Centre of Excellence for Children & Adolescents with Special Needs

Substance Abuse Task Force: University of Northern British Columbia

Recognizing Strength, Building Capacity: Addressing Substance Abuse Related Special Needs in First Nations Communities of British Columbia's Hinterlands.

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Centre of Excellence for Children & Adolescents with Special Needs
Centre d'excellence pour les enfants et adolescents ayant des besoins spéciaux
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Recognizing Strength, Building Capacity:

Addressing Substance Abuse Related Special Needs in First Nations Communities of British Columbia's Hinterlands.

Sarah de Leeuw

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Contents

Résumé

La présente étude a été réalisée sur le territoire Gitxsan, dans le nord-ouest de la Colombie-Britannique. Une enquête qualitative comprenant quatre groupes de discussion, des entrevues avec des informateurs-clés et sept sondages approfondis a eu lieu dans quatre petites collectivités : Gitsegukla, Kitwanga, Glen Vowell et les Hazeltons.

L'étude était guidée par les observations des participants (principalement du peuple Gitxsan); ceux-ci ont affirmé que les collectivités autochtones, en particulier les réserves situées en région éloignée, sont trop souvent perçues dans une optique de déficit lorsqu'on tient compte des facteurs sociaux. Bien que les parents, les membres de la collectivité et les pourvoyeurs de services comprennent explicitement qu'il existe des défis importants à relever dans les collectivités autochtones éloignées, il existe parallèlement un désir tout aussi fort de faire ressortir la vitalité, les réalisations et les forces qui constituent la fibre même des collectivités des Premières Nations. Or, le processus de consultation communautaire dont la présente étude est issue a clairement démontré qu'il était primordial d'incorporer les facteurs historiques et contextuels aux questions touchant les enfants et adolescents ayant des besoins particuliers, surtout si ces besoins particuliers des enfants et adolescents sont consécutifs au mauvais usage d'alcool ou d'autres drogues.

Les conclusions de cette étude attirent l'attention sur le désir des populations autochtones de pouvoir intervenir de façon significative dans tout processus qui affecte, préoccupe et touche leurs collectivités. Des perspectives autochtones plus vastes quant à l'élaboration de programmes, aux autorités locales et au financement pertinent au sein des collectivités des Premières Nations, notamment les perspectives soulignées dans les travaux de Harold Adams et Wayne Warry, confirment les voix entendues dans le cadre de cette étude.

Les participants au processus de recherche ont réitéré leur volonté de trouver des solutions aux défis à relever : les décideurs, les fournisseurs de fonds, les chercheurs et les pourvoyeurs de programmes ont cependant la responsabilité d'être à l'écoute de ces solutions et d'en tenir compte dans leurs travaux et la planification des développements à venir.

Acknowledgments

The researchers gratefully acknowledge the generosity of all community agencies involved in the research, including work on focus groups and round table discussions. The Centre of Excellence for Children and Adolescents with Special Needs, the UNBC Task Force on Substance Abuse, would like to thank all the community agencies and individuals in Gitsegukla, Kitwanga, Glen Vowell and the Hazeltons. The UNBC Task Force hopes that community members in the region are able put this report to good use for their benefit.

The researchers would also like to acknowledge the valuable contributions of Mary MacDonald in gathering the information presented in this report.

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Executive Summary

This study was carried out within the Gitxsan territory in northwestern British Columbia. A qualitative inquiry involving four focus groups, key informant interviews, and completion of seven in-depth surveys occurred in four small communities: Gitsegukla, Kitwanga, Glen Vowell and the Hazeltons.

The research was guided by the observations of (primarily Gitxsan) participants who stated that Aboriginal communities, particularly remote reserves, are too often viewed through a 'lens of deficit' when social factors are being considered. While there is the express understanding by parents, community members, and service providers that significant challenges exist in remote Aboriginal communities, there exists a concurrent and equally strong desire to highlight the vitality, achievements and strengths that are so much a part of the fabric in First Nations communities. Additionally, it was clear throughout the community consultation processes from which this research arose that a need to incorporate historical and contextual factors was paramount when considering the issues of special needs children and adolescents, particularly when the special needs of the children and adolescents arose from the misuse of substances.

Findings of this research draw attention to the desires of Aboriginal peoples to have meaningful input into any process that impacts, concerns, or affects their communities. Broader Aboriginal perspectives regarding program development, local authority, and relevant funding in First Nations communities, including perspectives outlined in works by Harold Adams and Wayne Warry, affirm the voices in this study.

Participants throughout the research process reiterated their willingness to impart solutions to the challenges they faced: it remains the responsibility of policy makers, funders, researchers and program providers to listen for these solutions and to account for them in their work and planning for future developments.

II Background

First Nations peoples have documented strengths, capacities, and assets that currently exist, and have existed since time immemorial, in their communities (Armstrong 1996, Churcryk 1996). They have over time identified 1) the importance of including traditional customs and values into on-reserve programming (Warry 2000, Alfred 1999, Adams 1995), 2) the resiliency of their peoples (*Report of the Royal Commission on Aboriginal Peoples*, V.II 1996), and 3) their current and historic strengths with particular reference to rearing children or adolescents and teaching cultural values (White and Jacobs 1992). These strengths, however, have been overshadowed when compared to greater Canadian society. Within this comparison First Nations peoples have long been written about, and viewed as, populations with extensive social difficulties and community challenges (Kenora Children's Aid Society, 1974; Kushnier, 1976; Timpson, 1978; Newbold, 1998). These documented difficulties and challenges facing First Nations people include: employment (Temblay 1998), healthiness and access to health services (DeBruyn, 1994; Newbold, 1998; Brown, 2000), education (Grannis, 1991, Riles 1995) and drug and alcohol related difficulties (Drilling, 1970; Assante, 1985; May, 1992; Bert, 1992). While documentation exists on the need to include (and the success of including) First Nations' voices and perspectives in policy development and program planning (O'Faricheallaigh, 1999; Rutman, Callahan et al., 2000) the perception remains that meaningful and authentic collaboration does not exist between Aboriginal and non-Aboriginal policy and program developers, particularly in the area of substance abuse related special needs.

A: A History of Strength and Capacity: Aboriginal Knowledge and Practices.

In *A Community Guide to Protecting Indigenous Knowledge* Simon Brascoupé and Howard Mann (2001) identify Indigenous Knowledge (IK) as encompassing "every aspect of human existence" (p.3) including such "major areas as agriculture and horticulture, astronomy, forestry, human health, traditional medicines and healing, knowledge of animals, fish and ecological systems, sustainable use of natural resources and the environment, traditional classification systems for

living and other resources, learning systems and oral traditions, spiritually, symbols and traditional arts and culture" (p.3). Brascoupé and Mann maintain that Indigenous Knowledge has been passed down through the centuries and can "define a community's uniqueness, can underline its relation to the world, and can tie the past to the future" (p.1). They acknowledge that in some Indigenous communities, namely those of Nunavut, IK is viewed within the government (and other policy affecting arenas) as having equal validity to non-Indigenous scientific knowledge, thereby highlighting the soundness and authority of Indigenous Knowledge.

