



NVision Insight
Group Inc.

YOUR VISION, OUR INSIGHT

Executive Summary

Addictions and Trauma Treatment in Nunavut

August, 2018



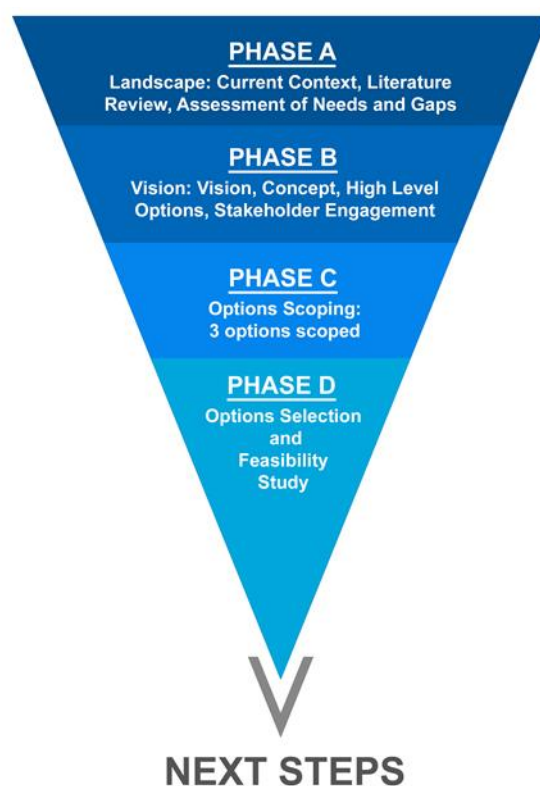
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Executive Summary

Addictions and Trauma Treatment in Nunavut

In April 2017, the Department of Health's Quality of Life Secretariat (QOL) and Nunavut Tunngavik Inc. (NTI) mobilized a group of stakeholders to inform work on enhanced addictions and trauma treatment in Nunavut.¹ Subsequently the Government of Nunavut (GN) contracted NVision Insight Group to undertake a needs assessment, development of options and feasibility study for in-territory addictions and trauma treatment programs and services. The overall objectives of the project were to evaluate the feasibility, resources required and next steps involved in providing in-territory addictions and trauma treatment that is grounded in Inuit culture and supports continued recovery and healing for Nunavummiut. The project involved a four phase process, depicted in the graphic below.



¹ The stakeholders group included representatives from four Nunavut wellness organizations (the Cambridge Bay Wellness Centre, Pulaarvik Kablu Friendship Center in Rankin Inlet, Ilisaqsivik Society in Clyde River and Tukisigiavik Society in Iqaluit). Territorial agencies represented included the Department of Justice (Corrections and Community Justice Divisions), Culture and Heritage, Finance, Family Services, Health (Population Health, Mental Health and Addictions and Quality of Life Divisions) and Nunavut Arctic College.

1. Context

Addictions and trauma are inextricably linked with the historical and intergenerational trauma experienced by Inuit across Inuit Nunangat and the present day territory of Nunavut. These stem from a range of experiences (e.g. permanent settlement, relocation, dog slaughter, residential schools etc.). Although many Nunavummiut use alcohol responsibly and in ways that do not cause harm in their lives, the consequential harms of addiction and trauma are felt at all levels of Nunavut society.

Since 1999, the Government of Nunavut has addressed the needs of individuals requiring treatment for addictions and mental health issues by offering access to residential facilities and programs outside the territory. For the most part, these are not grounded in Inuit culture or Indigenous cultural approaches to healing and wellness. However, within Nunavut there are community-based programs and organizations that offer opportunities for Nunavummiut to seek and receive counselling and support in non-residential settings. The Government of Nunavut through the Department of Health (Mental Health and Addictions Division) offers community-based outpatient services supporting recovery from addictions and trauma. There are also innovative, successful community-based programs being delivered by community organizations such as the Cambridge Bay Wellness Centre, Ilisaqsivik Society (Clyde River), Pulaarvik Kablu Friendship Centre (Rankin Inlet), and Tukisigiavik Society (Iqaluit) to Nunavummiut.

In recent years, many calls have been made at national and territorial levels, through commissions of inquiry, and by Inuit organizations and others to address the situation of addictions and trauma, including through establishment of addictions and trauma treatment programs and facilities that are culturally-informed, trauma-informed and effective for Inuit, their families and communities. This includes the Truth and Reconciliation Commission's Call to Action #21 which calls upon the federal government:

“...to provide sustainable funding for existing and new Aboriginal healing centres to address physical, mental, emotional and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.”²

Similar recommendations have been made by the Qikiqtani Truth Commission (2013), by Nunavut Tunngavik Inc. (2013-14) and others, and more recently in *Inuusivut Anninaqtuq – the Nunavut Suicide Prevention Action Plan for 2017-2022*.

Nonetheless, there are major challenges in establishing an effective addictions and trauma treatment in Nunavut. These are a result of:

- the geographical realities of the territory;

² Truth and Reconciliation Commission of Canada. (2015). *Calls to Action: #21*.

- the complexity of problematic substance use and substance use disorders in Nunavut and among Inuit as a result of historical and intergenerational trauma;
- conditions surrounding the social determinants of health (e.g. housing); and
- systems-based human resource challenges, funding limitations and related issues.

2. Vision and Concept

The rationale for consideration of enhanced in-territory addictions and trauma treatment options for Nunavummiut is linked with a number of factors including population health, increased rates of consumption of substances (e.g. alcohol, cannabis) and their availability, gaps in service and the need for treatment modalities that are culturally safe and trauma-informed.

The benefits of enhancing in-territory addictions and trauma treatment and healing services are many. There is an opportunity to establish a “made-in-Nunavut” approach that meets the needs of Nunavummiut, addresses the unique circumstances of historical and intergenerational trauma, and better responds to patterns of substance use in Nunavut (e.g. prevalent binge drinking, cannabis use) as well as substance use disorders (addictions).

The primary target group for in-territory addictions and trauma treatment are persons engaged in problematic substance use, including binge drinking and cannabis use, who may have substance use disorders (i.e. addictions) or are at risk of developing these. They are likely to use substances in a way that causes problems for themselves (e.g. job loss, disruption of personal relationships, encounters with the justice and social service systems) or for their families and communities.

As conceived in the needs assessment and feasibility study, the main features of an enhanced, made-in-Nunavut approach to addictions and trauma treatment include:

- A continuum of care model;
- Client focussed and goal-supportive treatment approaches (abstinence and harm reduction);
- Blended treatment approaches that embrace both clinical/western and Inuit cultural and traditional practices;
- Optional treatment settings (residential, on-the-land);
- Cultural programming (culture as healing);
- Family-inclusive and family-supportive; and
- Inuit workforce development.

3. Pillars for a “Made in Nunavut” Approach to Addictions and Trauma Treatment

Based on input from stakeholders and findings from the needs assessment and options development phases of the project, three (3) main pillars for a “made in Nunavut” approach to in-territory treatment were proposed and further elaborated.

- | | |
|------------|---|
| Pillar #1: | Enhanced community based systems offering On-the-Land (OTL) healing camps and other in-community supports. |
| Pillar #2: | A residential treatment facility in Iqaluit (referred to as the Nunavut Recovery Centre (NRC)). |
| Pillar #3: | Development of an Inuit workforce that can staff both OTL healing camps as well as the Nunavut Recovery Centre. |

These pillars are described more fully in the Summary Report, with associated costs for implementation identified.

Pillar #1: Enhanced Community-Based Services / On-the-Land Healing Camps

This pillar involves stable, ongoing funding for three community-based organisations to offer On-the-Land (OTL) healing camps for addictions and trauma treatment to Nunavummiut in each of Nunavut’s three regions. Three service centres will be located in:

- Kitikmeot: Cambridge Bay, operated by the Municipality of Cambridge Bay Wellness Centre (CBWC);
- Kivalliq: Rankin Inlet, operated by the Pulaarvik Kablu Friendship Centre (PKFC); and
- Qikiqtaaluk: host community and operator to be identified.

These camps would offer 28 day substance use recovery and healing-focussed camps three to four times per year. Enhanced funding will also allow for a 28-day outpatient treatment program to be offered in Cambridge Bay two times per year.

Table 1 provides an overview of costs associated with the implementation of Pillar #1: Enhanced Community Services and On the Land Healing Camps from 2019/20 to 2023/24 and thereafter. Costs are associated with start-up investment in camp infrastructure and equipment. Annual operating costs are associated with camp operations, as well as camp sessional staff and permanent staff of the community organization.

Table 1
Summary of Costs
Enhanced Community Services and On-the-Land Healing Camps

Summary - Enhanced Community Services and On-the-Land Healing Camps						
Annual Operating Costs						
	Start-Up Costs	2019/20	2020/21	2021/22	2022/23	2023/24 and Ongoing
Qiqiktaaluk	\$ 297,481	\$1,033,647	\$1,033,647	\$1,033,647	\$1,033,647	\$1,033,647
Kivalliq	\$306,856	\$1,052,045	\$1,052,045	\$1,052,045	\$1,052,045	\$1,052,045
Kitikmeot	\$162,943	\$1,508,931	\$1,508,931	\$1,508,931	\$1,508,931	\$1,508,931
Total	\$767,280	\$3,594,623	\$3,594,623	\$3,594,623	\$3,594,623	\$3,594,623

Pillar #2: Nunavut Recovery Centre

This pillar involves the establishment of a residential treatment facility for addictions and trauma treatment in Nunavut, referred to as the “Nunavut Recovery Centre” (NRC).³

The service population of the NRC will be Nunavummiut who have a range of substance use issues but may require more specialized and focussed care than can be offered through existing and strengthened community based services and programs (including on-the-land healing camps under Pillar #1). The facility would offer residential addictions and trauma treatment services in gender- and trauma-informed ways to:

- Men and women with substance use disorders (addictions);
- Pregnant women;
- Youth; and
- Families (single parents with children, couples with children, couples).

As planned, the NRC would have a total of 32 beds available to accommodate 32 clients (including their children) at any one time. It would be operational year round. Services will be offered in Inuktitut and English for clients from all three regions of Nunavut. The facility will be located in Iqaluit where access to

³ Further planning for the residential treatment facility in the future should include selection of an appropriate name. Inuit Qaujimajatuqangit Katimajit should be consulted in this process.

physician, pediatric and obstetric services can be provided to meet the specific needs of pregnant women.

The specific length of treatment programs will be determined based on individual client needs and circumstances, but for planning purposes the treatment cycle is assumed to be 42 days.

The NRC will offer an array of treatment and healing interventions that will address both addictions and trauma through approaches which are clinically based and those which are based on Inuit counselling and healing practices. The residential facility will not offer intensive withdrawal management services (detoxification) that require 24/7 medical supervision and dedicated beds. However, these services will continue to be available through other options such as southern-based treatment in facilities that have the required staff and capacity. However, establishment of capacity to offer withdrawal management services/detox is not precluded for the future.

