Review of

Back to our Roots: Chii Kee Way Meno Biimadeseyung

The Strategy to Overcome Prescription Drug Abuse/Misuse in Matawa Communities

2021

HEALTH & SOCIAL MENO BIIMADESWIN

Matawa
First Nations Management

Acknowledgments

Meegwetch to the community Health Directors, staff and service providers that participated and offered information and insights for this report.

Meegwetch also to the clients who shared their experiences and needs.

Finally, meegwetch to Chief Judy Desmoulin of Long Lake #58 for her guidance throughout the review.

This past year has been extremely challenging for the Matawa communities, Health Directors and staff in preparing for and managing events around the COVID-19 pandemic. COVID-related restrictions have negatively impacted PDAM service and program delivery for clients and their families. Nonetheless, tireless efforts by Health Directors and staff to mitigate these impacts and deliver the much needed help for their community members is to be recognized and commended.

Executive Summary

The Matawa Chiefs mandated the Matawa Health & Social Services Task Group to develop a strategy to combat a growing prescription drug abuse/misuse epidemic in the Matawa communities. In May 2011, the *Back to our Roots: Chii Kee Way Meno Biimadeseyung*, *The Strategy to Overcome Prescription Drug Abuse/Misuse in Matawa Communities* ('the Strategy') was presented to, and accepted by the Chiefs as per Resolution 01-20/05/11 *Back to Our Roots: Chii Kee Way Meno Biimadeseyung PDA Strategy*.

The purpose of this review is to determine the status and progress of community PDAM programs and services in relation to the four key areas of Loon, Fish, Wolf and Bear; identify needs, strengths and challenges; and, gather needs to inform the next steps for regional planning and action for change for the Strategy.

The community PDAM plans were developed with support by Matawa First Nations Management and several PDAM Conferences were held to facilitate knowledge-sharing sessions and exchange ideas on PDAM models. This was followed by strong advocacy to launch the PDAM projects. Presently, the communities are in similar stages but have varying capacity within their PDAM programs.

The main mechanisms proposed in the Strategy have been achieved: land-based projects, detoxification and suboxone programs, and local treatment models. The challenge has always been insufficient funding to effectively carry out the PDAM programs. All communities are operating with anywhere up to only 40% of needed annual funding resulting in inadequate capacity/staffing, reduced program activities and training, capital/equipment shortfalls, limited or non-existent professional services, and no resources to update community PDAM plans.

Other community programs fund activities for Treatment Models (prevention, promotion and some aftercare) and are integral to PDAM programs.

Communities' strengths include the local resource people: elders are active instructors in traditional and cultural programs; hardworking and dedicated staff; and, volunteers donating their time and equipment, all working towards the improved health of communities and their members. There are recommendations which have been gathered and presented in this review that will direct and provide focus on the additional supports for the PDAM programs, and for those who implement them.

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1.0 Introduction

Purpose of the Review

The purpose of this review is to:

- Assess Matawa communities' PDAM projects (prevention, promotion, intervention, assessments, treatment, recovery/relapse prevention, aftercare) and progress in the key areas of Loon, Fish, Wolf and Bear.
- Identify status and progress on Regional Initiatives under the Matawa PDAM Strategy.
- Identify communities' strengths and challenges.
- Make recommendations for improvements and next steps.

Method

Separate questionnaires were created for the communities and clients. Most of Health Directors, some staff and service providers answered questions over the phone relating to the status of community PDAM projects, strengths and challenges, recommendations on improvements, and next steps.

Questionnaires had to be modified in the early stages as some respondents did not have access to financial records nor were involved in the financial aspects of the programs. Nonetheless, other financial and funding aspects are still captured and presented as aggregated data.

Another modification was reducing the number of questions. This was done as the proposed questionnaire was deemed too long especially when conducted over the phone. The revised questionnaire was redesigned to still capture data intended to satisfy the purposes of this review.

The client questionnaire was conducted face-to-face with respondents from one of the Matawa communities. The COVID pandemic posed a challenge and prohibited client interviews with other communities, as well as interviewing a wider section of respondents such as youth, elders and leadership.

This review is not intended as a 'report card' of the individual communities. The intention is to identify commonalities and to present any community-specific information that is openly shared.

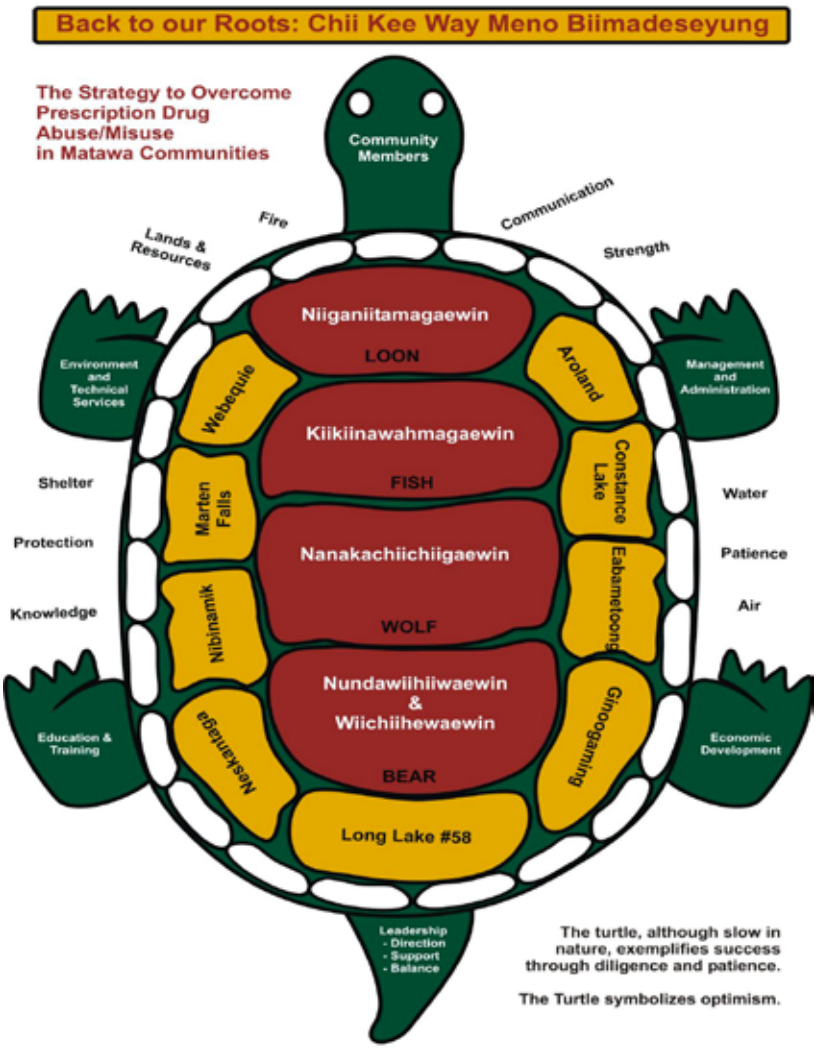
2.0 About the Back to our Roots Strategy

Purpose of the Matawa PDAM Strategy

- Create a structured plan to meet the goal of "healthy lives and healthy communities in harmony with the environment according to community's values and beliefs".
- Provide direction for next steps in the work to combat prescription drug abuse/misuse.
- Provide guidance for the organization of existing programs and resources to address this problem.
- Provide a focus for additional efforts and the resources needed to implement them.
- Identify areas for regional (all Matawa communities) projects and collaboration
- Provide an action plan for community leaders to enable them to fulfill their role of finding resources, advocating and making by-laws for the community.

The Turtle

The visual model chosen to organize the communities, key areas, departments, partners, leadership, resources, direction, values and principles is the Turtle. It represents mother earth and on its shell, provides a living place for human beings and all creatures between the sky and water. It represents Mother Earth and provides a living place for human beings and all creatures between the sky and water on its shell. The Turtle, although slow in nature, exemplifies success through diligence and patience. The Turtle symbolizes optimism.



The Four Key Areas

LOON—Niiganiitamagaewin: Governance and Shared Responsibility – addressing the need for the community's leaders (Chief & Council, Program Managers and others who are responsible for leadership) to be proactive, be role models and creative in resourcing.

FISH—Kiikiinawhamagaewin: Education, Promotion and Prevention & Harm Reduction – addressing the need for community awareness and education in all areas about the drugs and programs that will lead to healthy lifestyles and promote healthy relationships.

WOLF—Nanagachiichiigaewin: Enforcement, Reducing the Supply and Lateral Impacts – addressing the need to reduce the availability of drugs and reduce the incidents of violence.

BEAR—Nundawiihewaywin & Wiichiihewaywin: Client-centred Services and Community Transition and Re-integration – addressing the need for wholistic client services that will include all aspects of the continuum of care. i.e. referral, intake, assessment, Anishinabe cleansing, nonmedical and medical detoxification, pre-treatment, treatment, follow-up, aftercare and back to society programs that will include preparation to positive living skills, relapse prevention, working with supports systems, pre-employment and training.

Strategy Plans for Matawa Regional Initiatives

1. Adequate Capacity/Staffing
2. Capital & Equipment Resources
3. Support for Land-based Healing/Therapy Programs
    - Webequie Return to Traditional Gathering Place
    - Neskantaga Traditional Healing for Women and Men
4. Travelling Team of Addictions Specialists
5. Support for Specialized Centres
    - Eagle's Earth PDA/M Wellness Centre in Constance Lake
    - Eabametoong Community Healing & Wellness Centre
6. Research and Development of Client-centred Approach
7. Development of Community-Based PDA/M Strategies
8. Community Development Intervention Actions
9. Anishinabe Land-Based Learning Program
10. Regional Patient Advocacy
11. Ongoing Learning – Focus on PDA/M and Wellness

3.0 Community Programs

The following section outlines a brief description of the community PDAM Model, goals & action (Loon, Fish, Wolf, Bear), strengths and challenges.

Constance Lake First Nation

Constance Lake First Nation is a road-access community with a total population of 1773 with 900 people living on-reserve.

NNADAP PDAM Program/Eagle's Earth Treatment Centre

The community started a NNADAP land-based detoxification program in 2015. It started as a community initiative and later expanded into a residential program called Eagle's Earth Treatment Centre ('Treatment Centre'). While as a community initiative, clients were as young as 14 years old. Change in funding agency requirements raised it to 18 years of age when it began operating as a Treatment Centre. While there was initial focus on the local community, the service area expanded in 2016 to include other Matawa First Nation communities, Mushkegowuk territory and Robinson-Superior Treaty area. There are 5 cycles with 8-11 clients/cycle, ranging from 18-64 years of age. It consists of a 7-day detoxification period followed by a 12-week Red Path aftercare component in the community. Other aftercare continues at the clients' respective communities with local health programs and services. There is also a 20-day outpatient treatment/detoxification service for local clients. Other detoxification and residential services are available, at the client's request, in other areas such as Thunder Bay, Timmins and Smooth Rock Falls, Ontario.

The community recently received approval for funding by the Province for upgrades to meet Provincial infrastructure standards.

Community Programs & Spectrum of Care

There are several local community programs that the NNADAP land-based detoxification program refers its clients to. These include, but are not limited to, NNADAP, Choose Life, Brighter Futures, Family Well-Being, Education, Child Welfare, Ontario Works and a local initiative funded by surplus program monies. Programs fund: prevention activities in-and-out of the school setting; training for clients/staff (first aid, naloxone, etc.); trauma-based mental health counselling; Narcotics Anonymous meetings; land-based program; and, several other wellness activities.

OATC Clinic

The community has hosted an OATC methadone/suboxone clinic for over a decade as an immediate response to the opioid crisis. It operates as part of local PDAM programs/services and works with the Treatment Centre when transitioning clients from detoxification phase to methadone/suboxone treatment.

PDAM Community Strategy: Goals and Action

Loon: Governance and Shared Responsibility

- The community contributed the building facilities for the Treatment Centre.
- Some community programs used for PDAM: NNADAP, Choose Life, Brighter Futures, Mental Health, Education, Child Welfare, Ontario Works and local Healthy Lifestyle Program (designed for girls 12-18 years old, and a component recently created for boys).
- Community leadership participated in the design phase of the local PDAM strategy.
- There is understanding and respect of different beliefs among planners, staff and clients.

Fish: Education, Promotion, Prevention and Harm Reduction

- School Drug Prevention awareness initiative.
- Sober Bear visits at the school during NNADAP National Addictions Awareness Week.
- Narcotics Anonymous.
- Needle exchange program.
- Access to outpatient treatment programs outside of community.
- Relapse prevention activities (wellness activities, ongoing life skills development and workshops i.e. anger management, etc.).
- Recent shift to include more family-oriented program activities at the Treatment Centre.
- Access to traditional ceremonies and medicines.

Wolf: Enforcement, Reducing the Supply and Lateral Impacts

- Prevention initiatives such as road checks and searches are not in place and would likely be difficult to enforce and maintain for this road access community.
- Emergency shelters (i.e. Women's shelter, etc.) are not available in the community.
- Family-oriented workshops are a recent development.

