

“Mobilizing around real change”



Summit

on addictions among  
First Nations of Quebec

**FINAL REPORT**

**April 2011**



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*„Wake up! Open your eyes!  
We have had enough going  
in circles where we do nothing!”*

*It is time to break this  
terrible cycle of dependency!*

*All of our communities are caught in this.  
It is our very survival that is at stake!”*

**Kanapeush Vollant**  
Youth Representative  
*Uashat mak Mani-Utenam*



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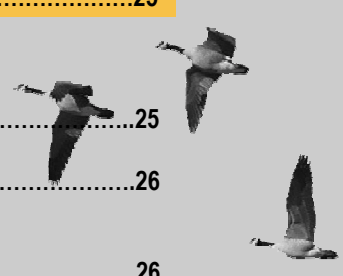
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## Background

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The First Nations of Quebec have long recognized the growing challenge of addictions among their families and communities. Each community member and family personally knows and shares in the suffering brought on by the de-humanizing condition of dependency.

Recent studies have enabled us to better understand the causes of addictions. They have confirmed that the major causes originated outside our communities. The First Nations of Quebec share in the common First Nations heritage of misguided colonialist policies, including the loss of our land base and economies, the ongoing overwhelming threat to our languages and cultures, and perhaps most significantly, the abuses and systematic dispossession of our cultures, languages and self-esteem as experienced by many in the residential school system.

The residual of these policies has been a major breakdown in our ability to cope. Large segments of our Peoples, of all ages, now live with low self-esteem, a profound sense of guilt, and severe incapacities in terms of making meaningful contributions to our families and communities.

Not surprisingly, a very large number of these People, most of whom suffer in an isolated silence of shame, have turned to a growing number of dependency behaviours as a way of escape, only to find their situation worsening.

What we have also found out as a result of more recent studies is the actual extent of dependencies: over half of our population from age 12 and up is already dealing with some form of dependency situation.

The Chiefs' Assembly determined that the situation is now critical; we must take matters into our own hands and reverse these negative trends. The Chiefs directed the AFNQL and its regional commissions and organizations to organize a gathering to take action NOW.

Working together, the commissions and organizations partnered together to organize this Summit on Addictions. Consistent with the directive of the Chiefs, the general goal of the Summit was:

### **Inform, mobilize, sensitize and take action!**

The first day of the Summit was devoted to updates from various perspectives on the causes and current status of dependency among First Nations in Quebec.

Day Two was fully allocated to obtaining the thinking and recommendations of the participants, all geared towards the identification of the most effective actions to be taken, starting NOW.

The morning of the third and final day was provided for a feedback to the participants of their recommendations from Day Two, and a bringing together of the major recommendations for action under a comprehensive Summit Plan & Commitment.

This Summit Summary provides highlights from the various presentations, and the details of the inputs and recommendations for action from the participants.

It also includes the full Summit Plan & Commitment, as adopted by the participants at the Summit.

## Recognition and Acknowledgements

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Each speaker made valuable contributions to everyone’s understanding and perception of the complex history and issues that have so significantly affected the challenge of addictions. Each presenter also opened opportunities for helpful actions at the individual, family and community level.

Virtually every speaker, including the several participants who spoke eloquently during the plenary sessions, recognized the excellent organizational work done by the organizing committee and conference support team, much of which was coordinated by Ms. Claudie Paul of the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC).

Special thanks was also expressed to those who came in to both facilitate and record the comments and recommendations of the nearly 400 participants on Day Two.

Pierre Picard, as Summit Moderator, effectively highlighted and wove the key elements from the various presentations into an overall framework in which everyone could discuss and contribute.

Finally, the excellent outcomes that emerged came most of all from the informed and concerned contributions of the participants, themselves. This includes many who followed the Summit on the Web and sent in thoughtful suggestions that were then shared on the central screen with all participants in the plenary session.



## Day one: Understanding Addictions among the First Nations of Quebec

Day ONE was devoted to presentations designed to give all participants a sound understanding of addictions among First Nations in Quebec. It included an historical perspective, a review of the data and current options, and two clinical overviews.

The detail of most of the presentations can be accessed on the FNQLHSSC website. Here, we will offer key points that can give an overall context to the concluding *Summit Plan & Commitment*.

### Welcome and Opening Remarks

#### Anne St-Onge, President of the Board of Directors (FNQLHSSC)

Mrs St-Onge welcomed all the participants to the Summit. She then commented on a rather shocking short video that was shown to open the Summit. It portrayed graphic representations of all too familiar scenes in the lives of many First Nations people in Quebec, lives that are clearly impacted negatively by addictions.

**“These shocking scenes have become the reality for too many of us, in our homes and our communities. This is what too many of us now consider to be “normal life”! This is the only life some of us have known.**

**We are here to put a stop to this, to reverse this worsening trend.”**

She then welcomed the broad representation of members from the communities: Chiefs and Counsellors, Youth Representatives and Elders, NNADAP Workers, Prevention Workers and other 1st Line Workers, Directors of Health and Social Services and General Directors from the communities, Chiefs of Police, Directors and Addictions Workers from Treatment Centres, Educators, representatives from Economic Development, Employment and Income Security, representatives from regional organizations including those representing First Nations people in urban environments, and representatives from partner organizations in the federal and provincial government. There were also representatives from all First Nations in Quebec, including the Cree.

Mrs. St-Onge emphasized that those gathered at the Summit brought together all the necessary expertise and personal commitment to address this priority challenge of dependencies for First Nations people in Quebec.

But she stressed: **“We must move into broad based, effective and urgent action. Our very survival as First Nations people is now at stake”.**

She shared the story of a youth that had spoken to her recently about his deepening involvement in drugs, including selling drugs to younger people. He was 17 years old! He asked her when community leaders would take action to help people like him find a better life.

**“That is why we are here today: our task is to find those concrete solutions and turn them into action. We need to open doors for a better life for each individual, family and community. It's time to act.”**

Elder Réjean O'Bomsawin then shared his thoughts and offered an Opening Prayer.



## *A Perspective from First Nations Youth*

**Serge Rock, Regional Youth Coordinator (AFNQL)**

**Kanapeush Vollant, Youth Representative (Uashat mak Mani-Utenam)**

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**“Finally, we’re going into action!”** These were the opening remarks of Serge Rock.

Speaking on behalf of First Nations Youth, Serge observed that action is precisely what many Youth have been waiting for, for so long. For many, he sadly acknowledged that it was already too late.

He directed the Gathering’s attention to the very young, those who are defenceless and so heavily influenced by those who are older. “We must provide a better future for these children!”

“It is our choice to act; no one can force us. But, surely we are compelled to take action now. We must rise like the hibernating bear, full of strength and ready for action!”

**Kanapeush Vollant** started by thanking all those who made it possible for him to be there, in a healthy state.

He asked people to close their eyes and review the images of life we have lived. “And we now think of this as ‘normal’! That alone should convince us of why we are gathered for these three days.”

**“Wake up! Open your eyes! We have had enough going in circles where we do nothing! It is time to break this terrible cycle of dependency! All of our communities are caught in this. It is our very survival that is at stake!”**

Perhaps these words of Serge and Kanapeush summarize as well as anyone’s the purpose of the *Summit Gathering*.



*“We have to take control of our future”*

**Ghislain Picard**

**Chief of the Assembly of First Nations of Quebec and Labrador (AFNQL)**

Chief Picard thanked all participants for coming to work together to address the challenge of dependencies. He thanked the representatives from the federal and provincial governments who were invited to participate on Day One.

The Chief then presented a scenario that served as a reference throughout the Gathering. He asked what we would do if we were in a space capsule and we had a problem. We would “call Houston!”

But, he observed, we are on the ground, we have a big problem and there is no Houston:

**“We are Houston, and it’s our problem”!**

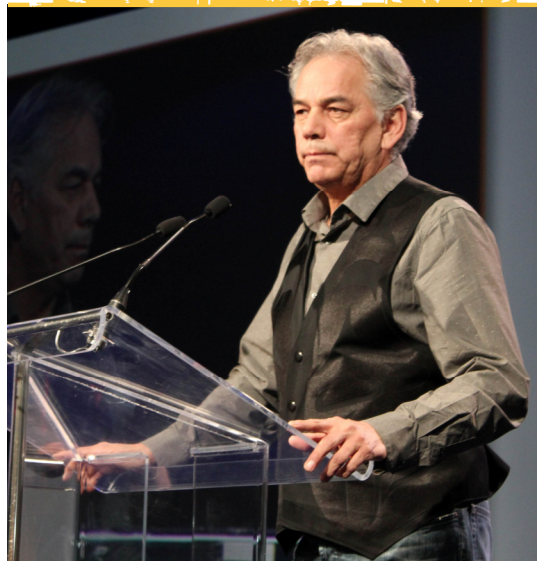
Speaking as a father and a grandfather, he shared the sense of responsibility we all know we have. We know we can support and guide our children. But, we also know that this is not enough. We are each familiar with some individual who has been overtaken by addictions, and we all know some who have not survived.

We are not here to discuss therapy, he suggested. “We live this every day, and this is not sufficient.”

**“We are here to take action and to make a commitment to carry these actions through. This is about what we will each do when we leave on Thursday, and on Friday, and the next day...”**

He then made a personal commitment to join with the participants to develop a concrete Plan and to move immediately into implementing that Plan.

**“It’s time to get high on making a real change for our youth and children!”**



## **MODERATOR’S SUMMARY**

**Pierre Picard:**

Pierre Picard, serving as Moderator for the Gathering, summarized the major points so far.

- The rampant situation of dependency at all ages within First Nations communities has become “normal”.
- As First Nations, we are at a unique moment in our lives: we either accept this unhealthy state as “normal” and thereby risk our very survival as First Nations, or we take action now and start to reverse this terrible trend.
- It’s not useful to blame, because in a fundamental way, we were led into this state as a result of major external factors.
- However, it’s our problem now and we are Houston!
- We have shown our resilience and our ability to persist.
- Now, our youth are asking us to wake up and take action to provide them with a better life.

### *Addictions as a Consequence of a History of Oppression and Abuse”*

**Mrs. Marie Wilson, Commissioner**

**Truth and Reconciliation Commission (TRC) of Canada**

Mrs. Wilson opened by recognizing the wisdom in the comments of the two Youth representatives. She extended the good wishes of the TRC to the Summit Gathering.

She then presented a straight forward description of Canada's long and devastating story of its residential school saga of 130 years. She described it as a tragic story of denial, racism and colonialism. It is the story of one group of people who believed that they were superior and that they knew better than other groups what was best for them.

But, it is also the story of the courage and survival of these oppressed First Nations peoples, of the humility of those who came to admit the damage they had caused, of honesty, and of great hope for a better future.



With the consent of her Dene husband, she shared the story of their long family journey of truth and reconciliation in dealing with the abuses he had personally endured. His childhood experiences of dispossession and abuse were followed by years of self-imposed denial and silence, which led to a history of addictions. She celebrated his sustained 25 years of recovery of a healthier life based on the enduring traditional values of his people, the Dene.

With touching sensitivity, Mrs. Wilson reminded the participants of the full extent of human degradation that the residential school experience had inflicted on up to six (6) generations of First Nations peoples in Canada. Children today still ask: “How could our parents and grandparents have allowed this to happen to me? Imagine the blaming and the guilt!”

Over six generations right up till today, these children didn't and don't realize that their parents were forced by law to relinquish their children to a deliberate policy and program of assimilation. They don't know that their parents were forbidden to protest, that they were forbidden to access lawyers, and that they didn't even acquire the right to vote until 1960, almost 100 years after the oppressive program had started!

With so much abuse and guilt among all generations, with such an overwhelming loss of capability in parenting and other life skills, with no real understanding of what was happening to them, with decades of inter-generational distrust and afraid of trying to talk to anyone about their personal stories of abuse, is it any wonder that so many First Nations people were in total denial and turned to alcohol and drugs as a form of escape?

“Up to six generations of First Nations peoples had suffered and were in denial. Most had never known or understood what it was to be healthy and normal according to our ways, our values and traditions.”

Mrs. Wilson also reminded everyone that this is not a First Nations history or story:

“This is the story of all Canadians, past, present and future. Reconciliation obliges all of us to address these 130 years of history. This is our challenge and the hope.”

Though many in the hall are now familiar with this sad history, there was a deeply shared collective acknowledgement of the tragedy that so many have endured.