Audrey Lundquist and Suzanne Jackson, authors in the text *Substance Use and Pregnancy: Conceiving Women in the Policy-Making Process*, are both Gitxsan women "who have personal knowledge of the Gitxsan culture and the aspirations of the people" (*Substance Use and Pregnancy*, p. 111). They state that "[t]he Gitxsan people have the expertise to create the kind of change that will promote the social cohesion and ultimately the well-being of Gitxsan people. The expertise includes, but is not limited to, cultural knowledge, the traditional roles (particularly the roles of women), youth perspective and involvement, program development and management, community development and personal knowledge of oppression by the society at large and by own communities" (p. 112). As with Lundquist and Jackson's statements about the Gitxsan people, extensive community capacity within Aboriginal communities across Canada, particularly in reference to the rearing of children and adolescents, has been documented in the *Royal Commission on Aboriginal Peoples* (RCAP) *Report.*

> Traditional Aboriginal life provided the conditions for a solid childhood foundation. Babies and toddlers spent their first years with the extended family where parents, grandparents, aunts and uncles, brothers and sisters all shared the responsibility for protecting and nurturing them. Traditional Aboriginal child rearing practices permitted children to exert their will with little interference from adults. In this environment, children were encouraged to develop as thinking, autonomous beings. At the same time they acquired language and were integrated into the rhythms of daily life in the family and the community.
>
> In this early stage of development, children learned how to interpret and respond to the

> world. They learned how to walk on the land, taking in the multiple cues needed to survive as hunters and gathers; they were conditioned to see the primacy of relationships over material possessions; they discovered that they had special gifts that would define their place in and contribution to the family and community. From an early age, playing at the edge of adult work and social activities, they learned that dreams, visions and legends were as important to learning as practical instruction. (*Report of the Royal Commission on Aboriginal Peoples*, Vol. 1, 1996, p. 446-447)

The Royal Commission on Aboriginal Peoples documents a people in possession of extensive community capacity and strengths. It offers, as Lundquist and Jackson observe, a glimpse into First Nations "collective history, [and] a glimpse of hope that things could be different, at least for our children and our grandchildren" (*Substance Use and Pregnancy*, 2000, p. 113).

Patricia Churchryk and Christine Miller, editors of *Women of the First Nations: Power, Wisdom, and Strength*, similarly record a history of capabilities and strengths within Aboriginal communities, in addition to a current day presence of capacity and power. They write, "Literature calls attention to the serious problems existing in many Aboriginal communities…[but] despite these considerable obstacles, Aboriginal women are actively participating in improving the quality of life in their/our communities. Many indigenous cultures embrace women's roles within their communities. As Paula Gunn Allen says, speaking of herself and other Aboriginal women, 'We survive, and we do more than just survive. We bond, we care, we fight, we teach, we nurse, we bear, we feed, we earn, we laugh, we love, we hang in there, no matter what'" (1996, p.4).

First Nations women are an important component of the existing strengths and capacity within Aboriginal communities. Extensive traditional knowledge, broad educational backgrounds and skills (in both Indigenous Knowledge and conventional areas of law, medicine, education, etc.), and a well educated and well mobilized population, all attest to a people in full possession of self determination. The Ontario Institute for Studies in Education, located at the University of Toronto, identified close to two dozen Aboriginal men and women with PhD's, Master degrees, and Law degrees (www.oise.utoronto.ca/%7Efirst/scholars.html, 2000). According to the publication

Aboriginal Access to Higher Education (2002) published by the Association of Universities and Colleges of Canada, "in 1996, 9.4 percent of the registered Indian population had attended university…[and] 32 percent of Indians who had attended university had completed a degree" (p.1). The publication attests to the fallibility of their numbers, noting, "exact statistics for the aboriginal population as a whole are difficult to come by using current methods (Governments do not track many Métis, off-reserve, and non-status individuals)" (p.1). The addition of statistics from these populations may well indicate even higher levels of conventional post-secondary education within Aboriginal populations. The Association of Universities and Colleges of Canada goes on to note "demand for higher education amongst aboriginal people is growing. Indian and Northern Affairs Canada supported 3,600 postsecondary students across Canada in 1977-78, a figure that had risen to more than 27,000 by 1999-2000. [Indian and Northern Affairs Canada] projects a 26 percent increase in this figure by 2010" (p.2). Ground breaking and precedent setting work by First Nations in the Supreme Court of Canada (*Delgamuk v. the Queen*, *Calder v. British Columbia (Attorney General))* also speak to the mobilization abilities and expertise that currently exist within Aboriginal communities.

In addition to literature that records the current activities and capacities found within First Nations communities, the literature also speaks to strengths of the past. Harold Cardinal, in his text *The Unjust Society* (1999) discusses the erosion (by colonial Canadian governmental practices) of well-entrenched and functioning Indigenous traditions, skill sets, knowledge and capacities. Cardinal records the words of a young Aboriginal chief "at a meeting on one of our isolated northern reserves" (p. 53). Cardinal describes the chief's expression of bewilderment and anger at white authorities, particularly at their lack of recognizing the presence of historic self-reliance and capacity within Aboriginal populations and communities and the resulting allocation of welfare to previously fully self-reliant peoples. Cardinal quotes the chief saying "years ago our people were self-reliant. We made our living by trapping and from whatever nature was able to provide for us…it was not an easy life – we had to use our minds continually to try and find means and ways by which to survive. But we lived like men" (p. 54). This chief attests to the expertise that his people possess(ed) towards trapping and land-based survival, in addition to a well-honed and

responsive knowledge base and intellect. In their text *In the Words of Elders: Aboriginal Cultures in Transition* (1999) Kulchyski et al. document similar capacities and extensive knowledge bases within both past and current Aboriginal communities. The words of the Elders document indigenous knowledge concerning, as Simon Brascoupé and Howard Mann (2001) noted, every aspect of human life. Alex Skead, an Ojibwe Elder quoted by Brascoupé and Mann, speaks of a great wealth of medical knowledge: "I know of the main things such as medicines for high blood pressure, caner, kidney problems, miscarriages. The medicines have to be mixed a certain way, all what you see outside is medicine, even the water is medicine" (p.190). James Carpenter, a Mushkegowuk Cree Elder, speaks of well established educational practices within his community: "In the Native people's form of education, that Native person never went to a strangers' land to teach or educate other people's children. Wherever he may be is where he teaches the children, he also teaches a child with a mother or father or parents that passed away. The Native person will take the child as his own and will teach the child how to live. He also gives the child the supplies he needs, food, traps, snares, snowshoes, and toboggan. That is what the Native people did" (p.249). Kulchyski et al. introduce their text as a work that "reflect[s] the system of thought of aboriginal people and…portray[s] it as a legitimate system that has much to offer" (xiii).

The affirmation and declaration of existing current and historical capacity within First Nations' communities is fundamental to reporting on children and youth (and their families and communities) living with special needs and substance abuse. It is fundamental because, as this research will highlight and discuss, solutions to documented challenges reside in the recognition that Aboriginal knowledge and capacity are an integral component to addressing local community issues. As Lundquist and Jackson state, with particular reference to First Nations women, "it is important that every Aboriginal woman has the opportunity to claim her rightful place in these processes toward self-determination. Her issues and the needs as she defines them must be part of the agenda" (p.113). It is possible to broaden Lundquist and Jackson's statement from 'every Aboriginal woman' to a universal concept where every Aboriginal person has the opportunity to claim a rightful place in the processes of self-determination. Literature on First Nations' programs supports this assertion: inclusion of Aboriginal presence, perspective and input into all aspects of

self-determination is crucial (McKenzie, 1995; Newbold, 1998; Brisbane, 1999).

B: Current Realities

Despite a history of strength and capacity, years of continuous colonization and subsequent policies of assimilation have impacted First Nations communities in British Columbia. There are many challenges facing communities in the delivery of special needs services. To better understand these challenges it is necessary to be aware of the current realities in our communities.