An organizational structure supporting the residential treatment facility, with 57 full time equivalent staff, has been developed and is included in the Summary Report.

Table 2 below provides an overview of costs associated with implementation of Pillar #2: Nunavut Recovery Centre.

Table 2
Summary of Costs
Nunavut Recovery Centre

Summary of Costs - Nunavut Recovery Centre	
Start Up Costs (Capital)	\$55,186,175
Ongoing / Annual Costs (Operations)	\$10,664,126

Pillar #3: Inuit Workforce Development

This pillar is interlinked with and necessary to success in implementing others (i.e. on-the-land healing camps and a Nunavut Recovery Centre). Growing the pool of Inuit with the range of skills needed to support recovery is critical to ensuring services will operate sustainably over the long run. The objective is to establish an Inuit workforce that can staff most positions including those requiring clinical, professional or more specialized skills, and offer all services in Inuktitut.

Workforce development was discussed during the stakeholder process and there is consensus on the need to invest in this. However, work remains to be done to determine the exact format this will take,

with conversations already being underway. At the present time, investments are envisioned in two areas: counsellor education/training and a degree program in social work or related areas supportive of recovery.

For the purposes of the feasibility study, \$1.2 million per year has been identified as needed to fund a degree program at Nunavut Arctic College (NAC). This costing is based on comparable resource commitments being made by the GN with respect to workforce development and training in other areas, specifically the Nunavut law program. In addition, \$1.2 million per year has been identified as needed for counsellor education and training.

4. Implementation

Capacity to undertake further planning and development is now limited within the Department of Health (and specifically the Quality of Life Secretariat and Mental Health and Addictions Division) as resources are already stretched thin and focussed on administering existing programs and services. Further planning and development is required if the proposed pillars are to be successful and can be moved forward through a variety of planning systems and processes in subsequent phases.

As a way to remedy barriers to implementation, it is proposed that a Development Team and Advisory Groups be established within the fiscal year 2019/20 (i.e. next fiscal year). These would undertake more detailed planning for an enhanced Nunavut addictions and trauma system as proposed in the feasibility study. Members of the Development Team will form part of the core senior staff for a Nunavut Recovery Centre once it is operationalized.

While certain types of expertise that can support further planning for implementation are currently present within Nunavut - such as Inuit cultural skills, language skills and Inuit counselling in the traditional setting - other types of expertise are not as readily available. For example, technical expertise on in-patient addictions programming is scarce as there is no residential treatment facility in the territory. Consequently, some knowledge will need to be obtained from subject matter experts and addictions treatment facilities serving Indigenous people located in other parts of Canada. In order for the Recovery Centre to benefit from such expertise, it is proposed that the Development Team be provided funding to assemble advisory groups as needed.

Costs for the Development Team and advisory groups are set out in table 3 below.

Table 3
Development Team and Advisory Group Costs

Development Team and Advisory Groups					
Item	Year 1 2019/20	Year 2 2020/21	Year 3 2021/22	Year 4 2022/23	Total
Development Team	\$1,334,908	\$1,334,908	\$1,334,908	\$1,334,908	\$5,339,632
Advisory Groups	\$162,000	\$162,000	\$162,000	\$162,000	\$648,000
Total Costs	\$1,496,908	\$1,496,908	\$1,496,908	\$1,496,908	\$5,987,632

An Implementation Plan is included in the Summary Report and forms a key part of the feasibility study. It identifies activities to be undertaken in relation to each planned pillar over the next 5 to 6 years.

5. Summary of Benefits and Costs

While costs associated with implementation of the three pillars are summarized below, it is important to also provide an overview of the benefits and potential outcomes of investing in an enhanced addictions and trauma treatment system in Nunavut. These include:

- Providing addictions and trauma treatment services to up to 256 Nunavummiut per year through residential treatment programs and services available through the Nunavut Recovery Centre.
- Providing additional addictions and trauma services to Iqalummiut (and others in Iqaluit) through outpatient services (i.e. day programs, recovery groups) offered through the Nunavut Recovery Centre.
- Strengthening the continuum of care with client aftercare services available through the Nunavut Recovery Centre.
- Providing opportunities for on-the-land based treatment and healing to up to 80 Nunavummiut per year through OTL healing programs offered in each region of Nunavut.
- Building on the existing strengths and capacities of Inuit as well as Inuit culture and traditions to support healing.

- Building an Inuit workforce that can deliver a wide range of programs and services in addictions and healing to Nunavummiut within a variety of treatment settings (i.e. on the land and residential).
- Providing Nunavummiut with viable alternatives to southern treatment, and access to services closer to home.
- Establishing family-based and Inuit culturally focussed treatment approaches, that are trauma-informed, that can be provided in Inuktitut by Inuit counsellors and other staff.
- Interrupting entrenched patterns of intergenerational trauma, including by providing interventions geared towards families, youth and pregnant women.
- Reducing the enormous social and economic costs that are associated with unaddressed trauma and addictions in the territory and that are currently borne primarily through the Nunavut health, education, family services, justice and related systems, and that hold back some Nunavummiut from sustained engagement in the Nunavut economy.

Table 4 below includes a summary of all costs associated with proposals presented in the Summary Report. They are presented for the time period 2019/20 to 2023/24.

Table 4
Nunavut Addictions and Trauma Treatment
Summary of Implementation Costs

Nunavut Addictions and Trauma Treatment - Summary of Costs by Year					
Cost Item	Year 1 2019/20	Year 2 2020/21	Year 3 2021/22	Year 4 2022/23	2023/24 and Ongoing
Pillar #1: OTL Healing Camps - Start Up	\$767,280	\$0	\$0	\$0	\$0
Pillar #1: OTL Healing Camps - Ongoing	\$3,594,623	\$3,594,623	\$3,594,623	\$3,594,623	\$ 3,594,623
Pillar #2: Nunavut Recovery Centre - Start Up	\$2,185,000	\$3,922,500	\$26,534,688	\$ 22,544,688	\$0
Pillar #2: Nunavut Recovery Centre - Ongoing	\$0	\$0	\$0	\$0	\$10,664,126
Pillar #3: Inuit Workforce Development	\$2,400,000	\$2,400,000	\$2,400,000	\$2,400,000	\$ 2,400,000
Development Team and Advisory Groups	\$1,496,908	\$1,496,908	\$1,496,908	\$1,496,908	\$0
Total Costs	\$10,443,811	\$11,414,031	\$34,026,218	\$ 30,036,218	\$16,658,749



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Summary Report

Addictions and Trauma Treatment in Nunavut

August, 2018



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We would like to extend our thanks to all members of the Stakeholders Group who shared their vision of a “made-in-Nunavut” approach to addictions and trauma treatment, and to those who participated in the Stakeholders’ Gathering in Pond Inlet in February, 2018. Special thanks to the executive directors of the stakeholder organizations including Janet Stafford (Cambridge Bay Wellness Centre), Sam Tutanuak (Pulaarvik Kablu Friendship Centre), Bonnie Almon (Pulaarvik Kablu Friendship Centre), Jakob Gearheard (Ilisaqsivik Society), David Wilman (Tukisigiavik Society), and also to Inuit counsellors at Ilisaqsivik, Tukisigiavik and Pulaarvik. These organizations and people were generous in sharing their views and perspectives regarding approaches to healing from trauma and addictions through on-the-land programs and in culturally-based and trauma-informed ways. The organizations also shared a considerable amount of information on staffing requirements and costs associated with operating these programs successfully.

Others whose contributions were very important to the completion of this report include Opal McInnis (Addictions Treatment Specialist, Mental Health and Addictions, Department of Health), Sarah Smith (Corrections Division, Department of Justice, Government of Nunavut), and Chris Stewart (Corrections Division, Department of Justice, Government of Nunavut). To all we say,

Nakuurmik, Qujannamiik, Quanaqpiaqutin

Acronyms and Terms Used

Acronyms

Acronym	Definition
CBWC	Cambridge Bay Wellness Centre
CCHS	Canadian Community Health Survey
CMHAOW	Community Mental Health and Addictions Outreach Workers
DCH	Department of Culture and Heritage
DFS	Department of Family Services
DH	Department of Health
DOE	Department of Education
DOJ	Department of Justice
FASD	Fetal Alcohol Spectrum Disorder
GN	Government of Nunavut
HC	Health Canada
ICBOC	Indigenous Certification Board of Canada
IOLs	Inuit Owned Lands
IS	Ilisaqsivik Society (Clyde River)
IQ	Inuit Qaujimajatuqangit (Inuit traditional knowledge)
IQK	Inuit Qaujimajatuqangit Katimajiit
ISVs	Inuit Societal Values
MHA	Mental Health and Addictions (within the Department of Health)
NAC	Nunavut Arctic College
NLCA	Nunavut Land Claims Agreement
NNADAP	National Native Alcohol and Drug Addiction Program
NRC	Nunavut Recovery Centre
NSPS	Nunavut Suicide Prevention Strategy and Action Plan

Acronym	Definition
NTI	Nunavut Tunngavik Inc.
PKFC	Pulaarvik Kablu Friendship Centre (Rankin Inlet)
OLJ	Our Life's Journey (training program for Inuit counsellors)
OTL	On-the-Land
QGH	Qikiqtani General Hospital
QOL	Quality of Life Secretariat (within Department of Health)
RIAs	Regional Inuit Associations
TS	Tukisigiavik Society (Iqaluit)

Terms

The following are terms commonly used throughout this report. They are defined in the table below and are used by various organizations and documents, such as the Canadian Centre on Substance Use and Addiction (CCSA), the Diagnostic and Statistical Manual of Mental Disorders (both IV and 5) (DSM IV and DSM-5), the Canadian Society of Addiction Medicine, the Centre for Addictions and Mental Health, and the National Institute on Drug Abuse (United States).

Term	Definition
Addiction	<p>The term addiction is generally applied to patterns of heavy use of alcohol or drugs that are taken primarily for their effects on consciousness, mood and perception. Someone suffering from addiction is unable to consistently abstain from substance use, even when it causes physical, psychological, social or economic harms.</p> <p>Increasingly, the term addiction has been replaced by more specifically defined terms such as substance dependence or substance use disorders. However, the term addiction continues to be widely used.</p>
Aftercare	The ongoing support services that are continued after a person has come out of a treatment program or detoxification centre.
Binge drinking	The practice of consuming large quantities of alcohol in a single session, usually defined as 5 or more drinks for men and 4 or more drinks for women on one occasion. Also refers to episodes of heavy consumption of alcohol that could stretch for days or weeks at a time, followed by periods of abstinence or low consumption.