## *“Dependencies: The Current Picture for First Nations in Quebec”*

Nancy Gros-Louis McHugh, Research Sector Manager (FNQLHSSC)

Mathieu-Olivier Côté, Research Agent (FNQLHSSC)

Claudie Paul, NNADAP Advisor (FNQLHSSC)

Richard Gray, Social Services Manager (FNQLHSSC)

The purpose of these presentations was to update the participants on the most recent research regarding the state of addictions among First Nations in Quebec, to examine some of the specific findings, and to review current developments based on this data.

The details of these presentations are available on the FNQLHSSC website.

### The quality of data on addictions among First Nations in Quebec

Nancy Gros-Louis McHugh and Mathieu-Olivier Côté described a number of recent regional studies that have been undertaken in Quebec covering the state of addictions among First Nations peoples. One thing is evident: **we now have valid data and we can better understand both the nature and the magnitude of the challenge.**

Specifically, we have valid data regarding the following for First Nations people in Quebec:

- The consumption patterns and extent of dependency in all age brackets;
- The age of “first consumption”, a critical indicator;
- Basic achievement and lifestyle data on persons suffering from dependencies, i.e. low academic achievement, low employment income, high incarceration rates, etc;
- Indicators of dependency behaviours in other addictive activities, including gambling and cyber use; and,
- Reasons given for turning to addictive behaviours, i.e. denial and avoidance, escapism – “to forget”, social acceptance, personal pleasure;
- The extent to which dependency is totally tied to other health issues, including mental health, suicidal tendencies, abuse and violent behaviours, and criminal activities.



### What the data says

The data confirms what we know from our personal experience. But, when we actually see the extent of addictions/dependency among First Nations in Quebec, we come face to face with current and future scenarios of our survival as First Nations.

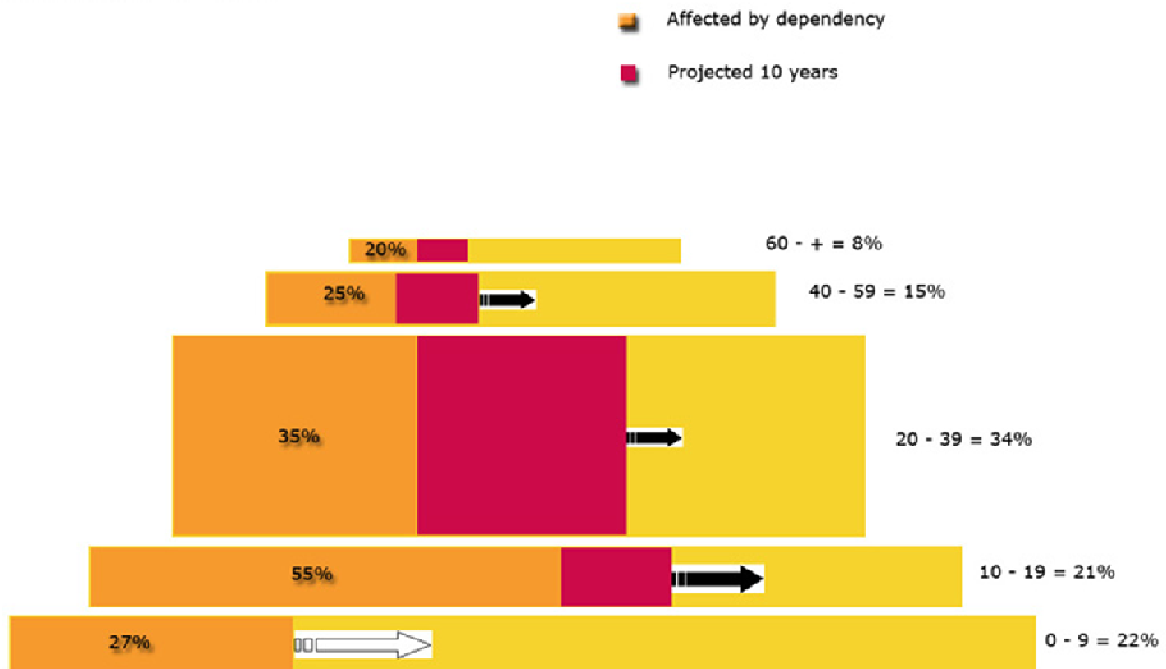
Some of the major facts are:

- In all age categories from 12 years and older, at least 55% of our people currently suffer from some form of addiction!
- In some age groups, the rate of dependency is over 70%.
- 70% of youth admitted to the Walgwan Treatment Centre say they come from families where consumption is “normal”
- Almost 100% see “availability” of alcohol and drugs as “getting easier all the time”.
- Alcohol is still the main substance and binge drinking is still the major activity, with cannabis ranking second. However, younger people are increasingly involved with complex drugs, including non-prescription drugs.

# “Mobilizing around real change”

## Visual of population demographics & the effect of “no change”

At current rate of “loss”



75% of FN population is under 40 years old. 1.05 millions (+) of FN individuals in Canada

What this graph clearly indicates is the current situation of addictions among First Nations in Quebec, and the anticipated increase over the next 10 years, if we don't take action.

It shows that over half of our total population, aged 12 and above, is already suffering from some level of addiction.

Perhaps the most critical facts can be seen in the three (3) bottom age groups:

- The age groups up to 39 years represent about 75% of our total population.
- The population pyramid continues to expand at a far greater rate among the lower age groups, i.e. we continue to have above average growth in our population, which means that there is a higher rate of new children coming than we currently have.
- We already have rates of addiction of over 55% for all current young parents under 39, and those who will be parents in the next 10 years, i.e. those currently 12 – 17 years old.
- In 10 years, those rates will be in excess of 65%!
- This is what our young people are already calling “normal”!!!
- If this trend continues at the same rates, we will not survive as First Nations.

**We must reverse this trend IMMEDIATELY!**

### **What are our options?**

Richard Gray started by acknowledging the good work of our NNADAP Workers, who work under often overwhelming conditions.

He stated that First Nations cannot continue the current trends and hope to survive: we need to clearly admit this reality and develop a community-wide effort to address these trends. Currently, we are still losing both the battles and the war!

With addiction levels in excess of 55% for all age groups, who is actually out there demonstrating healthy lifestyles and better options to our Youth?

He also showed the enormous loss of resources being diverted to deal with the consequences of addictions in families, especially in dealing with child care issues.

Claudie Paul described how the Regional Joint Network of NNADAP Workers and Treatment Centre Directors have worked together with the recent studies to develop and recommend a better strategy for dealing with addictions.

**PREVENTION is the most important and critical strategy: we must stop our children and youth from getting into the addictions cycle in the first place.**

- It is only by preventing addictions in the first place that we can hope to reverse the unsupportable trends that we are seeing, and save our First Nations.
- Prevention also requires a “holistic” approach. We need to deal with addictions as part of a general breakdown in the individual and family, due to the reasons described by Mrs. Wilson. It requires coordinated joint actions to address issues of mental health, family violence and abuse, and better parenting based on healthy First Nations values and ways.
- A key challenge here is that there are no known “prevention” programs or tools that have proven successful with First Nations.
- We do know, however, from stories like Alkali Lake, that in addition to any programs and tools, it takes the determination of a community to make it happen.

**Improving the Continuum of Care is the second most important strategy.**

- This will be accomplished in large part through the use of multi-disciplinary approaches at the community level.
- It also requires improved access to detox centres for First Nations peoples in Quebec.
- And, it requires improved assessment tools and the extension of treatment programs to the community level.

**Developing, coaching and supporting our 1<sup>st</sup> Line Workers is the third essential strategy.**

- It requires continuous training to help our 1<sup>st</sup> Line Workers keep up to the latest drugs being brought into our communities, largely directed at our youth.
- And, our current NNADAP Workers are typically over worked. We must find ways to provide more and better support for them.

These strategies were recommended by the Quebec Region at the NNADAP Renewal National Forum, in January 2010. The presentation had a significant effect on the other participants.

The “Renewal Framework for NNADAP” enables each region to undertake its own strategies. It is up to us to take action!

## COMMENTS & DISCUSSION

The following questions, comments and exchanges took place with the participants following the presentation.

- **It is difficult at this stage to separate “cause from effect”. Is addiction a result of our current problems, or is it a cause? Do addictions lead to poor academic performance and low income, or the reverse?**
  - Yes, what we are seeing is the “cycle of dependencies” that is generations old, and without an understanding of our history, it is difficult at this stage to know which comes first. But, we do know how to stop the cycle, and we have to start now.
- **With the situation so critical for our youth, and with one (1) treatment centre for youth, how many youth can we successfully treat in a year?**
  - John Martin, Executive Director of the Walgwan Youth Treatment Centre, said that the numbers are low, probably less than 30 – 35 per year. This number varies because there is a need for longer treatment cycles to deal with newer, more complex substances. Also, the time required for each individual varies. We clearly can't rely on beds in treatment centres as a major remedy. Our capacity is very limited.
- **What about the increasing use of non prescribed prescription drugs? Do we have valid data on this new trend?**
  - Yes, we have some data, but it is relatively limited at this time. We all agree that this is an important development that needs to be addressed.
- **Confidentiality is a major problem at the community level. A lack of confidentiality keeps many young people from seeking help. Are we looking at this?**
  - Yes, this is a problem. As we move towards multi-disciplinary approaches that are critical to any progress, it could become even more of an issue. It will be very important for each community to address this in a meaningful way, including effective protocols for the multi-disciplinary teams.
- **Looking at the data, it seems that many adults don't seem to realize the level of distress that we have reached, including their own?**
  - Yes, that is exactly the case. When these people, including many young parents, compare themselves with others they know, they see similar behaviours and they have come to accept this as “normal”. That's precisely why it's so important that we introduce healthy First Nations lifestyle at early ages in our communities, and that we start this on an urgent basis.
- **Yes, we have limited resources. But, we each have an individual responsibility to ‘roll up our sleeves’ and start taking better care of each other.**
  - General agreement.
- **We are talking about the need to ‘work in better partnerships’. I'm sure we all agree with that. But, given what we've heard about our difficulties in sharing and trusting each other, how are we going to learn to work together? This is a skill and we will need training.**
  - General agreement.



- **How will we make it work in each community? That is a question we have been asking several times. There is only one way to make it happen: we need to all be part of the process, including Chief and Council.**
  - General agreement.
- **Speaking as one who has been working as a NNADAP Worker for 25 years, we must also remember that we have been spiritually assimilated. We need to rediscover our own culture and spirituality. Our youth need to know who they are and where they come from. Also, we're now promoting “survival mentality”. We need to move towards a mode of “thriving healthy First Nations communities” based on our values and traditions.**
  - General agreement.

**NOTE:** There were also many comments received later during the day from persons who were following the Summit Gathering on the web. A sampling of these is included in the Appendices to this Summary.

## Causes & Consequences: is it possible to transform suffering into resilience?

Marie-Pierre Philippe-Labbé (Innu), M.A. Psychology / Neuropsychology

Coordinator: modernization of the Treatment Program (Wapan Treatment Centre)

Mrs. Philippe-Labbé built on the historical narrative presented earlier by Marie Wilson to provide a fuller historical review of the causes and effects of addictions among First Nations peoples of Québec. She used the research work of the Royal Commission on Aboriginal Peoples to look back at how racist colonialist policies of both the French and the English, and then the Canadian government, had combined to oppress First Nations peoples, and to dispossess them of their land, their livelihood, their languages and cultures, and their ceremonies and traditional medicines.

Finally, the *Indian Act* was passed and implemented in 1869. Its objective was “the gradual assimilation of the savages for their emancipation”.

She then gave a clinical description of the consequences of this oppression.



The psychological destabilization or distress leads to depression, anxiety, multiple addictions, post-traumatic stress disorder, behavioural, sexual and eating disorders, and suicidal crises.

The physical destabilization caused by oppression leads to all sorts of breakdowns in the body's normal processes and behaviours, resulting in much higher rates of diabetes, arthritis, bronchitis, nervousness, skin diseases, HIV and obesity among First Nations.

Family destabilization has been particularly tragic, resulting in the physical and psychological violence we see in so many of our homes, negligence, incest, single parenting and high rates of divorce, poor work and employment levels, and poverty.

At the community level, this long lasting oppression has often resulted in extreme poverty, unemployment, delinquency and crime, violence and sexual abuse, and marginality.