In 1997 the Department of Indian Affairs reported that there were 104,411 registered First Nations people in British Columbia. These estimates do not include non-status First Nations persons, Métis and persons entitled to be registered as Indians. Unofficial estimates set the total First Nations population in British Columbia at 200,000.

The First Nations population in British Columbia nearly doubled in 1982 and 1997. Current estimates of the rate of population increase suggest that the registered First Nations population will increase 2% per year, or at a rate of 1.8 times higher than of the Canadian population as a whole.

In a report prepared for the Royal Commission on Aboriginal People (1996) Kerr, Siggner and Bordeau report that an analysis of 1991 Aboriginal census results reveals unemployment rates for Aboriginal people were 2.5 times higher than that of the non-Aboriginal population. Moreover, unemployment rates for Aboriginal people increased from the preceding 10-year period at rates between 1.8 and 1.5 times higher than those for non-Aboriginal people. It was also reported that unemployment rates are higher among males than females and among younger (15-24 years) people versus older Aboriginal people. In British Columbia more than 55% (or 25,489) of registered status First Nations people residing on reserve actively participated in the 1991 work force.

Kerr, Siggner and Bourdeau (1996) report that the average annual income for registered First Nations people in 1991 was $12,950, approximately 9% less than ten years earlier. In the same

period the annual income fro non-Aboriginal people increased by 4.3% suggesting that Aboriginal people, and in particular registered First Nations people, experienced a lower level of economic well being in 1990 compared with 1980, and that the income gap between Aboriginal and non-Aboriginal populations grew during that period.

The education level of Aboriginal people is often referred to as an indicator of socio-economic status. Overall, the education level of Aboriginal people has increased drastically in the last 12 years. The total number of on-reserve registered children enrolled in kindergarten, elementary and secondary school was 112,000 in 1996/97, a full 33% increase from 1987/88. Similarly, the percentage of children who remained in school until grade 12 increased to 71% in 1996/97 from 37% in 1987/88.

While the education level of Aboriginal people has dramatically increased since 1987/88, post secondary enrolment and completion rates of Aboriginal people lag significantly behind those of non-Aboriginal people. In 1995/96 the total number of registered First Nations aged 17-34 enrolled in post secondary institute (university or college) was 13.780 or 6.9% of the registered First Nations population aged 17-24. In contrast there were 899,000 non-Aboriginal people aged 17-34 enrolled in post secondary institute in 1995/96, or 11% of that population.

The total number of registered First Nations and Inuit graduates from a post-secondary institute in the 1995/96 academic school years was 3,929.

Since the 1960's the number of Aboriginal children in care of child welfare authorities has remained constant at approximately 4% of the total number of children under the age of 16 years. In some regions this percentage is considerably higher. Certainly in rural and remote parts of the country there are greater numbers of Aboriginal children in care of child welfare authorities (Wharf, 1986).

The Department of Indian Affairs reported in 1997 that there were a total of 4,807 registered First Nations children in care of child welfare authorities in 1996/97. It is important to underscore that

this only related to numbers of registered children, and does not include children who are entitled to be registered as Indians, Métis, or non-status First Nation children.

In 1998 the BC Children's Commissioner reported that in British Columbia alone more than 3,000 children in care were of Aboriginal descent (only a portion of which were registered First Nation children). This represented a clear one-third of all children in care in the province in the same time period. More startling however was the revelation that in 1998 up to 80% of all children in continuing care (i.e. permanent care) in northern rural and remote parts of British Columbia were of Aboriginal descent.

The numbers of Aboriginal people in penal institutions across Canada are disproportionately higher than any other cultural group in the country. While Aboriginal people represented approximately 3% of the total Canadian population, Aboriginal people made up more than 12% of federal inmates. In a similar vein, of the total number of 1997 provincial admissions to penal institutions in Manitoba, 55% were of Aboriginal descent. In Saskatchewan, Aboriginal people made up 72% of provincial admissions in 1997 (see *R. v. Glaudue*).

There are at least 56 specific Aboriginal languages indigenous to areas within Canada. Within each of these languages there can be several dialects that reflect regional variations of a specific language. Since contact with European peoples Aboriginal languages have seriously declined to the point where many are facing imminent extinction. It is estimated by researchers that only four Aboriginal languages currently spoken in Canada will survive through the next generation and beyond (Assembly of First Nations, 1996).

In British Columbia there are 35 Aboriginal languages and approximately 14,000 individuals that are functional speakers of these languages. Experts estimate that there are fewer than 650 speakers under the age of 15 years, suggesting that all Aboriginal languages in the province are facing extinction (Poser, 2000). The Northwest Band Social Workers Association state that "We, as First Nations communities, can care for our children. They are not a commodity…they are our

future." (In *Liberating our Children Liberating our Nations,* 1992) As First Nations strive for self-sufficiency, their efforts are guided by a desire to ensure the survival of their language, their culture, and their traditions. The Ktunaza/Kinbasket Tribal Council states their "main goals are to preserve and strengthen our culture; to support and maintain the extend family system; to promote the healthy growth and development of our children, and to develop community based programs conducive to the realization of these goals" (White and Jacobs, 1992). The Hazelton Child and Youth Committee noted they "believe that effective and appropriate services can only be provided when cultural differences are appreciated and accepted as integral to the helping process" (White and Jacobs, 1992). It is within this social context that First Nations' communities strive to meet the needs of their children and youth.

C. Community Setting

The Gitxsan Nation, with whom this research occurred, has a population of approximately 4,500. It is estimated that 70% of the population live in the local municipalities or communities in northwestern British Columbia, while the rest are dispersed throughout the world. The Gitxsan territories occupy over 30,000 square kilometers in northwestern British Columbia and encompass the communities of Gitanyow**,** Gitwangak**,** Gitsegukla**,** Gitanmaax**,** Sigit'ox (Glen Vowell), Anspayaxw (Kispiox), and the Hazeltons (Old and New Hazelton). These communities are separated from each other by up to 70 kilometers and are connected by Highway 16 or secondary road systems, many of which remain unpaved. The six communities of Gitanyow**,** Gitwangak**,** Gitsegukla**,** Gitanmaax**,** Sigit'ox (Glen Vowell), Anspayaxw (Kispiox) are governed by Band Councils.

In the 1997 Delgamuuk decision, the Gitxsan Nation, in conjunction with the neighboring Wet'suwet'en Nation, received the recognition by the Supreme Court of Canada that First Nations' claims to land have never been extinguished. The decision further recognizes Aboriginal title and the collective nature of that title, setting out the legal foundation for land claims in British Columbia. In 1999 the Gitxsan Hereditary Chiefs and the Province of British Columbia signed a Reconciliation Agreement allowing for continued bilateral negotiations on a number of different issues and the

support of cultural approaches for improving Gitxsan quality of life. The *Indian Act* continues to define who is a status Indian and a member of the Gitxsan bands. While not all Gitxsan people are band members, those who are are entitled to federal programs and services administered by the Band Councils. According to Lundquist and Jackson (2000)

> Status Indians who do not live on-reserve have limited access to First Nations specific programs and services. Aboriginal people are entitled to provincial programs and services but are often denied access to these because of misunderstanding among providers about which government is responsible (p118).