Term	Definition
Physical dependence	A physiological consequence of prolonged use of a psychoactive substance (e.g., alcohol) where an individual experiences withdrawal symptoms when the substance is abruptly discontinued.
Problematic substance use	The term is used throughout this report and is intended to modify the more neutral term “substance use”, which refers to the use of any psychoactive substance. Problematic substance use is utilized as a term that encompasses the actions of binge drinking and risky substance use, potentially leading to substance use disorders including substance dependence. Related terms include “risky substance use” and “harmful use”.
Substance use disorders	A substance use disorder is a cluster of cognitive, behavioural and physiological symptoms related to the use of a psychoactive substance and experienced by an individual who continues to use the substance despite negative consequences. The current use of “mild”, “moderate” or “severe” substance use disorder in the DSM-5 reflects a spectrum disorder where severity is marked by increasingly negative consequences attributed to the substance used. Addiction is not a term that is applied diagnostically; however, it is often used to describe the habitual and compulsive use of substances that is viewed as severe on the spectrum of substance use disorders.

1. Introduction

In April 2017, the Department of Health's Quality of Life Secretariat (QOL) and Nunavut Tunngavik Inc. (NTI) mobilized a group of stakeholders to inform work on enhanced addictions and trauma treatment in Nunavut.¹ Consistent with Article 32 of the Nunavut Agreement stakeholders came together to:

- Share their unique perspectives and knowledge of addictions and trauma, within their areas of expertise;
- Hear the perspectives and knowledge of other stakeholders in order to develop a well-informed perspective at the end of the process;
- Build relationships; and
- Develop a shared vision.

During the spring and summer of 2017 a series of teleconference meetings were held in order to give each of the participating stakeholders the opportunity to present their vision for addictions and trauma treatment in Nunavut, and to share their views on the barriers and challenges that have stood in the way of achieving such vision.²

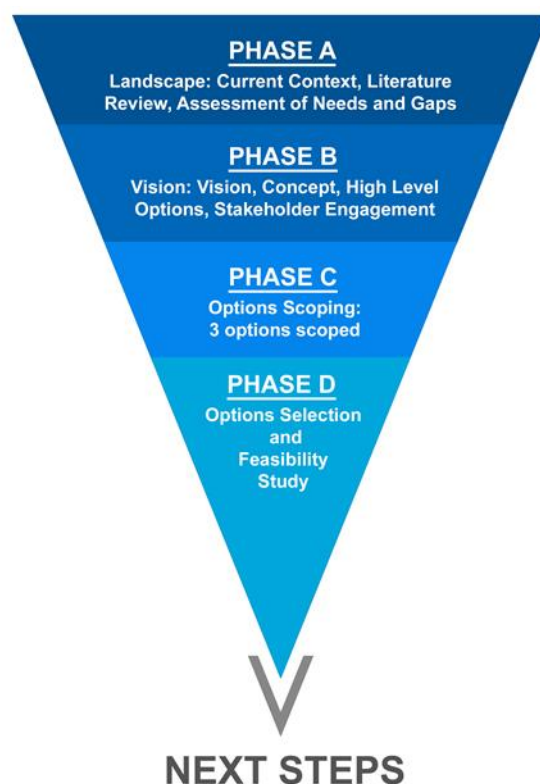
In September 2017, the Government of Nunavut (GN) contracted NVision Insight Group to undertake a needs assessment and development of options for in-territory addictions and trauma treatment programs and services. The project, leading ultimately to presentation of a feasibility study was organized in four phases.

The overall objectives of the project were to evaluate the feasibility, resources required and next steps involved in providing in-territory addictions and trauma treatment that is grounded in Inuit culture and supports continued recovery and healing for Nunavummiut. NVision worked with the GN and stakeholders to achieve the objectives through a four phase process, depicted in the graphic below. This report provides a summary of the findings and conclusions from all four phases of the project.³

¹ The stakeholders group included representatives from four Nunavut wellness organizations (the Cambridge Bay Wellness Centre, Pulaarvik Kablu Friendship Center in Rankin Inlet, Ilisaqsivik Society in Clyde River and Tukisigiarvik Society in Iqaluit). Territorial agencies represented included the Department of Justice (Corrections and Community Justice Divisions), Culture and Heritage, Finance, Family Services, Health (Population Health, Mental Health and Addictions and Quality of Life Divisions) and Nunavut Arctic College.

² Teleconference meetings were held with stakeholders between May and July 2017. Additionally, an in-person meeting of stakeholders was held in Pond Inlet in February 2018. Stakeholders continued to be engaged by QOL throughout the process.

³ This report variously indicates activities that either "will" or are "proposed" to happen. It is recognized that further decision making is required to determine specific concrete actions that will be taken. As a result there is no substantive difference for the purposes of this report between the identification of activities that either will or are proposed to happen.



During Phase A a literature review was completed and the current context or ‘landscape’ for addictions/trauma treatment in Nunavut and for Nunavummiut established.⁴ This phase also identified needs as well as gaps in service, and explored models for addictions and trauma treatment proposed by stakeholders in Nunavut, Inuit organizations and by others outside Nunavut. Works referenced in the literature review are included as Appendix A.

Through Phase B an overall vision and concept for in-territory treatment was developed based on:

- what was heard through stakeholders’ group teleconference meetings and discussions;
- the results of conversational interviews conducted by NVision with Inuit counsellors in Nunavut;
- the results of conversational interviews conducted by NVision with Nunavummiut who are in recovery; and
- findings from research conducted during Phase A.

⁴ The literature review provided an overview of approaches to understanding and treating problematic substance use, addictions and trauma, including settings, approaches and interventions for Indigenous and non-Indigenous populations. The review considered documents that were provided by the Government of Nunavut (Quality of Life Secretariat, Department of Health), Nunavut-based stakeholders in addictions and trauma treatment, and additional selected documents identified by NVision Insight Group.

In Phase C potential options for in-territory treatment were identified and elaborated. Optional approaches were then considered and discussed at a Stakeholders' Gathering held in Pond Inlet in February, 2018.

Following the Stakeholders' Gathering NVision and QOL worked collaboratively towards elaborating key pillars for an enhanced addictions and trauma treatment system in Nunavut and conducting a feasibility study on the preferred options and approach.

2. Social, Cultural and Demographic Context

2.1 Social, Cultural and Historical Context

Prior to colonization, Inuit survived and thrived in the harsh environment of the Arctic, including present day Nunavut. Inuit had structured relationships with people and with the land. These relationships were harshly shattered when governments, churches and other agencies arrived in the Arctic. Nunavut Inuit have experienced rapid social, economic and cultural changes in the last century, many of which were forceful and traumatic and led to the emergence of social challenges that continue today.

Addictions and trauma are inextricably linked with the historical and intergenerational trauma experienced by Inuit across Inuit Nunangat and within the present day territory of Nunavut. Historical and intergenerational trauma is deeply rooted, stemming from permanent settlement in communities (with ongoing poor housing conditions), forced relocations, 'mission-ization' (encounters and associated influences of western religion), dog slaughter, residential schools, tuberculosis sanatoria, forced acculturation and associated loss of language, culture, traditions, social and family structures, loss of ability to fully live on and depend on the land and traditional foods/resources, disintegration of family structure and self-esteem associated with clearly defined roles for men, women and children, and imposition of new systems of government.

The experience of historical trauma has precipitated societal responses that have themselves become embedded across generations, leading to intergenerational and cyclically rooted social and health conditions among Nunavummiut, including problematic substance use, family violence, sexual abuse and child sexual abuse, grief and loss, suicide, elevated levels of crime and intersection with the justice system, and dependence upon government.

Although many Nunavummiut use alcohol responsibly and in ways that do not cause harm in their lives, the consequential harms of addiction and trauma are felt at all levels of society – not only at the individual level, but within families, communities, organizations and governments.

Since 1999, the Government of Nunavut has addressed the needs of individuals requiring more intensive treatment for addictions and mental health issues by offering access to treatment in residential facilities and programs outside the territory. For the most part, these facilities and their programs are not grounded in Inuit culture or Indigenous cultural approaches to healing and wellness. However, within Nunavut there are community-based programs, facilities and organizations that offer opportunities for Nunavummiut to seek and receive counselling and support in a culturally safe environment. These are limited at the present time and often not focused on addictions specifically, but include wellness programs and initiatives offered by the Government of Nunavut (Department of Health), by Nunavut Hamlets, as well as by organizations such as the Cambridge Bay Wellness Centre (CBWC), Ilisaqsivik Society (IS) in Clyde River, Tukisigiavik Society (TS) in Iqaluit and the Pulaarvik Kablu Friendship Center in Rankin Inlet (PKFC).⁵

While these facilities and programs offer opportunities for healing for Nunavummiut, there still remains a lack of systems-based, in-territory treatment facilities and service options organized on a robust continuum of care and around Inuit societal values and Inuit culture.

The context for addressing present day needs and challenges for Nunavut-focussed addictions and trauma treatment, and exploring options, is deeply rooted in the past. However, in recent years, many calls have been made at national and territorial levels, through commissions of inquiry, and by Inuit organizations and others to address the situation through active interventions, including establishment of addictions and trauma treatment programs and facilities that are culturally-informed, trauma-informed and effective for Inuit, their families and communities.

The Truth and Reconciliation Commission in its Calls to Action specifically called upon the federal government:

“...to provide sustainable funding for existing and new Aboriginal healing centres to address physical, mental, emotional and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.”⁶

In its 2013 report, the Qikiqtani Truth Commission recommended that the governments of Canada and Nunavut should ensure that sufficient Inuit social, mental health and addiction workers and programs are available to meet the needs of all Nunavut communities.⁷

In its 2013-14 Annual Report on the State of Inuit Culture and Society, which focused on the justice system Nunavut Tunngavik Inc. made recommendations that address the addictions and trauma

⁵ These programs and approaches were the subject of research by NVision Insight Group in Phase A.

⁶ Truth and Reconciliation Commission of Canada. (2015). *Calls to Action: #21*.

⁷ Qikiqtani Truth Commission. (2013). *Final Report: Achieving Saimaqatiqinngig*, p. 80

treatment needs of Nunavummiut including “the need for a substance abuse treatment centre in Nunavut and fulfillment of the GN’s commitment in this regard”.⁸

The *Nunavut Suicide Prevention Action Plan for 2017-2022*, *Inuusivut Anninaqtuq* has also called for enhanced and increased addictions treatment in Nunavut, with a focus on Inuit wellness and treatment.⁹ Specific actions include:

- Strengthening skills of local mental health and addictions staff to offer pre- and post-care in Nunavut communities;
- Supporting knowledge of trauma-informed practices and increasing capacity of local community workers related to trauma and addictions; and
- Commissioning research on Inuit traditional knowledge about substance abuse prevention and protective practices, to support the cultural appropriateness of addictions treatment and health promotion programs.

In its 2012 report, the Nunavut Liquor Act Review Task Force made a few recommendations regarding addictions treatment. It recommended the GN develop culturally sensitive prevention and counselling programs that can be offered at the community and/or regional levels.¹⁰

The Government of Nunavut in its action plan to help reduce the harm caused by alcohol includes a vision for the future in which, among other things, there are “appropriate and resourced education and treatment programs...readily available in Nunavut”.¹¹

Inuit Tapiriit Kanatami’s National Inuit Suicide Prevention Strategy notes that: “a continuum of mental wellness services is needed to ensure that Inuit who are impacted by trauma and adversity can be identified and provided with the supports they need before risk for suicide multiplies. [...] We must also address gaps in critical services in Inuit Nunangat, such as the availability of treatment centres, to address psychiatric illness and substance misuse.”¹²

⁸ Nunavut Tunngavik Inc. (2014). *Annual Report on the State of Inuit Culture and Society 13-14, Examining the Justice System in Nunavut*. Recommendation #8.