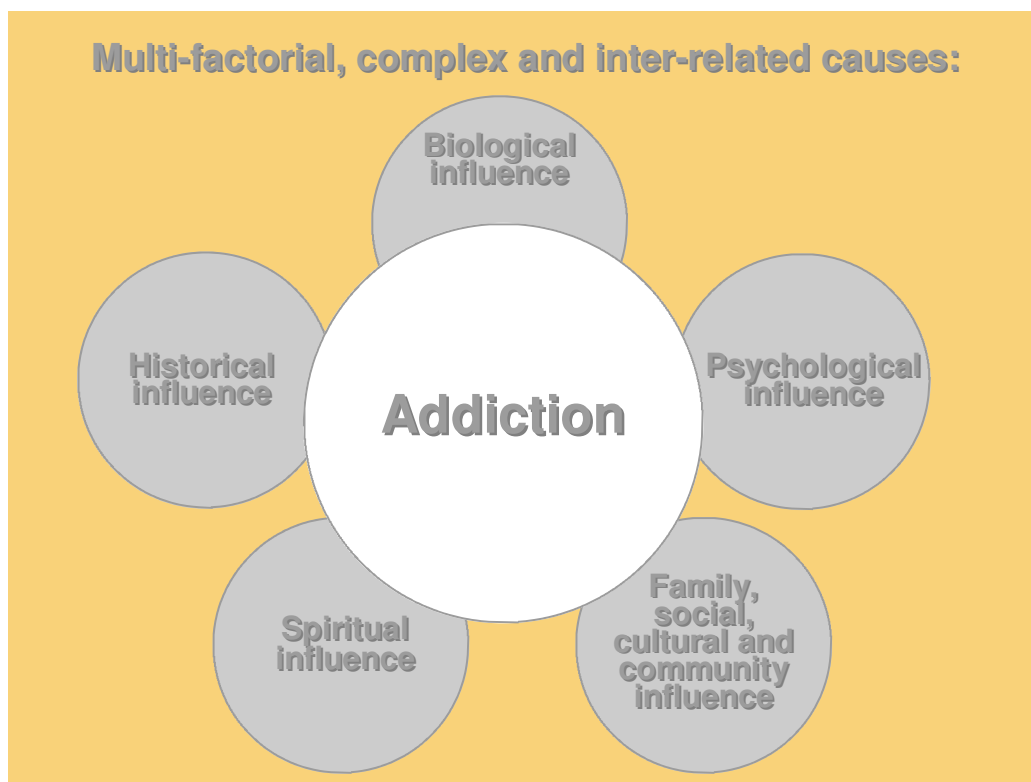
With this as the historical clinical background, Mrs. Philippe-Labbé provided a clinical overview of addictions. She defined “addictions” as:

“An addiction occurs when a person becomes subservient or dependent to a substance or activity because of a habit that has developed through a certain amount of repetition.”

Addictions can be either psychological or physical, and she stressed that in today’s environment, we must also see gambling and gaming, cyber addiction, and certain food addictions as part of the problem of addictions.

She also noted that addictions often develop in a context of “psychosocial stress”, such as the stress created by oppression which she had described above. First Nations people were not addicted prior to contact with the Europeans, and even today, many First Nations peoples can reduce or eliminate the addictive behaviours when they spend time on the land, in contact with their traditional ways and cultures. But, when faced with the day-to-day stress and lack of hope in their daily lives, addictive behaviours tend to develop more easily as people turn to addictive activities to escape the many negative factors in their lives.

Given the long lasting effects of systematic oppression, addiction has become a complex, multi-factor condition:



For this reason, she emphasized that we need to understand the total picture and deal with the root causes, not just the symptoms. Fundamentally, First Nations peoples need to reconnect with their healthy identities. This is not necessarily easy.

The complexity of the situation also shows the importance of addressing addictions on several different but coordinated fronts. She shared a series of “reflections” that will need to be addressed if we are to recover our healthy resiliency, and stop the inter-generational cycle of addictions.

Here are a few of them. The full list can be seen in the copy of her presentation that is available on the FNQLHHSC Summit Website.

- How can we avoid reproducing the **traumatic process of assimilation** through our interventions, services and programs?
- How can we ensure that the **cultural points of reference of both worlds** are present in our communities and in our services?
- How can we provide the individuals with the **freedom to choose their own identity strategies** while providing them with supportive care and attention?
- How can we help addicted individuals to become aware of their **strengths and resources**, while supporting the development of their autonomy?
- How can we bring back the **dreams for a better future** as well as support for making them a reality?
- How can we bring **pride and dignity** to the addicted individuals and the First Nations in general?
- How can we help the addicted individuals to develop or recover the **interest, abilities and socio-professional skills** that will enable them to contribute in a positive fashion to the development of their communities and the First Nations?
- How can we help the addicted individuals to develop or recover their **parenting skills** fostering the development of **resilience for their children**?

When she opened her presentation, Mrs. Philippe-Labbé drew attention to the lessons we all learn from watching the geese in migration. They manage this phenomenal project each year because they are constantly interacting and helping each other in the process. We notice how the lead bird is replaced, but all birds in the formation also benefit from working together by flying in their pattern. She said there were any lessons here that apply to working together to address the complexity of addictions.

She closed her presentation with a *message of hope!*

If we do not take the time to heal a physical or spiritual injury,  
**it will be transmitted to the following generations.**

But when we do heal such an injury,  
the belief is that we are **healing our grandfathers and grandmothers** in the spirit world  
and that we are also **healing the generations to come.**

### *“Addictions: Conditions for bringing about successful change”*

**Dr. Stanley Vollant, Physician and Surgeon**

Dr. Vollant spoke to the Summit Gathering via Skype, from his offices at the Faculté de Médecine, Université de Montréal. He joined the Gathering the following morning, in person, for the rest of the discussions and agreements.

Like the previous speakers, the evidence he confirmed that the major causes of the high rates of addictions among First Nations peoples are due to the tragic effects of colonialism, racism, the residential school program. He presented data from Saskatchewan and Manitoba which shows similar levels of addictions as those seen in Québec, because the causes are the same.

He is particularly concerned about the consequences of inter-generational trauma. First, he is concerned about the significant loss of our traditional coping skills, based on our cultural practices. But, he believes that the knowledge is still available from Elders, if we take advantage of it, and practice these ways of dealing with stress, many of which are based on activities on the land.

Like others, he is deeply concerned about the mixed feelings of guilt and isolation that exist between our generations, largely as a result of the trauma of residential schools. The visual presentation that accompanied his talk used many pictures of jubilant Innu youth from his community of Betsiamites, many of which showed the youth involved in some local community or traditional activity.



Because of the complexity of new drugs, youth present a special set of concerns. Likewise, he believes we need to pay more attention to other forms of addiction, like cyber addiction, which can cause a further breakdown in good social skills and further isolate youth. Finally, Dr. Vollant believes there is significant evidence to suggest that many First Nations may suffer from a basic genetic, biological and socio-cultural predisposition to the effects of various addictive experiences. He compares this to the way many indigenous people perished from unprotected exposure to viruses introduced by European colonizers.

He then described the major consequences of high levels of addiction among our First Nations' communities. He spoke of the loss of cultural values and identity, the excessive levels of poverty, the low levels of academic achievement and the corresponding absence of socio-economic opportunities.

He also spoke of the importance of the family and social environment. This is especially true for youth who already suffer from low levels of self-esteem and often a lack of proper support and guidance from parents who are already affected by issues of addiction. It makes our youth particularly vulnerable to peer pressure from other youth, many of whom are already living unhealthy lives. Added to this is the significant lack of appropriate community structures and support.

## Possible solutions

Dr. Vollant repeated the earlier observation that: **“It’s enough; we need to act!”**

Notwithstanding his renowned background in the field of medical sciences, he used his analysis of the data to conclude that that...

**...the solutions to this extensive problem of addictions probably come most of all from the re-strengthening of our cultures and cultural practices, which form the basis of our individual identities.**

**He emphasized the importance of ‘prevention’.** We should focus on prevention during the very first years of life, with improved support for good parenting of our children. This needs to be reinforced with prevention built into curriculum and activities in the elementary and high schools. It also requires promoting healthy families and healthy family activities in the communities. And all of this needs to be done as part of promoting healthy communities, including promoting emotional and cultural security.

**We need full community engagement and support.** This requires both good political leadership, and a well structured inter-sectoral approach. It also requires that the community stop denying the magnitude of the problem, and get engaged and take active control of its future. Communities need to set short, medium term, and longer term objectives and be realistic about the time it takes to bring about sustained improvement.

**Look at what is being done elsewhere (best practices).** Look at successful practices elsewhere and adapt the ones that best fit our community’s culture and context.

**Adequately train the interveners and support them.** This we know from our own research is critical. It is therefore critical to provide adequate funding to support the community’s plan.

**The importance of reclaiming culture and cultural identity.** Dr. Vollant returned to culture and cultural identity on several occasions. If it is largely as a loss of these that we are especially vulnerable, and if a lack of self-esteem plagues our youth, and if we are suffering constantly from inter-generational conflict, then we must address the strengthening of our respective cultures as a top priority.

He stressed the importance of using traditional knowledge and he also spoke strongly about the proven benefits of traditional practices like sweat lodges and therapeutic adventures on the land.

To emphasize this further, Dr. Vollant spoke of his own commitment to walk across the traditional territory of each First Nation in Quebec, Labrador, and even into Ontario. He sees it as an excellent way to share his experiences with other First Nations youth, as well as a way to model the sustaining therapeutic values of the traditional practice of walking on the land.

## COMMENTS & DISCUSSION

The following questions, comments and exchanges took place with the participants following the presentation of Dr. Vollant.

- **Thank you, Dr. Vollant. I am one of many who had to work his way through the terrible experiences of addiction. I agree fully with you on the importance of “knowing who we are, and where we came from as a First Nation person”. That was essential for me in my journey to a healthy life.**
- **Thank you to the Chiefs and the Commissions for this Gathering. It is a necessary follow-up from the Socio-Economic Forum.**

Dr. Vollant opened up a series of good options for our youth, like getting them engaged in their traditional physical activities, including “walks”.

We have very limited resources, so we will really have to work to coordinate our activities at the local level, and work in a true spirit of teamwork. It's also time for the youth to take over, and for us to provide guidance.

- Yes, what is really very important in all of this is getting the full engagement of the community. And yes, we do need more resources. The governments need to fulfill their commitment. It's important that they see this as an 'investment' that is for the good of all parties. This is especially true for the investment in “prevention” actions.
- **With reference to the “political leadership”, we need to be realistic: there are always too many Chiefs missing at these important events. We have to tell things as they are: this Gathering is a first step.**
- Agreed. This is often a challenge. But, we must address it with positive actions and the *Gathering* is intended to generate concrete actions.
- **In our Inuit community, we have been quite successful in supporting the success of our children in our education programs through the support of hockey. We have used hockey to help validate the importance of succeeding in school.**

**How can we make better use of our education programs, many of which are basically “non-Aboriginal”?**

- That is a good point. We need to continue to develop more of our own educators, and use our own educators to help foster healthy self-esteem about who we are as capable First Nations peoples.

It will also help if we can integrate our traditional sporting activities within our school programs, especially those we practice on the land. This is part of the prevention actions that I spoke of.





## Day two: Discussions and the Recommendations of the Participants

Day TWO was devoted to obtaining the best thinking of the participants. Everyone was assigned to a discussion group with other persons with the same expertise and responsibilities. A team of facilitators and recorders assisted in the discussion process.

Each discussion group was first asked to recommend the three (3) most beneficial concrete **actions** that should be taken in the short term by each of the following:

1. First Nations individuals;
2. Health and Social Services;
3. Sports and Recreation;
4. Education;
5. NNADAP;
6. Economic Development and Employment;
7. Public Security / Police;
8. Political Leadership;
9. Regional Organizations.



Following this first round of discussions, the facilitators brought the various recommendations back to each of the above mentioned groups, and those groups of experts assessed all the suggestions and then proposed the three (3) top priority actions from among the many recommendations.

The top three (3) priorities are listed below. However, it was agreed that all of the suggestions would be collected, recorded, and included in this **Report and Recommendations**. They are also available, with the Report, on the FNQLHSSC website.

Communities are encouraged to consult with the full list of suggested actions when developing their **Community Action Plan for Addictions**.

### PRIORITY ACTIONS: Strengthen our First Nations cultures

Everything we do in addressing addictions *must strengthen* our respective First Nations cultures, traditions, languages & identities.

**We must re-establish our respective healthy, holistic ways of living.**

**This principle must govern all aspects of the Summit Plan.**

In one form or another, this concern that we act in ways that serve to strengthen our respective First Nations cultures was recommended by all groups. It is totally consistent with personal experience, and with the expertise provided by the various presenters.