At the time of this research, a newly elected provincial cabinet had recently been sworn into the legislature. The transition from the previous New Democratic Party (NDP) to the Liberal Party was mentioned by a number of focus group participants and discussed during many informal community conversations. At the time of this research, provincial government discussions were underway concerning a "Treaty Referendum" designed to poll all British Columbians on their perspectives about Aboriginal land claim issues, First Nations self-government, and treaty negotiation. Subsequent to the focus groups and community consultations, the treaty referendum process was completed in British Columbia, meeting with virtually unanimous protest and outcry from all First Nations groups in the province, including the Gitxsan people. During this research process, and simultaneous to the transitioning provincial government, conversations arose regarding provincial funding cuts to community programs, particularly community programs pertaining to health and social services. At the time of this research the Liberal provincial government was in the process of closing the local Social Service (Welfare) building and replacing it with an automated computer or telephone service. It was observed that this meant Gitxsan people (some of whom lack both telephone or computer access) living in poverty and geographic isolation would be forced to travel long distances of up to 150 km to the nearest Social Service location in the community of Smithers, population 5,799.

III Objectives

Given the current and historic capacities existing in First Nations' communities, this research was concerned with Aboriginal community strategies focusing on children and youth with special needs, principally special needs associated with substance abuse. In part through connections with members of the British Columbia Provincial Consultation Group on Fetal Alcohol Syndrome (FAS), our research institute learned that Aboriginal communities (particularly rural communities in northwestern British Columbia) faced specific needs associated with substance abuse and special needs children and adolescents. Meetings with a representative from Gitxsan Child and Family Services suggested that understandings of the realities of Aboriginal communities were lacking in current provincial and federal discussions concerned with substance abuse and special needs. It was noted that documentation was virtually non-existent concerning culturally specific responses to substance abuse, locally developed solutions to the needs, and '*non-deficit based*' analysis of First Nation's communities and their realties around children, youth, substance abuse, and special needs. In order to discuss programs and policies related to First Nations communities and their children and adolescents, more information needed to be collected about the nature of First Nations' perspectives toward children and adolescents with special needs associated with substance abuse. It was also understood that these discussions needed to include broader contextual considerations, including colonial, geographic and historic realities.

Four questions guided our study:

- What special needs issues face the Gitxsan communities in northwestern British Columbia?
- What programs, services or actions are working well to address the special needs identified in the communities?
- What are the challenges facing the Gitxsan communities with regard to meeting the requirements of children and adolescents with special needs?
- What would assist the Gitxsan communities in overcoming any identified obstacles and challenges?

IV Research Methods

A. Design

When we developed the qualitative research design for this project, we were interested in understating Aboriginal (primarily Gitxsan) perspectives and strategies concerning children and youth with substance abuse related special needs. We also wanted the research to be developed in conjunction with the community and to know that upon completion it would be of use to the community in which it was carried out. We were thus influenced by the research processes discussed by Rubin and Rubin (1995) of interviews as conversations and the technique of "people talking about their lives, experiences or understandings…without limiting the discussion to particular themes of concepts" (p.178). We were further influenced by Kavle (1996) with particular attention to his discussions on the process of moving from speech to text.

B. Data Collection

This research was carried out within the Gitxsan Territory in the northwestern region of British Columbia; focus groups took place in three of six small Gitxsan communities with individual interviews and completion of written surveys occurring in a fourth community. An initial invitation to gather information for this project was extended to the Centre of Excellence for Children and Adolescents with Special Needs, the UNBC Task Force on Substance Abuse, in order to build connections for an anticipated FAS Network. The Gitxsan communities were selected for this project in part because of this overtly stated interest in beginning a local Fetal Alcohol Syndrome (FAS) network and in part due to the initiative of Gitxsan Child and Family Services who undertook the organization of all focus groups and community consultation processes (Appendix 1). The interest of community members in children and adolescents with special needs was evident from the onset of research discussion. The high turnout rate to focus groups and the level of community participation in the process reflects a committed and cross-sectoral awareness of substance abuse related special needs, children, and adolescents.

The UNBC Research Ethics Boards approved this study prior to data collection. Representatives of Gitxsan Child and Family Services organized and arranged all community consultations and focus groups. Gitxsan Child and Family Services and the Home League of the Salvation Army Church hosted the focus groups. Gitxsan Child and Family Services distributed information sheets and announcements of the research through cross-community meetings and through informal community interactions. Additionally, the UNBC Task Force on Substance Abuse was invited, during the time research was occurring, to present information and to set up informational displays at the First Annual Gitxsan Women's Conference. A number of community tours were organized for the research team, including a tour of the local hospital and health clinic and a site-visit to the Grace Lynn Family Centre, a family drop in and one stop centre providing parenting, mothering and children's programming.

Focus groups were conducted in Kitwanga, Hazelton and Glen Vowell. In total, 24 people partook in the focus groups and ten people (outside the focus groups) completed surveys. The research team did not select the focus group participants; the selection was left in the hands of the community in order to ensure representation of locally identified experts and representatives. The participants included professionals in their field (social workers, drug and alcohol counselors, youth workers); community members (parents, church group participants) and other interested parities, including school aged children. During one focus group, three generations of Gitxsan women were represented: grandmother, mother, and daughters. Discussions were guided by four general questions, thereby ensuring participants were able to guide the process and inject any thoughts they saw as relating to the conversation about children and adolescents with substance abuse related special needs. Informal community consultations and the completion of survey occurred in Gitsegukla at the First Annual Gitxsan Women's Conference. All participants in the research process signed consent forms and were made aware of the purposes of the study, including the return of the final report to the community for their use.

Two focus group facilitators recorded (in writing) the focus group discussions. These notes and recordings were typed as soon as possible after the focus groups were complete. To ensure as much accuracy as possible, transcriptions (along with an outline of the proposed research paper) were returned to all focus group participants. Participants were encouraged to submit any additions, deletions or changes to the transcriptions.

C. Data Analysis

Data analysis in part followed the processes referred to by Browne and Fiske (2000) in their research concerning First Nations women's encounters with mainstream health systems. As with Browne and Fiske's research, the data collected from focus groups in the Gitxsan communities were treated "as text, or text analogues" (Browne and Fiske, 2000, p. 7). Data were reviewed by the research team for preliminarily understanding of the content, for discussion among the research team, and for initial identification of broad themes. The data was then reviewed extensively, with the purpose of identifying "patterns of regularities and recurring ideas and experiences that linked participants perspectives" (Browne and Fiske, 2000, p. 7). Themes and patterns emerged from the text and transcripts of focus groups: from these we were able to identify repeating concepts, experiences and perspectives that could be grouped for the purposes of thematic analysis. As commonalities emerged from within the participant's perspectives and stories, discussions and deliberations between members of the research team occurred in order to conclude what the different themes suggested or denoted.

V Findings

Throughout the focus groups (and also reflected on the completed surveys) an emphasis on strengths within the Gitxsan communities emerged. The need to recognize and acknowledge capacity within the Gitxsan population and territory, as opposed to seeing the Nation as either 'in-deficit' or 'lacking' and in need of 'external expertise', permeated the discussions in each of the three focus groups. Discussions of existing and historic strengths, in conjunction with perceptions on how to build upon and work with them, form a key component of these research findings. Additionally, two broad themes emerged from the analysis of participants' responses to questions about children and adolescents living with special needs associated with substance abuse. Each of the themes concern *responses* to substance abuse related special needs, in conjunction with community *needs* associated with children and youth living with substance abuse related special needs. The two broad themes of **contextual causes with holistic responses** and **specialized needs with specific responses** were seen as encompassing the perspectives and experiences of research participants. Each of these two themes provides informational foundations from which to draw for possible policy and program decisions and responses. These themes related to self identified challenges facing the Gitxsan people and substance abuse related special needs. The themes also encompass the proposed solutions brought forward by research participants. An overview of the identified strengths and capacities assist in conceptualizing these two themes of holistic and specific responses, and causes associated with children and youth living with substance abuse related special needs.