Bear: Client-centred Services and Community Transition & Reintegration

- Most of the Treatment Centre funding is spent on the detoxification component leaving insufficient funding for other areas of a client-centered spectrum, including aftercare.
- Continuing aftercare through client service utilization of community programs is by encouragement only and not through any existing referral process nor partnership .
- Enrolling clients from other communities to their respective community programs is difficult as they are self-referred. There is no formal referral process in place for outside agencies.

- Community programs are operating in silos in part due to externally designed program objectives.
- Peer support system is in place (i.e. Narcotics Anonymous) but can still be strengthened.
- There is an environment of respect for Traditional and Christian-based teachings and lifestyle within the programs and community fostering a healthy environment for clients in their healing.
- There is opportunity to continue to access traditional teachings and medicines in aftercare as long as the program is available.
- There is no long term skills development opportunity within any of the existing programs but is offered for community by K.K.E.T.S in Thunder Bay.
- There is no sufficient funding for staff training and is a leading reason for staff turnover (as they do not feel sufficiently trained to accomplish objectives).

Strengths

- Broader transition to family-oriented programming (while also focusing on individuals).
- 90% success rate in detoxification program.
- Programs focus on historical trauma and impacts on individuals and families.
- Incorporation of traditional ceremonies and medicines.
- Staff are themselves in stages of recovery that results in understanding and working on a personal level with clients.
- Use of client exit interviews to continuously improve programs.
- Addressing sexual abuse and other trauma in mental health counselling. 90% of clients started using drugs due to sexual abuse and other trauma, many while under care of mainstream children's agencies.
- Clients have trust in that confidentiality is being maintained by staff.

Challenges

- Need for integrated services of local community programs and the Treatment Centre for transitional aftercare services for clients.
- Funding challenges:
  - Only 40-50% of funding approved annually from total requested amounts for the Treatment Centre and the community programs used in part for PDAM activities.
  - No funding available for professional services (psychologist, psychiatrist, etc.). Can only access free services that may be available.
  - More funding needed for physician, nurses and mental health counsellors.
  - There are only 5 employees for the Treatment & Healing Centre. More are needed to ease stress and demands on staff.
  - Staff turnover due to lack of funds for appropriate training.
  - Annual waitlist for the Treatment & Healing Centre can be shortened if additional funding allowed for the ideal objective of 15 cycles annually.
- Insufficiently trained staff may affect confidence of prospective clients.
- Community programs operate in silos.
- More qualified trainers needed to carry out various staff and client needs.
- Reasons for client relapse: lack of housing, unemployment and lack of personal relationship supports.
- Lack of resources for continuum of care when exiting from the land-based detoxification program.

Marten Falls First Nation

Marten Falls First Nation is a fly-in community with a total population of 710 with 295 people living on-reserve.

Suboxone Program

The program is delivered for on and off-reserve members. It currently serves 53 locals and 20 clients in Geraldton and Thunder Bay, Ontario. Most of the programming, especially aftercare, is presently only available for the on-reserve clients, who range from 16-60 years of age. Limited annual funding for the suboxone program covers direct costs only, so related costs including travel are subsidized by other programs.

Community Programs & Spectrum of Care

All funding resources for the client care spectrum are solely from community programs. Programs include NNADAP, Mental Health, Brighter Futures, Community Support Funding, Home Care Program, Family Well-Being and Choose Life. The funding is directed to support activities such as mental health and spiritual counselling, land-based activities (canoeing, fall/spring hunts and camping) with various workshops and life skills training sessions. NIHB-funded traditional counsellors are used monthly, and until a couple years ago, there used to be monthly visits with mental health counsellors from the Matawa First Nations Management. Christian-based counsellors are not funded, but are available as volunteers for the clients. Sessions are conducted with individuals, families and in group settings. Life skills, personal development, skills training and other related workshops (relapse prevention, etc.) that are part of the broader spectrum of care are also supported by community programs.

There is no formal referral system for client services between programs but this has not caused any real difficulties as events are coordinated between various programs. Sourcing external service providers for services in the community, especially mental health counsellors, trainers and professionals such as psychologists and psychiatrists, has been problematic for the community. Clients have some access for external counselling services (like Sullivan & Associates in Thunder Bay).

There is a strong emphasis to avoid stigma and segregation for clients, therefore, in addition to client-only events, much of the other activities involve the other community members.

PDAM Community Strategy: Goals and Action

Loon: Governance and Shared Responsibility

- The community contributed a building facility for the suboxone program.
- Community programs used for PDAM: NNADAP, Mental Health, Brighter Futures, Community Support Funding, Home Care Program, Family Well-Being and Choose Life. Event planning is integrated with all programs.
- Program funding is limited and own-source funding is not possible due to fiscal responsibility.
- Respect is demonstrated for different spiritual beliefs and is incorporated into PDAM planning.
- Initial Community PDAM Strategy planning was done only by staff. Staff wish to see more community ownership and proactivity with planning and vision. More proactive strategies are required.
- Substance abuse policies (workplace and other local by-laws on drug testing) are not yet incorporated due to insufficient resources for consulting policy experts.

Fish: Education, Promotion, Prevention and Harm Reduction

- Activities supporting prevention, promotion and relapse prevention are done under community programs.
- Other needs required by clients (i.e. diabetics) are provided to supplement overall health and well-being. However, there are challenges including finding proper trainers.
- There is networking between program staff.
- There has been a shift to include families in sessions, when required.
- Harm reduction activities such as needle exchange are not presently available.
- Traditional land-based program promotes reclamation of identity and traditional skills.

Wolf: Enforcement, Reducing the Supply and Lateral Impacts

- Luggage searches for drugs are conducted at the airport.
- Emergency shelter (i.e. Women's shelter, etc.) is not available in the community, and is much needed.
- Family-oriented workshops are now part of the program.
- There is an informal process for reporting drug dealers. A formal strategy to combat drugs is still required.

Bear: Client-centred Services and Community Transition & Reintegration

- There is a strong emphasis for community transition and reintegration for clients. Programs and events are designed for clients to interact with community members. This method also reduces stigma and promotes reintegration for clients.
- Most of the resources for the spectrum of care are funded through community programs.
- There are no formal referral services nor transitional care to various community programs. Client participation in events is done through encouragement by staff.
- Finding funding resources is less problematic than to find various trainers to come into community to conduct training for clients and staff.
- Long term skills training programs (i.e. K.K.E.T.S. skills and employment training) are available for clients and community members.
- There is respect for Traditional and Christian-based teachings in the community that fosters respect and a healthy environment for clients.

Strengths

- Coordinated activities between different programs that support client spectrum of care.
- Family-oriented events and workshops.
- Program 'graduation' rate average of 2 clients per year.
- Clients feel more part of the community as programs are designed to be inclusive of all community members.
- Drugs are less readily available due to remoteness factor and searches at airport.
- Volunteer pool of spiritual counsellors (Christian-based) are available.

Challenges

- Need for more strategies for proactive participation by community and leadership in PDAM planning.
- No funding for local detox program.
- Difficult to find external trainers for clients and staff. Improperly trained staff affects confidence of prospective clients.
- Small human resource pool within the community.
- There are no longer any mental health counsellors who used to provide monthly services.
- Clients can only be encouraged to participate in activities and events. It can get difficult and frustrating at times for staff to try and have all clients participate.
- A proper treatment model is required in the community. Presently, clients are encouraged to seek treatment outside of community to deal with serious issues such as trauma, etc.
- Funding challenges:
  - Resources from community programs required to subsidize suboxone program takes away from other intended program objectives.
  - Some funding shortage priorities; travel, employee salaries, aftercare/integration.
  - More staff required.
  - Additional funding needed to address trauma. This includes logistical support in finding external mental health counsellors.
- Relapse rate approximately 10 clients per year. Reasons are unresolved trauma, boredom, peer pressure, unemployment and lack of personal supports to a lesser extent.
- There are fewer clients every year. Reason is unknown.
- Some clients have general trust issues and with staff. While this is understandable, having more external counsellors would be helpful.

Webequie First Nation

Webequie First Nation is a fly-in community with a total population of 943 with 818 people living on-reserve.

Suboxone Program

Since 2011, the program averages 100 clients annually ranging from 18-57 years of age. Cycles start on an as-needed basis depending on the waitlist. Clients are assessed by a physician prior to starting the treatment and are monitored throughout the course of the program. Daily observed therapy (DOT) is done by local staff for those clients that are not given 'carries'. There are some who have completely tapered off, but there are also those that break their contract and relapse for various reasons. There is an annual funding shortfall of approximately $600k to meet the needs.

Community Programs & Spectrum of Care

Funding for a land-based program and PDAM activities come from NNADAP, Mental Health, Jordan's Principle, Brighter Futures and Choose Life programs. Activities and events support detoxification, prevention, promotion and aftercare. Workshops on life skills, personal development, well-being and healing are done in individual and group settings. The "Awakening the Spirit" workshop focuses on identity, empowerment and personal development and had provided positive results until it was discontinued for lack of financial resources. NIHB covers expenses and travel for Traditional Counsellors.

Aftercare support is available to the clients for as long as they choose. This includes access to ongoing workshops and other personal supports. Local skills development is offered under the Ontario Works Program.

The land-based program (Peetwanakang Camp) provides clients with identity and cultural reclamation through skills development in cultural activities such as canoeing, survival skills, hunting, fish-netting, and trapping. It operates at varying capacities all year. It is a family-oriented program that re-establishes family connections for clients.

Overall, the programs have been operating over financial capacity and additional resources have to be sought. Impacts have resulted in cancellation of some activities, less staff training, fewer Mental Health/Family Violence and Victim Services workers, and dependency on donated equipment. Additional funding and less funding restrictions by funding agencies would help to alleviate some concerns.

PDAM Community Strategy: Goals and Action

Loon: Governance and Shared Responsibility

- The community contributes space for workshops and the suboxone program.
- Community programs used for PDAM: NNADAP, Mental Health, Brighter Futures, Jordan's Principle, Brighter Futures and Choose Life.
- Community leadership, staff and community members participate in PDAM Strategy planning.
- Proactive support from community leadership. Staff educate new Council members on the programs.
- PDAM programs incorporate both Traditional and Christian-based teachings.
- Community members donate use of their equipment.
- Family-oriented land-based program to address/prevent any family and lateral violence.

Fish: Education, Promotion, Prevention and Harm Reduction

- Community programs support PDAM prevention, promotion and relapse prevention.
- Aftercare program is available as long as clients choose to access supports.
- The PDAM program is promoted in the community about 4 times/year with awareness workshops (food is ordered from outside the community).
- Promotion is done through social media community sites.
- New mothers are educated on and supported for PDAM issues.
- There is a needle exchange program in the community.
- Land-based program is family-oriented.

Wolf: Enforcement, Reducing the Supply and Lateral Impacts

- Luggage searches for drugs are conducted at the airport. Confiscated contraband is mostly alcohol. It is more difficult to find drugs and it comes into the community more easily.
- No formal process to report drug dealers. A program like Crime Stoppers should be expanded and used in the community.
- There is no established Emergency Shelter (i.e. Women's Shelter). However, safe spaces are coordinated by community resource people and clients' family members or local motel.
- The community works with NAPS to collectively attempt to reduce supply.

Bear: Client-centred Services and Community Transition & Reintegration

- Lack of funding has decreased PDAM workshops ("Awakening the Spirit"), number of staff, and especially mental health counsellors.
- Mobile Treatment Teams model was used only when PDAM program first started but there was shortage of accommodations at that time.
- Currently, there is no formal community Peer Support system or group in place. Only the Choose Life Program had one in place for a short duration and it worked well.
- Traditional and Christian-based teachings are available in PDAM programs. Respect for both beliefs fosters a positive community environment for clients.

- Clients who access the Ontario Works Program can qualify for skills training. Training is also available for community members through the K.K.E.T.S program in Thunder Bay.
- Ontario Works program offsets some equipment costs.
- Funding shortages affect staff development (less training opportunities as qualified facilitators have to be brought to the community, or staff have to attend events outside of the community).

Strengths

- Family-oriented land-based program operates all year.
- Proactive participation by staff and community members in PDAM Strategy planning.
- Good general support by community leadership.
- Community members donate their equipment for use in the land-based program.
- Clients receive good family and community support.
- There are some clients who completely taper off from Suboxone.
- Community programs and services are part of the client spectrum of care.
- Multi-year funding agreements reduce re-submission efforts.
- Both Traditional and Christian-based counselling is available.