It is only through a strengthening of our knowledge and the practice of our respective cultures, including our languages, traditional values and activities, and spirituality that we can enhance our understanding of who we are and where we come from. This in itself will provide us with important life skills and in turn will contribute to our self-esteem.

## PRIORITY ACTIONS:

### Community Members / Individuals

*Affirm our “healthy way of living” as First Nation communities!*

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**As individual members of our communities, the three (3) most beneficial actions we can take in the short term are:**

- 1. Take personal ownership and speak out.** Report all drug dealings - all cases, all addictions -, there should be no exceptions based on who you are.
- 2. Support / initiate and volunteer for family events that are alcohol and drug free.** Families are the core units in our communities and the way we pass on the healthy ways of doing things.
- 3. Establish a Community Task Group and push the pushers out! Even better, try to recuperate these people to a healthy lifestyle and community.**

**And, do all of this in a spirit of strengthening our positive First Nations cultural identity and values.**

## PRIORITY ACTIONS:

### Health & Social Services

*Focus on healthy Youth and Young Adults / Parents*

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The focus of the recommended actions from the Health and Social Services sector are directed primarily at youth and young parents, because of the concern for prevention and future generations of children.

### **Three (3) critical pre-conditions for success:**

The group identified the following three (3) critical conditions for the success of any actions to address addictions.

- 1. All actions must strengthen and promote our respective First Nations cultures, language and identity, including when working with non-First Nation personnel in partnerships with 2nd Line services.**
- 2. We must implement a structured, multi-sectoral approach with full follow-up and no “opting out”, and this must be fully supported by the political and administrative Leadership.**
- 3. We must develop and implement a full training, retention, and support plan for all workers in “human services”, i.e. NNADAP Workers, Health and Social Services workers, Education workers, Police, etc.**

**For Health and Social Services, the three (3) most beneficial actions we can take in the short term are:**

- 1. Take immediate action against new drugs, starting with abuse of prescription drugs.** (Some communities suggested that other drugs required priority attention, and this is accepted.)
- 2. Keep our children in our communities: develop and implement a plan to increase the number of FN foster homes ASAP.** This action is designed to protect our children against being placed in non-Aboriginal homes outside our reserves. Our children have a much better chance of developing into healthy First Nations children if they can grow up in our communities and learn our distinct ways of healthy First Nations living.
- 3. Improve and support healthy First Nation parenting, including parental support groups.** Because of the loss of critical parenting skills as a result of several generations of the residential school policy, many of our young people need to learn effective First Nations parenting skills. This is seen as a critical prevention strategy.

**PRIORITY ACTIONS:**

**Sports & Recreation**

*Strengthen our traditional enjoyment of sport & competition!*

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**In the area of Sports and Recreation, the three (3) most beneficial actions we can take in the short term are:**

- 1. Make good recreation and sports more available, with better trained supervision and coaching.** With good coaches, youth take a greater interest in sports, and they get more personal satisfaction and benefits. They also learn important skills and how to strive for higher standards which increase their enjoyment, self-esteem and confidence.
- 2. Foster inter-community sports by providing base funding for travel.** This enables our youth and their families to participate in important healthy activities.
- 3. Strengthen traditional sporting activities.** We have many traditional sporting activities that are fun and challenging, and they also foster greater self-esteem based on our cultures.

**PRIORITY ACTIONS:**

**Public Security**

*Count on us as a full community partner*

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In addition to a good representation from the First Nations Police Chiefs, there was a large contingent of about 20 young police cadets from the *École nationale de police* (Police Training Academy), and Ivan Gray, a Training Officer from the Academy, who joined the Gathering on Day Two and participated fully in the discussions.

**In the area of Policing and Public Security, the key message was: “We want to contribute as full partners for the betterment of our First Nations communities”.**

**The three (3) most beneficial actions we can take in the short term are:**

- 1. Be a full partner in a multi-sector approach to address addictions.** The Police Chiefs and cadets fully endorse the multi-sectoral approach to address issues of addictions.
- 2. Support prevention, including a rigorous application of our laws to eliminate illegal substances.** The Police are ready to enforce the laws and the local by-laws. This process is greatly enhanced when they receive the full support of the local political leadership.
- 3. Develop and train officers to better understand and deal with addictions in the community.** The Police fully respect the complexity of dealing with issues of addictions, and the people who suffer from this. They are ready to take advantage of whatever training can be provided, locally or elsewhere.

## PRIORITY ACTIONS:

### Education

*Develop healthy, active, confident First Nations children!*

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The focus of the Education partner in the fight against addictions is on youth and prevention.

The three (3) most beneficial actions we can take in Education in the short term are:

1. **Educate / sensitize children to a positive, healthy First Nations lifestyle as part of the primary and secondary First Nations curriculum in the schools.**
  - a. Use a First Nations curriculum to provide a positive educational experience regarding our First Nations' culture, history, values and traditions, and our healthy ways of living. Also sensitize students to the dangers of alcohol and drugs.
  - b. Use FN Prevention Counsellors, including in non-First Nation schools to which we send our children off reserve.
  - c. Emphasize our respective First Nations histories in the curriculum to inform our children of our history of accomplishment and self-sufficiency, and to foster self-esteem.
  - d. It was strongly recommended that some of this education take place on the land, and involve the Elders.
2. **Implement a “sobriety at work” policy for all personnel working with children and youth.** This will provide for a secure environment for our children and foster healthy relationships with adults who practice healthy lifestyles.
3. **Educate / sensitize parents and teachers on the dangers of alcohol and drugs, teach them how to communicate and deal with children and youth who are dealing with issues, including peer pressure.**

## PRIORITY ACTIONS:

### Economic Development & Employment

*Accelerate a successful transition to training and/or employment!*

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The focus of the Economic Development and Employment partner is also on youth and prevention.

The three (3) most beneficial actions that can be taken by Economic Development and Employment are:

1. **Promote more development of jobs (internal and regional) through effective multi-sectoral planning and follow-up.**
  - Everyone acknowledges that this can be difficult. However, it was also mentioned by several in the discussions that knowing that there is the real possibility of a meaningful job available at some point in the future is a major motivator for many youth and under-employed young adults / parents.
2. **Develop and implement Individual Action Plans, emphasizing First Nations culture.**
  - We have many young adults who are currently either under-employed or not employable because of a lack of essential life skills and specific job skills. They need special help to make a transition to successful training or employment.
  - Using **Individual Action Plans** has proven to be very beneficial in guiding and supporting this transition.
3. **Foster win-win employment partnerships, both within the community and in the region.**
  - Developing effective, win-win employment partnerships with current and prospective employers in our communities and on our traditional territories is the best way to assure good sustainable jobs for our youth and young Adults.
  - These partnerships are often critical for priority #2 above.

## **PRIORITY ACTIONS:**

### **Regional Organizations**

#### ***Improve our “Regional Network” & Resources***

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The most beneficial actions that the regional organizations can take are oriented towards improving our networking and improving our resources on dependencies and wellness, and advocating for funding.

**The top three (3) priority actions are:**

**1. Develop and implement a Regional Networking Plan on Addictions / Wellness.**

The plan should include:

- An interactive website;
- An up-to-date directory of available services;
- On-line tools, best practices, and success stories to help guide 1st Line Workers.

**2. Communicate the Plan / Network to everyone.**

- Ensure that everyone is aware of the Plan and website so they can access it.

**3. Obtain adequate funding to support the full development of First Nations personnel, consistent with our cultural goals.**

- Most communities still see a major role in advocacy and fundraising that can best be fulfilled by the Regional Organizations, like the AFNQL and its Regional Commissions and organisations.

## **PRIORITY ACTIONS:**

### **Political Leadership**

#### ***A Critical Condition for Change & Success***

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On numerous occasions throughout the Summit Gathering, participants and presenters emphasized the importance of having the full support of the local and regional political leadership.

The general view was:

**It's not possible to succeed without the active and exemplary support of the political leadership!**

**The three (3) key priority actions for the political leadership are:**

**1. “Walk the talk”!**

- Develop and implement a Code of Conduct & Ethics that reflects a healthy First Nations lifestyle, and respect it in its application.
- Make accepting the Code of Conduct & Ethics a condition to be a candidate for political office.
- Establish and respect the independence of the police. It was acknowledged that there has been good progress in recent years, but more is required.

**2. Seek and obtain a clear mandate from the community to fully enforce a respect of our laws, subject to consequences, e.g. seizure of an individual's property.**

- In several different discussion groups during the day, there was an emphasis on the importance of holding people – all members of the community - personally responsible for their actions and behaviours.

**3. Make overcoming addictions a top community priority:**

- Set clear goals and establish and implement a Community Action Plan on Dependencies.
- Establish accountabilities and ensure a rigorous follow-up process.

**NOTE:**

In the discussions following the presentation of the priorities that took place on the last morning, a participant rose to comment on this set of recommendations. The individual said that we all know that “political leadership” is not critical for success. The participant reminded the others that, sadly, many achievements have been made without the support of the political leaders. She acknowledged willingly that their support was a tremendous help, but she challenged the others that we have to get on with addressing the battle against addictions whether or not we have this important support.





## Day three: The Summit Plan & Commitment

A major objective of the Summit Gathering was to be able to draw on the recommended priority actions from the participants and leave with a comprehensive and effective Plan of Action. Willy Fournier, a facilitator, was asked to work with the other facilitators and members of the coordinating team to pull together the Summit Plan & Commitment for presentation to the plenary group on the final morning.

The reference to the “Commitment” highlights both the general goal of taking action to reverse the trend of addictions, and the specific resolve of all participants to take immediate and sustained action as soon as they return to their communities.

### **GUIDING CRITERIA**

In order to select the best priority actions to include in the Summit Plan & Commitment, a set of criteria were proposed to the participants, as follows.

To be included in the Summit Plan & Commitment, the priority action...

1. Must be a “highly beneficial” action in the short term or a precondition to a highly effective action that will come later;
2. Must strengthen our respective First Nation’s culture and identity;
3. Must strengthen our community unity and optimize our limited resources;
4. Must be “doable”, both individually and collectively;
5. Priority is given to actions which improve the health, capability, and self-esteem of youth and young parents;
6. Priority is given to “prevention”.
7. Priority is given to actions which foster genuine “hope” for youth and young adults.

### **A CALL TO ACTION!**

In his presentation, Willy Fournier reminded the participants that the whole purpose of the Summit Gathering was to commit to a “call to action”. Many of the recommended priority actions suggested by the participants have been known for some time.

#### ***WHAT WILL MAKE THE DIFFERENCE THIS TIME?***

**From the comments in the discussions, we heard that...  
the single biggest change must be in our beliefs  
about ourselves and our attitude!**

This change in beliefs was strengthened when we saw the cold, hard facts about the extent of the problem, and when we heard the “wake up” call from the youth. We know we can no longer afford to wait.

And, building on the historical understanding presented so eloquently by Mrs. Marie Wilson, we also realize that we have reason to hope. This and the several success stories of which we are all aware have helped change our beliefs.

And finally, as Chief Picard stated so clearly:

**“We cannot look elsewhere for solutions:  
It is now our problem. We are Houston.  
It is up to us to create ‘lift off!’”**

The following “priority actions” are the things on which we have committed to take action, starting immediately. They describe “what” we commit to do; they do not describe “how” we plan to do it. It was agreed that the “how to’s” would be worked out in the implementation, and the methods taken can vary greatly from one community to another.

**The eight (8) Priority Actions listed in the Summit Plan are not ranked by priority.** It was not possible to determine any rankings with such a large group.

The Priority Actions are therefore listed according to the Strategic Focus:

## **Prevention**

1. Develop and implement a First Nations Lifestyle Curriculum in Schools
2. Develop and implement Prevention Programs and Tools
3. Reduce and eliminate access to drugs
4. Improve First Nations Parenting

## **Improve the Continuum of Care**

5. Establish a First Nation detox centre
6. Train and support 1<sup>st</sup> Line Workers

## **Combined: Prevention and Continuum of Care**

7. Implement transition training programs
8. Establish a Community Addictions Action Plan (CAAP)

It is fair to say, based on the comments and feedback from the participants, that Priority Action #8 is at least as important as any other priority in the Summit Plan. It will incorporate several other community-based actions.

### **NOTE:**

- Actions identified as “**Chiefs’ Agenda**” are primarily the responsibility of the Assembly of Chiefs (AFNQL).
- Actions identified as “**Community Agenda**” are primarily the responsibility of each Community.
- Actions identified as “**Joint Responsibility**” are shared between the Chiefs’ Assembly and the communities. They require the active political support of the Assembly.