A. Strengths and Capacity within the Gitxsan Nation

The objective of this research was to understand Aboriginal (primarily Gitxsan) perspectives and strategies concerning children and youth with substance abuse related special needs. In the process of conducting the research, it became apparent there existed within the Gitxsan Nation an array of locally developed responses to both substance abuse and special needs associated with substance abuse. Additionally, the need was clear concerning the

inclusion of traditional social and political structures into strategies for addressing substance abuse and related issues and special needs. Many of these strengths referenced locally perceived best practices, while others referenced cultural specificity, local ownership and involvement, and 'non-traditional' methods of delivering services or producing and sharing knowledge. The Wilp (House) system that provides a pivotal foundation in Gitxsan governance was systematically referred to as a unique strength utilized by community members when addressing issues like substance abuse related special needs. Every Gitxsan person is a member of a Wilp (House) and that system provides the basic unit for social, economic and political purposes. Within each Wilp is a membership of closely related people through a matriline. The Wilp "can consist of anywhere from 20 – 300 people. Each Wilp has a Simoigyet (Hereditary Chief) who is a leader of the house membership. Working with him/her is a series of "Wing Chiefs" who help to carry out the duties of the house. Each Wilp is connected to the Lax yip (land/territories), as well as specific fishing sites located along the rivers" (www.ksan.org/cult-desc.html). One participant noted that "this whole region has the strength to become strong [because] you can't walk by someone without knowing who you are [and] that is the strength of a house system." The pervasive recognition of the Wilp system as one integral to addressing substance abuse and special needs was reiterated by another participant, a health care worker in one of the communities, who said

> When we negotiated with the government to deliver health care the way our people knew how to deliver it, it was holistic. But so many of our people were shattered from the residential school system…we do have strengths [though] and we're getting stronger. We will be teaching our younger generations and they will know about their house system. We are doing various things. The Elders are being very supportive. For instance our Elders are demonstrating the cleansing fast so that our children will begin to understand that there is a road that we must all follow.

Integration of Elders' knowledge, traditional activities and healing practices, in conjunction with the Wilp system, were all seen as methods by which substance abuse, and special needs associated with substance abuse, could be addressed and resolved. Participants stated the

need for any program and policy development concerning substance abuse related special needs to be integrated with pre-existing and traditional Gitxsan structures, including the Wilp system. It was also observed that the existence of the Wilp system, in the face of aggressive colonial practices, was a strength unto itself. Since the Wilp system encompasses health and education systems, the use of it made sense to participants discussing children and youth with substance abuse related special needs. One participant stated

> Resilience and strength are part of our culture. We've had ten thousand years of survival, ten thousand years of the house system. There is now international interest and acceptance of the house system. We have pride in the K'san Art House and in our fishing system and the quality of our food. There are current helping systems [in the Gitxsan Nation] like the health system and the education societies in each of the villages.

The Wilp system was written about by one research participant as needing to be addressed when facing the issue of substance abuse related special needs. The participant noted that the Wilp system could not only provide the foundation upon which to rear healthy children and youth, but also observed that without the strengthening of the Wilp, it was possible that the health and well being of children and youth would suffer. The participant wrote

> The traditional Wilp system needs to be embraced and children need to be guided throughout their whole life and [we cannot] just be there when they stumble and fall. We need to walk them through life and show them stumbling blocks and help them to overcome those. Children are born in the Wilp system and should be groomed appropriately. Our Traditional System is very powerful. I can imagine what it would like to use it daily and not just when times are trying.

The belief in the Wilp system as one that holds healing prospects, prevention opportunities and solutions for children and youth with special needs suggests that programs and policies designed to address the issues of substance abuse related special needs (particularly in rural and remote Aboriginal communities) must carefully consider, and partner with, existing traditional systems and capacities.

The Wilp system was one of many strengths identified by participants in this study. It was referenced in addressing a second strength identified by Gitxsan community participants - the strength of community connectedness and cultural sensitivity. As one participant stated, "This community is aware of cultural sensitivity", a concept alluded to by another participant in reference to the Wilp system. Community sensitivity and connectedness with reference to the Wilp system was spoken about by another research participant who stated that

> The Wilp system helps six nations as people come together from other areas. People can be adopted. There are similarities and differences between the mainstream system and the Wilp system, but they need to work together. They [both] need to focus on the main concerns: parenting, racism, anger, jealously, drugs and alcohol. Because we're in a small community, everything is right there. There is a unique communication and we must connect with community, knowing everything that's going on [and] being connected. Not being afraid to go unrecognized.

The belief that unique communication structures exist in the small Aboriginal communities within the Gitxsan territory was another existing strength that participants suggested be recognized and made use of when planning or constructing programs and policies that impact on their people. While participants recognized the qualities of 'professionals,' they suggested that professionalism and expertise existed in many different forms and must, if it were to be successful, work in conjunction with existing informal and unique local communication structures. One participant stated that

> Lots of professionals have many attributes, but we need to look at other ways of delivering services. [We need to look at] informal connections and networks, that's what works. Develop your professional relationships based on your personal work and you develop your strengths. It's the strengths that aren't necessarily on paper.

As with other identified strengths and areas of capacity, informal connections and personal networks are seen as attributes to account for when developing programs and policies. The observation concerning the importance of using informal or locally developed expertise was not

an isolated belief. It arose from discussion concerning the importance of not only avoiding 'flying in outside experts' but also discussions concerning the use of local social and personnel resources, including those people with non-traditional or region and culture specific knowledge.

B. Contextual Causes with Holistic Responses

The discussions about particular special needs facing the Gitxsan community revealed a clear belief by participants that substance abuse related special needs were of growing concern. Participants repeatedly identified Fetal Alcohol Syndrome (FAS), Fetal Alcohol Effect (FAE) Fetal Alcohol Spectrum Disorders (FASD), Drug and Alcohol Related Birth Defect (DARBD) as afflictions they viewed with concern in their children and youth. Participants also attributed a number of other at-risk behaviors (predominantly in their youth) as being related to substance abuse: they spoke of high suicide rates, high rates of attempted suicide, and depression as issues they associated with substance abuse. A predominant theme of discussions focused on the concepts of contextuality and holisitcness. Participants observed that substance abuse could not be isolated from historical realities like residential school systems. Nor could substance abuse be separated from broader social issues like poverty, unemployment, racism, and geographic isolation. Similarly to the contextual nature of substance abuse causes, participants stressed the importance of solutions and responses to substance abuse being of a holistic nature. Participants spoke about "curing a family" and "addressing the whole community," as opposed to focusing on an individual. Participants also spoke about the need to integrate holistic Aboriginal philosophies when addressing substance abuse related special needs.

During all three focus groups, and reflected in the written surveys, participants noted that the causes of substance abuse, and thus special needs associated with substance abuse, could not be extricated from contextual factors, particularly historic, social, geographic and economic factors. One participant noted the complexity of rationales behind women's use of drugs and alcohol, noting that to understand the cause of (particularly) women's substance abuse, one had to address much greater and deeper contextual issues than simply consumption. The participant stated that one had to "be careful about the stigma associated with drugs and alcohol. People

need to realize that drugs and alcohol are used as self-medication. You need to honour women. You need to understand that these women have terrible pain [and] there is not one simple answer to these complex issues." It was thus understood that contextual factors were a contributing factor to substance abuse in the participant's community, a view echoed by other participants, one of whom noted that

> We [have] lost so many of our traditional laws. We used to have stories to scare youth into not doing things, but we've lost those. Sometimes kids say 'You're not my parent, I don't have to listen to you.' We've lost that culturally – that aunts and uncles have the power to talk to kids. We need to restore that cultural foundation. It needs a whole hell of a lot of work to get back to that culture of extended family so that the whole community is involved in raising the kids. But you have to get back the understanding of what kids think. The timing is a critical thing.