Challenges

- Detoxification program requires more funding to meet the needs. Also, the building requires renovations to update it.
- Client relapses are caused by lack of housing (overcrowding), unresolved trauma and grief, lack of personal supports and family conflicts.
- Need to incorporate trauma (individual and intergenerational) and grief components in treatment model.
- Less restrictive financial breakdown requirements would alleviate expenditure necessities.
- There is no fibre optic high speed internet service which hinders some training activities.
- Staff turnovers are due to unavailable (or insufficient) housing and intrudes on their sense of security and well-being.
- Staff needs must be addressed to avoid burnout.
- There is difficulty to find available trainers for clients and staff due to insufficient funding and COVID-related travel restrictions.
- Training for staff to learn coping skills and manage challenges with clients (i.e. verbal abuse, etc.).
- There is a certain amount of lack of trust of local staff by clients, therefore external counsellors are needed.
- Hard to motivate clients to take up available local employment opportunities.

- Funding challenges:
  - Resources from community programs required to subsidize suboxone program which takes away from other program objectives.
  - Annual $600k shortfall for Suboxone program.
  - No funding for suboxone building (trailer) upgrade. Also, currently there are no proper washrooms nor heating.
  - Other community programs have to subsidize land-based program, and it is also dependent on donated equipment.
  - Reduced number of Family Violence, Victim Services and Mental Health Workers.
  - Additional funding needed to address trauma/grief.

Ginoogaming First Nation

Ginoogaming First Nation is a road-access community with a total population of 994 with 232 people living on-reserve.

Suboxone Program & Methadone Program

The program operated as an ideal model when it began about a decade ago. It has since been scaled down as it was unsustainable without additional funding. The present model starts with an intake cycle on an as-needed basis. Assessments are done with individuals to determine the treatment course and ancillary medication kits are given for withdrawal symptom management. DOT therapy is done by local staff and treatment and monitoring continues throughout the program. Some clients are given "carries" as they progress.

The OATC clinic in Longlac is accessed by clients for methadone treatment and operates independently from the community.

Community Programs & Spectrum of Care

A land-based program and activities under the NNADAP, Mental Health, Jordan's Principle, Family Well-Being, Ontario Works and Choose Life support prevention, promotion, aftercare and subsidization of salaries for PDAM staff and contracted mental health counsellors. Clients range from 10-65 years of age. Workshops on life skills, parenting, self-care and home management (cooking, etc.) are delivered. Cultural activities are done in the community and out on the land. A land-based program has expanded from seasonal to being delivered all year with 12 cycles per year. Family-oriented programming is delivered along with mental health supports for participating family members. Celebration events with the public are also an important aspect in the reintegration of clients into the community.

External organizations such as Dilico Mental Health & Addictions and Matawa First Nations Management also provide/ coordinate mental health counsellors for clients.

Promotion and prevention events focus on youth with sports and recreational events. However, these events have been reduced again due to funding constrictions. The aftercare program runs for 4-6 weeks but clients can continue to participate as long as they want with any on-going workshops. Clients also have the option to attend the Narcotics Anonymous group meetings in Longlac as part of relapse prevention.

Furthermore, the community has a 12-week employment skills training program under the Ontario Works Program, and additional skills and employment training is available to all community members through the K.K.E.T.S. program in Thunder Bay, Ontario.

Overall, the programs are in need of additional financial resourcing and other funds have to be sought to offset costs. Funding is also required to purchase permanent structures and to maintain the facilities used in the land-based program. For future planning, the community is exploring capacity-building for land-based treatment with Constance Lake First Nation. As well, more staff (and case workers), funding for professionals (physicians, psychologists), equipment/transportation, staff training (i.e. aftercare and case management planning), mental health counsellors, and a director that can design and oversee a PDAM Treatment Model.

PDAM Community Strategy: Goals and Action

Loon: Governance and Shared Responsibility

- The community contributes space for PDAM events and temporary structures for the land-based program.
- Community programs used for PDAM: NNADAP, Mental Health, Jordan's Principle, Family Well-Being, Ontario Works and Choose Life for events, activities and to offset costs (i.e. salaries).
- Differences in beliefs are respected and incorporated into PDAM planning to ensure client success.
- Family-oriented land-based program to address/prevent any family and lateral violence.
- Social team (consists of programs and organizations affiliated with the First Nation, including the local Police).

Fish: Education, Promotion, Prevention and Harm Reduction

- Community programs subsidize PDAM prevention, promotion and relapse prevention to alleviate some, but not all, financial constraints.
- Aftercare continues beyond the completion of the 4-6 week program if the client wishes.
- Promotion and prevention activities focus on youth with healthy lifestyle activities (sports and recreation events).
- Clients and families are given opportunity to take ownership of their issues through their participation in the land-based program.
- Workshops focus on empowerment and personal development for all community members.
- Choose Life supports many important youth prevention/promotion activities including a land-based camp where traditional teachings and life skills are taught. This facility is shared with the PDAM program.

Wolf: Enforcement, Reducing the Supply and Lateral Impacts

- Reducing the supply is difficult for this road-access community. Road checkpoints and luggage searches are not feasible and close proximity to the highway and town add to the challenge.
- No formal process to report drug dealers.
- The community works with Anishinabek Police Service as part of some PDAM programs and events.
- There is no established emergency shelter (i.e. Women's Shelter) but staff will find safe spaces for clients when needed.

Bear: Client-centred Services and Community Transition & Reintegration

- Aftercare includes a 12-week skills training program to help clients reintegrate into the community and provide for their families.
- Skills and employment training is also available for community members through the K.K.E.T.S program in Thunder Bay, Ontario.
- Special events are celebrated by clients and community members (community feasts, etc.).
- Narcotics Anonymous peer support group is available in Longlac.
- Traditional and Christian-based teachings are available in PDAM programs and respect for both beliefs fosters a positive community environment for clients.
- Community programs and services support various areas of spectrum of care.
- External agencies (i.e. Dilico, Anishinabek Police Service, etc.) work with the community and are involved with the individual clients (and their families) for services such as Mental Health counselling.

Strengths

- Individual programming and family-oriented land-based program.
- Community programs provide support in different areas of spectrum of care.
- Partnerships with external services to address other client needs.
- In-kind contributions by other programs and services (i.e. staff salaries) for time while working with clients.
- Strong cultural activities and good community site for events.
- Strong participation by elders in sharing cultural knowledge and traditional skills with PDAM clients.
- Partnerships with Matawa Health Co-operative & Mental Health Program that provides capacity building and training for youth and staff.

Challenges

- Detoxification program is only available externally for clients.
- No high-speed internet to deliver services to clients and their families.
- Homelessness and lack of housing affects the progress and success for clients. This is an important issue and the community is working towards alleviating the housing demands.
- More family-support needs to be coordinated for clients.
- Types of drugs ('crack' cocaine, crystal methamphetamine 'jib') used have changed and are beyond just prescription medications.
- More staff training needed to inspire confidence and passion in delivering program objectives. Prospective clients need to see this and is important for their own confidence in the PDAM programs.
- More trainers are needed, especially for developing a detoxification component.
- Need access to more Traditional Healers.
- Small local human resource pool available for hiring by PDAM program.
- Burnout is a serious issue due to high work demand and few number of staff. Other contributing factors include community politics, lack of housing in community and high rental costs in Longlac.
- Need for more community infrastructure for youth (i.e. sports facilities such as an outdoor rink) to carry out events.
- Promotion and prevention activities need to include the importance of education and parental encouragement for school and PDAM activity attendance.
- Lack of employment opportunities since the mill closed has affected mental well-being of clients.
- Need to strengthen programming to address trauma in current model.
- Funding challenges:
  - Resources from community programs are required to subsidize PDAM programming and share equipment, which can impede and require 'time-sharing' scheduling (i.e. land-based camp).
  - Additional funding required for proper PDAM Treatment model.
  - Need for PDAM Director to manage and coordinate integrated program/services and proposal development.
  - Need for more permanent facilities for land-based program.
  - Need more nurses for suboxone program.
  - Need more resources for specialized staff training (Case Management Model services, aftercare planning, professional development).
  - Other immediate funding priorities: salaries, training, aftercare/integration components, professional costs (clinical staff) and infrastructure.
  - Additional funding for promotion/prevention activities with youth.
  - No funds for maintenance or expansion of camp facilities.
  - Less restrictive funding requirements would lessen having to return funds to government (Choose Life, Jordan's Principle).
  - Client travel costs need more funding (to external detoxification and treatment centres).
  - Additional aftercare funding could support programming for clients returning from Treatment Centres. A halfway house would also assist in the transition.

Eabametoong First Nation

Eabametoong First Nation is a fly-in community with a total population of 2743 with 1626 people living on-reserve.

Suboxone Program

The program currently has 192 clients. The number fluctuates yearly but has increased in the last few years. Reported figures in 2017 saw ranges of 150-170 clients. Clients are first assessed to determine treatment course and supported through a detoxification phase. They are supported and monitored during the treatment phase. Daily DOT therapy is conducted by local staff for clients who are not given 'carries'. Relapse prevention and harm reduction components are extended in early phases of a multi-phased Treatment Model. The program is underfunded annually by about 35% with approximately 50% of funding used towards professional salaries.

Eabametoong Community Healing & Wellness Centre

The efforts began in 2010 for a facility to include: intake, detoxification, pre-treatment, long-term treatment, healing support, after-care, prevention/health promotion and skills development/training. The facility is intended to support clients through several levels of the local community Treatment Model. It also has a residential component (for clients from other communities) which at times does not operate, or only at half capacity due to funding limitations and more recently, COVID restrictions on group-living. Presently, it is only used as an accommodation building.

The integration of the detoxification component has not been completed yet. There are some issues with the physical structure and funding that have stalled the transfer of this service to the facility.

The activities for the client spectrum of care under this facility are supported by several community programs.

Community Programs & Spectrum of Care

Some community programs such as NNADAP, Choose Life and Mental Health programs support the client spectrum of care and activities of the Eabametoong Community Healing & Wellness Centre. This includes a land-based program, some prevention/promotion and aftercare activities. Elders' teachings, Traditional and Christian-based counselling sessions are available depending on need of the client.

Workshops focusing on life skills, personal development, well-being and healing are done in individual and group settings during treatment and aftercare. At one time, "Tools for Staying Clean" were done up to 3 weeks/month.

The land-based program is used to deliver family-oriented workshops, cultural activities, traditional skills and traditional teachings. The community recognizes the importance of the tranquil setting of nature and importance of cultural identity development as part of healing.

Financial resources are shared by some, but not all, health programs. They are operating with funding pressures to effectively deliver programs. Some impacts are reduced or delayed services (i.e. Healing & Wellness Centre), undertrained staff, fewer Mental Health workers and infrastructure in need of repairs.

PDAM Community Strategy: Goals and Action

Loon: Governance and Shared Responsibility

- Local PDAM planning is done by staff along with external organizations (i.e. S.L.F.N.H.A. Wellness Team).
- More strategies are needed to support proactive planning and support by community leadership.
- Partnership established with S.L.F.N.H.A. to assist with PDAM program (i.e. counselling services).
- Differences in beliefs are respected and incorporated into the local Treatment model and client treatment plans.
- More political will and community initiative needed to support PDAM program.
- Some local community program resources support PDAM activities including relapse prevention in the suboxone program.
- The community contributed 2 buildings for the PDAM Program.
- Family-oriented land-based program to address/prevent any family and lateral violence.

Fish: Education, Promotion, Prevention and Harm Reduction

- Local health programs, either independently or in partnership with the PDAM programs, contribute to prevention/promotion activities.
- Most programs focus on individual responsibilities. Need to broaden to include families more.
- New mothers are educated on PDAM issues by clinic professionals and through program education materials.
- Needle-exchange program in the community as part of Harm Reduction initiative.
- Land-based program promotes cultural and identity reclamation.

Wolf: Enforcement, Reducing the Supply and Lateral Impacts

- Luggage searches for contraband drugs and alcohol are conducted only certain times of the year (i.e. before and during holidays).
- The community leadership is responsible to create a process to address drug dealers in the community. They work with NAPS to attempt to reduce the supply.
- Family-violence workshops are conducted to prevent lateral violence.
- There is no established emergency shelter (i.e. Women's Shelter). Tikinagan Child & Family Services works to create safe places for children in an emergency but do not work in a formal partnership with PDAM Program.
- The PDAM Program is not overly involved nor given responsibility in enforcement and reducing the supply. That duty remains with the community leadership.

Bear: Client-centred Services and Community Transition & Reintegration

- Mobile Treatment Teams were never used. The S.L.F.N.H.A. Wellness Team is used to provide ancillary services and some mental health support.
- Lack of funding has greatly affected need for Mental Health counsellors and nursing staff for the suboxone program.
- Clients and families have option to attend Alcoholics Anonymous meetings.
- The community is accepting of both Traditional and Christian beliefs fostering a good environment for clients.
- Skills training is offered only for clients of Ontario Works. This is done outside of PDAM Model and community Treatment Model parameters. Training is available to all community members through the K.K.E.T.S. program in Thunder Bay, Ontario.

- Lack of funding reduces training opportunities and staff development.
- Land-based program is offered and is family-oriented.
- Suboxone clients are hired for local jobs which helps to facilitate integration into community.
- There are regular staff de-briefing sessions to support staff, but training is still needed.