### **Also:**

**Goal #7 - “Transition Training Programs”** was suggested following the meeting because:

- it meets the seven (7) criteria;
- it reflects the thinking and the three (3) elements from the Economic Development and Employment discussions; and,
- it offers significant hope to the critical group of young adults and parents.



### **The three (3) critical conditions for success**

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From all of the various discussions and recommendations on Day TWO, three (3) conditions for success emerged consistently.

If we are to succeed in making a difference and reversing the negative trends of addictions among First Nations in Quebec, then we must ensure that we constantly respect and address the following three (3) critical conditions for success.

- 1. Strengthen each First Nation’s Culture, Language and Identity;**
- 2. Implement a community-based multi-sectoral Community Addictions Action Plan (CAAP), including partnerships, and ensure it also has provisions for rigorous follow-up and “no opting out”;**
- 3. Provide exemplary political and administrative Leadership, including full visible support.**

Here are the eight (8) Priority Actions that make up the ***Summit Plan & Commitment***.

## Strategy: Prevention

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### Priority Action #1: FIRST NATIONS LIFESTYLE CURRICULUM

#### Chiefs' Agenda

#### Strategic Focus: PREVENTION & YOUTH

**Develop and implement a holistic First Nations lifestyle curriculum for primary and secondary schools.**

The curriculum would be designed to use positive approaches to teach and reinforce and foster a deep appreciation for:

- First Nations culture, traditions and holistic lifestyle;
- Self-esteem, pride and confidence;
- Social skills, assertiveness and coping skills (peer pressure).

The curriculum would allow First Nations Counsellors to enter non- First Nation schools that partner with us in educating our children.

#### Rationale:

- Prevention is our most important overall strategy.
- We know that we must educate our children in our holistic practices of healthy living as First Nations peoples. This must be initiated and taught at home and fully reinforced in our schools.
- This educational experience must be positive, and it should incorporate our First Nations history and involve land-based teaching.
- We recognize that this will help address, in part, the lack of parenting skills that were seriously weakened for many of us as part of the residential school program.

**The Potential Partners for this priority action are:**

- First Nations Education Council (FNEC) and Insitut Tshakapesh
- NNADAP Network
- Early Childhood
- Health & Social Services
- Public Security
- Economic Development and Employment
- First Nations Human Resources Development Commission of Quebec (FNHRDCQ)
- Culture
- Political Leadership

### Priority Action #2: PREVENTION PROGRAM & TOOLS

#### Chiefs' Agenda

#### Focus: YOUTH & FAMILIES

**Develop and implement a *Prevention Program & Tools* to support Community Plans to Address Addictions.**

#### Rationale:

- Prevention is our most important overall strategy: it is extremely urgent that we prevent our youth from getting involved in addictive behaviours.

- In prevention, we must also provide for positive alternatives in healthy, holistic First Nations lifestyles, including those that were recommended above as priority actions in Sports and Recreation, and in Economic Development and Employment (see Priority #5, below).
- We know that there is very little evidence or information on prevention programs and tools that have been effective in First Nations communities.
- Therefore, we will have to develop these programs and tools, on an urgent basis. Some work has already started within the FNQLHSSC, based on the input from the regional networking circles.
- Having a separate program, tools and resources for prevention will enable the NNADAP Workers to focus more on improving the continuum of care, along with the multi-sectoral community teams. This will improve the successful transition of those already affected by addictions.
- The NNADAP Renewal Framework fully allows for these types of regional initiatives.

**The Potential Partners for this priority action are:**

- NNADAP Network
- Health & Social Services
- Public Security
- Commissions of the AFNQL
- Political Leadership

**Priority Action #3: REDUCE / ELIMINATE ACCESS TO DRUGS**

**Community Agenda**

**Focus: YOUTH & YOUNG ADULTS**

**Reduce and eliminate access to illegal drugs in the communities.**

**Rationale:**

- This is another critical prevention action, and one which has been shown to be very effective if carried out with the full support of the community and the local police.
- This priority action also draws on several other major recommendations, like getting each person involved in identifying and taking on people who are systematically ruining the futures of our children and youth.
- The participating Police Chiefs fully agreed to support these types of initiatives, especially when they are part of a coordinated Community Action Plan to Address Addictions, and when the leadership has agreed to get full community support for the Plan.

**The Potential Partners for this priority action are:**

- FN Chiefs of Police Association & Local Public Security
- Community Members
- Political Leadership

**Priority Action #4: IMPROVE FIRST NATIONS PARENTING**

**Community Agenda**

**Focus: YOUNG PARENTS & YOUTH**

**Improve and support good First Nations parenting.**

The training should involve formal educational programs and formal and informal support groups.

### **Rationale:**

- We all recognize the importance that good parenting has on children. It is the single most important contributor to developing strong, capable, and confident young adults, future parents and community members.
- The presentation of Ms. Marie Wilson reminded us of the terrible loss in First Nations parenting skills that resulted from the residential school program.
- The participants believe that we need to take strong, systematic actions to help re-build these important parenting skills, based on our distinct First Nations cultures, values and traditions.
- This priority action is also linked to the several recommendations suggesting more family-based activities.
- The success of good parenting will also create excellent pre-conditions for Priority #1: a First Nation lifestyle school curriculum.

### **The Potential Partners for this priority action are:**

- Health & Social Services
- Education
- Political Leadership

## Strategy: Continuum of care

### Priority Action #5: ESTABLISH A FIRST NATIONS DETOX CENTRE

#### Chiefs' Agenda

#### Focus: GENERAL

**Establish a First Nations detoxification centre ASAP.**

#### Rationale:

- Repeated personal experiences and current research indicates that access to quality detox facilities is a major gap in providing a good continuum of care for First Nations people dealing with addictions.
- Current research also indicates that good, dedicated detox services can be critical in providing quality assessments for people affected by increasingly complex substances.
- The participants were made aware of the recent study on access to detox facilities conducted by the FNQLHSSC, and see this First Nation Detoxification Centre as a top priority requiring urgent action.

**The Potential Partners for this priority action are:**

- NNADAP Network
- Political Leadership

### Priority Action #6: TRAIN & SUPPORT 1<sup>ST</sup> LINE WORKERS

#### Chiefs' Agenda

#### Focus: GENERAL

**Complete the development of full training and support services for 1<sup>st</sup> Line Workers, including certification.**

#### Rationale:

- The challenge and complexity of dealing with persons suffering from addictions/dependencies is increasing each day. There are new and more complex drugs, and there are already very high rates of co-morbidity in affected persons.
- These growing challenges require continuous upgrading in new skills and best practices.
- In addition, the participants requested training in multi-disciplinary team approaches which are seen as critical for an effective continuum of care.
- There is also the matter of the constant burn-out and turnover of 1st Line personnel because of the overwhelming workloads. The solution requires a better distribution of work, improvements in multi-disciplinary teamwork, and personal self-maintenance, all supported by good supervision.
- All of this also requires more funding, and this is why the primary responsibility was put on the Chiefs' Agenda. This is a priority which must be addressed soon.

**The Potential Partners for this priority action are:**

- NNADAP Network
- Health & Social Services
- FNHRDCQ
- Political Leadership

## *Strategies: Prevention & Continuum of Care*

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### **Priority Action #7: TRANSITION TRAINING PROGRAMS**

#### **Chiefs' Agenda & Community Agenda**

#### **Focus: YOUNG ADULTS & YOUNG PARENTS**

**Establish community-based “transition training programs” oriented towards young adults and parents, aged 18 – 39.**

- “Transition Training Programs” involve establishing special local adult training programs designed to take young, non or under-employed adults off Social Services. It prepares these trainees to develop life goals and the essential skills to succeed in employment training or other post secondary training, or to move directly into employment situations.
- This priority would require the full support of the Chiefs' Assembly to help obtain the required funding.

#### **NOTE:**

This Priority Action was suggested following the meeting because it meets the seven (7) criteria, because it reflects the thinking and the three (3) recommended priorities from the Economic Development and Employment discussions, and because it offers significant short term hope to this critical group of young adults / parents.

#### **Rationale:**

- Several participants in the discussion groups talked about the importance of having meaningful jobs available for our youth. This is seen as a major motivator in getting young people to finish school, or to re-embark on the skills training that is often required.
- We also know that we have large numbers of young adults in our communities who have become “permanent” welfare recipients because they are unable to complete any training program and/or keep any jobs they happen to get.
- Many of these are young parents who now lack the self-confidence and personal skills required to succeed on regular training programs.
- We need a special type of “transition training” complete with individual assessments and Individual Action Plans that will recuperate many of these young adults.
- The success of these programs depends a great deal on the ability to foster and maintain strong partnerships with local employers.
- Having young parents succeed in these programs and in getting meaningful employment is a major contributor to better families and stronger, happier and successful youth.

#### **The Potential Partners for this priority action are:**

- Community Economic Development
- FNHRDCQ
- Community Social Services
- Community and local employers as employment partners
- Political Leadership (Chiefs' Assembly & Local)

## **Priority Action #8: COMMUNITY ADDICTIONS ACTION PLAN**

### **Community Agenda**

#### **Focus: GENERAL**

**Complete the development & implementation of a Community Addictions Action Plan (CAAP), as a community priority, fully supported by the community.**

- ⇒ **The CAAP should incorporate appropriate elements selected from the priorities recommended at the Summit.**
- ⇒ **Having a CAAP, fully supported by the community, is critical to successfully combating addictions.**

**A good CAAP must incorporate the following four (4) critical conditions for success:**

1. All actions must strengthen and promote our respective First Nations cultures, language and identity, and this must also include 2nd Line service workers and partners.
2. The Plan requires a structured, multi-sectoral approach with measures to ensure full follow-up and no “opting out”.
3. It requires that the community undertake to develop and implement full training, retention and support for all workers in “human services”, i.e. any employee whose work requires her/him to serve others.
4. The Plan must obtain full support from Leadership and the community.

#### **Rationale:**

- There was general agreement that a well coordinated community-based plan of action was the best way to address the growing problem addictions / dependencies. With our limited resources, we must take down inter-departmental barriers, foster a cooperative attitude among all personnel and find the best ways to use our limited resources.
- The Community Addictions Action Plan (CAAP) must receive the full backing of the community and the local political and administrative leadership.
- Communications is seen as critical, as well as progress reports to the community.
- Good recognition activities for individual and collective successes were recommended.

#### **The Potential Partners for this priority action are:**

- All Program Managers, supported and guided by the Directors General
- The leadership of all other community organizations, i.e. Education, Public Security / Policing, Economic Development and Employment
- The Political Leadership
- The Community Members

## COMMENTS & DISCUSSION

Following the presentation of the proposed Summit Plan, the participants were asked three (3) questions:

- ⇒ Is this a fair summary of our thinking and recommendations?
- ⇒ Is this our best thinking for “actions” going forward?
- ⇒ Is this a good Summit Plan for going forward?

**There was general agreement with the proposed Summit Plan;  
There were no dissenting views.**

There were numerous comments and observations shared among the full group. Some of the key questions were:

- **Chief Picard was asked whether this Summit Plan would be presented to the Chiefs’ Assembly for the full endorsement of the Chiefs. He was also asked to request that the Chiefs ensure a rigorous follow-up on the Chiefs’ priorities from the Plan.**
  - Chief Picard reminded the group that the Chiefs had asked for the Summit Gathering and that they fully expected to receive the Report and Recommendations, including the Summit Plan.
  - The next Assembly meeting is a “special meeting” and he was not sure he would be able to insert this item on the agenda. He said he would discuss this. However, he committed to ensure it would be on the agenda of the following meeting and that he would convey the strong desire of the Gathering that this be a priority item on each meeting of the Assembly, and that the Chiefs receive quarterly progress reports.
  - In response to a subsequent question, Chief Picard also agreed that the Progress Reports to the Chiefs’ Assembly would be posted on the FNQLHSSC website.
- **The FNQLHSSC was asked if it would set up an Addictions Networking Section on its website, and whether this site could also report progress made by any community that wanted to share its success stories?**
  - Marjolaine Siouï agreed that the Commission would look at this as part of the follow-up, and that it would be pleased to include success stories from the communities. She agreed with the general desire that we do better in celebrating and sharing our successes.
- **Many of the other comments emphasized the necessity of communities to get strong support for a community-supported Community Addictions Action Plan, and personally commit to make things happen.**
- **Several participants shared their renewed commitment, because of what they had seen, learned and shared at the Gathering.**



## Follow-up of the Summit

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Identifying the most effective actions was the first goal of the Summit Gathering. But, the “commitment” part of the exercise is all about the follow-up.