⁹ Nunavut Suicide Prevention Strategy Partners. (2017). *Inuusivut Anninaqtuq Action Plan 2017-2022*, p.16.

¹⁰ Nunavut Liquor Act Review Task Force. (2012). *A New Approach: Halting the Harm. Final Report and Recommendations*, pp. 142-143.

¹¹ Government of Nunavut. (2016). *Taking Steps to Reduce Alcohol-Related Harm in Nunavut*, p. 3.

¹² Inuit Tapiriit Kanatami. (2016). *National Inuit Suicide Prevention Strategy*.

2.2 Demographic Context for Addictions and Trauma Treatment

Understanding the demographic context for addictions and trauma in Nunavut is important. This part of the Summary Report highlights key demographic, socio-economic and health indicators relevant to a consideration of in-territory addiction and trauma treatment.¹³

a) Population

Nunavut's population, of whom 85 per cent are Inuit, is one of the youngest and among the fastest growing of any province or territory in Canada. In 2016, the median age of Nunavummiut was 25, with 49.7% of the population under the age of 25.

The 2016 Census reported the total population of Nunavut at 35,944 – a 12.7% increase in population over the previous Census in 2011¹⁴. Nunavut's population has more than doubled since 1981 when it was counted at 15,572. Population growth continues to put pressure on already overburdened infrastructure, programs and services, including in areas impinging on the social determinants of health (i.e. housing, income, education).

b) Health Status

Findings from the Inuit Health Survey (2007-2008) show persistent gaps between the health status of Nunavut Inuit and Canadians as a whole, with physical and mental health outcomes for Inuit poorer overall. Inuit are more likely than other Canadians to be daily smokers, live in food insecure households and be overweight or obese. Inuit are also more likely to have experienced physical and/or sexual abuse during childhood, suffer from depression, and to have seriously considered or attempted suicide at some time¹⁵.

NTI's Annual Report on the State of Inuit Culture and Society 2011-2013 points to the impacts of poor social determinants of health, indicating that "[the] gaps [in health outcomes] are partially symptoms of government policies that contribute to inequity, such as severe shortage of housing across the territory, poor infrastructure that contributes to Nunavut's high cost of living, and a scarcity of health care providers relative to the size of the population."¹⁶

Suicide is a recognized crisis in Nunavut, with the territory's suicide rates being some of the highest in the world and ranging from 5 to 40 times the Canadian average, depending on age and gender group. Between 2009 and 2013, Nunavut's overall suicide rate was ten times the Canadian average. Data on suicide rates among Nunavut Inuit show rates of suicide at approximately 110 per 100,000 population

¹³ More detailed research and analysis of the demographic context was undertaken by NVision in Phase A.

¹⁴ Statistics Canada. (2017). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released October 25 2017. <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E>.

¹⁵ Nunavut Tunngavik Inc. (2013). *Annual Report on the State of Inuit Culture and Society: 2011-2013*.

¹⁶ Ibid.

versus approximately 15 per 100,000 population in Canada. Rates of suicide are highest among Inuit men aged 15 to 24 (at close to 500 per 100,000 population).¹⁷

c) Substance Use

Substance use data in Nunavut is very sporadic, in part due to the Canadian Tobacco, Alcohol and Drug Use Survey not being conducted in the northern territories. However, based on research undertaken by the Nunavut Liquor Act Review Taskforce it has been established that alcohol consumption has been increasing in Nunavut, particularly among young people, and that heavy binge drinking is well above the national average¹⁸.

In 2013, the Qikiqtani Truth Commission noted that “rates of heavy drinking in Nunavut are four times those in the rest of Canada”. They also highlighted findings from a 2001 report in which it was estimated that 30% of Nunavut’s expectant mothers drank significant amounts of alcohol while pregnant, and that 85% of their children showed symptoms of FASD.¹⁹ The Inuit Health Survey (Nunavut) conducted between 2007 and 2008 reported that heavy drinking in Nunavut is slightly higher than in the rest of Canada²⁰.

More recently reported data available through the Canadian Community Health Survey: Nunavut (2013-2014) provides more detailed information on substance use in Nunavut²¹. The survey reported data on regularity of alcohol consumption for the Inuit sample in the past 12 months. The data suggest that almost half of Inuit Nunavummiut report having consumed alcohol less than once a month, and that there is no difference in the prevalence of alcohol consumption between men and women, though there is between youth and adults (with adult consumption being more frequent).

The CCHS found that half of respondents that stated they had consumed alcohol in the past 12 months also engaged in binge drinking (50.0%). Binge drinking is considered having 5 or more alcoholic beverages for males or 4 or more alcoholic beverages for females in a single sitting.

With respect to drug use, in total, 62.1% of respondents in the Inuit sample of the CCHS reported using cannabis at some point during their life, with 12.1% reporting using cannabis just once.²²

The use of cannabis was similar between males and females, with 63.7% and 60.6%, respectively reporting having used it during their lifetime. However, cannabis use is reported differently by age group. Youth (age 12-19) were significantly less likely to report use of cannabis during their lifetime (40.0%) compared to adults (age 20+) (68.4%).

¹⁷ Government of Nunavut. Office of the Chief Coroner. (2015). *Report to the Department of Justice*.

¹⁸ Nunavut Liquor Act Review Task Force. (2012). *Final Report and Recommendations - A New Approach: Halting the Harm*.

¹⁹ Qikiqtani Truth Commission. (2013). *Final Report: Achieving Saimaqatiingnig*.

²⁰ G.M. Egeland. (2010). *Inuit Health Survey 2007-2008: Nunavut*.

²¹ Statistics Canada. (2015). *Canadian Community Health Survey, 2013-14: Annual component, Nunavut*.

²² Ibid, Figure 15.

Statistics Canada's 2015-2016 CCHS found that about one in four Nunavummiut aged 12 and older (27%) reported consuming marijuana or hashish once or more a week over the past year, and about one in 10 (11%) reported using every day.²³

As reported in the CCHS, the use of other illicit drugs is much lower among Nunavummiut.²⁴

d) Substance Use: Related Harms

The use of alcohol and drugs is linked with violence and crime in the territory. Between 1999 and 2007, drugs and/or alcohol were linked to 30% of all homicides²⁵. Homicides are 3 times higher in unrestricted alcohol communities than in prohibited alcohol communities.²⁶

Incidents of suicide continue to correlate with substance use:

- Between 1999 and 2014, 25.9% of males and 35.0% of females who had died by suicide were found to have alcohol in their body at the time of death²⁷.
- A "follow back" study of suicide in Nunavut between 2005 and 2010 found that, among those whose had died by suicide and whose lives were examined in the study, 57% had a cannabis dependence or abuse disorder.²⁸
- According to the Office of the Chief Coroner of Nunavut, 23% of all premature deaths in Nunavut between 1999 and 2007 involved excessive drinking, and 30% of all homicides were linked to drugs and/or alcohol²⁹.

There are no statistics in Nunavut to show the impact of alcohol on productivity. Nonetheless, it has been noted anecdotally that alcohol-related absenteeism is quite high in some workplaces, and Nunavut educators report that alcohol-related absenteeism is common among high school students in some communities.³⁰

Limited statistics on Fetal Alcohol Spectrum Disorder (FASD) in Nunavut are available, although it is suggested that this condition is prevalent. In its report, the Nunavut Liquor Act Task Force noted that

²³ Statistics Canada. (2017). *Canadian Community Health Survey, 2015-16, Nunavut*.

²⁴ Statistics Canada. (2015). *Canadian Community Health Survey, 2013-14: Annual component, Nunavut* and Statistics Canada. (2017). *Canadian Community Health Survey, 2015-16, Nunavut*.

²⁵ Government of Nunavut. (2016). *Taking Steps to Reduce Alcohol-Related Harm in Nunavut*, p. 2.

²⁶ Nunavut Liquor Act Review Task Force. (2012). *Final Report and Recommendations: A New Approach: Halting the Harm*, p. xiv

²⁷ Ibid, p. 14.

²⁸ Chachamovich, Eduardo., et al. (No date). *Learning from Lives that have been Lived: Nunavut Suicide Follow-Back Study 2005-2010*, p.41

²⁹ Government of Nunavut. (2016). *Taking Steps to Reduce Alcohol-Related Harm in Nunavut*, p.2.

³⁰ Nunavut Liquor Act Review Task Force. (2012). *Final Report and Recommendations: A New Approach: Halting the Harm*, p. xiv

FASD is one of the most serious alcohol-related harms to face Nunavut society, and yet is a preventable condition.

2.3 Historical In-Territory Programs

While there have been programs and services in place to address mental health and addictions issues in Nunavut since its formation, and these have evolved considerably since 1999, there is a limited history of residential or residential-type treatment facilities specifically offering addictions and related treatment and supports to Nunavummiut. However, three initiatives and treatment programs have operated at different times in the territory.

a) The Tuvvik Centre and Inuusiqsiurvik

The Tuvvik Centre operated as a drop-in centre in Iqaluit (Apex) in the late 1980s and early 1990s. Although not a treatment facility, the Tuvvik Centre offered a family-based approach to healing – one that brought together families who could live in small shared apartments and interact with workers who were assigned to help them. Workers were able to assess all interconnecting issues including addiction, depression, suicide, trauma, and financial vulnerability. The proposed approach to healing was family-based treatment leading eventually to referral to aftercare programs. Tuvvik was focused on “helping people become self-reliant including through hunting to obtain food including caribou, which was prevalent at the time”.³¹ Following its closure, a separate, abstinence-focused treatment centre opened in Apex as Inuusiqsiurvik and was operational until 2000.

b) Quama Mobile Treatment Program

Operated by NTI between 2003 and 2009, and funded through the Aboriginal Healing Foundation, the Quama Mobile Treatment Program was established as a short term measure to address the need for healing among Nunavummiut who experienced abuse or trauma as a result of involvement in the residential school system. The Quama Mobile Treatment Project offered a traveling counseling team that visited four communities each year. The team included Inuit counsellors and Elders, as well as southern-based clinical professionals. The program focused on the mental, physical, social and spiritual needs of participants, and offered workshops on grief, coping skills, anger management, healing and sharing circles, as well as one-on-one counseling while attending communities. The mobile treatment team visited 14 hamlets over the period of its existence.

c) Mobile Addictions Treatment Pilot: Cambridge Bay

The Mobile Addictions Treatment Pilot Program (MAT) was operated by the Cambridge Bay Wellness Centre for 5 weeks in the fall of 2012. The MAT Pilot Program was developed by the Mental Health and

³¹ Presentation by Bill Riddell to Stakeholders Group meeting, June 19, 2017.