Social and economic factors were also viewed by participants as inherent in the causes of substance abuse. These factors were associated with historical realities like the imposed reserve system on Aboriginal people and the residual effects of the residential school system. In addition to these factors, current ministerial policies, including those governing the apprehension of children, were also seen by participants as factors in the abuse of substances. One participant noted that in their small community "seventeen children were apprehended [and] all seventeen of them were abused and abused." The link between removal from community, loss of culture, physical and emotional abuse and substance abuse was made by a number of participants. Participants spoke of the relationship between intergenerational substance abuse (and thus intergenerational special needs in children and adolescents with special needs associated with substance abuse) and trauma caused by the removal of traditional aspects of Aboriginal life. One participant noted a cyclical relationship between social challenges, including substance abuse, and the loss of tradition, a reliance on non-traditional aspects of life, and the ultimate removal of that new aspect of life. The participant stated

> The economy, our traditional economy, is [contradictory to] the colonial model. But that colonial model is falling apart [and] our people need jobs. People are leaving [and] it's

> hard to have a thriving community when people are leaving and there is an exodus. Here [in New Hazelton] they are closing the Forestry Office and we may lose our pharmacist.[1] It's a vicious circle, a cyclical relation of colonial economy versus traditional economy. So developing a healthy community means developing a healthy local economy.

The loss of culture and historic colonial practices towards Aboriginal peoples underlie virtually all references to the cause of substance abuse. The effects are so varied and all pervasive that it was understood to be inherent in all discussion of substance abuse and its (possible) subsequent manifestations into children and adolescents with substance abuse related special needs. The leap from identifying a contextual cause for substance abuse to identifying a holistic solution to that challenge happened spontaneously by participants. Participants would move from speaking about the need to see root causes of substance abuse to speaking about all encompassing and community-wide solutions to the causes. For instance, one participant stated

> Help needs to be given to parents. When you see the highest risk kids, then you know that their parents are also the highest risk parents. Healing issues…need to be the focus. [We] need to focus on the deeper issues of drinking and drugging. There are historical issues that need to be looked at. We always need to look at the root of the problem [and] if we are to prevent these issues; we have to heal the whole family. There are huge issues of trauma, and the effects are often confused. So we have to have tools on healing…

Another participant, in part mirroring the words of the above quoted participant, discussed the link between large (external) factors and substance abuse, also moving between cause and solution, always linking the contextual and root cause to a holistic and all encompassing solution. The participant stated

> Kids are apprehended at a very young age from the biological family. There is a sense of shame for the kid, disconnectedness, and huge issues of separation. There are also people returning to the community [but] when people return they return to no family…there

[1] The participant noted that the local pharmacist was married to an employee of the Ministry of Forests. It was thus felt that if the Forestry Office was closed and forestry personnel moved on, the region's only pharmacist would also move out of the community. Focus group participants referred to this acute lack of specialized service provided in remote northern communities on more than

> is no support and so people turn to drugs and alcohol. People return thinking they'll fit in, but although they appear to fit in visually, maybe, they can't experience the language. So they are crying out to their community. There is no transition period for them and they have to manage each other. One of the most essential programs is education to grandparents and parents. There needs to be programs where all kids are viewed as loved and the same. So people have to take responsibility for their parents. You have to start young, sharing in love, so that there isn't separation within families.

Finally, another participant also observed the clear linkages between contextual factors causing substance abuse and the need for holistic responses when addressing associated challenges. The participant, using the hypothetical example of a community member seeking services for either a substance abuse issue or a special need associated with substance abuse, spoke of the need to recognize the interconnected nature of both historic causes for substance abuse and holistic or community and cultural encompassing solutions. The participant stated

> What happens…after three days [when] people have opened up? There needs to be follow up from assessments after that time of opening up. We need to perhaps have Gitxsan workers on hand, but one person can't handle the whole load. We need to work as a group. We can't have people on both sides. We need to build trust and rapport between people and between communities. We are so used to being put on reserves, to being put in our places, that we don't use our strengths. The strengths we have in our people. There are people out there, but we just need to be told of each other. There are a lot of resources workers out there who care. For instance, now people just call me to see how I'm doing. People encourage me, they care about me.

In many cases, the concurrent reference to historic and contextual factors behind substance abuse were linked with a need to make use of historic strengths and capacities for solutions. The validation of culturally specific responses to abuse issues resulting from culturally targeted colonial practices reinforces the desire to foster and support Gitxsan strengths and capacities in

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one occasion. It was often noted that in order to address the exodus of community expertise and resources, local capacity needed to be strengthened and that recognition of (and support for) traditional Gitxsan methods of service provision needed to occur.

order to heal a people. Participant's affirmation of being able to begin a healing process established on Gitxsan tradition and strength reinforces the need to turn to local experts and professionals when seeking to address substance abuse and the special needs in children and adolescents associated with substance abuse. Participants were welcoming and encouraging of interactions with, and support from, non-Gitxsan professionals and experts, but it was recognized these people must address the historic nature of substance abuse causes, and use holistic, community encompassing solutions to address the challenges.

C. Specific Responses for Specialized Needs

While participants repeatedly discussed the holistic nature of both the causes of, and solutions to, substance abuse related special needs, they also spoke of the importance of specifics. Many participants noted the immediacy needed in addressing community challenges. These are things that can be summarized as specific or immediate responses as opposed to holistic or long-term causes or solutions. Discussions concerning program funding and funding reporting were viewed as issues that should be addressed with immediacy. Similarly, the matter of service location, of program availability, and of time constraints were discussed as being issues that would benefit from working in conjunction with holistic and long term perspectives, but which could also be quickly and efficiently addressed with the possibility of maximum long term benefit. The specific responses to substance abuse and special needs in children and youth associated with substance abuse generally related to diagnosis and assessment, funding and funding criteria, program support, and community support. Many of the specific responses identified by participants dealt with concepts requiring a minimum of time and non-financial resource commitment; in other words they are clear and concise solutions participants felt could be implemented with minimum disturbance or difficulty.

Some of the participants spoke of shifts in perspectives and perceptions towards children, youth, and service provision more generally. They agreed that these shifts did not necessarily rely on increased resources, but rather on adjustments in attitude and behavior, both of which participants felt were achievable within their community given appropriate commitment and

training. One research participant wrote that in order to make successful any program associated with special needs in her community, it would require "honest, dependable and reliable people who truly have a genuine interest in our children." Another focus group participant who stated, "People need to keep their words," mirrored this sentiment. The participant added the observation that service providers "make promises and they need to keep those promises. And they need to get local people involved. Inconsistency in people's lives means it's hard to run programs in people's lives." In addition to the belief that service providers and agencies needed to be committed and reliable, a number of participants expressed the view that communication between programs, and the integration of services, would facilitate more effectively meeting the needs of children and youth living with substance abuse related special needs. One participant noted, "Information should be available to develop the professional. It could [even] be informal education, even sharing between agencies."