These follow-up actions, as amended in the discussions, were approved by the plenary session.

- 1. The *Report & Recommendations* from the Summit Gathering will be available on the FNQLHSSC website as of March 1st, 2011, in French and English.**
  - The final Report will include all of the recommended actions suggested by the participants during the discussions on Day TWO. People can then refer to these when they develop their Community Addictions Action Plans (CAAP).
- 2. The *Summit Plan*, with the eight (8) priority actions, will be submitted to the Chiefs at the first meeting following the special meeting that was called for this February.**

In presenting the Summit Plan & Commitment to the Chiefs, Chief Picard will also request that:

- a. The Assembly direct that there be Quarterly Progress Reports on each Priority Action identified for the “Chiefs’ Agenda”;
  - b. Copies of these progress reports be posted on the websites of the AFNQL and its Regional commissions and organizations, following each Assembly meeting.
- 3. Each community will develop its own Community Addictions Action Plan (CAAP), and establish its own follow-up process and reporting processes.**
  - 4. The Chiefs and Commissions have the responsibility to advocate and obtain the required funding, e.g. for developing the First Nations healthy lifestyle curriculum, and for providing proper training and support to 1st Line Workers, and for the transition training programs.**
  - 5. The FNQLHSSC will establish the Regional Resource Network on its website, as soon as possible.**
  - 6. Communities can report their progress and success stories and these will be shared on the FNQLHSSC’s website.**

## Closing Remarks

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In his closing remarks, Chief Picard complimented and thanked the organizing team for its very effective organization of every aspect of the Gathering. He included the special group of facilitators and recorders who had made Day TWO such a successful exercise. And, he thanked Pierre Picard for his fine and eloquent work as Moderator.

He shared the view expressed by several participants in the morning's discussions that a lot of very good learning and important work had been accomplished.

**The Chief repeated his commitment to report the work and requests of the *Summit Gathering*, and the *Summit Plan & Commitment* to the Chiefs' Assembly.**

He expressed a special thanks to the participants, themselves, for the quality of their contributions that resulted in a strong Summit Plan & Commitment. He praised their willingness to openly share their concerns and the determined commitment many of them had expressed.

Then he emphasized one final time:

**It now requires that each one of us take the commitment and momentum from the *Summit Gathering* and bring it to our homes and communities where we must start implementing the actions we agreed on.**

Elder Réjean O'Bomsawin then offered a closing prayer.

## Action Plan – Follow-Up and Communications

In his closing remarks, Chief Picard complimented and thanked the The actions recommended during the Summit on addictions are critical to help decrease as much as possible current rates of dependency and to helping our communities return to health. Addressing addictions is a collective priority among First Nations communities, and the gathering has made it clear that communities need the support of the Assembly of First Nations of Quebec and Labrador (AFNQL) and its Regional Commissions and Organisations (RCO), as well as other partners. They fully expect the AFNQL and its RCO to promote the Action Plan and ensure its follow-up.

The RCO are responsible and accountable to the AFNQL through a Portfolio Chief for coordinating the follow-up on the regional projects and for the general communications on the progress of the Action Plan. Progress reports on the Plan must be a priority item at each regular quarterly meeting of the RCO.

Each regional project within the Plan will be assigned a “sponsor” on the RCO, and the sponsor will be responsible for making monthly progress reports and addressing any issues raised by the RCO.

The FNQLHSSC will assume overall responsibility for coordinating the follow-up at the RCO, and for maintaining a section dedicated to the Summit on its website.

The persons delegated by the executive directors of the Commissions to lead each of the projects they sponsor will also meet on a regular basis to update each other on their respective projects, and to address any issues for which they want the input of the other project leaders. They will also report back to their respective Commission or organisation and help to keep everyone informed of the general progress on all projects.

Each COR's Management Team should have the progress report on its Summit goal(s) at each of their meeting as an agenda item.

Each community / organisation is invited to develop its Community Addictions Action Plan (CAAP) by using the “MODEL” which is located in the last section of this document.

This Action Plan was approved by the AFNQL Chiefs by way of resolution on June 16, 2011. A detailed action plan will be developed for each of the regional projects identified below. The RCO will follow the implementation on each of these.

It is important to mention that many of these initiatives fall within existing strategic goals of the AFNQL and its RCO. The proposed action plan is designed to integrate the Summit actions, to optimize the use of resources and avoid duplication or confusion.

It was proposed that Chief Ghislain Picard be named as the AFNQL's Portfolio Chief on this project, and that the Assembly mandate him to assure that progress is rigorously pursued within the respective organizations of the FNQL and demand that he report progress at each meeting of the Assembly. Finally, a communication plan will be developed at the regional level to inform communities, organisations and partners on the follow-up of the action plan.

**LEGEND:**

-  Assembly of Chiefs and AFNQL Secretariat
-  Regional Commissions and Organizations
-  Communities

## CHIEFS ASSEMBLY AND

During the Summit on Addictions, Chief Ghislain Picard accepted responsibility to submit to the Chiefs, during their next Assembly, an action plan aiming to fight addictions. This plan must receive general approval and a follow-up be ensured at each regular Assembly of the AFNQL Chiefs.

The Summit participants are requesting that the Chiefs:

- Provide full political support in the Assembly and personal support and exemplary leadership within their respective communities;

### Action Plan – Summit

Priority	Suggested activities	Expected Results and Indicators	
<b>PROJECTS REQUIRING THE SUPPORT OF THE CHIEFS</b>			
<ul style="list-style-type: none"> <li>• Approval and commitment to support the Summit Plan &amp; request funding</li> </ul>	<ul style="list-style-type: none"> <li>• Adoption of a resolution by the Chiefs of the AFNQL</li> </ul>	<ul style="list-style-type: none"> <li>• Approval for the priorities proposed in the Summit Plan</li> <li>• Support for obtaining funding</li> <li>• Commitment to support the projects proposed for the implementation at the community level</li> </ul>	
<ul style="list-style-type: none"> <li>• Designation of an Annual First Nation Day of Wellness</li> </ul>		<ul style="list-style-type: none"> <li>• Designate Annual FN Day of Wellness</li> </ul>	
<ul style="list-style-type: none"> <li>• Designation of a Portfolio Chief</li> </ul>		<ul style="list-style-type: none"> <li>• Mandate a Chief as Portfolio Chief</li> </ul>	
<ul style="list-style-type: none"> <li>• Support the implementation of a curriculum for a healthy First Nation lifestyle</li> </ul>		<ul style="list-style-type: none"> <li>• The Chiefs will support the implementation of a program and practices leading to the adoption of a healthy lifestyle</li> </ul>	
<ul style="list-style-type: none"> <li>• Reduce / eliminate access to illicit drugs</li> </ul>		<ul style="list-style-type: none"> <li>• The access to drugs will be reduced or almost nonexistent in the communities.</li> </ul>	
<ul style="list-style-type: none"> <li>• Obtain a First Nation detox Centre</li> </ul>		<ul style="list-style-type: none"> <li>• A First Nation detox Centre will be established in Quebec</li> </ul>	

## AFNQL SECRETARIAT

- Mobilize their respective First Nations communities and local and regional organizations to take decisive and effective action;
- Assure rigorous follow-up and sustained progress at both the community and the Assembly levels.

The Chiefs are also asked to support the specific initiatives requiring the collective support of the Chiefs, as indicated below. This includes support in obtaining the required funding and, if necessary, support for specific political action.

### on Addictions

	Case Manager	Partners	Schedule		
			2011-12	2012-13	2013-14 and +
	• AFNQL	• Communities • RCO • Other partners	• June 2011  • February 2012  • June 2011	• February 2013	• February 2014
	• AFNQL	• Communities • RCO • Other partners		• Sept. 2012	• Recurring
	• AFNQL	• Public security • Communities • RCO • Other partners	• 2012-2012	• 2012-2013	• 2013-2014
	• AFNQL	• Health Canada • MSSS • FNQLHSSC • Treatment Centres		• March 2013	

Assembly of Chiefs and AFNQL Secretariat  
 Regional Commissions and Organizations  
 Communities

REGIONAL COMMISSIONS

Action Plan – Summit

Priority	Suggested activities	Expected Results and Indicators
<b>PREVENTION</b>		
<p><b>Develop and implement a holistic First Nation lifestyle curriculum for early childhood, primary and secondary schools.</b></p> <ul style="list-style-type: none"> <li>• This is seen as the single most effective priority from the Summit, and a key component of the overall Prevention strategy</li> <li>• The FN curriculum is intended to inform the Youth of their FN culture &amp; ways of healthy living, &amp; significantly strengthen their self-esteem and cultural identity</li> <li>• The curriculum must include a support mechanism</li> <li>• The curriculum needs to be adapted to each FN culture</li> <li>• It requires curriculum in both French and English</li> </ul>	<ul style="list-style-type: none"> <li>• Project approval by Assembly of Chiefs</li> <li>• Appoint Project Proposal Team:</li> <li>• Appointment of a Project Coordinating Team to oversee the project</li> <li>• Appoint a Table of Experts to advise on curriculum development.</li> <li>• Preliminary consultations with key stakeholders.</li> <li>• Design the new FN Curriculum: a draft for consultation.</li> <li>• Draft the Implementation Plan</li> <li>• Consultation with key stakeholders on the draft</li> <li>• Design and the Implementation Plan.</li> <li>• Negotiation for funding to implement the Curriculum.</li> <li>• Approval for &amp; implementation of pilot project(s):</li> <li>• General implementation, including communications &amp; training.</li> </ul>	<p><b>Expected results:</b></p> <ul style="list-style-type: none"> <li>• Significant decline in dependency rates for youth and young parents</li> <li>• Healthier, happier, more productive FN communities</li> <li>• The promotion of improved collaboration among the various partners, including the Federal &amp; Provincial funders</li> <li>• Children are supported</li> </ul> <p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>• A FN healthy lifestyle curriculum ready for general implementation in each primary &amp; secondary school in FN communities by 2016</li> <li>• FN children doing significantly better in school</li> <li>• A significant improvement in high school graduation rates for FN children, including in non-FN schools</li> <li>• More FN youth progressing to post secondary training or education</li> <li>• A significant decline in youth involved with dependency issues</li> <li>• FN parents fully engaged</li> </ul>

**AND ORGANIZATIONS (RCO)**

**on Addictions**

Case Manager	Partners	Schedule		
		2011-12	2012-13	2013-14 and +
<ul style="list-style-type: none"><li>• FNEC</li></ul>	<ul style="list-style-type: none"><li>• Tshakapesh</li><li>• NNADAP Network</li><li>• Early Childhood</li><li>• Health &amp; Social Services</li><li>• FNQLHSSC</li><li>• FHNRCQ</li><li>• Public Security</li><li>• Elders &amp; Cultural Advisors</li><li>• Political Leadership</li><li>• Ministry of Education &amp; Sports &amp; Leisure of Quebec</li><li>• The Federal &amp; Provincial partners</li><li>• Cree &amp; Inuit School Boards</li><li>• Other partners</li></ul>	<ul style="list-style-type: none"><li>• June 2011</li><li>• The schedules will be determined by the Project Coordinating Team</li></ul>		

	Assembly of Chiefs and AFNQL Secretariat
	Regional Commissions and Organizations
	Communities

## REGIONAL COMMISSIONS

### Action Plan – Summit




Priority	Suggested activities	Expected Results and Indicators
<b>PREVENTION</b>		
<p><b>Develop and implement a Prevention Program &amp; Tools to support community plans to address addictions / dependency</b></p> <ul style="list-style-type: none"> <li>• Prevention is seen as the most important general strategy.</li> <li>• To date we have been unsuccessful.</li> <li>• It is recognized that there is no established or proven comprehensive prevention strategy for FN communities.</li> <li>• The program &amp; tools will be required in French &amp; English</li> </ul>	<ul style="list-style-type: none"> <li>• Project definition: consultations &amp; research to clarify what we mean by “prevention”, and to explore what options are available</li> <li>• Must also clarify roles &amp; responsibilities between the interveners &amp; the services available to FN communities</li> <li>• Project Action Plan</li> <li>• Project proposal &amp; request for funding</li> <li>• Research &amp; recommendations</li> <li>• Draft outline of the proposed prevention program &amp; tools, including job description of Prevention Worker</li> <li>• Draft Implementation Plan</li> <li>• Consultation with key networks on both the proposed Program &amp; the Implementation Plan</li> <li>• Selection &amp; implementation of pilot project(s)</li> <li>• General implementation</li> </ul> <p><b>NOTE:</b> This project will also be integrated with current initiatives in re-defining the role and work practices for the NNADAP Worker and the new Continuous Care Worker.</p>	<p><b>Expected results:</b></p> <ul style="list-style-type: none"> <li>• FN communities committed to healthier FN lifestyles &amp; engaged in living a healthier life.</li> <li>• Healthier community environment for recovering addicts</li> <li>• The promotion of improved collaboration among the various partners, including the Federal &amp; Provincial funders</li> </ul> <p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>• Significant reduction in numbers of young people &amp; young parents with dependency issues</li> <li>• Significant increase in the “age of first use” of alcohol/drugs</li> <li>• Significant increase in high school graduation rates &amp; the number of students going to post secondary training or education</li> <li>• Significant decrease in community crime rates, violence, abuse issues, &amp; accidents</li> <li>• Significant increase in youth participating in community recreation programs</li> <li>• Political leaders actively supporting healthy lifestyles &amp; addressing access issues</li> <li>• Significantly less turnover in 1<sup>st</sup> Line personnel</li> </ul>