Addictions Division of the GN Department of Health and Social Services (DHSS) to fill the need for culturally appropriate addictions treatment in Nunavut. The MAT pilot made use of the former student hostel in Cambridge Bay and was supported with project funding through the Territorial Health Access Fund and the National Native Alcohol and Drug Abuse Program (i.e. federal funding).³²

The pilot project involved DHSS staff including mental health consultants, alcohol and drug workers, local Elders (who assisted with planning, Inuit content and cultural approaches), residential staff (mostly Inuit) and a number of other local service suppliers. Clients were drawn from Cambridge Bay, Gjoa Haven, and Kugluktuk. The project graduated six clients of the eight who started.

The MAT pilot provided participants with an opportunity to examine aspects of personal growth related to their lives and used an “experimental learning model” which encourages “learning through doing.” In An evaluation of the pilot project in 2007 found there was consensus that the MAT Pilot Program had been a success, met its objectives and demonstrated that there is capacity to carry out culturally relevant residential treatment in Nunavut.

2.4 Government of Nunavut Addictions and Trauma Treatment Programs and Services

The Government of Nunavut, through several departments, and divisions within these departments, offers addictions and trauma treatment-related programs and services to a range of Nunavummiut clients including individuals, families, communities and offenders in Nunavut correctional facilities. These are described below.

a) Mental Health Facilities

At present there are no residential facilities providing addictions and trauma treatment in the territory, and only limited options for day treatment programs and aftercare for those returning from out-of-territory treatment. The GN does however operate, through the Department of Health, two residential mental health treatment facilities which, though not focussed on addictions, can provide support within these facilities.

Akausisarvik Mental Health Treatment Centre is an Iqaluit-based facility managed and administered by the Department of Health. The primary clientele are those with significant mental illness (e.g., schizophrenia, psychosis, etc.), who are stabilized but require additional supports to manage their illness, such as psychosocial supports and assistance with medication management. Since 2013 Akausisarvik has provided short-term residential care for 15 in-patients and also serves up to 40 outpatient mental health clients.

³² Aarluk Consulting. (2007). *Final Report on the Evaluation for the Mobile Addictions Treatment Pilot Program in Cambridge Bay*.

Since 2014, residential mental health care has also offered been through the *Cambridge Bay Mental Health Treatment Facility*, a 10-bed facility which primarily serves patients from the Kitikmeot region that are in need of short-term crisis intervention. The facility also provides drop-in support for mental health clients living in the community.

b) Outpatient Services

The Department of Health, through the Mental Health and Addictions Branch provides outpatient addictions and trauma counselling. However, these services are at times inconsistent across communities as a result of staffing limitations and because of the great demands upon service providers to address acute mental health issues as a priority.

The DH reports there are approximately 84 frontline staff in Mental Health and Addictions serving all 25 communities. This is in addition to territorial-level program management and program coordination and specialist staff, most of which work out of Iqaluit.

Mental health and addictions support is provided to Nunavummiut by staff in the following key front line positions:

- Mental Health Nurses (also referred to as Psychiatric Nurses)
- Mental Health Consultants
- Mental Health Outreach Workers
- Child and Youth Outreach Workers

These positions differ with respect to education and certification requirements, the scope of their counselling responsibilities (i.e. “supportive” to “advanced”) and other roles.

Although the DH has no clinical psychologists or psychiatrists on staff, it contracts services of a roster of psychiatrists (currently approximately 20-25) who visit Nunavut communities on a rotational basis throughout the year. Wait times to see a psychiatrist in Iqaluit are generally 1 to 2 months, and in other communities this varies between 4 and 6 months. In cases that are acute or high risk, clients will be flown out to southern institutions for care. The telehealth program provides access to psychiatrists that specialize in child psychiatry and wait times are approximately 1 month (anywhere in the territory).³³

Specifically with respect to addictions, all front line staff and rotational professional staff may be involved at some level in addictions support and counselling, but these issues also have to be triaged within the context of addressing other mental health conditions (e.g. acute psychosis or immediate

³³ Email correspondence, Department of Health to Alex Ker (NVision), October 29, 2017.

suicide risk), or situations of personal or family crisis. Because of this, the ability of frontline service providers to address addictions is at times limited.

c) Out of Territory Programs and Services

Unable to access residential treatment facilities and at times outpatient services within the territory, Nunavummiut are frequently sent out of territory for treatment. It is estimated that in 2016 approximately 50 Nunavummiut were sent south for addictions treatment - mostly to facilities in Ontario and Alberta.

d) Related Government of Nunavut Services

The Department of Family Services (DFS) provides services to Nunavummiut including persons and families who may be vulnerable to or involved in problematic substance use, addictions or mental health issues.

Within the Department of Justice (DOJ), the Community Justice Division is tangentially involved in addictions and trauma through interactions with clients and affected families. The Division is inclusive of those who have been impacted by harm as a result of substance use and is involved in determining how the harm can be meaningfully addressed.³⁴

Also within the DOJ, the Corrections Division is mandated to provide a corrections system that promotes healing, and provides appropriate security and management for staff and clients. Programming offered in Nunavut correctional facilities is based on a “continuum of correctional care” model that encompasses rehabilitative, cultural programming and mental health services.³⁵ All facilities make programs available to support substance use disorder treatment/rehabilitation, though these treatment models are not uniform, with some focussing on Inuit counselling practices and others emphasizing 12 step/abstinence-type programming. Related programs include alternatives to violence/anger management, sexual offender/men’s groups, Elders counselling/traditional Inuit counselling, trauma-based programming and counselling, and healthy relationships.

³⁴ Department of Justice, Community Justice Division. (2017). *Presentation on Feasibility Study for Addictions Treatment Center in Nunavut*.

³⁵ Additional information on Corrections programming is drawn from Aarluk Consulting. (2016). *Nunavut Corrections Division Organizational and Staffing Review*.

2.5 Community-Level Addictions and Trauma Treatment Programs and Services

Within Nunavut, all communities provide some level of support in the area of substance use, addictions, and trauma, although capacities in this regard are highly variable. Community-level programs for the most part are focussed on prevention, awareness and wellness promotion rather than treatment *per se*. Some exceptions exist, however, in the form of community-based organizations that offer more intensive or specialized interventions with respect to counselling and programming specifically designed to address addictions and trauma among Nunavummiut. For the most part, these are focussed on Inuit counselling and culturally-based, healing-supportive programming. Some community-level activities with respect to addictions and trauma are briefly described below.

a) Community Wellness Programming

Pursuant to the Nunavut Wellness Agreement between the GN and Health Canada, all Nunavut communities (Hamlets) have entered into contribution agreements with the GN Department of Health for the delivery of community-based wellness programs. Through this agreement, federal funding is provided for programs related to:

- Healthy children, families and communities;
- Chronic disease and injury prevention; and
- Mental health and addictions.

Community wellness programs for addictions and trauma are for the most part prevention- and awareness-focussed, rather than treatment-oriented, though some non-clinical counselling and supports may be provided including through Elders and others (e.g. program coordinators) involved in program activities.

b) Ilisaqsivik Society (Clyde River)

Ilisaqsivik Society is a community-initiated and community-based non-profit organization located in Clyde River. Operational since 1997, it is dedicated to promoting community wellness by providing space, resources and programs that help families and individuals find healing and develop their strengths.³⁶ Ilisaqsivik provides counselling to Clyde River residents including counselling for addictions and trauma. All programming incorporates Inuit language, culture, traditions and values. Land-based counseling and healing workshops are central to the counselling model, which combines traditional Inuit knowledge and counselling practices with clinical/western approaches and tools, some of which may be adapted by Ilisaqsivik for their client group or particular clients. Ilisaqsivik maintains a network of professional Inuit counsellors as well as arrangements with an external service partner which provides

³⁶ <http://ilisaqsivik.ca/programs-and-services/mental-health-and-counselling>

them with access to psychologists, social workers and other professionals who they can contact, and who can provide support to their own Inuit counsellors.

c) Cambridge Bay Mobile Addictions Treatment Program

Currently the Cambridge Bay Wellness Centre offers treatment services in a camp setting over 28 days. The camp is located 8 kilometers from Cambridge Bay, on Victoria Island. Programming involves a focus during the day on clinical programming, while evenings and weekends involve cultural teachings (e.g. seal hunting, making quamatig, egging, camping, goose hunting, traditional games). The program is delivered in Inuinnaqtun and, with the involvement of Elders, incorporates Inuit Societal Values and recognition of the role of relationships, family and grief in the healing process. The program has been delivered twice to date. In the initial phase, six men participated and three completed the program. The Wellness Centre offered the program again in the fall of 2017 with 12 women participants. Plans for 2018 are to open up the program, tailor it to other Kitikmeot communities and also to youth and families³⁷.

d) Pulaarvik Kablu Friendship Centre (Rankin Inlet)

The Pulaarvik Kablu Friendship Centre is a community-based organization that offers a range of healing programs to primarily Inuit clients in Rankin Inlet and throughout the Kivalliq region. Pulaarvik has a staff based out of Rankin Inlet as well as all other communities in the Kivalliq region (with the exception of Whale Cove).

Pulaarvik is also affiliated with the Rankin Inlet Healing Facility and provides programming that supports the mental wellness and wellbeing of offenders (i.e. programs cover substance use, spousal abuse and anger management among other things).

e) Tukisigiavik Society (Iqaluit)

Tukisigiavik Society is an Iqaluit-based drop-in facility that offers a wide range of healing, cultural and learning programs and activities to primarily Inuit clients. The Centre offers counselling services on a 'drop-in' and appointments basis. Counselling is provided in Inuktitut which is helpful in grounding clients and allowing them to speak freely - including about substance use and addictions, though the programming is not geared to address problematic substance use or offer treatment for substance use disorders. Elder advisors are regularly present at the facility and involved in all activities. The Society also

³⁷ This description of the Cambridge Bay Mobile Addictions Treatment program is based on a verbal presentation made by Noor Ain and Jim Watkins to the Stakeholders Group on June 21, 2017, as well as CBC News, September 19, 2017. *28 days on the land: Is this the future of addictions treatment in Nunavut?*

offers group-based programming for both women and men. Some program activities are provided in town while others are on the land (on a flexible basis).

2.6 Challenges in Service Accessibility, Adequacy and Appropriateness

Major challenges for addictions and trauma treatment in Nunavut stem from the geographical realities of the territory, the complexity of problematic substance use and substance use disorders in Nunavut and among Inuit as a result of historical and intergenerational trauma, conditions surrounding the social determinants of health in Nunavut, as well as systems-based human resource, funding and related issues.

a) Geography

Nunavut has a relatively small population spread out over 25 communities within a territory that encompasses one-fifth of the land mass of Canada. The geographic realities of Nunavut mean that Nunavummiut in need of support to either address problematic substance use or receive treatment for substance use disorders must be able to either access services in their home community, or travel to other communities both inside and outside the territory in order to obtain services. Travel costs, and therefore medical travel costs in Nunavut and to southern locations are extremely high and impose a considerable budgetary burden.