While observations about moderate changes in attitude comprised one component of perspectives pertaining to specific responses to substance abuse and special needs, other suggestions and viewpoints were also discussed, including ones concerning issues of funding and funding reporting requirements. Participants noted again and again the arduous nature of funding reporting requirements. They observed that while accountability and responsibility for funding was paramount to all local agencies and programs, the nature of fund reporting was often such that it required onerous amounts of times to complete. There also seemed to be conflicting reporting demands, and more and more often grants did not incorporate additional or support funding to reflect the reporting component of the financial support. It was suggested by more than one participant that through streamlining reporting procedures, perhaps even by centralizing these activities, the communities could more meaningfully undertake in providing services to children and youth suffering from substance abuse related special needs. For instance, one participant stated that reporting on funding "needs to be made simple, with streamlining and accountability, but there is no time for reporting. We need to let funding account for administration." Another participant stated that the communities need "consistent funding and consistent staffing. The shortsighted approach of politicians means that we are always

reacting. Nothing is proactive, nothing is long term. We really need long term contracts [because] progress is made over a very extended period of time, so funding needs to reflect that." The perception that changes in funding requirements constitutes a specific and particular action that would in turn lead to more meaningful attention to substance abuse and special needs associated with substance abuse is a perception with an achievable solution. The solution, in the minds of participants is to more fully consult with community members and service providers when developing funding and reporting criteria: by doing this, communities would be (according to participants) better able to address the realties facing children and adolescents with substance abuse related special needs.

Issues of employment and empowerment, or self-worth, were also issues identified by participants as specific factors in substance abuse and thus special needs associated with substance abuse. It was widely observed that the Gitxsan communities in which this research occurred has upwards of 90% unemployment. It was further observed that the shame about unemployment and poverty were both catalysts of substance abuse and the reasons behind some people's isolation from services designed to address their needs. One participant noted

> 92% of the Aboriginal population is on unemployment [insurance] and lots of people don't even want to be seen going into the [U.I./E.I.] building. People think it's too shameful. There needs to be sensitive alternative methods of service delivery, with comfort zones, like visiting the person or setting up social functions. And there needs to be transportation.

Participants linked this shame, or lack of self-worth, to substance abuse and the creation of substance abuse related special needs.

Participants also stated that encouraging community members to access existing services, and draw on local capacity and expertise, was one method of braking cycles of substance abuse and substance abuse related special needs. The quandary arose in how to facilitate access to, and use of, these services for community members. Again, focus and consultation group participants noted simple and effective solutions to the challenges they identified, namely increased attention to transportation issues and health activities.

On more than one occasion, participants stressed that basketball, wrestling, and other sport activities were events with consistently positive outcomes. Not only did sports events provide valuable venues in which to distribute information and educate community members, sports events also improved people's sense of self-worth and lessened the rates of substance abuse some people engaged in. One participant noted that an existing strength and capacity that existed in her community were local sports teams and community halls in which sports events could take place. She noted, however, that increased attention and funding to these infrastructures would go far towards lessening substance abuse and special needs associated with it. The participant stated

> I have an eighteen-year-old daughter who is really into wrestling. She actually won a gold medal. It [wrestling] offers self-discipline and self-esteem. My son likes to play soccer, but the community could be better at getting kids out to do sports.

Participants agree that ensuring adequate transportation options is one component of 'getting people out to do sports,' in addition to encouraging them to access other services. Like other remote groups of communities, the seven Gitxsan communities in the Kispiox River and Bulkley River valleys have dispersed services and travel between communities is required. Participants observed that a lack of affordable and reliable transportation between communities was a factor in residents resorting to substance abuse and also a factor in residents not accessing services designed to address substance abuse or special needs associated with substance abuse. It was observed that addressing transportation issues in the region would be a relatively inexpensive way of addressing some causes of substance abuse and also providing support and solutions to families who lived with children and youth with special needs associated with substance abuse (depression, mental health issues, FAS, FAE, ADRBD, etc). One participant noted one of the biggest challenges facing her community in dealing with substance abuse related special needs was something relatively simple to solve: she stated "some of the biggest issues facing our community are the simple things, things like transportation. Simple, practical things." Another participant also linked the issue of transportation in their rural communities as an issue affecting

a series of other community concerns. The participant stated, "For so many [in the community] there is a sense of hopelessness. There's no transportation. There's a lack of support…or an understanding of where people are coming from." There seemed to be consensus that the communities in which the research occurred were suffering from unemployment, low self worth of residents, and an inability to access existing services and programs. Each of these factors were linked in the participants minds to causes of substance abuse and therefore reasons behind special needs associated with substance abuse. Concurrent to these observations, however, was the impression that these challenges could be effectively addressed with a specific and practical response of increased support for transportation availability.

Health and diagnosis service factors were two final areas of specificity that participants noted were linked to special needs associated with substance abuse. Participants saw diagnosis and health service factors as not being inherently linked to historical or contextual causes; rather diagnosis and health service factors were observed to be specific issues in need of immediate attention. It was observed that due to the remote location of the seven Gitxsan communities, there was an overall lack of heath services. It was further observed that many preliminarily interactions and relationships with diagnostic or heath services were not followed up upon due to the distance between the service and client. These issues were viewed as both contributing factors in ongoing substance abuse and an inability to adequately respond to children and youth living with substance abuse related special needs, much less prevent future substance abuse related special needs. One participant noted

> We need to not react so much, and do more to prevent. There are programs on getting the parents health, but what there isn't enough of is youth programs. Delivering these programs requires qualified youth workers who can really work on the children's needs. So there needs to be funding for child and youth workers.

Another participant observed that it was an ongoing challenge to even secure diagnosis in her community, stating that there were challenges in "identifying special needs. There needs to be

diagnosis. Assessment is needed." Another participant related a personal story concerning diagnosis and a lack of follow up, stating

> My spouse recognized in himself all the symptoms of FAS, and he disclosed to a nurse but nothing was done. It's bad enough to disclose, but then there was no follow up, nothing. Really, enough is enough. There needs to be commitment to finish things off, to follow through, and it doesn't matter how long it takes. Things really need to be dealt with faster and there needs to be closure. Even with the Ministry [of Children and Family Development] - they come back and open cases up and there is no follow through.

Finally, another participant identified waitlists as a significant deterrent in seeking meaningful health services. The participant stated "Sometimes people haven't heard anything for over a year, so they think that the problem is gone, or they try to forget it. You can't have waitlists like that." The desire of community members to have assessment, diagnosis and then follow up to these, including appropriate services and responses, suggest not only a lack of existing services, but also poor responsiveness in the services that are available. While much discussion surrounded these points, overall participants agreed that in order to reduce rates of both substance abuse and special needs associated with substance abuse, there needed to be more comprehensive and streamlined service accessibility. Generally it was believed that supporting and augmenting existing strengths and capacities within the Gitxsan communities would result in positive health and social outcomes in the communities. Headway would be made in regard to ensuring decreased rates of substance abuse, increased rates of support for children and adolescents with substance abuse related special needs, and improved prevention strategies and programs to reduce further incidents of substance abuse related special needs in children and youth.