Strengths

- Regular de-briefing sessions with staff to maintain cohesion.
- Staff 'burn-out' and turnover are not significant concerns.
- Respect for Traditional and Christian-based teachings and lifestyle in the community makes reintegration easier for clients.
- Traditional counsellors are available and coordinated through Matawa First Nations Management.
- Family-oriented land-based program operates all year.
- Elders are strongly involved in PDAM events.

Challenges

- Small human resource pool in community for PDAM hiring.
- Good PDAM plans are made but it is hard to find funding (partial funding at best).
- Most program activities operating are under-funded (prevention, aftercare/integration, professional costs, etc.).
- Many clients are 'stuck' in level one (suboxone program) and is difficult to have them progress through the rest of the Treatment Model.
- The Healing & Wellness Centre is in need of renovations and upgrading but do not have sufficient capital funds.
- While some local programs support the PDAM program, other health programs operate independently.
- COVID restrictions have greatly impacted PDAM client spectrum of care activities and residential component.
- Land-based camp must share facilities with other programs. Equipment (canoes) and food costs have to be subsidized by other community programs.
- Detoxification program requires more nursing staff.
- Need more family-oriented programming.
- Less restrictive financial breakdown requirements would alleviate expenditure necessities.
- There is no fibre optic high speed internet service which hinders some training activities.
- Staff turnovers are due to unavailable (or insufficient) housing and intrudes on their sense of security and well-being.
- Need resources to address staff burnout.
- Difficult to find available trainers for clients and staff due to insufficient funding and COVID-related travel restrictions.
- Training for staff needed for coping skills for workplace and client challenges (i.e. verbal abuse, etc.).
- There is some lack of trust by clients of local staff, so external counsellors would be beneficial.
- Hard to motivate clients to take up available employment opportunities.

- Funding challenges:
  - Require more staff supports especially nurses and mental health counsellors.
  - Training for staff and clients need more resources.
  - Professional salaries take up about 50% of the budget in the suboxone program.
  - Community programs are required to subsidize PDAM Program which takes away from other intended program objectives.
  - Mental Health counsellors are hired to come in from Thunder Bay and are expensive.
  - More funding required for additional office space.
  - Healing & Wellness Centre infrastructure needs to be updated.
  - Other community programs have to subsidize land-based program.

Long Lake #58 First Nation

Long Lake #58 First Nation is a road-access community with a total population of 1668 with 535 people living on-reserve.

Suboxone & Methadone Program

The suboxone program starts with an assessment to determine the treatment plan, followed by 3-day induction/detoxification, a 14-day self-recovery period in a land-based camp, then a 14-day treatment phase. The clients are supported and monitored during the whole spectrum of client care. DOT therapy is conducted by local staff and clients are given "carries" as they progress through the treatment and aftercare components. There have been 2 cycles (total 26 clients) this year, and an additional 2 cycles would have been completed if not for funding shortfalls and COVID restrictions.

The OATC Clinic in Longlac, Ontario, is accessed by clients for methadone treatment and operates independently from the community.

Community Programs & Spectrum of Care

The local PDAM Model called *Better Together Wellness Strategy* guides the client care spectrum (detoxification, self-care, treatment and aftercare), coordination of care between several community programs, and partnerships with external service providers.

Community programs support the PDAM activities (clients range 16-62 years of age) in the prevention, promotion, treatment, aftercare and harm reduction. Programs include Family Well-Being, Community Wellness Worker, NNADAP, Wellness Team, Choose Life and Family Resource Worker. In addition, Ontario Works provides funds for skills training and NIHB for traditional counsellors. Presently, the Band Representative Program is in the process of being transferred to the community from Dilico Anishinabek Family Care.

A lot of the youth prevention work is done under the Choose Life program. Many activities (recreation, workshops, life skills, etc.) are carried out in the community and at a land-based camp.

The self-recovery component occurs in a remote setting with 6 campers. Although focus is on the rest and recovery, some light activities consisting of workshops and life skills activities are still carried out.

The treatment phase is normally conducted in the community, but is currently contracted out to an external service provider. This is being done to alleviate demand on local resources and prevent staff burnout. Additional personal development workshops, traditional/cultural teachings, employment training, parenting skills sessions and such are held during this time. A graduation ceremony follows the completion of this program.

Dilico Anishinabek Family Care is an important partner and many clients are accessing services with the organization. Incidentally, the reason for many clients' addictions is due to trauma suffered while they were under care themselves as children. This historic trauma is targeted in treatment.

The community leadership is working towards identifying additional infrastructure funding for its programs. They also want to explore options for a building(s) to house the health and PDAM programs, a multi-use facility for group-living during treatment and aftercare, and an emergency crisis shelter for people or families. New programs can then be leveraged to provide additional services.

PDAM Community Strategy: Goals and Action

Loon: Governance and Shared Responsibility

- PDAM management/staff, community members and a designated band council representative participate in the local PDAM Strategy planning.
- Community programs subsidize PDAM treatment, prevention, promotion and relapse prevention in a well-integrated fashion (events, workshops, salaries, etc.).
- Community partners with external organizations (i.e. Dilico Anishinabek Family Care) to address client and family needs.
- Community provides facilities in-kind but also for rent to PDAM and relevant community programs.
- Differences in beliefs are incorporated in PDAM planning.

Fish: Education, Promotion, Prevention and Harm Reduction

- Information-sharing, resource-mapping, sharing of expertise and statistics of resource usage is shared between community programs.
- Several community programs fund prevention, promotion, treatment and aftercare components.
- Christian-based, Traditional and cultural teachings are offered depending on request of the client.
- Harm Reduction activities are done by clinic staff (condoms, etc.).
- Community and client workshops are held to promote PDAM programs. Meals are served during these events.
- Events are geared to sex and age: events are held for women, men, elders and children.
- Choose Life program supports many important youth prevention/promotion activities including a land-based camp where life and traditional skills are taught.

Wolf: Enforcement, Reducing the Supply and Lateral Impacts

- Reducing the supply and establishing road checkpoints to reduce the supply is difficult and hard to enforce due to close proximity of the highway and town.
- No formal process to deal with drug dealers but future strategies are being considered (i.e. revoking band housing privileges).
- Community patrol reports information on drug activities to local police.
- The community works with Anishinabek Police Service as part of some PDAM programs and events.
- There is no established emergency shelter (i.e. Women's Shelter) but staff will find safe spaces for clients when needed.
- Family and lateral violence is addressed in various workshops.

Bear: Client-centred Services and Community Transition & Reintegration

- A suboxone program with a 3-day induction/detox period, a 14 day self-recovery period at a land-based camp, and a 14 day treatment phase make up the client spectrum of care. Clients are given option to continue with treatment/aftercare in the land-based component.
- "Circles of Courage" program for girls (crisis prevention and anger management) is part of prevention work.
- "Seeds of Hope" for parents (good parenting skills and dealing with parents' own childhood trauma) is part of the recovery stage.
- Narcotics Anonymous peer support group is available in Longlac.
- "Buddy system" is used for clients as a peer support mechanism.
- There is no emergency shelter but there are 5 houses assigned to provide safe spaces for women, men and children.
- Clients are given the option to continue with treatment after first completion.
- Ontario Works funds skills/employment training. Additional training is available for all community members through the K.K.E.T.S. program in Thunder Bay, Ontario.
- Graduations and other celebrations are important and integral to the program.

Strengths

- Individual and couples-oriented counselling sessions are available to clients.
- External partnership with Dilico Anishinabek Family Care to address client needs.
- Multiple PDAM awareness events are held in the community to promote personal healing and PDAM program.
- Events are geared to age and sex (when necessary).
- Community programs are integrated and provide cohesive support in spectrum of care.
- Information sharing between program managers.
- Strong community participation in PDAM Model planning.
- Approximately 10 clients successfully complete program annually.
- Staff are dedicated team and are instructed not be judgmental to clients but to show and work with unconditional love.

Challenges

- Peer pressure for clients to abandon treatment is difficult to prevent and manage for staff. This is especially prevalent when sessions are held in the community. Outsourcing treatment where clients have to leave the community reduces this pressure on clients.
- Family-oriented programs need to be strengthened.
- No high-speed internet to deliver services to clients and their families.
- Apathy makes it difficult to encourage clients to pursue/accept employment opportunities. More motivational strategies are required.
- Lack of housing and homelessness is a strong impediment to client success. Solutions are presently being explored by leadership.
- Types of illicit drugs being used are changing and are more dangerous.
- Anxiety/depression affects motivation and success at individual or couples level.
- Trust issues can hinder a couple's progress and successful completion in program.
- There is a small community human resource pool for PDAM hiring. Specialized community workers are difficult to find.
- Funding challenges:
  - Resources from community programs are required to subsidize PDAM programming which takes away from other program objectives.
  - Funding required for more staff. Current staff work long hours (12-14 hrs/day) and burnout can happen. Treatment has to be outsourced externally to alleviate stress and demands.
  - Some immediate financial pressures: equipment/supplies, training, prevention and aftercare/integration activities, staff salaries and client accommodations (during treatment phase when it is done outside of the community).
  - More general program funding is required for staff and client training to improve the PDAM Model design.
  - Less restrictive funding agency requirements would alleviate some funding pressures.

Neskantaga First Nation

Neskantaga First Nation is a fly-in community with a total population of 495 with 378 people living on-reserve.

Suboxone Program

Clients are assessed by a physician at the start of the program followed by DOT therapy conducted by local staff. Presently, there are about 50 clients who are supported and monitored monthly by the clinic and PDAM staff. The end goal for treatment is to taper off the client from suboxone. Treatment coordination is done by a Treatment Case Worker who connects the client with the PDAM Case Worker and other program managers for continued treatment and aftercare.

Community Programs & Spectrum of Care

Several community programs and services are used towards PDAM prevention, promotion, treatment and aftercare such NNADAP, Choose Life, Family Well-Being, Youth Worker, Victim Services/Girl Power and Healthy Babies/Healthy Children. The PDA Case Worker directs the client to access services and events with programs involved in delivering PDAM support. Collaboration between Treatment and Aftercare Case Managers, program managers and staff provide the client with mental health support, traditional/cultural teachings, personal development and life skills workshops. Additional cultural life skills and events are held at a healing land-based program during the summer and fall for the clients and their families.

Mental health & addictions counselling is available locally and in Thunder Bay, Ontario. Specialized counsellors come from Thunder Bay for individual and group counselling sessions. COVID restrictions have decreased this service this past year, impacting the clients.

Prevention and promotion is greatly supported by the Choose Life program. Staff hold various local and land-based events, celebrations and workshops for youth. Treatment continues with mental health counselling. This program has had a great positive effect in the community.

PDAM Community Strategy: Goals and Action

Loon: Governance and Shared Responsibility

- Community contributes facilities for a land-based camp.
- PDA staff, PDA Aftercare Worker and clinic staff participate in PDAM model planning.
- Community programs subsidize PDAM activities: NNADAP, Choose Life, Family Well-Being, Youth Worker, Victim Services/Girl Power and Healthy Babies/Healthy Children.
- Community contributes space for PDA offices and activities.
- More strategies required to enlist community and leadership participation in PDAM planning.
- Program funding is limited and own-source funding is not possible due to fiscal responsibility.

Fish: Education, Promotion, Prevention and Harm Reduction

- Choose Life program supports youth prevention (alcohol and drug) and promotion activities.
- Clinic staff work with community members and clients on some Harm Reduction activities (HIV/AIDS, FAS/FAE, risks of needle-sharing, etc.)
- PDAM is promoted in events like National Addictions Awareness Week.
- Managers and staff work with clients under their own respective programs.
- Family-oriented healing activities and cultural/identity reclamation in the land-based program.

Wolf: Enforcement, Reducing the Supply and Lateral Impacts

- Luggage searches for drugs are conducted at the airport.
- There is no emergency shelter in the community. The Victim Services Worker is responsible for coordinating safe spaces for community members and clients.
- Family-oriented land-based program to address/prevent lateral and family violence.
- No formal process to report drug dealers and reduce the supply. A 'Community Action Model' to deal with drug and alcohol dealers requires more resourcing to complete design and implement.
- Funding for research, legal analysis and other costs needed for policy development (workplace and local by-laws on drug testing) and other substance abuse policies.

Bear: Client-centred Services and Community Transition & Reintegration

- Treatment Model spectrum addresses drug dependency (suboxone program), trauma (mental health & addictions counselling), personal development (life skills workshops, cultural reclamation activities, traditional skills and spiritual counselling) and interpersonal and family relationships (roles & responsibilities).
- Youth specific alcohol/drug prevention events, traditional skills and mental health supports.
- Traditional and Christian-based teachings are available depending on client need.
- Community vision is to work towards a Healing & Treatment facility with an integrated detoxification and treatment approach.
- Most of PDAM activities are supported by community programs.
- Skills training is available for clients of Ontario Works program. Additional skills and employment training is available for community members through K.K.E.T.S. program in Thunder Bay, Ontario.
- There is respect for Traditional and Christian-based teachings in the community that fosters respect and a healthy environment for clients.