The costs of out-of-territory treatment can be expected to increase in the future as a result of population growth (close to 2% per year) and may escalate further if the need for healing and recovery from historical and intergenerational trauma goes unaddressed within currently younger cohorts as they move into adulthood and bring with them to these years the cyclical outcomes of unaddressed trauma, including high rates of substance use and associated substance use disorders.

b) Historical Trauma

Combined with the conditions described above, the very complexity of the historical trauma experienced by Nunavummiut and associated and intertwined impacts at the individual, family and community level presents a huge challenge for effective delivery of addictions and trauma treatment in the territory.

c) Social Determinants of Health

Conditions affecting the social determinants of health in Nunavut (e.g. housing, food insecurity, unemployment) place Nunavummiut in situations of vulnerability with respect to substance use, addictions and trauma, and can at times work against effective treatment and sustained recovery.

Other aspects of the social environment - including family violence, sexual and other forms of abuse, crime and public safety - are related to the social determinants of health in Nunavut. Combined, these conditions can leave some people (and families and communities) in a cycle of hopelessness and

despair, contributing to reliance upon alcohol and drugs as a means of self-medication, avoidance or “escape”. It is widely acknowledged that even when individuals can access treatment services and supports, either in their communities or out-of-territory, they too often have to return to or continue to live in conditions which may have contributed to problematic substance use and addictions in the first place. A return to the same environment means exposure to ongoing triggers for substance use, and can contribute to relapse or ‘slips’.

d) System-based Challenges

System-based challenges relate to capacities within the current system for addiction and trauma treatment, and are particularly notable with respect to overall funding levels, human resource capacity, the availability of physical space, lack of Inuit control and direction, and preferred or selected treatment modalities.

It is recognized that where treatment and support for persons experiencing addictions and trauma is provided, the selected treatment modalities, protocols and procedures follow predominantly southern and clinical models, which often do not fit a northern or an Inuit context.

At the community level, acute psychosis, suicidality and medication management for individuals living with a psychiatric illness often take precedence over therapy and support for persons who need help in addressing and managing their trauma, addictions, and recovery processes.

An additional challenge is that staff in mental health and addictions roles with the Department of Health have varying skill sets. While efforts are underway to increase the number of Inuit working in the health professions (e.g. through NAC’s nursing program) the pool of Inuit trained as counsellors, social workers, nurses and in other health professions is currently small. At present, the system relies on a large contingent of non-Inuit to deliver services. This can pose challenges to cultural appropriateness in service delivery, creating culturally safe and trauma-informed environments, and can negatively impact the system’s ability to offer services without having to rely on interpreters.

Another challenge in service delivery pertains to system capacity to deliver addictions-related programs and services in the language of choice of Nunavummiut. Language barriers exist as most of the current front line service delivery workforce is non-Inuit.

2.7 Other Jurisdictions: Models and Approaches

This section of the summary report provides an overview of what is happening in other Inuit jurisdictions in Canada and in the other northern territories with respect to the application of models and approaches to addictions and trauma treatment – for both mainstream and Indigenous and Inuit populations.

a) Nunavik (Quebec)

Addictions related services are provided in Nunavik by the Nunavik Regional Board of Health and Social Services. A residential treatment facility, the Isuarsivik Treatment Centre is located in Kuujjuaq and offers residential addictions treatment. It is run by an independent non-profit organization. Currently housed in a 70 year old building formerly used by United States armed forces in the 1950s, the facility can service up to 9 clients at a time. The facility offers five, six-week cycles a year, alternating between groups of men and women. The daily schedule includes lighting the qulliq as a group, workshops, therapy, AA meetings, crafts, chores and exercise. On the land activities are also organized (hunting, berry picking) and Elders are involved with clients. The Centre ‘graduates’ approximately 40-45 sober clients every year.³⁸

Presently Isuarsivik is trying to secure \$35 million in contributions needed to build a planned, new 22-bed facility in Kuujjuaq. The new facility would allow the centre to more than double its clientele from the maximum 9 people it can take at once to 21 clients. The facility would also have space to host an on-site psychologist and nurse and would offer family-based therapy options.

b) Nunatsiavut (Labrador)

There are currently no operative residential treatment facilities in Labrador specifically for Inuit. However, the Nunatsiavut Government continues to consider the establishment of an Inuit addictions treatment and healing facility within its jurisdiction, possibly in Happy Valley-Goose Bay, the regional centre of Labrador.

³⁸ Nunatsiaq Online. *Nunavik Treatment Centre eyes move to newer facility*. Feb 22, 2016. http://www.nunatsiaqonline.ca/stories/article/65674nunavik_treatment_centre_eyes_move/

The Charles J Andrew Youth Treatment Centre (CJAY) is a ten-bed residential youth and family healing center located in Sheshatshiu, NL. It serves Innu, Inuit, and First Nations youth and families from Atlantic Canada and across Canada. CJAY empowers Aboriginal families through the provision of a holistic healing program that is strongly influenced by traditional Aboriginal values, beliefs and practices. Spirituality and reconnecting to the land (Nutshimit) are key components in nurturing and building self-confidence and developing skills among youth and families to help them reach their full potential as community members. There are two components to the Family Healing Program - clinical, and land-based (Nutshimit).³⁹

c) Yukon

The Yukon Government opened a new \$21 million detox and treatment facility/centre in 2016 (i.e. the Sarah Steel Building/Yukon Health and Social Services).⁴⁰ The facility is part of a comprehensive treatment program in which all Yukon communities have access to addictions workers who serve community members on an outpatient basis and refer them to residential treatment when required. The facility offers 30 to 90 day programs depending on treatment plans and has 10 beds for women, 10 for men and 4 for youth. Within the facility there are separate units for detox, transitional, and intensive treatment. The Centre is currently working towards establishing more culturally based and on-the-land programs.

d) Northwest Territories

Serving a population of approximately 41,000 people, the Northwest Territories (NWT) offers both private and public programs aimed at drug rehabilitation, alcohol detoxification and treatment.

The NWT pursues addictions and trauma treatment and recovery through its framework *Mind and Spirit: Promoting Mental Health and Addictions Recovery in the Northwest Territories: Strategic Framework 2016-2021*. The GNWT has reported that it will be developing additional Action Plans to support the overall strategy, and that this will include an Addictions Recovery Action Plan that may address in-territory treatment options.

For residential treatment, as is the case for Nunavut, the NWT works with several approved facility-based treatment centres located in southern Canada. Although the GNWT does not have an in-territory treatment facility this is being considered, as are introduction of on-the-land programming and mobile treatment approaches.

³⁹ <http://www.cjay.org/home/>

⁴⁰ See: http://www.hss.gov.yk.ca/ads_treatment.php

e) Southern Canada (Non-Inuit Regions)

In non-Inuit regions of Canada and ‘south of 60’ (i.e. in southern Canada) there are literally hundreds of regulated and unregulated, accredited and unaccredited facilities, centres, organizations, non-profit and for-profit entities. These offer a very wide range of programs and services to those pursuing a journey towards recovery from problematic substance use or substance use disorders, as well as a myriad of other addictive and compulsive behaviours such as gambling. A sub-set of these treatment facilities are intended to meet the specific needs of Indigenous peoples, most commonly those of First Nations peoples, and are controlled and managed by Indigenous organizations, communities and governments.

3. Vision and Concept

3.1 Rationale for and Benefits of Enhanced In-Territory Services

The rationale for consideration of enhanced in-territory addictions and trauma treatment options for Nunavummiut is linked with a number of factors:

- population growth;
- the overall conditions of Nunavut population health;
- Increased rates of consumption of substances (e.g. alcohol, cannabis) and their availability;⁴¹
- Prevalent (and unresolved) historical and intergenerational trauma;
- System-based issues in Nunavut for counselling and treatment of addictions and trauma (i.e. human resources, funding, lack of space);
- Treatment modalities that are not always culturally safe or relevant, trauma-informed and most effective for prevalent substance use problems as well as substance use disorders (and associated drinking patterns in Nunavut), or that embrace community-based and family-systems oriented approaches;
- The inability of southern treatment facilities to consistently provide culturally-relevant and trauma-informed service and care; and
- Gaps in service, from prevention and awareness through to treatment and aftercare, and lack of service integration and a continuum of care at the community and territorial level.

The benefits of enhancing or augmenting in-territory addictions and trauma treatment and healing services are many. Options for a residential facility and more on-the-land and community-based programs offer the opportunity for a “made-in-Nunavut” approach that meets the needs of

⁴¹ With a beer and wine store operational in Iqaluit and the communities of Cambridge Bay and Rankin Inlet voting in favour of the opening of beer/wine stores during a non-binding plebiscite. Also, the legalization of cannabis is imminent.

Nunavummiut and addresses the unique circumstances of historical and intergenerational trauma. The opportunity exists to invest in in-territory addictions and trauma treatment programs and services that better respond to patterns of substance use in Nunavut (e.g. prevalent binge drinking, cannabis use) as well as substance use disorders (addictions).

There are opportunities to address gaps that exist within the current system. There are opportunities to address the fragmented nature of current addictions treatment in Nunavut including through an integrated system based on a continuum of care model involving pre-care, treatment, aftercare, and support for long-term recovery and healing. Finally, there are opportunities to establish approaches to treatment that are relevant in the Inuit and Nunavut context – approaches that are community, family and culturally focussed, and are trauma-informed, that can be provided in Inuktitut by Inuit counsellors and others.

3.2 Client Profile

A key component in the conceptualization of an enhanced addictions and trauma treatment system in Nunavut is the population that is to be served, and the needs of sub-groups within this population.

Although it has been noted that statistical data on substance use disorders (addictions) among Nunavummiut is limited, it is generally acknowledged, including by those who work in the field of addictions and trauma treatment, as well as by Nunavummiut more generally, that substance use is an issue of significant concern in Nunavut. Predominant forms of consumption include risky patterns (e.g. binge drinking) that have the potential to, but do not necessarily lead to physical dependence. It is generally thought that within Nunavut, problematic substance use is a more widespread issue than physical dependence, though the latter exists within a sub-set of the population.

Among Nunavummiut, the experience of trauma – both historical and intergenerational, as well as contemporary (i.e. in the form of ongoing violence, sexual and other forms of assault and abuse and suicide) is also recognized as widespread.

The primary target group of additional in-territory addictions and trauma treatment are **persons engaged in problematic substance use**, including binge drinking and cannabis use, who may have or be at risk of developing substance use disorders and do not have a physical dependence. They are likely to use substances in a way that causes problems for themselves (e.g. job loss, disruption of personal relationships, encounters with the justice and social service systems) or for their families and communities. This client group also includes pregnant, mostly young, women, as well as youth.

Proposals contained in this report do not involve adding services dedicated specifically to the needs of persons who have more severe substance use disorders requiring intensive medical supervision of “detoxification” or withdrawal management services on a 24/7 basis. The existing system of health care in Nunavut is intended to address clients with more medically demanding needs, including complex

concurrent disorders and intensive withdrawal management requiring 24/7 medical supervision, through referral to specialized southern facilities⁴².

