Family

Secondary Audience

- The Extended Family

### **Strategies To Organize The Program.**

To achieve the goals and objectives of this prevention model, a number of strategies would need to be developed and initiated. In order to increase knowledge and awareness levels, an educational campaign would need to be developed.

Possible messages of these educational campaigns could deal with the following:

#### **Effects of substance Abuse**

*Possible Themes:*

- Drugs and Alcohol Kill
- Drugs and alcohol effect the brain in a negative way

#### **The Effects of Fetal Alcohol Syndrome (FAS)**

*Possible Themes:*

- Drinking and Pregnancy Don't Mix
- Give your child an advantage - Don't Drink

## **Empowerment**

### *Possible Themes:*

- ❑ You are not alone, many others like you
- ❑ You can do something about the problem

## **Healthy Living**

### *Possible Themes:*

- ❑ By being healthy yourself and keeping your children healthy, you are making a healthy future and keeping your race alive
- ❑ Alternative ways of coping
- ❑ With the erosion of non-insured health benefits emphasize the need to preserve our gift of health - our rights are being eroded

## **Testimonials**

### *Possible Themes:*

- ❑ This is what happened to me, what I did, how I coped (people listen more to this than to statistics or warnings)

In order for these messages to reach the correct target audience, the following distribution channels could be used:

- ❑ posters;
- ❑ newsletters;
- ❑ newspapers;
- ❑ radio - especially in remote communities
- ❑ AADAC workers;
- ❑ Community awareness conferences;
- ❑ put posters in bingo halls; and
- ❑ awareness weeks.

Activities which could be implemented to complement the educational campaign could include the following:

- ❑ promote alternate events like First Night celebrations and drug and alcohol free pow wows;
- ❑ develop a contact persons program for after care support, i.e. guardian angels and safe homes;
- ❑ implement neighbourhood watch programs;
- ❑ lobby the media to change the image of Aboriginal people. North of 60 scripts could portray our themes;

- develop a brochure outlining what materials, videos, etc. are available and how to obtain them;
- lobby health care workers to show videos in their waiting rooms;
- develop a video in Aboriginal languages (Quebec did video on family violence in Mohawk and Cree languages) ;
- Provincial women's groups could talk this up at their meetings; and .initiate community consultations which provide women with the opportunity to share information and develop their own solutions;
- identify a place where there is isolation and healing (coastal BC communities send offenders to an isolated island for teachings by Elders. They are given shelter and food in some cases.); and
- promote treatment and other services available in the community - what they are, different approaches and other details.

There are also many traditional activities which could be used to heal. Among them:

- ceremonial Winter Dances hosted by healers. A recent winter dance was designed for children by an Elder (B.C.);
- fasts; and
- sweats and ceremonies like coming-out, hunting and U Wipi ceremonies, which are all healing ceremonies.

## **Evaluation**

A number of indicators would be used to determine the success of this educational campaign.

- Number of brochures/pamphlets/posters distributed
- Number of radio and television campaigns

## c) **Prevention Program Design -- Group Three**

### **Goal**

Increase awareness of substance and alcohol abuse among Aboriginal women and their families.

### **Objective(s)**

- a) To build human and informational resources.
- b) To provide healing and personal development.

### **Target Population(s)**

Primary Audience

- Aboriginal women

Secondary Audience

- The Family
- The Community

### **Strategies to Organize The Program**

To achieve the goals and objectives of this prevention model, a number of strategies would need to be developed and initiated. In order to increase Aboriginal women's awareness levels, a program specifically for Aboriginal women should be developed. To achieve this a needs assessment would need to be conducted.

In order for a constructive needs assessment to be implemented it must be conducted in three phases. A healthy coordinator should be hired to coordinate this needs assessment.

Phase one would encompass the following activities:

- An inventory would be conducted to determine what information is available on alcohol, FAS/FAE, drugs (legal and illegal), solvents, tobacco.
- The material would be reviewed to determine if it meets Aboriginal needs.

In phase two the framework for an Aboriginal women's consultation on a community level would be developed and implemented.

Using the information obtained from the previous phases, additional needs of Aboriginal women would be identified. In addition, workshops at the community level would be developed.

Information obtained through the literature/video review would attempt to repackage programs which would:

- Promote and develop a positive Aboriginal women's image;
- Provide teaching on traditional healing;
- Foster life skills;
- Teach traditional pre-natal courses.

The fourth phase of this prevention program would involve the creation of a nation-wide network similar to a clearinghouse. All the information collected in phase one would be catalogued and a database to store the information would be designed.

### **Distribution**

Information (posters, pamphlets, etc.) would be distributed through the following channels:

- Community/ Aboriginal newspapers/magazines;
- Native network;
- Health centres;
- Schools;
- Hospitals;
- Band councils;
- Friendship Centres;
- Entertainment centres;
- Bingo halls;
- Casinos;
- Correctional centres;
- Shelters;
- Social services;
- Transition houses.

Once the information has been catalogued and loaded onto a computer system, it would be distributed via the Internet.

## **Evaluation**

### **Clearinghouse**

Indicators:

- ❑ Measure number of documents sent out;
- ❑ Monitor the number of inquiries and requests for material (separate inquiries for assistance from requests for material);
- ❑ Evaluation questionnaire to determine who is accessing the material and whether the information is being shared;

### **Workshops**

Indicators:

- ❑ Measure attendance;
- ❑ Assess content.

## **7. Recommendations**

Throughout the conference call, the majority of Aboriginal women felt that the report and the process were extremely valuable. It was also felt that the information contained within the report could be beneficial to many different groups working within the Aboriginal community. The following recommendations were made as a result of the conference call with the Aboriginal women who participated in the public consultation forum.

### **1. THE ABORIGINAL WOMEN AND SUBSTANCE ABUSE DOCUMENT SHOULD BE WIDELY DISTRIBUTED.**

Aboriginal women felt that the report they developed should be made available to as many people as possible. To do this, the Aboriginal women felt that the following channels of distribution should be utilized:

- the National General Assembly;
- the Provincial General Assembly;
- community services and partners;
- secondary and post-secondary institutions;
- Aboriginal organizations (NAFC, AFN, Health Commissions, etc.); and
- Health Canada.

### **2. DEVELOP WORKSHOPS FOR BOARD MEMBERS**

Aboriginal women felt that the process was extremely useful, and it is important that more of these workshops be developed. It was suggested that dollars be found to develop workshops for provincial board members. This process should discuss:

- the consultation process;
- results of the consultation; and
- methods of implementing prevention programs.

In addition, discussions should also entail how the process can be utilized to deal with other issues affecting Aboriginal women.

### **3. DEVELOP WORKSHOPS FOR COMMUNITY HEALTH WORKERS**

Once again, Aboriginal women felt that the process was extremely useful and workshops should be developed for community health workers. It was suggested that dollars be found to develop workshops for community health workers at the grassroots level. It was felt that since different communities need different types of programs this process would facilitate the development of successful prevention programs. This process should discuss:

- the consultation process;
- results of the consultation; and
- methods of implementing prevention programs.

#### **4. DEVELOP A POSTER CAMPAIGN TO INCREASE AWARENESS**

A poster should be designed which permits other organizations and individuals the opportunity to become aware of the information available. This poster should include a method of obtaining this document, or additional information regarding the process.

In order to be effective the poster should be distributed to:

- Aboriginal organizations;
- Band offices and community organizations;
- doctors' offices and clinics; and
- social organizations interacting with Aboriginal people

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