Strengths

- Strong youth programming for prevention/promotion.
- Respect for Tradition and Christian-based teachings in the community.
- Some coordinated activities between different programs that support client spectrum of care.
- Family-oriented land-based program.

Challenges

- A detoxification component is not present in the suboxone program.
- Need for more buildings and office space for PDAM activities. Presently, the suboxone program is done at the clinic and PDA staff have to share office space with other programs.
- More various training required for PDA staff.
- Small human resource pool within the community for PDAM positions.
- COVID restrictions have affected many group activities and support by external mental health counsellors.
- Clients can only be encouraged to participate in activities in the treatment spectrum.
- No formal referral system between community programs. Client services are fragmented and the Aftercare Worker individually connects with programs. A more cohesive Treatment Model is required.
- More strategies required for PDAM Model planning involving community members and leadership.
- Need to maintain a partnership with legal system to address client needs and provide an alternate for a punitive system.
- Funding challenges:
  - Need more infrastructure funding. PDA staff have to share office space with other programs.
  - Community program resources have to be diverted to fund PDAM activities putting stress on accomplishment of other targets.
  - Specialized staff training is required.
  - Additional 2-3 staff members required in PDA program to meet client needs.
  - Need funding for feasibility study for a Healing/Treatment facility and expanding the Treatment Model.
  - More mental health funding required to address trauma and “getting to the root of the problem”.

Nibinamik First Nation

Nibinamik First Nation is a fly-in community with a total population of 544 with 400 people living on-reserve.

Suboxone Program

The program has up to 60 clients annually. Intake assessments are made by a physician who follows up on a monthly basis (in-person or via teleconference). Staff administer daily DOT therapy overseen by a DOT Worker. Monthly conferences are held by the PDA Counsellor, Physician, Case Manager, DOT Worker and DOT Aftercare Worker to review case files and discuss client progress. 'Carries' are issued for some clients who demonstrate trustworthiness and provide clean samples, and those travelling to medical appointments or for other reasons. Also, a process has been established between the local PDAM staff and the physician where dosage decreases can be remotely reviewed and approved without the physician having to be in the community.

Community Programs & Spectrum of Care

Community Programs such as NNADAP, Choose Life, CHR, Mental Health, Family Well-Being, Family Violence, Youth Workers and Children's Mental Health Workers support the local Treatment Model activities with program clients ranging from children to elders. Prevention and promotion activities focus on families and youth with cultural activities and teachings, mental health supports, sports activities and workshops. PDAM and other health promotions are done in information sessions by the CHR program, radio shows and NNADAP activities during the National Addictions Awareness Week. Other program awareness is done in the form of program updates to the local leadership and at community meetings.

Treatment/reintegration is coordinated by the Case Manager, DOT Aftercare Worker and community program staff. Activities include counselling, individual goal-setting, monthly activities and workshops that focus on personal and life skills development, healing and cultural identity reclamation. These include: Naloxone training, craft-making, yoga and fitness, making baby wrap-arounds, cedar pouches, mitts, children's mosquito hats and ribbon skirts. Other community and land-based activities that are a step towards reintegration and family-oriented healing are fishing, family picnics, community kitchen, volleyball and other outdoor activities.

Mental Health is funded by various programs including NNADAP and Choose Life. Counselling is provided by a PDA Counsellor who visits the community 5 days/month and works with clients on an individual basis (25-30 clients seen per month). Depending on the client's need, counselling may include interpersonal relationships (spousal, parenting, stress, separation), trauma/abuse, grief/loss, and anxiety/depression. Traditional teachings may be part of the sessions and can incorporate Seven Grandfather and Sweat Lodge teachings.

Other Aftercare support includes skills and employment training (resume/interview skills) and application assistance for housing and education.

The programs are operating with financial constraints and fiscal responsibility limits activities all across the spectrum of client care. This includes staff training needs and restricting number of staff that can be hired.

PDAM Community Strategy: Goals and Action

Loon: Governance and Shared Responsibility

- Family-oriented land-based program and workshops for family and lateral violence prevention.
- PDAM planning done by the Health Director, Case Manager and Aftercare Manager. Leadership and community outline expectations but strategies are needed on securing more involvement.
- The community contributes space for workshops and events.
- Traditional teachings are strong in PDAM Model. More Christian-based counselling to be incorporated.
- Community programs are integrated to provide client care and there are monthly conferences to assess and improve care of individual clients.

Fish: Education, Promotion, Prevention and Harm Reduction

- The land-based program is family-oriented and is a strong factor of client success.
- Harm reduction activities need to be expanded.
- Strong promotion and prevention components focus on youth and families.
- Promotion and education is done through radio shows, community events and meetings.
- Regular PDAM program updates to community leadership.
- Age-appropriate education events and workshops (children, youth, adults).

Wolf: Enforcement, Reducing the Supply and Lateral Impacts

- No luggage searches at airport for drugs and alcohol. It was implemented in the past as a trial but did not continue due to lack of community support.
- No formal process to deal with drug dealers.
- There are no established emergency shelters but interim safe spaces are provided at client's relatives, or they are temporarily taken out of the community and sheltered elsewhere.

Bear: Client-centred Services and Community Transition & Reintegration

- Individual, family and group-setting sessions.
- Strong couples-oriented programs.
- Monthly team conferences to monitor client progress and give input for program improvements.
- Majority of PDAM programming is supported by community programs and services.
- No detoxification program in the community.
- Traditional model for healing and wellness is used: family roles, medicine wheel, medicines, Seven Grandfather Teachings and Sweat Lodge teachings.
- There are clients who have trust issues with staff that affects quality of treatment. Initiatives are undertaken to establish trust by clients with staff.

- Negative interpersonal relationships between clients can also be an issue and affect client participation in activities. This must also be worked on, but can be difficult.
- Land-based program is family-oriented and family/lateral violence workshops are held.
- Skills training is available for clients of Ontario Works and community members can access skills and employment training with K.K.E.T.S. in Thunder Bay, Ontario.
- Traditional and Christian-based teachings are available in PDAM programs. Respect for both beliefs fosters a positive community environment for clients.

Strengths

- Having clients to learn to trust each other and work as a team in activities.
- Shift of more men participating in PDAM programs (up to 70%) as trust is developed with staff.
- Some clients re-enroll to further their formal education or skills/employment training program.
- Clients become functional and find local employment.
- Community programs are integrated and work well to provide support in the client spectrum of care.
- Community members and elders are involved in providing support and instruction to clients in program activities.
- Family-oriented land-based program and workshops.
- Good community participation in PDAM events help with client reintegration.
- Elders' knowledge is utilized in PDAM planning and events. They offer knowledge of how to help clients based on their own life journey and experiences.
- Mutual respect of Traditional and Christian beliefs in the community fosters a healthy environment for clients.
- Several clients have completely tapered off of Suboxone (stats not known).

Challenges

- Hard to motivate clients to participate in many events especially in activities where trust is involved (i.e. sharing sessions).
- Need more orientation sessions with new staff.
- Chronic client lateness to treatment activities including the suboxone program. This is also problematic in late client requests for 'carries' when travelling to attend medical appointments or other reasons as it must follow an approval process with the physician.
- Not all clients will use aftercare services. Many will only utilize the suboxone program. More strategies needed to get clients more involved in rest of treatment spectrum.
- Need more consistency and stability in PDA-related community programs (changes in program managers and senior staff, etc.).
- Client relapses are due to lack of housing (overcrowding is a community housing issue), lack of employment, unresolved grief and PTSD, and changes in mental health counsellors for clients.
- Training needed for staff to learn coping skills for workplace challenges.
- Limited local workforce with the needed skills and training to work in PDAM program.

- Funding challenges:
  - Suboxone program requires its own building. It uses the nursing station and offers limited privacy. It requires a built-in kitchen for healthy cooking classes.
  - Some immediate funding challenges: cost of equipment/supplies, staff/professional travel, aftercare and prevention activities, and infrastructure (buildings, office space).
  - Staff turnover due to lack of funds to hire temporary staff to fill during time off, etc.
  - Additional funding needed to address trauma/grief.

Aroland First Nation

Aroland First Nation is a road-access community with a total population of 735 with 420 people living on-reserve.

Suboxone & Methadone Program

The suboxone program averages about 30 clients annually. Assessments are completed followed by an individualized treatment plan for every client. Withdrawal symptoms are managed with ancillary medications. Daily therapy is overseen by the DOT Worker. The treatment goal is to slowly taper off the clients from suboxone.

A methadone program is operated by an OATC clinic in Longlac, Ontario, that is also available for clients. However, this is not easily accessible as it is approximately 87 km away.

Community Programs & Spectrum of Care

Some of the community programs that deliver prevention, promotion, treatment and aftercare are NNADAP, Family Well-Being, Mental Health and Choose Life. Ontario Works provides skills training opportunities for clients. The PDAM program has a Land-based & Activities Coordinator that works with clients and program managers.

The Family Well-Being program focuses on prevention and cultural supports for clients and their families. The program aims to empower families, build healthy relationships and hold activities to address family violence. Other program objectives are to work with youth thereby reducing the number of youth involved in the justice system and/or taken into care by a Child & Family service agency. The community is working to generally expand and improve services for families in all programs.

The NNADAP program provides support in intervention, prevention, relapse prevention and aftercare with workshops and activities with clients. Referral services are made to the local suboxone program or external treatment centres, depending on the wishes of the client. Local mental health counselling services are coordinated or referrals done with external service providers. Addiction awareness events are done for community members several times a year.

The Choose Life program works with youth as part of prevention. Events focus on cultural identity reclamation, empowerment, transfer of traditional skills and knowledge, and teaching sessions with elders. Activities include fishing, camping (at Choose Life Camp), canoeing, birchbark basket making, and girls and boys events. A building is currently being renovated for youth activities.

Overall, the community has the services, but more funding is needed for counselling, programs and treatment, to meet all client needs.

PDAM Community Strategy: Goals and Action

Loon: Governance and Shared Responsibility

- Community contributes facilities for PDAM activities.
- Community programs support PDAM activities: NNADAP, Choose Life and Family Well-Being.
- Elders are very involved in PDAM activities and events.
- PDAM planning is done by the Health Director, DOT Worker, Land-based & Activities Coordinator and NNADAP worker.

Fish: Education, Promotion, Prevention and Harm Reduction

- Choose Life and NNADAP programs support youth and clients in prevention (alcohol and drug), promotion, intervention, treatment and aftercare.
- Sexual health education is done by health centre staff.
- Naloxone training and kits are available to clients.

Wolf: Enforcement, Reducing the Supply and Lateral Impacts

- There are no road checkpoints to search for drugs/alcohol. As with other road access communities, there are several challenges in establishing and maintaining this type of initiative.
- There are some family-oriented programs and events to address lateral family violence.
- There are no established local emergency shelters.

Bear: Client-centred Services and Community Transition & Reintegration

- Different services target individuals, families and youth.
- Elders are involved in activities with youth and clients.
- Treatment spectrum involves reducing drug dependency, mental health, healthy interpersonal relationships, traditional and spiritual well-being and skills development.
- Activities like community feasts help with client reintegration.
- Skills training is available for clients of Ontario Works Program. Additional skills training programs are available externally (i.e. K.K.E.T.S. skills and employment training).

Strengths

- Strong youth programming for prevention/promotion.
- Building being renovated for youth activities.
- Strong PDAM-related cultural events and teaching events in the community.
- Family-oriented programming being strengthened.
- A land-based camp for youth activities and events.

Challenges

- Need additional funding in all PDAM programs to better meet all clients' needs.

4.0 Client Survey

Findings

The following is intended only as general observations of client needs and experiences in PDAM programs. It is based on feedback of clients from one of the Matawa community PDAM programs, several community Health Directors and staff.

- 80% of respondents struggle with alcohol addiction/dependence and require help to overcome it as part of their healing. Treatment for alcohol dependence is required as part of an effective PDAM program.
- 60% of respondents fall in the 16-25 year old range.
- Community clients have been as young as 14 and as old as 65 years of age.
- Most communities report an even ratio of male to female clients. Some communities report that men were slower to enter PDAM treatment for several reasons including skepticism and trust issues.
- Obstacles that delay entering PDAM treatment:
  - lack of trust because "staff are from my own community but I felt better as days went by".
  - "I was skeptical about program helping me first few days but I started liking it more as I got into it".
  - "Afraid of change and missing out doing those things I have been doing [taking drugs]".
  - 43% of respondents feared withdrawals.
  - 15% of respondents were afraid of what their friends would think of them when they enter the PDAM program.
- Current funding agencies' minimum age requirements prevent many youth from qualifying for all components of PDAM treatment. These minimum age requirements fluctuate from 16-18 years of age and does not meet community needs as it excludes the younger youth when they are looking for help.
- A children's program into PDAM is necessary when both parents, or a single parent, attend sessions.