## AND ORGANIZATIONS (RCO)

### on Addictions

Case Manager	Partners	Schedule		
		2011-12	2012-13	2013-14 and +
• FNQLHSSC	<ul style="list-style-type: none"> <li>• Treatment Centres Network</li> <li>• NNADAP Network</li> <li>• Health &amp; Social Services Directors Network</li> <li>• Public Security</li> <li>• RCO</li> <li>• Political Leadership</li> <li>• The Federal &amp; Provincial partners</li> <li>• National Native Addictions Partnership Foundation (NNAPF)</li> <li>• Other partners</li> </ul>	<ul style="list-style-type: none"> <li>• June 2011</li> <li>• The schedules will be determined by the Project Coordinating Team</li> </ul>		

 Assembly of Chiefs and AFNQL Secretariat  
 Regional Commissions and Organizations  
 Communities

## REGIONAL COMMISSIONS

### Action Plan – Summit

Priority	Suggested activities	Expected Results and Indicators
<b>PREVENTION</b>		
<p><b>Improve and support good <u>First Nation parenting</u>:</b></p> <ul style="list-style-type: none"> <li>• Individual &amp; group training &amp; support</li> <li>• The programs are to improve culturally-based parenting &amp; family health for all FN families &amp; lead to healthier families &amp; homes, and a RCO responding stronger recovery rate for FN persons of all ages</li> <li>• French &amp; English training programs are required</li> </ul>	<p><b>NOTE:</b> There are already several projects underway directed at strengthening FN parenting &amp; Pro-Social skills. (PVAC Project)</p> <p>As well, there is an existing structure of appropriate committees &amp; partnerships to oversee these projects, i.e. a Coordinating Team, a Tri-Partite Committee, and a Table of Experts.</p> <p>It is recommended that the general request from the Summit be integrated with the existing projects to optimize resources &amp; avoid duplication and confusion.</p> <ul style="list-style-type: none"> <li>• Assess / map out how this request can be effectively integrated with the existing initiatives</li> <li>• Identify key gaps to be addressed by this initiative.</li> <li>• Clarify roles &amp; responsibilities to reflect projects already underway</li> </ul>	<p><b>Expected results:</b></p> <ul style="list-style-type: none"> <li>• Capable, confident FN parents that create a healthy, positive, secure family environment for their children, and provide their children with tools for good future parenting</li> <li>• Healthier families &amp; home environments for Youth recovering from addictions</li> <li>• Reduce out of home placements of children</li> <li>• The promotion of improved collaboration among the various partners, including the Federal &amp; Provincial funders</li> </ul> <p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>• Significant decline in number of youth experiencing dependency issues</li> <li>• Significant increase in the “age of first use” of alcohol/drugs</li> <li>• Significant decrease in FN children needing placements or foster homes</li> <li>• Significant improvement in the diets of FN youth, &amp; RCO responding decrease in obesity, diabetes &amp; inactive life-styles</li> <li>• Significant improvement in performance of children in school &amp; high school graduation rates</li> <li>• Significant improvement in recovery rates for Youth</li> <li>• Significant decrease in family violence</li> <li>• Increase in the number of FN family activities in the communities</li> <li>• More youth participating in community recreation programs               <ul style="list-style-type: none"> <li>• Better consistency in employment &amp; work performance of parents</li> </ul> </li> </ul>

## AND ORGANIZATIONS (RCO)

### on Addictions

Case Manager	Partners	Schedule		
		2011-12	2012-13	2013-14 and +
<ul style="list-style-type: none"> <li>• FNQLHSSC Social Services &amp; Early Childhood</li> </ul>	<ul style="list-style-type: none"> <li>• Existing government partners &amp; Committee Structure for the Early Childhood projects</li> <li>• FNEC / Tshakapesh</li> <li>• Political Leadership</li> <li>• Federal &amp; Provincial partners</li> <li>• Other partners</li> </ul>	<ul style="list-style-type: none"> <li>• June 2011</li> <li>• The schedules will be determined by the Project Coordinating Team</li> </ul>		

Assembly of Chiefs and AFNQL Secretariat  
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 Communities

REGIONAL COMMISSIONS

Action Plan – Summit

Priority	Suggested activities	Expected Results and Indicators
<b>IMPROVING THE CONTINUUM OF CARE</b>		
<b>Establish a First Nation Detoxification Centre ASAP</b> <ul style="list-style-type: none"> <li>The main objective is for FN persons to have timely access to quality detox services that are culturally supportive</li> <li>Address the language requirements (French &amp; English)</li> </ul>	<p><b>NOTE:</b> A significant amount of work &amp; projects are currently underway, under the FNQLHSSC, aimed at improving the access of FN persons to quality detox services in QC, including “home detox” services. The current projects also include improved client evaluation services.</p> <ul style="list-style-type: none"> <li>The request from the Summit will be integrated with these strategic goals and existing projects. The result is likely to be a system providing for timely access to a variety of quality detox services for FN persons, including at least one FN Detox Centre.</li> <li>Project Definition, Project Proposal, and funding requirements</li> <li>Consultations with the partners</li> <li>Negotiations of agreements &amp; funding both for improved access &amp; for the new services, including the designated FN Detox Centre.</li> <li>Coordination of an equitable process to select the most appropriate location(s) for a designated FN Centre(s)</li> <li>Implementation of new agreements for better access to existing services</li> <li>Establishment of the designated FN Detox Centre(s)</li> <li>Establishment of new detox options, e.g. home detox.</li> </ul>	<p><b>Expected results:</b></p> <ul style="list-style-type: none"> <li>FN have significantly improved access to quality detox services, with cultural capability/support, and with appropriate language capability</li> <li>New “home detox” capabilities</li> <li>FN people receive professional evaluation and are directed towards the most appropriate follow-up</li> <li>The promotion of improved collaboration among the various partners, including the Federal &amp; Provincial funders</li> </ul> <p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>First Nation Detoxification Centre</li> <li>Significant increase in timely access to culturally sensitive/capable detox services for FN persons, with appropriate language capability</li> <li>Better evaluation of FN persons needing treatment</li> <li>Significantly better rates of success for FN persons entering the continuum of care, and seeking recovery to healthy life</li> <li>Significant increase in “recovered” role models in FN communities</li> </ul>

## AND ORGANIZATIONS (RCO)

### on Addictions

Case Manager	Partners	Schedule		
		2011-12	2012-13	2013-14 and +
<ul style="list-style-type: none"> <li>• FNQLHSSC</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment Centres Network</li> <li>• NNADAP Network</li> <li>• Existing Committees already addressing this issue</li> <li>• Political Leadership</li> <li>• Federal &amp; Provincial partners</li> <li>• Other partners</li> </ul>	<ul style="list-style-type: none"> <li>• June 2011</li> <li>• The schedules will be determined by the Project Coordinating Team</li> </ul>		

Assembly of Chiefs and AFNQL Secretariat  
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 Communities

## REGIONAL COMMISSIONS

### Action Plan – Summit

Priority	Suggested activities	Expected Results and Indicators
<b>IMPROVING THE CONTINUUM OF CARE</b>		
<p><b>Complete the development of full training and support services for 1<sup>st</sup> Line Workers, including certification.</b></p> <ul style="list-style-type: none"> <li>• There is a specific requirement for training in inter-disciplinary team skills &amp; best practices in collaborative care</li> <li>• The training must also contribute significantly to the success of the worker &amp; their sense of accomplishment</li> <li>• Bilingual trainings</li> </ul>	<p><b>NOTE:</b> A number of training programs are already in place with educational partners, i.e. UQAC. Other training programs are currently being developed.</p> <p>The FNQLHSSC has also contracted for a comprehensive inventory of skills &amp; training needs &amp; the list of available courses for all key FN Health &amp; Services positions in QC, including the identification of gaps in available training.</p> <ul style="list-style-type: none"> <li>• This request will be integrated with the current strategic plans and initiatives.</li> <li>• Complete the assessment of all training requirements for front line workers, including those skills that are or should be eligible for certification</li> <li>• Identify any gaps between the skills requirements and the current offering of courses</li> <li>• Consult with the stakeholder networks to validate and prioritize the list of training needs</li> <li>• Assess all existing training options &amp; recommend how to address the gaps in priority training needs</li> <li>• Obtain the funding for training: develop &amp; propose a training budget</li> <li>• Work with education partners to develop &amp; provide effective courses to meet any gaps for specialized skills</li> <li>• Use the website to communicate the existing training options &amp; any new ones</li> <li>• Continue the periodic evaluations of all training programs</li> </ul>	<p><b>Expected results:</b></p> <ul style="list-style-type: none"> <li>• Capable, confident, stable 1<sup>st</sup> Line personnel, with healthy work life balance</li> <li>• Significant improvement in inter-disciplinary team skills &amp; best practices in collaborative care</li> <li>• More certified 1<sup>st</sup> Line personnel</li> <li>• Better quality services for FN communities</li> <li>• More use of 1<sup>st</sup> Line personnel in communities by members</li> <li>• Much better success rates for clients</li> <li>• Improved access to appropriate care for clients &amp; better coordinated follow through</li> <li>• Comprehensive &amp; coordinated decision making &amp; services</li> <li>• The promotion of improved collaboration among the various partners, including the Federal &amp; Provincial funders</li> </ul> <p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>• Significant reduction in employee turnover &amp; need to access Employee Assistance Programs</li> <li>• Less absence from work due to stress</li> <li>• Significant improvement in sustained recovery rates for persons recovering from addictions</li> <li>• Significant increase in numbers of persons seeking help &amp; referrals, because of the improved quality of services</li> <li>• An increase in the number of certified 1<sup>st</sup> Line workers with RCO responding increase in compensation</li> <li>• More FN persons wanting to get educated to work as 1<sup>st</sup> Line workers</li> </ul>

## AND ORGANIZATIONS (RCO)

### on Addictions

Case Manager	Partners	Schedule		
		2011-12	2012-13	2013-14 and +
<ul style="list-style-type: none"><li>• FNQLHSSC</li></ul>	<ul style="list-style-type: none"><li>• FNEC</li><li>• Tsakapesh</li><li>• FNHRDCQ</li><li>• The network of existing education &amp; funding partners</li><li>• Political Leadership</li><li>• The Federal &amp; Provincial partners</li><li>• Other partners</li></ul>	<ul style="list-style-type: none"><li>• June 2011</li><li>• The schedules will be determined by the Project Coordinating Team</li></ul>		
		<div><div></div> Assembly of Chiefs and AFNQL Secretariat</div>		
		<div><div></div> Regional Commissions and Organizations</div>		
		<div><div></div> Communities</div>		