Within all of the above-mentioned groups, individuals are likely to have varying levels of trauma, including as a result of personal experience (such as residential schools, sexual abuse, apprehension into child welfare system/foster families, suicide of a loved one) or experience of intergenerational impacts. The degree to which trauma is expressed, and the consequences of this may be highly variable. However, this suggests that a key conceptual component of Nunavut's addictions and trauma treatment system is that it does address trauma within the context of specific services and interventions. In other words, addictions and trauma treatment must go together.

3.3 Features of an Enhanced Addictions and Trauma Treatment System

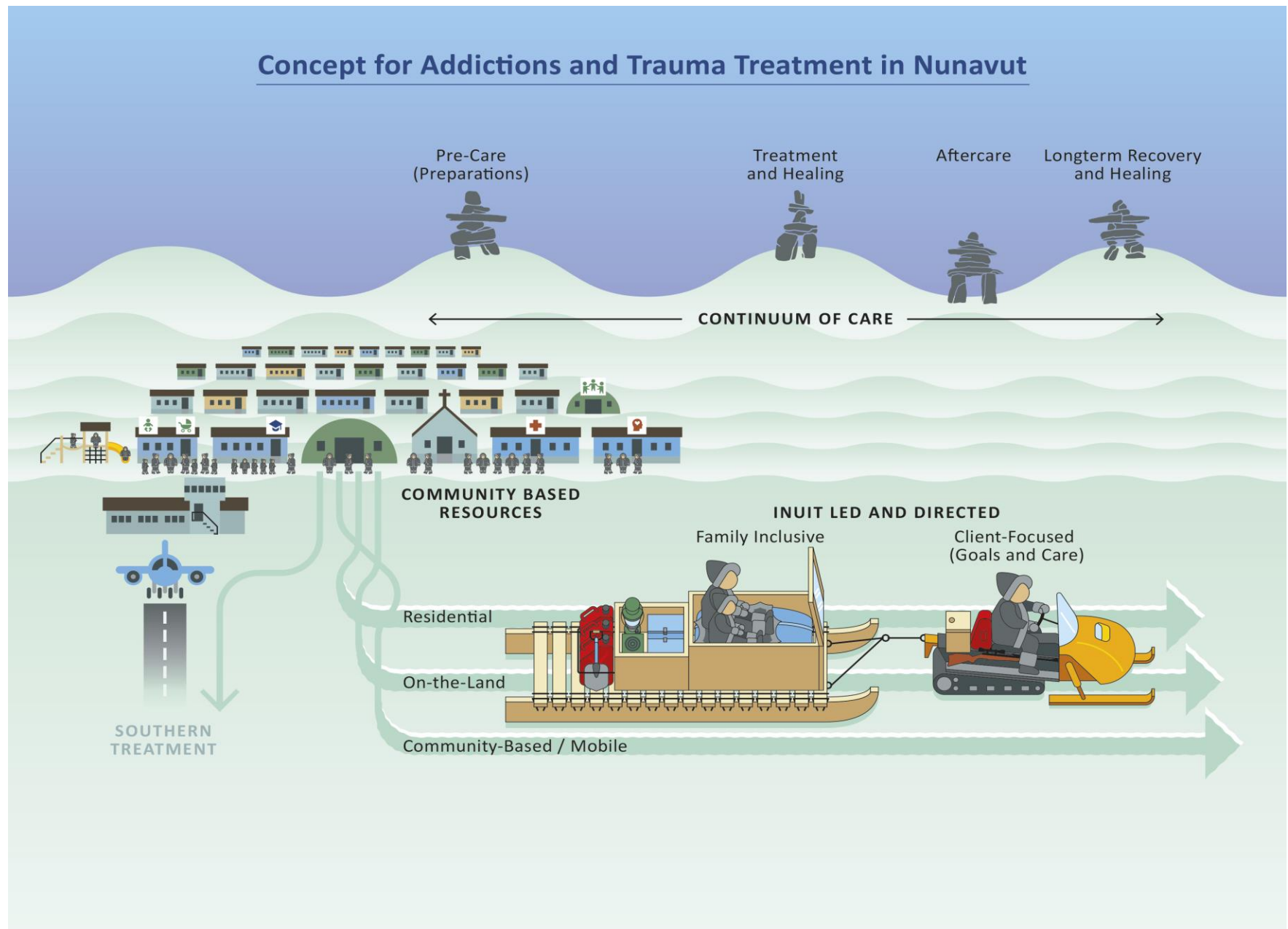
This section of the Summary Report describes the main features of an enhanced, made-in-Nunavut approach to addictions and trauma treatment in the future. These features were commonly identified by stakeholders and in research conducted as part of the needs assessment, options development and feasibility study. The main features of an enhanced addictions and trauma treatment system in Nunavut include:

- Continuum of care model
- Client focussed and goal-supportive treatment approaches (abstinence and harm reduction, “building people up”)
- Culturally-informed understandings of addiction and recovery and “blended” treatment approaches (clinical/western, culturally based, trauma and gender informed)
- Optional treatment settings (residential, on-the-land, enhanced community services)
- Cultural programming/culture as healing
- Family-inclusive and family-supportive
- Human resource and capacity development / Inuit workforce development

A visual depiction of this system is provided below. The image is intended to recognize the journey that Nunavummiut make as they pursue wellness and recovery from addictions and trauma, and that there are potentially different ‘routes’ that may be followed.

⁴² As is the case in any population, some Nunavummiut experience what are known as “concurrent disorders”. This generally refers to a situation in which an individual has both a substance use disorder or problematic substance use pattern, while concurrently experiencing a psychiatric condition, such as anxiety disorders (e.g., post-traumatic stress disorder), or psychosis, such as schizophrenia, depressive disorders, or bipolar disorder that requires ongoing medical intervention, supervision and monitoring. While recognizing that the treatment needs of persons with concurrent disorders will be highly variable with respect to their intensity and type of intervention, those with more severe concurrent disorders may still benefit from out-of-territory treatment solutions.

Concept for Addictions and Trauma Treatment in Nunavut



a) Continuum of Care

There is universal support for an addictions and trauma treatment system in Nunavut that is firmly based on an integrated and comprehensive continuum of care. Elements of an effective intervention model should fulfil the requirements of a full continuum of care, following a client through a number of phases on their journey to recovery. Stakeholders noted the importance of a continuum of care being strongly community-based, i.e. starting and continuing in the community. While there are different understandings of the continuum of care model, for Nunavut this may include the following:

Pre-care which involves a range of supports and services to individuals and families prior to participation in treatment and healing activities including screening and assessment, goal setting, treatment matching and preparation for treatment through readiness.

Treatment and healing which involves a potentially wide range of treatment interventions, therapies and opportunities for healing and recovery from trauma and addictions in a variety of settings.

Aftercare or continuing care which involves a range of supports and services to individuals and their families that can be provided in the community and following completion by individuals of either moderate or more intensive treatment interventions. Aftercare supports and services continue to assist individuals on their journey to recovery, not just in the short term but potentially for a life time.

b) Client-focussed Care

Another strongly endorsed feature of a Nunavut addictions and trauma treatment system, and particular treatment interventions, is that they should be client-focussed and attuned to client preferences and choice. This applies to individual goals as well as access to available treatment/intervention approaches that align with the pace and 'stages of change' that individuals may experience.

It is broadly acknowledged that choice is important but also that people need to set goals for their own recovery, which may be significantly determined by their substance use pattern(s). For example, for those with problematic substance use such as binge drinking, setting goals for harm reduction and developing skills that help in the management of problematic substance use behaviours may be a priority. For others, abstinence may be the goal.

Client-focussed care also involves access to an adaptable set of methods or interventions that are responsive to changing client needs. Treatment needs to be based on interventions that match individual client needs, goals and levels of readiness or motivation, as well as the preferences of clients.

c) Blended Approaches

Related to the concept of client-focussed care and choice with respect to goals and treatment is the broadly supported notion that within a Nunavut addictions and trauma treatment system there is a place for both clinical/western as well as Inuit, culturally based approaches.

From the *clinical* perspective, treatment options will provide for medical interventions as needed through the existing system (e.g. health centres, hospital), as well as access to therapeutic services that are based on cognitive behavioural therapy, motivational interviews and other evidence-based models. This will be accompanied by opportunities to access traditional healing practices as well as Inuit counselling and cultural programming.

Access to Inuit counselling and healing interventions also require that there be a cadre of appropriately trained staff who can provide support to individuals in ways that help them in meeting self-determined goals in culturally relevant and embedded ways. This may include Inuit counselling and/or supporting participation in cultural programming that serves healing as well as skills-building objectives (i.e. “building people up” through self-esteem, an enhanced sense of connectedness and identity, cultural skills, personal ‘challenges’ and productivity). Enabling this will require investment in Inuit workforce development to ensure that Nunavummiut have access to addictions and trauma treatment that is based on Inuit, culturally-informed understandings of addiction as well as Inuit approaches to healing and recovery.

d) Cultural Interventions and Culture-based Programming

A key conceptual component of an in-territory addictions and trauma treatment system is that it will embrace the idea of culture as healing and include broad support for cultural interventions and culture-based programming.

Cultural programming can be offered alongside clinical therapies and Inuit counselling, and would be complementary to those interventions. Cultural healing program activities potentially include the following:

- On-the- land activities
 - Harvesting (hunting, whaling, fishing, sealing)
 - Berry picking, egging and clam digging
 - Traditional medicine gathering
 - Dog teams
- Cultural skills
 - Inuktitut language classes
 - Skinning

- Sewing, kamiik, parka and amautik making
 - Qamutik making
 - Tool making
 - Inuit story-telling and legends
 - Drumming, dancing
 - Carving and art
 - Traditional medicines
- Cultural activities and ceremonies
 - Qulliq lighting
 - Feasts with traditional and country foods
 - Songs
- Life skills
 - Parenting skills
 - Life skills (budgeting, decision making)
 - Violence education
 - Stress and anger management
- Educational activities, including learning about Inuit history, the history of colonization in the Arctic and its impacts.

e) Language Based

Addictions and trauma treatment services should be available in a person's primary language (which for most is Inuktitut). Regional dialects need to be recognized in all treatment delivery settings and approaches, as well as in programming. Supporting resources need to be made available in Inuktitut and specific dialects.

This core feature of a treatment system in Nunavut has implications for development of an Inuit workforce that can provide a range of services throughout the continuum of care to Nunavummiut seeking support and assistance in recovery.

f) Community-based and Community Inclusive

Even when traumatic events affect individuals, the impacts of trauma or traumatic incidents can reverberate throughout community systems and become a collective experience. It is generally recognized that communities have a key role in supporting the development and implementation of

approaches to addictions and trauma, as well as being an entity affected by substance use. As a result, there is a need for continued and enhanced support for communities in pursuing community-based healing activities.