5.0 Summary of Findings & Recommendations

While there are specific findings for each community, the following are only the main common findings under the Four Key Areas, Funding and Regional and reflect the general state of the Matawa communities.

Loon: Governance and Shared Responsibility

- Community leadership and members participate variably with PDAM Model planning in each community. There is a desire for sharing of effective strategies and best practices for active engagement.
- Other community programs are used to support PDAM activities. Level of inter-program coordination varies but there is a sense of partnership in some communities. A couple communities expressed concern of programs operating in silos.
- Communities are in different stages of PDAM Model planning. Shortage of funding is a general frustration for proper implementation and additional planning.
- All communities provide physical space for PDAM programs. Some communities' PDAM programs must share facilities (office space, buildings, camps, etc.) with other local programs and services. Infrastructure funding is one of the priority items for the communities.
- Most of the PDAM funding is from the Federal Government. While there is some provincial funding used towards skills & employment training (Ontario Works) and some components of suboxone programs, there needs to be advocacy for additional and new resources with Ontario.
- There is respect for Traditional and Christian-based counselling in all communities.
- There is a need for policy and legal expertise, and financial resources in all communities for substance abuse policies (i.e. workplace testing, local by-laws).

Fish: Education, Promotion, Prevention and Harm Reduction

- Harm Reduction is done in distant partnership with health services (clinics, health centres) in most communities. A closer relationship with local PDAM program is expressed by the PDAM managers and staff.
- In all communities, prevention focused on youth is mostly dependent on the Choose Life Program. A discontinuance or decrease in this program will be a detriment to the communities.
- Access to Traditional ceremonies and medicines are available for clients in all communities.

- NNADAP and Family Well-Being provides funds used in activities for promotion and prevention in all communities. Sharing of best practices, especially in strategies to attract client participation, is much needed.
- Communities are at varying levels with family-oriented programming. Sharing knowledge, resources and best practices would be beneficial.

Wolf: Enforcement, Reducing the Supply and Lateral Impacts

- Airport and road checkpoints for drug and alcohol searches are difficult to establish and maintain for all communities. Innovative strategies to deal with drug dealers needs further exploration on potential strategies (i.e. addressing drug dealers through housing allocations, expanding Crime Stoppers or similar program in the communities, etc.).
- There are no established emergency shelters in any of the communities. A regional centre(s) that can be accessed by Matawa communities should be explored and coordinated discussions with external service providers to address concerns, improve current referral process, and future partnerships should be considered.
- Family-oriented programs and activities are present in all communities, especially in the land-based programs, to address lateral and family violence.

Bear: Client-centred Services & Community Transition & Reintegration

- Traditional and Christian-based counselling services are available in all communities. NIHB provides support for Traditional counsellors, and more funding stability is required for the other.
- There is respect and tolerance for different beliefs in all communities. This is represented in PDAM programs and reintegration activities of most communities.
- A suboxone program is present in all communities but is underfunded by as much as 60% (salaries use up most of existing funding). As well, there are no proper facilities for this program in any of the communities due to insufficient funding.
- Access to treatment and detoxification centres outside of the community are done on a case-by-case basis with service providers. In addition to Eagle's Earth Treatment Centre, coordinated discussions and formal partnerships with other service providers utilized by communities to address current issues (i.e. wait times) would be beneficial.
- The illicit drugs are becoming "more dangerous" and shifting from opioids. An in-depth analysis is suggested on assessing effectiveness of current programs to deal with these 'new' drugs and how improvements can be made. There is concern expressed that components of existing programs may become redundant.
- Most communities are in various stages of shifting to include family-oriented programming. Sharing of knowledge on development, best practices and resource-sourcing would be beneficial to offset some costs.
- Child and Family Service organizations are involved with clients in all communities. This is done independently or with a certain level of early partnership with the communities. Sharing knowledge on best practices would benefit those communities interested in developing a formal working relationship.
- Land-based programs are used in all communities but face common financial pressure with equipment/supplies and infrastructure (especially buildings). Renovations are needed and there is a reliance of donated equipment in some communities.
- Detoxification component is available in some communities. Challenges need to be further explored and support extended to those communities who desire to develop or expand this service.

Matawa Regional Planning and Action for Change

1. Adequate Capacity/Staffing

PDAM-related programs are federally funded through Health Canada. Ontario offsets some suboxone program costs such as drugs and physician per diems. Some of the urgent needs are:

- Staff shortages in suboxone and community PDAM-related programs (on average, additional 3-5 positions are required) hinders efficiency.
- Suboxone programs require an additional 30-60% of annual funding to effectively deliver programs. Salaries (local staff, mental health counsellors) take up 50% of present funding and there is no capital funding (facilities, maintenance costs, etc.) for all communities.
- More mental health and specialized counsellors (i.e. trauma) are needed in all communities.
- More trainers for staff and PDAM clients are a necessity.

Recommendations:

1. A formal project evaluation of community suboxone programs would quantify budgetary needs and provide a breakdown of specific needs (i.e. staff salaries, mental health counselling, capital costs, etc.). A review of all communities would be best but could pose a challenge for various reasons. A cross-sectional representational review of fly-in and road-access communities, and at least one community specialized centre, should be considered.
2. A regionally coordinated formal or informal needs assessment on land-based programs would demonstrate program necessities. Annual funding reports do not capture nor present individual nor collective needs.
3. Regional coordination of mental health and specialized counsellors would benefit communities that have difficulty locating counsellors for clients. This is done to some degree by Matawa First Nations Management, but it is not specific for PDAM. A special referral system specific for PDAM clients would ensure they are not falling through gaps. Other funding needs for mental health counsellors could be demonstrated in an evaluation described in recommendation #1.
4. A regional coordination of trainers in similar fashion as described in recommendation #3 would be useful for the communities.
5. Some communities require regional advocacy for local PDAM Manager or Case Manager to develop and manage local Treatment Models. This will greatly improve current or future Case Management model approaches for PDA clients and families.

2. Capital & Equipment Resources

- The capital and equipment resources for suboxone programs, land-based camps and other community programs used towards PDAM are very limited, and pose a challenge for all communities.
- Some land-based programs depend on donated equipment or 'piggy-back' from other community programs (i.e. Choose Life, etc.). Facilities must be shared and scheduled. Building facilities at these camps are temporary structures and/or in some state of required repairs.
- Some PDAM events must done in community facilities.

Recommendations:

6. The next steps for suboxone and land-based programs are covered in recommendations #1 and #2.
7. There has been previous discussion for a full financial review of community PDAM programs. A regionally coordinated review would provide a financial snap-shot and relationships of PDAM programs. It may be done in conjunction with annual funding reports and/or recommendations #1 and #2.

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3. Support for Land-based Healing/Therapy Programs

- All communities now have some form of land-based healing/therapy programs.
- All communities have access to local elders as a resource.
- Some communities have limited access to Traditional counsellors.
- There is strong land-based youth programming in most communities.

Recommendations:

8. Some communities find it difficult to find available or 'compatible' Traditional counsellors. A regional resource pool would be helpful.
9. Sharing knowledge between community coordinators on resources (trainers for staff and clients, Treatment Model designers, best practices, family-oriented programs, etc.) is expressed as a need.

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4. Travelling Team of Addictions Specialists

- All communities have the professionals needed to support the suboxone programs. Some assistance is required in recruitment of nurses.
- Professional services from psychologists and psychotherapists are desired by communities.
- Most communities are sending clients to Thunder Bay for specialized counselling.

Recommendations:

10. Regional advocacy for funding and service coordination for psychologists, psychiatrists, etc. needs be explored. A model is required to provide services especially for the community specialized centres, but also individual communities if requested.
11. Service agreements (and possibly partnership) between the specialized counselling organizations in Thunder Bay presently used by Matawa communities should be sought for PDAM clients. One target would be to secure counsellors dedicated to work with clients on an ongoing basis. This would help to address client concern of working with too many counsellors which hinders progress and trust-building.

5. Support for Specialized Centres

- Matawa Chiefs resolutions direct support by Matawa First Nation for the specialized centres in Eabametoong and Constance Lake First Nations.
- Capital funding for renovations required.
- Only about 50% operating funding approved annually.
- Operating under capacity (need more staff).
- Additional funding can allow for additional cycles (can accommodate an additional 60% of clients).
- Professional services (psychiatrists, psychologists) are not available.
- Specialized mental health counsellors (trauma-based) are needed.

Recommendations:

12. Eagle's Earth Treatment Centre recently received funding for infrastructure renovations. Eabametoong Community Healing & Wellness Centre requires the same assistance by Matawa First Nations Management.
13. Continued regional advocacy for a needs assessment on programs and services, staff training, funding for professional services and long term goals (i.e. federal/provincial treatment centre status, etc.).

6. Research and Development of Client-centred Approach

- All the communities benefitted in the early development of PDAM programs coordinated by Matawa First Nations Management.
- There are no current research projects with any partners. It is the view of some communities that more funding to fully implement current and previously planned PDAM programs is more important.
- More regional advocacy needed for PDAM evaluations of community projects.

Recommendations:

14. It is suggested by some communities that the *Back to our Roots* strategy should be updated after further assessment of new prevention and interventions on the new dangerous 'laced' illicit drugs. Additional resources for naloxone training and newer Harm Reduction initiatives should be explored (i.e. fentanyl test strips).

7. Development of Community-Based PDA/M Strategies

- All communities benefitted from the early support of Matawa First Nations Management when they were developing their own community PDAM strategies.
- PDAM plans are in various stages of development. Most community PDAM plans and Treatment Models need to be completed or updated.
- The regional PDAM Coordinator concept has not been in place for many years and community needs have changed.

Recommendations:

15. Regional support and coordination need to continue: see recommendations #2, 3, 4, 5, 7, 9, 10, 11, 13 and 19; research new models of care (i.e. Trauma Informed Care, etc.); seek new funding opportunities for communities; provide training on completing final funding reports; and, proposal writing assistance.

8. Community Development Intervention Actions

- Participation levels by community and leadership in PDAM planning differs in communities.
- There is frustration in all communities that clients can only be encouraged to participated in activities of the Treatment spectrum beyond just the suboxone program.
- There are trust issues by clients in certain levels in every community. Some communities have effective strategies to regain trust of staff, programs and other clients.
- All communities have family-oriented programming incorporated into PDAM activities.
- Most communities are effectively implementing strategies for client re-integration and to avoid stigma for clients.
- Communities are aware that multiple root causes, including those of historic nature, and many social determinants of health construct a syndemic nature of the PDAM issues.

Recommendations:

16. Counselling to address root causes is of great importance to the communities. Advocacy for additional funding for specialized mental health counsellors dealing with trauma and family-oriented counsellors, is continually emphasized.

9. Anishinabe Land-Based Learning Program

- Learning from other regional land-based projects was helpful in the early stages of Matawa communities developing their own land-based projects.

Recommendations:

17. Best practices, resources and up-to-date PDAM strategies in land-based projects should continue to be monitored and shared.

10. Regional Patient Advocacy

- Regional services (i.e. S.L.F.N.H.A. Wellness Teams, Police Services and Child & Family Services) that can assist in community PDAM activities are utilized by only a few communities.
- Most of PDAM program funding is from the federal government. Very little funding comes from Ontario.

Recommendations:

18. Some community PDAM programs are partnering with Child & Family Service agencies. Best practices and other knowledge sharing sessions would be helpful. More discussion is needed as to how Matawa First Nations Management may support this work.

11. Ongoing Learning – Focus on PDA/M and Wellness

- There have been fewer regional opportunities to share and learn best practices, new models of care (i.e. Trauma Informed Care), exchange information and to advance PDAM work.

Recommendations:

19. Community PDAM programs have developed since the creation of the *Back to our Roots* strategy. Most communities value opportunities to continue to share and learn from each other. Most Matawa communities feel components of the strategy can be updated to be relevant with emerging needs.

Funding

Every community and specialized centre reported they are operating PDAM programs (suboxone, PDA-related community programs, and land-based programs) with insufficient funding (30-60% more funding is needed). As a result, communities are operating below their capacity or have to find other monies in other community programs to best meet the needs.

The following are general and common findings in the Matawa communities:

- Areas of PDAM overspending: employee salaries (suboxone and other programs); equipment and supplies; staff training; professional costs (suboxone program); Traditional counsellors (associated costs); prevention activities; and, aftercare/re-integration activities.
- Most communities have no or minimal funding for upgrading existing buildings (land-based camps, Eabametoong Community Healing & Wellness Centre).
- All communities need additional funding in the suboxone program for treatment activities. Some communities had no funding, or little funding, after salaries.
- All of the land-based programs struggle for resources with either facilities and/or equipment/supplies. Local human resources including elders are extensively used for traditional teachings and activities, and are a strength of these programs.
- All communities need funding for additional mental health counsellors.
- Funding for additional staff training needed for staff development and gaining client trust in programs. It also would reduce staff turnover in some communities.
- Salaries take up most of the funding in suboxone programs leaving no or little funding left for other PDAM activities.
- Portions of funding have to be returned to funding agencies. Less restrictions by programs (i.e. Choose Life, Jordan's Principle) would allow maximum use in accordance with communities' needs.
- Detoxification component takes up most of the funding and leaves little for other PDAM activities in Eagle's Earth Treatment Centre.