## COMMUNITIES

### “Community Additions

Priority	Suggested activities	Expected Results and Indicators
<b>PREVENTION &amp; IMPROVEMENT IN THE CONTINUUM OF CARE</b>		
<p><b>It will be possible for each community to complete the development &amp; implementation of a <u>Community Addictions Action Plan (CAAP)</u></b></p> <ul style="list-style-type: none"> <li>The Summit strongly recommends that the most effective actions in addressing addictions must come from the community</li> <li>These actions must be supported by a fully informed &amp; mobilized community that is determined to transition to a healthy lifestyle</li> <li>The actions must “de-normalize” the current acceptance of dependency as a “normal” way of life</li> <li>The actions must be supported fully by political leadership</li> <li>The actions assigned to the regional organizations are designed to support the local actions</li> <li>Multisectoral approach</li> </ul>	<ul style="list-style-type: none"> <li>Most FN communities are actively engaged in developing their Community Health Plans &amp; their RCO responding funding agreements.</li> <li>They are also developing their plans for the implementation of 1<sup>st</sup> Line Services.</li> <li>The CAAP should be fully integrated as a sub-section of the Community Health Plan, and be supported by the plan for implementing 1<sup>st</sup> Line Services.</li> <li>The Summit strongly suggested that the CAAP address all negative forms of addictions, including gambling.</li> <li>The implementation of this Summit Goal is the responsibility of each community &amp; its Chief &amp; Council.</li> </ul> <p><b>Suggested actions:</b></p> <ol style="list-style-type: none"> <li>Chief &amp; Council to request the CAAP be included as a key part of the Community Health Plan.</li> <li>Chief &amp; Council, in partnership with the local NNADAP Worker &amp; local Health &amp; Social Services, sponsor a community consultation process to engage the community &amp; mobilize community commitment for the CAAP.</li> <li>It is recommended that local Health &amp; Social Services coordinate &amp; oversee the development of the CAAP, preferably involving consultations with the community.             <ol style="list-style-type: none"> <li>The CAAP should include an Implementation Plan, including the Communications Plan, and any requirements for training.</li> </ol> </li> <li>The FNQLHSSC could provide technical support, as required.             <ol style="list-style-type: none"> <li>The FNQLHSSC to post examples of CAAP’s submitted by communities on its website.</li> </ol> </li> <li>Approval of the Community Health Plan, including the CAAP, by Chief &amp; Council.</li> <li>Implementation of the CAAP.</li> <li>Chief &amp; Council to request regular progress reports on the implementation of the CAAP, with measurable improvements.</li> </ol>	<p><b>Expected results:</b></p> <ul style="list-style-type: none"> <li>Healthier, happier, proud &amp; unified FN communities fully engaged in their pursuit of a better life &amp; future for all members</li> <li>Communities where FN wellness is the “normal” state of being, where it is no longer “normal” to be suffering from addictions</li> <li>Mobilized &amp; empowered communities who take control of their wellbeing</li> <li>Communities that openly, forcibly &amp; consistently address “pushers”</li> <li>Communities where the political leadership also exemplify moral leadership &amp; FN wellbeing</li> <li>The promotion of collaborative &amp; effective inter-departmental working relations</li> </ul> <p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>A significant drop in the levels of addictions &amp; the average age of “first use”</li> <li>A significant improvement in the performance of children at school, &amp; a steady increase in the high school graduation rate</li> <li>More employed adults, employed on a sustained basis</li> <li>A significant decrease in the incidence of violence, abuse, criminal behaviours, accidents, &amp; vandalism</li> <li>More stable families &amp; relationships</li> <li>A significant increase in the number of Youth participating in community recreation programs, supported by their families</li> <li>Significant increase in volunteerism for community projects</li> </ul>



**Action Plan” (CAAP) MODEL**

Case Manager	Partners	Schedule		
		2011-12	2012-13	2013-14 and +
<ul style="list-style-type: none"> <li>• Chief &amp; Council</li> <li>• Health &amp; Social Services</li> </ul>	<ul style="list-style-type: none"> <li>• Local partners: public security, Elders, schools, Sports &amp; Leisure, community sectors, Youth Centre, Youths, Economic Development, culture, etc.</li> <li>• All Band staff</li> <li>• FNQLHSSC</li> <li>• FNHRDCQ</li> <li>• FN Economic Development Commission</li> <li>• Local CLSC</li> <li>• Local religious organizations</li> <li>• Federal &amp; Provincial partners</li> <li>• Other partners</li> </ul>	<ul style="list-style-type: none"> <li>• To be determined by the community</li> </ul>		
<div> <div></div> Assembly of Chiefs and AFNQL Secretariat                     <div></div> Regional Commissions and Organizations                     <div></div> Communities                 </div>				

## COMMUNITIES

### “Community Additions

Priority	Suggested activities
<b>PREVENTION &amp; IMPROVEMENT IN THE CONTINUUM OF CARE</b>	
<p><b>Establish community-based “transition training programs” oriented towards Young Adults and Parents, aged 14-18 and 18-39.</b></p> <ul style="list-style-type: none"> <li>• The objective is to get young adults trained in essential skills so they can confidently &amp; successfully access the job market, or return to school – the transition from social services to a productive life &amp; livelihood.</li> <li>• These programs are also very effective with individuals returning from treatment programs</li> <li>• This age group is critical to the overall strategy of prevention: youth &amp; young parents who are actively &amp; confidently engaged in employment or training tend to be less involved in addictions &amp; provide better parenting.</li> <li>• These types of programs have worked very well in some FN communities. They require very effective partnering between economic development, the training group, and local employers.</li> <li>• These are expensive projects &amp; they need to be understood &amp; managed as cost-effective ‘investments’ for a better future.</li> </ul>	<p><b>NOTE :</b> Each community faces very different circumstances and challenges when it comes to employment opportunities, both short term and longer term.</p> <p>Having access to some real &amp; meaningful employment, preferably within the community but also including outside, is critical to the success of these initiatives.</p> <p>Success also requires a formal, up front assessment (a proven tool is available) of each trainee, and the development of her/his Individual Action Plan with specific goals to be achieved.</p> <p>It may be more effective for some communities to work in partnership with other communities, if they are reasonably close geographically.</p> <p>The following steps are intended to serve as an outline of the types of approaches that have worked in other communities.</p> <ul style="list-style-type: none"> <li>• Consult with Social Services &amp; Income Security Coordinator to identify potential list of trainees.</li> <li>• Assess availability of facilities &amp; trainers.</li> <li>• Develop a project outline that includes a commitment from local &amp; area employers to provide work placements of at least 6 weeks on a subsidized basis.</li> <li>• Develop Project Proposal for a minimum 20 week project, including 2 work exposures, one of which is paid by employer &amp; subsidized.</li> <li>• Obtain approval of Chief &amp; Council.</li> <li>• Obtain required funding.</li> <li>• Schedule complete program for 1<sup>st</sup> cohort, including work placements.</li> <li>• Obtain qualified trainers / teachers.</li> <li>• Approach candidates &amp; obtain 1<sup>st</sup> cohort.</li> <li>• Start 1<sup>st</sup> Training Session, with the formal assessment &amp; development of each Individual Action Plan.</li> <li>• Complete session with both individual &amp; project evaluations with all partners.</li> <li>• Ensure rigorous follow-up with graduates.</li> <li>• Schedule &amp; proceed to the next session with target of improving success ratio.</li> <li>• It is recommended that each community develop a local strategic plan for human resources</li> </ul>

## Action Plan” (CAAP) MODEL

	Expected Results and Indicators	Case Manager	Partners	Schedule		
				2011-12	2012-13	2013-14 and +
	<p><b>Expected results:</b></p> <ul style="list-style-type: none"> <li>• Young adults &amp; parents who are confident &amp; capable in pursuing either direct employment or future training</li> <li>• Better parenting &amp; more stable homes</li> <li>• Stronger, healthier communities with a growing number of young role models</li> <li>• “De-normalizes” the belief that we will never be able to obtain meaningful &amp; sustained employment</li> <li>• More aggressive economic development &amp; increasing number of employment opportunities</li> <li>• More steady incomes within the community stimulates small business &amp; more employment</li> <li>• The promotion of collaborative &amp; effective inter-departmental working relations</li> </ul> <p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>• Significant decline in numbers of young adults who are on permanent social assistance</li> <li>• Steady increase in the number of young adults who are in training or successfully accessing employment</li> <li>• Corresponding decrease in the number of young people suffering from addictions</li> <li>• Decrease in statistics related to dependency, i.e. violence, abuse, children placed outside the home, accidents</li> <li>• Children who are more successful in school, with eventually better high school graduation rates</li> <li>• Gradual increase in employment opportunities as employers experience better quality FN employees</li> <li>• Gradual increase in the number of small businesses</li> </ul>	<ul style="list-style-type: none"> <li>• Community Economic Development</li> <li>• FNHRDCQ</li> <li>• FNQLHSSC (Social Development Office)</li> <li>• FNQLEDC</li> </ul>	<ul style="list-style-type: none"> <li>• Health and Social Services</li> <li>• LFNC</li> <li>• Local Income Security Coordinator</li> <li>• Local High School</li> <li>• Community and local employers as employment partners</li> <li>• Political Leadership (Chiefs’ Assembly &amp; Local)</li> <li>• Treatment Centre Network</li> <li>• Service Canada</li> <li>• Other Partners</li> </ul>	<ul style="list-style-type: none"> <li>• To be determined by the community</li> </ul>		

■ Assembly of Chiefs and AFNQL Secretariat  
■ Regional Commissions and Organizations  
■ Communities

## COMMUNITIES

### “Community Addictions

Priority	Suggested activities
<b>PREVENTION</b>	
<p><b>Reduce &amp; eliminate access to illegal drugs in the communities.</b></p> <ul style="list-style-type: none"> <li>• The Summit recommended a “No Tolerance Program” fully supported by the community, with no exceptions regardless of who is caught.</li> <li>• They also recommended positive support for those willing to transition to a healthier livelihood.</li> </ul>	<p><b>NOTE :</b> This Summit Goal should be an integral part of the Community Addictions Action Plan (CAAP).</p> <p>It requires the full support of the community &amp; an explicit commitment from Chief &amp; Council, as well as exemplary behaviour from the political &amp; administrative leadership</p> <p>The role of regional services, like the Association of FN Police Chiefs, is to provide technical guidance, including a suggested set of Guidelines (things to know &amp; things to do).</p> <p>The École nationale de police in Nicolet can also provide specialized training.</p> <p>The following is only a suggested approach, based on the discussions from the Summit.</p> <ul style="list-style-type: none"> <li>• Chief &amp; Council to sponsor &amp; support a community consultation process to mobilize full support for a «no tolerance» approach to pushers and any other local access to illicit drugs and alcohol.</li> <li>• Local Police Chief to suggest specific actions to be taken to address “pushers” and other sources of illicit drugs, including severe consequences or sanctions, including seizure of property, &amp; also including positive support to bring about healthier options</li> <li>• Development of the “No Tolerance Program (NTP)”</li> <li>• Approval of the NTP by community &amp; the Chief &amp; Council</li> <li>• Partnerships to be negotiated with other key stakeholders, i.e. regional police</li> <li>• Full communication of the NTP</li> <li>• Full implementation with enforcement, without exception, regardless of who it is</li> <li>• FNQLHSSC coordinates and supports the negotiation of agreements for specialized training with the École nationale de police at Nicolet</li> </ul>

## Action Plan” (CAAP) MODEL

	Expected Results and Indicators	Case Manager	Partners	Schedule		
				2011-12	2012-13	2013-14 and +
	<p><b>Expected results:</b></p> <ul style="list-style-type: none"> <li>• Young adults &amp; parents who are Strong, informed community commitment to a “No Tolerance Program” towards ‘pushers’ and other sources of illicit drugs &amp; alcohol</li> <li>• Healthier, happier, more productive &amp; unified communities</li> <li>• Prompt, concrete &amp; serious action taken against anyone dealing in illicit drugs / substances, including alcohol, regardless of who it is, including positive assistance to transition to a healthier lifestyle</li> <li>• The promotion of collaborative &amp; effective inter-departmental working relations</li> </ul> <p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>• Significant increase in the number of persons arrested &amp; successfully prosecuted for drug trafficking</li> <li>• Significant reduction in the availability of illicit drugs in the community</li> <li>• Significant reduction in the number of people affected by dependency issues</li> <li>• Significant reduction in the incidence of violence, abuse, criminal behaviours, &amp; vandalism</li> <li>• Healthier homes &amp; better parenting</li> <li>• Significant improvement in academic performance &amp; high school graduation rates</li> <li>• Significant increase in number of youth participating in community recreation programs</li> <li>• Significant increase in stable employment &amp; better work performance for adults</li> </ul>	<ul style="list-style-type: none"> <li>• Chief &amp; Council in direct partnership with the community &amp; the local Police Force</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• The community &amp; the local Police Force in partnership with Chief &amp; Council</li> </ul>	<ul style="list-style-type: none"> <li>• Community members</li> <li>• Local school</li> <li>• Sports &amp; Leisure</li> <li>• SQ</li> <li>• École nationale de police (Nicolet)</li> <li>• Other partners</li> </ul>	<ul style="list-style-type: none"> <li>• To be determined by the community</li> </ul>		

■ Assembly of Chiefs and AFNQL Secretariat  
■ Regional Commissions and Organizations  
■ Communities

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