VI

Conclusion and Recommendations

It cannot be written with enough conviction that participants in this research demanded to have local capacity and strength recognized when discussing any solutions or responses to substance abuse and children and youth living with special needs associated with substance abuse. It was felt that augmentation of, and support for, locally driven initiatives and programs would ensure meaningful responses to children and youth living with substance abuse related special needs. It was further perceived that in order to identify the causes of substance abuse related special needs, to respond to existing special needs associated with substance abuse, and to prevent further substance abuse related special needs, local structures, local individuals and local cultural factors had to be both recognized and utilized. There was consensus that any component of substance abuse must be understood contextually and entrenched in a comprehension of colonial treatment of Aboriginal populations, current governmental and political trends, and historic determinants. Associated with this was the observation that any solution to substance abuse, and its related special needs, must be holistic and community wide in nature. Many participants noted that making use of, supporting, or strengthening local initiatives and programs was more important than creating new programs and bringing in new 'outside experts'. As with the example of supporting local transportation infrastructure, some solutions were seen as practical, common sense, and not based on extensive funding. Other solutions were connected with the use of existing cultural systems, in the case of the Gitxsan people, these included the Wilp (or house) system, informal community and family connections, and connection with existing knowledge accumulated by Elders or other local experts. Most participants agreed that substance abuse, and subsequently related special needs, were an escalating and central concern for their communities, their children and their youth. It was a challenge all participants wanted to address, and an issue participants believed could be solved over time with both short and long term commitments, providing that the commitments included cultural and historic considerations. Each of the following recommendations begins with the premise that traditional social and political strengths exist within the Gitxsan communities. By beginning from a strength-

based place, and working toward increasing local capacity, substance abuse and related special needs can be meaningfully addressed.

- ***Strength and capacity based vision***

Too often Aboriginal communities are viewed through what members of the community state is a "deficit based" lens. As opposed to identifying strengths and capacities, and working to build on and acknowledge those, researchers, policy developers, and program evaluators perceive weaknesses in Aboriginal communities and seek to inject 'outside expert' perspectives and solutions onto local communities. When developing programs and policies aimed at substance abuse and substance abuse related special needs, a comprehensive scan and understanding of existing capacities and strengths must occur, and these must then be accounted for in the development of any strategies focusing on substance abuse or substance abuse related special needs.

- ***The role of Elders and local experts***

Any services associated with substance abuse or special needs associated with substance abuse that are designed to meet the needs of Aboriginal people should be guided by policies that recognize the role of Aboriginal Elders and local experts. Substance abuse, and special needs associated with substance abuse, is rooted in historical and contextual factors that can be best addressed, in part, through the teachings and knowledge of Elders and local experts. In order to fully address the root causes of substance abuse, Aboriginal community members must be consulted when developing strategies to address substance abuse and associated special needs and when developing or implementing programs to offer solutions for substance abuse or associated special needs.

- ***Use of, and support for, holistic methods of health and social service delivery***

In recognizing that substance abuse and related special needs are linked to contextual, environmental and historical factors, solutions must be holistic and community wide in nature. Educational opportunities, capacity building endeavors, and program development must account

for traditional Aboriginal concepts of holisitcness and wholeness within a family, community and region. Holistic methods should be accounted for, supported, and utilized when developing health and social service strategies and programs.

- ***Streamlined funding reporting requirements***

Funding agencies, including provincial and federal government ministries, health region bodies or independent funding organizations need to develop structures and mechanisms through which Aboriginal communities can meeting the requirements of funding reporting without excessive time requirements that translate into reduced service provision activities. As accounting and management expertise are often difficult to access in remote communities, additional support and provisions need to be accounted for by funders in their reporting requirements.

- ***Investment in local training and education***

With the inherent strengths of Aboriginal families, structures and communities fully recognized, investment in long-term training and educational opportunities for Aboriginal people must occur. These opportunities must be developed with local input and should account for local solutions to health and social challenges, including substance abuse and associated special needs. Given the link between substance abuse and diminished employment opportunities and systemic poverty, training and educational opportunities should be linked to other forms of economic support and ensure capacity is build within traditional Aboriginal (and non-Aboriginal) methods of addressing substance abuse and substance abuse related special needs.

- ***Recognition of Aboriginal right to self-determination***

Control over services, resources and economic generating capabilities all lead to increased strength and capacity within Aboriginal communities. Recognition of the right to self-determination, including the right to develop and oversee health and social research, programming and service delivery, leads to increased feelings of cultural esteem and community empowerment, in turn facilitating decreases in substance abuse and a subsequent decrease in children and adolescents suffering with substance abuse related special needs. Additionally,

recognition of, and support for, Aboriginal self-determination is associated with increased economic opportunities for isolated First Nations communities, translating into increased rates of employment and educational opportunities, both of which are linked to decreasing rates substance abuse and special needs associated with substance abuse.

- ***Infrastructure investment and support***

Infrastructure investment, including investments in recreational facilities, transportation networks, cultural centres, locations for service delivery, and expanded resource bases, all contribute to a sense of empowerment, cultural esteem, and health in the children and youth of Aboriginal communities. This increased level of cultural esteem is linked to reduced rates of substance abuse and associated special needs in children and youth, including depression, suicidal tendencies, and FAS/FAE. Infrastructural investments, though specific and at times short term, have long term impacts and benefits to communities, and can be the starting point of community wellness and health.

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February 5, 2002

Good afternoon Barb,

I hope all is well with you. As we discussed yesterday, this is a brief description of what we see the focus groups in the Hazelton areas being.

By partaking in information sharing sessions, or focus groups, with the UNBC Task Force of the Centre of Excellence for Children and Adolescents with Special Needs, you will have the opportunity to discuss children and youth with special needs in your community. Are there programs in your community that meet the needs of these children and youth? If not, what are your thoughts on these gaps. The UNBC Task Force is particularly interested in thoughts about FAS/E or other special needs that are linked to misuse of drugs and alcohol. The focus groups are designed to record community voice and perspective on the issues of children and adolescents with special needs. Once your voice and perspective is recorded, the information will be shared with provincial and national organizations, and you will have a copy of a research report written about your thoughts. The focus groups are between one and two hours long and we will provide refreshments.

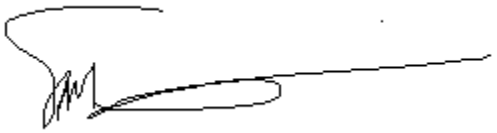
Also, for your information Barb, this is a brief outline of the kind of questions usually asked in a focus group of this type.

1. Introductions:
   Round table and sign in. Handout package disseminated and questionnaire passed out - discussion regarding the ability to take notes on questionnaire regarding happenings of meeting, questionnaire will be handed back.
   Introduction to the Centre of Excellence, thoughts on how the centre can provide support to community agencies:
   - Possible funding sources for community based research (2002).
   - Research assistance and proposal support.
   - Linking to other agencies and communities with shared concerns
   - Direct link to a federal government forum: local challenges and solutions can be brought forward to a federal audience.
2. Round of questions and discussion items:
   Question #1: What are the special needs issues facing your community?
   Question #2: What programs, services or actions are really working well to address these special needs issues in your community?
   Question #3: What are some of the challenges facing your community with regards to meeting the needs of children and adolescents with special needs?
   Question #4: What would help overcome these obstacles and challenges?

Question #5: Are there any other discussion items people would like to talk about?

3. Closing round:
   Opportunity to fill in form for resource book information.
   Reinforce contact with the C.O.E.
   Gather again suggestions on how the C.O.E. can support community agencies.

I am looking forward to seeing you in the next few weeks, and take care.



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UNBC Task Force on Substance Abuse.

Agency Participants

AGENCY
Gitxsan Child / Family Services
Community Counseling Services
Ministry for Children and Family Development
Storytellers Foundation
Amayoona Galp Mootxw
Gitxsan Health Society
WilpSi'Satxw Healing Centre
Glen Vowell Salvation Army Homeleague
Wilpsisatxw Community Healing Centre
Wilps s'satxw Drug and Alcohol Treatment
Community Workshop Worker