KA WII CHII WIN
BACK to OUR ROOTS
Gathering IX
our JOURNEY continues....
WE are the Solution
HEALING through the CREATOR


Matawa First Nations
Prescription Drug Abuse/Misuse
BACK TO OUR ROOTS GATHERING
CROOKS

6.0 Moving Forward

The specific steps on moving forward are outlined in Section 5 under Matawa Regional Planning and Action for Change to address challenges and progress on the plans and action for change. There are also practical program supports that were discussed by communities during the course of the review. Some of these are applicable to other community PDAMs and would benefit from coordinated efforts to meet these needs.

These include:

- Local community PDAM program evaluations for updating PDAM strategies. This would entail interviews and questionnaires for clients, community members and leadership to add concrete value to the program.
- To gather feedback from clients who have successfully completed a PDAM program (and completely tapered off of suboxone/methadone) to inform and strengthen existing programs.
- Support to identify funding and develop child programming as a community PDAM component.
- Support to locate additional funding for parenting workshops.
- Discuss strategies with other PDAM coordinators on how to make PDAM activities mandatory. One thought presented is expanding suboxone/methadone client contracts to include other treatment activities.
- Support/training on proposal writing, year-end reports and identifying new funding opportunities.
- How to address the new "dangerous laced illicit drugs".

The communities see value in knowledge-sharing sessions and most state that community PDAM strategies need to be updated. The term 'relevancy' came up in a few interviews and there was some concern that certain components may not meet needs. Support in securing funding to update plans, and perhaps coordinated consultation with other community programs, would be advantageous. However, this will be meaningless without additional funding to support current and future needs.

The Matawa First Nation communities have progressed in developing PDAM action plans to address the PDA epidemic since the creation of the *Back to our Roots* Strategy. The recommendations under *Matawa Regional Planning and Action for Change* and *Moving Forward* come from the communities to continue to guide the regional strategy.


Matawa
Matawa


Addiction
Traditional Healing
SPIRIT
CLANS
RESPECT


Matawa First Nations
Prescription Drug Abuse/Misuse
BACK TO OUR ROOTS GATHERING

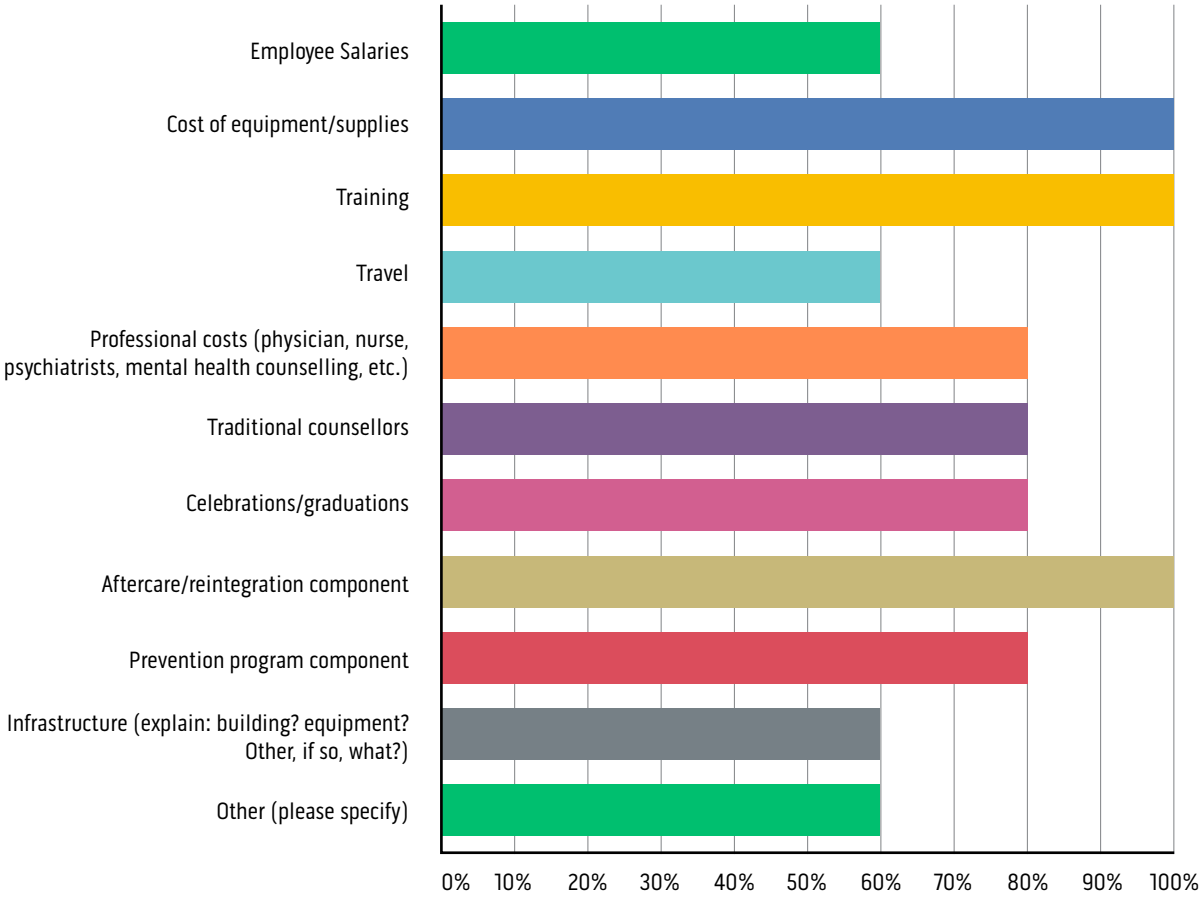

CELEBRATING
SUCCESS
CHANGE!!
EDUCATION
STRATEGIES
PARENTS
SEEDS of HOPE
SOBER
COPE
REACH OUT
TOO BUSY
JOURNEY
Life
SUBOXONE
Love
LIFE


Health & Social

7.0 Attachments

Q11 If the existing program experienced a deficit, which expenditures are causing overspending? (choose as many as applicable)

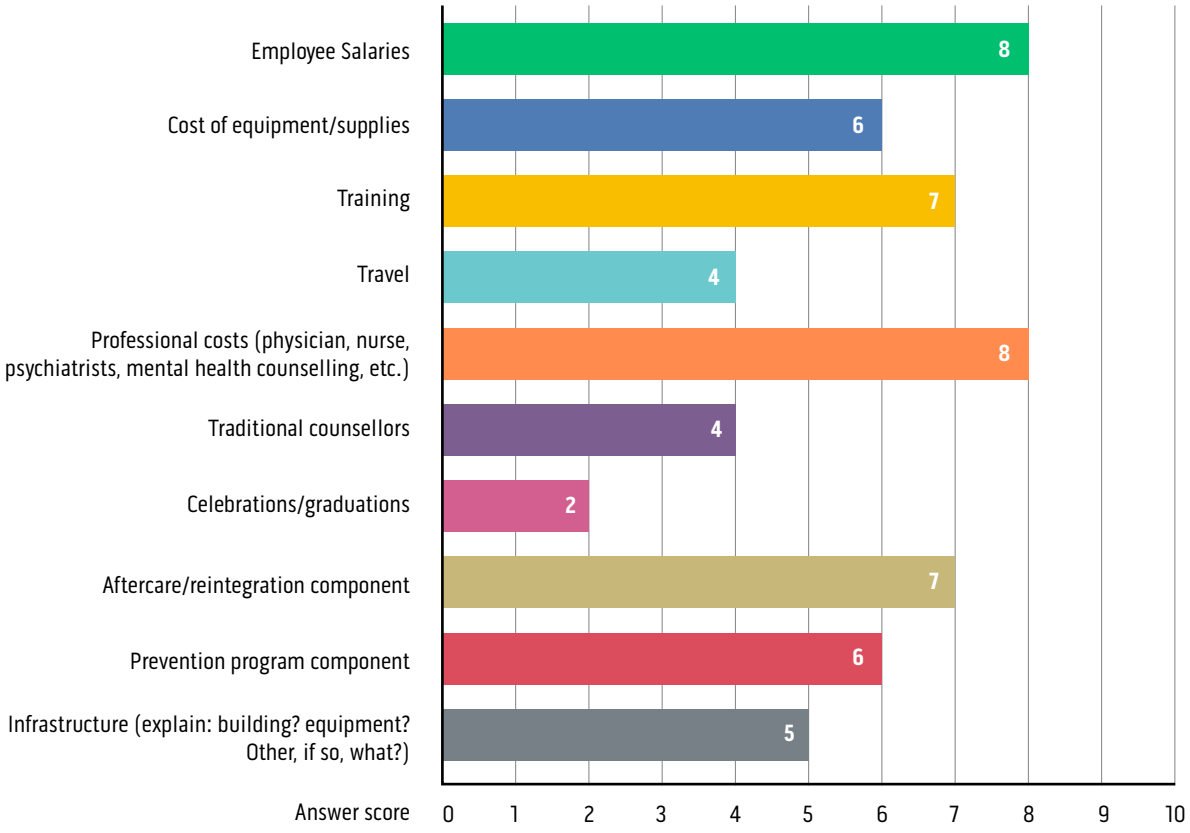
Answered: 5 Skipped: 3



ANSWER CHOICES	PERCENTAGE	RESPONSES
Employee Salaries	60%	7
Cost of equipment/supplies	100%	5
Training	100%	5
Travel	60%	3
Professional costs (physician, nurse, psychiatrists, mental health counselling, etc.)	80%	4
Traditional counsellors	80%	4
Celebrations/graduations	80%	4
Aftercare/reintegration component	100%	5
Prevention program component	80%	4
Infrastructure (explain: building? equipment? Other, if so, what?)	60%	3
Other (please specify)	60%	3
TOTAL RESPONDENTS: 5		

Q16 With 1 being the most priority and 10 being the least priority, please rank the needs of the existing program

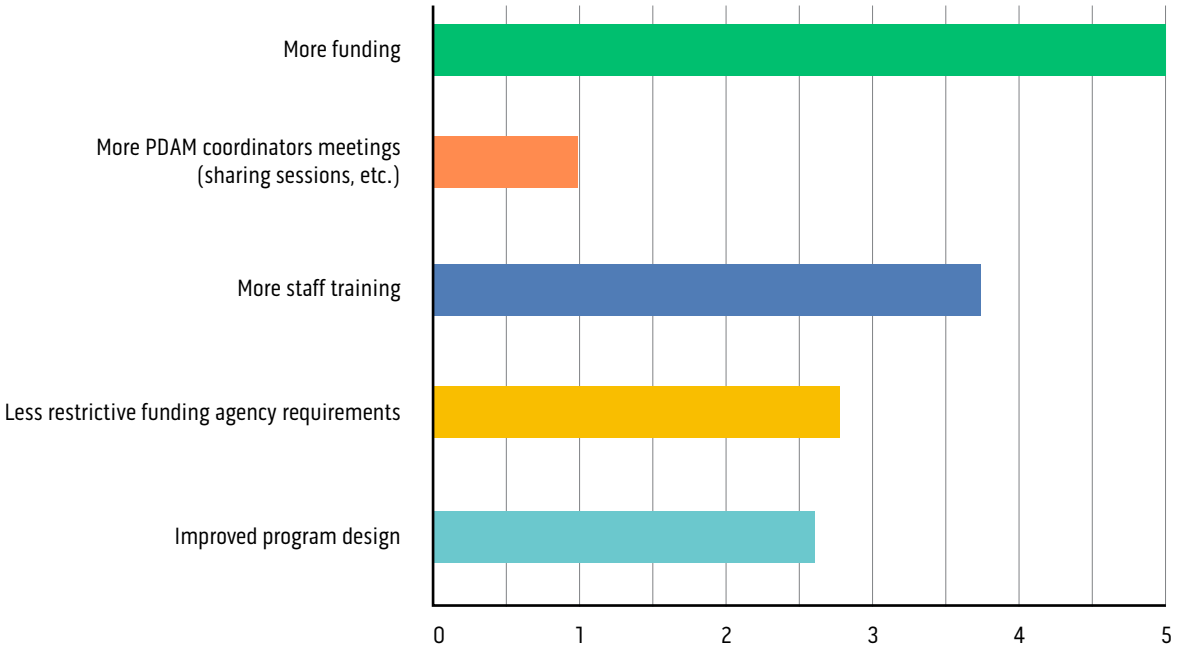
Answered: 6 Skipped: 2



ANSWER CHOICES	1	2	3	4	5	6	7	8	9	10	TOTAL	SCORE
Employee Salaries	33.33% 2	33.33% 2	0%	16.67% 1	0%	0%	16.67% 1	0%	0%	0%	6	8
Cost of equipment/supplies	0%	0%	33.33% 2	0%	0%	33.33% 2	16.67% 1	16.67% 1	0%	0%	6	6
Training	0%	40% 2	0%	20% 1	0%	0%	40% 2	0%	0%	0%	5	7
Travel	16.67% 1	0%	0%	0%	0%	0%	16.67% 1	33.33% 2	0%	33.33% 2	6	4
Professional costs (physician, nurse, psychiatrists, mental health counselling, etc.)	33.33% 2	0%	16.67% 1	16.67% 1	16.67% 1	16.67% 1	0%	0%	0%	0%	6	8
Traditional counsellors	0%	0%	0%	16.67% 1	0%	33.33% 2	0%	33.33% 2	16.67% 1	0%	6	4
Celebrations/graduations	0%	0%	0%	0%	0%	0%	0%	16.67% 1	50% 3	33.33% 2	6	2
Aftercare/reintegration component	0%	0%	50% 3	16.67% 1	33.33% 2	0%	0%	0%	0%	0%	6	7
Prevention program component	0%	33.33% 2	0%	16.67% 1	16.67% 1	0%	16.67% 1	0%	0%	16.67% 1	6	6
Infrastructure (explain: building? equipment? Other, if so, what?)	16.67% 1	0%	0%	0%	33.33% 2	16.67% 1	0%	0%	33.33% 2	0%	6	5

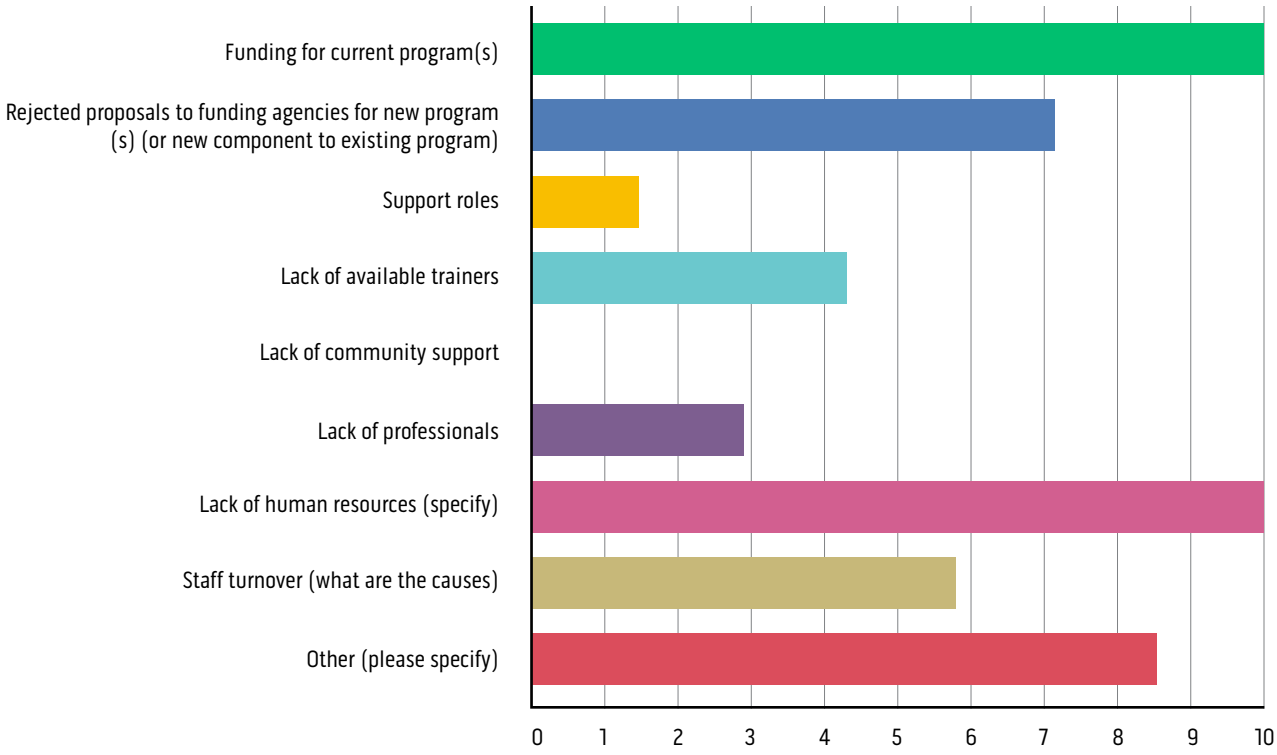
Q35 With 1 being the greatest and 5 being the least, what do you think is necessary to improve success?

Answered: 7 Skipped: 1



ANSWER CHOICES	1	2	3	4	5	TOTAL	SCORE
More funding	100% 7	0%	0%	0%	0%	7	5.0
More PDAM coordinators meetings (sharing, sessions, etc.)	0%	0%	0%	0%	100% 7	7	1.0
More staff training	0%	71.43% 5	28.57% 2	0%	0%	7	3.71
Less restrictive funding agency requirements	0%	14.29% 1	42.86% 3	42.86% 3	0%	7	2.71
Improved program design	0%	14.29% 1	28.57% 2	57.14% 4	0%	7	2.57

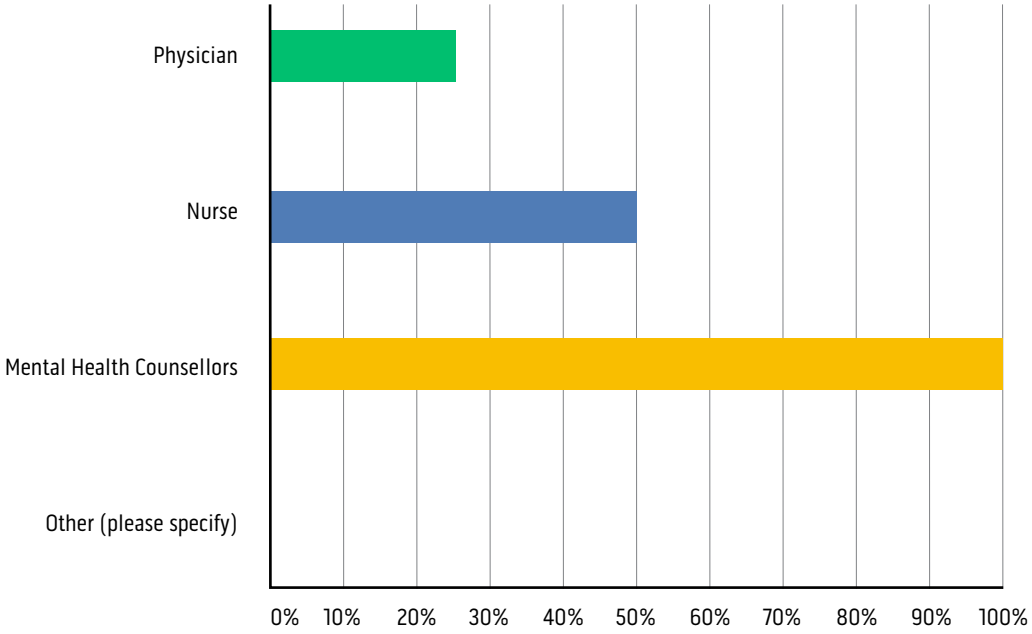
Q38 What are the challenges? (choose as many as applicable)



ANSWER CHOICES	PERCENTAGE	RESPONSES
Funding for current program(s)	100%	7
Rejected proposals to funding agencies for new program(s) (or new component to existing program)	71.43%	5
Support roles	14.29%	1
Lack of available trainers	42.86%	3
Lack of comminty support	0%	0
Lack of professionals	28.57%	2
Lack of human resources (specify)	100%	7
Staff turnover (what are the causes)	57.14%	4
Other (please specify)	83.33%	5
TOTAL RESPONDENTS: 7		

Q43 If you chose 'lack of professionals' above, choose what kind (choose as many as applicable).

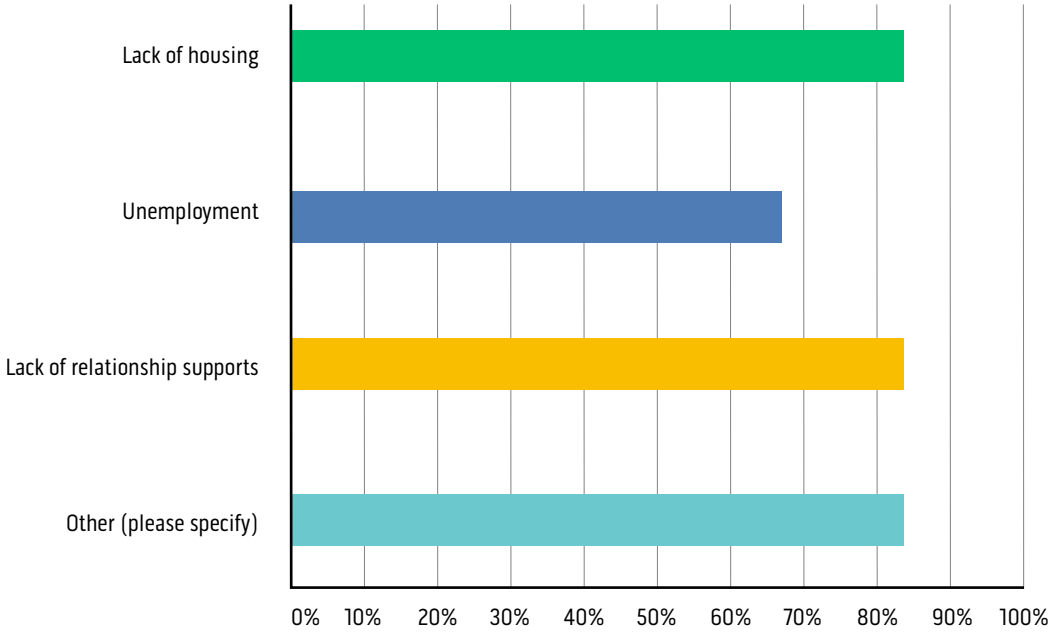
Answered: 4 Skipped: 4



ANSWER CHOICES	PERCENTAGE	RESPONSES
Physician	25%	1
Nurse	50%	2
Mental Health Counsellors	100%	4
Other (please specify)	0%	0
TOTAL RESPONDENTS: 4		

Q47 In your opinion, what are the leading causes of relapse? (choose as many as applicable)

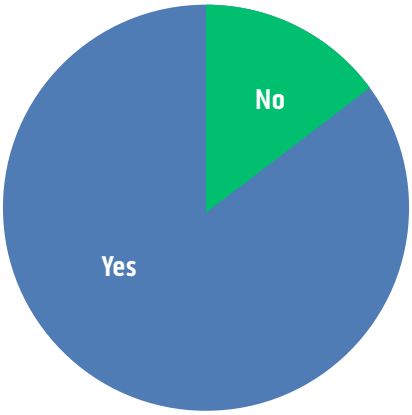
Answered: 6 Skipped: 2



ANSWER CHOICES	PERCENTAGE	RESPONSES
Lack of housing	83.33%	5
Unemployment	66.67%	4
Lack of relationship supports	83.33%	5
Other (please specify)	83.33%	5
TOTAL RESPONDENTS: 6		

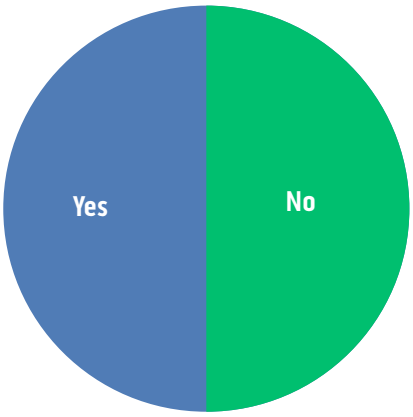
Q48 In your opinion, will additional funding solve the problem?

Answered: 7 Skipped: 1



ANSWER CHOICES	PERCENTAGE	RESPONSES
No	14.29%	1
Yes	85.71%	6
TOTAL		7

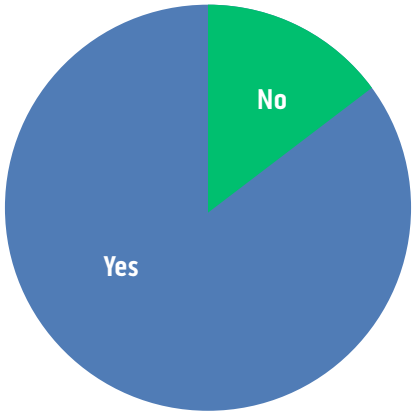
Q50 Do you feel lack of trust by clients in confidentiality of program is an issue?



ANSWER CHOICES	PERCENTAGE	RESPONSES
No	50%	3
Yes	50%	3
TOTAL		6

Q52 Do you feel a lack of properly trained staff (if any) affects confidence by prospective clients to the program?

Answered: 6 Skipped: 2



ANSWER CHOICES	PERCENTAGE	RESPONSES
No	16.67%	1
Yes	83.33%	5
TOTAL		6

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First Nations Management