The principle of community-based and community-inclusive action can be realized at two levels. First, it can be realized through enhancements to existing GN mental health and addictions services, supports and clinical capacity, and through improved service integration across GN departments with respect to community level services (e.g. family support services, culture and language, justice and corrections). Secondly, it can also be realized through establishment of new capacities at the community level.

f) Family Inclusive and Supportive

Many have suggested that the addictions and trauma treatment systems needs to be welcoming of families and provide support not only to individuals receiving treatment but to other family members. This recognizes that problematic substance use and trauma affects not only individuals but everyone in the family (and home) as well, and also that others can have an impact on the person seeking or receiving treatment, or in recovery. There is widespread support for family-oriented and family inclusive/supportive approaches to care as a key component and feature of Nunavut's addictions and trauma treatment system.

This requires finding ways to case manage that include families' participation in all stages of treatment and healing, such as planning and selecting treatment options, participating in treatment including through concurrent family and/or relationship counselling, reintegration planning and after care.

Second, it has also been identified that meeting the needs of women (or families) with children while they are engaged in a journey of recovery is critical. This potentially applies in different ways in different treatment settings, but is seen as particularly important when treatment and healing services and interventions are offered in the community, on an out-patient basis (e.g. ensuring that child care is available) as well as in residential and on-the-land contexts (e.g. ensuring that spouses/partners and children can be accommodated and that their needs are met concurrent with the needs of their family members seeking recovery).

Finally, family supportive interventions which engage family members through family or couple's counselling or other supports, and which are intended to strengthen the relationship network of the client during and after recovery, need to be part of the fabric of an addictions and trauma treatment system.

Family based approaches align with Inuit worldviews which situate the individual within the context of relationships, community connection and traditional practices of seeking support from kin in healing. They are also potentially suitable where individuals would benefit from out-patient type treatment

approaches as individuals (and families) can be supported in addressing issues while carrying out their day-to-day lives.

g) Human Resource and Capacity Development

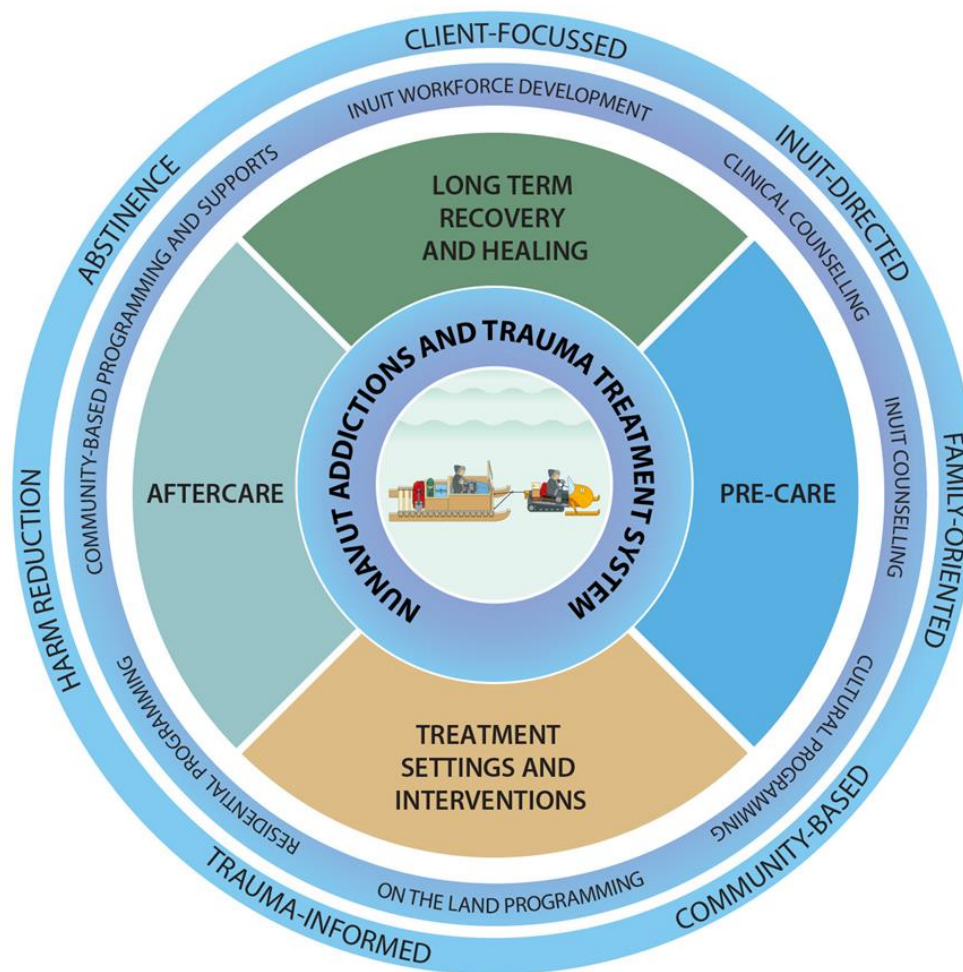
Developing and sustaining a workforce that can support a made-in-Nunavut addictions and trauma treatment system is a key feature of future plans for enhanced services. Well-trained and skilled human resources need to be available to manage and deliver programs and provide intervention services. Counselling and techniques to help clients develop skills and strategies to address and manage their addictions and trauma can be learned both formally as well as in more informal environments, and both should be embraced. The need for human resources with more formal credentials within the system should be balanced with the reality that there is tremendous capacity particularly among Nunavummiut who, though they may lack formal credentials and training, have many skills and capacities as a result of their own lived experience as well as cultural competencies.

In moving forward, there is a need to ensure that human resource capacity is developed in relation to the following:

- Increased capacity development for staff including non-Inuit who work within the broader territorial system and in areas related to addictions and trauma treatment (such as mental health workers, social workers, community outreach workers, probation officers and others), to ensure they have not only the clinical skills they need but also a grounding in and understanding of Inuit culture and healing practices as well as Inuktitut, and can deliver services in a trauma-informed manner.
- Increased HR capacity development to ensure that there is a cadre of Inuit counsellors who can provide direct intervention through Inuit counselling, culturally based approaches and traditional healing practices in a safe and professional manner.
- Development of capacity among Inuit (and non-Inuit Nunavummiut) who provide or support cultural programming, even though they may not be directly involved in providing counselling, to ensure that they are also able to provide services in a trauma-informed and safe manner.

This report advocates for investment in Inuit workforce development which has as its objective the enhancement and augmentation of in-territory services, and continued development of a pool of Inuit from across the territory that can support new and enhanced system components (i.e. a residential treatment facility and on-the-land healing camps).

All of the features of an enhanced system for addictions and trauma treatment in Nunavut based on a continuum of care model are depicted visually in the graphic below.



4. Options

4.1 Options Identification and Development

Based on input from stakeholders and findings from the initial needs assessment, NVision identified three (3) main options for in-territory treatment that are grounded in Inuit culture, address identified needs and gaps, and also achieve the vision and concept outlined in the previous section.

The three options were presented as follows:

Option #1: Residential Treatment Facility

Option #2: On-the-Land Healing Camps

Options #3: Community-based Services

The three optional approaches were considered and discussed at a Stakeholders' Gathering held in Pond Inlet February 15-16, 2018. In summary, stakeholders advocated for a combination of the three options rather than selection of a single option. Several areas of consensus emerged, as summarized below.

1. Pursue and combine the three options presented and implement them through a phased approach.
2. Within a residential treatment facility, focus on serving high priority client groups such as youth, pregnant women and people with more severe substance use disorders.
3. Communities are an important part of the foundation for a made-in-Nunavut addictions and trauma treatment system.
4. A made-in-Nunavut approach must include options for treatment and healing through on-the-land as well as cultural programming.
5. An enhanced system should be Inuit led, directed and managed.
6. A made-in-Nunavut approach needs to blend and build on the strengths of both Inuit and clinical (western/mainstream) approaches, including in the area of counselling.
7. There should be continued efforts to build Inuit workforce capacity to deliver a made-in-Nunavut addictions and trauma treatment system.
8. For those whose addictions and mental health conditions cannot be effectively managed in-territory, southern treatment continues to remain a component of the broader system available to Nunavummiut.

4.2 Proposed Pillars for a Made-in-Nunavut Approach

Following the Stakeholders' Gathering the following key pillars for an enhanced addictions and trauma treatment system in Nunavut were further elaborated.

- Pillar #1: Enhanced community based systems offering On-the-Land (OTL) healing camps and other in-community supports.
- Pillar #2: A residential treatment facility in Iqaluit, which in this report is referred to as the Nunavut Recovery Centre (NRC).
- Pillar #3: Development of an Inuit workforce that can staff both OTL healing camps as well as the Nunavut Recovery Centre.

Each of these pillars is described in the remaining sections of this summary report, and associated costs for implementation are identified.⁴³ This includes anticipated costs to support the next phase of activity which will involve further planning and development, leading up to implementation of all pillars.

⁴³ More detailed information on costs associated with each of these pillars was outlined by NVision Insight Group in Phase D of the project.

5. Pillar #1: Enhanced Community-Based Services / On-the-Land Healing Camps

This pillar involves stable funding for three community based organisations to offer On-the-Land healing camps for addictions and trauma treatment to Nunavummiut in each of Nunavut's three regions. Three service centres will be located in:

- Kitikmeot: Cambridge Bay, operated by the Municipality of Cambridge Bay Wellness Centre (CBWC);
- Kivalliq: Rankin Inlet, operated by the Pulaarvik Kablu Friendship Centre (PKFC); and
- Qikiqtaaluk: host community and operator to be identified.

The Cambridge Bay Wellness Centre's OTL substance use recovery and healing-focussed camps will be offered 4 times per year on a 28 day cycle. Enhanced funding will allow for an outpatient treatment program to be offered in Cambridge Bay 2 times per year on a 28 day treatment cycle.

The CBWC OTL camps serve as a model for similar operations to be managed by Pulaarvik Kablu Friendship Centre in Rankin Inlet and by another entity in Qikiqtaaluk region (to be identified). As an operating entity has not been identified for Qikiqtaaluk, the feasibility study identifies this as "Qikiqtaaluk" and has included overall costing in anticipation of a potential operator being identified by the GN.

5.1 Rationale

The rationale for enhancing community-based services is to build on the strengths that already exist within Nunavut through existing organizations that offer a variety of trauma, healing and wellness opportunities for Nunavummiut. The goal is to leverage existing strengths, particularly as they exist within the CBWC and its programming, to stabilize funding for this and other organizations, and through the CBWC to extend to other communities lessons learned as well as program resources to support addictions and trauma treatment.⁴⁴

a) Cambridge Bay Wellness Centre / Kitikmeot Region

As CBWC is the only organization currently offering addictions-focussed services, especially through on-the-land camps, it is logical that this organization build on its existing strengths and expand its programming through stabilized funding. Programs and services can be extended to other Kitikmeot

⁴⁴ The CBWC has developed the "Connections Treatment Program" (CTP) and has agreed to share its experiences in offering this program through its land-based addictions healing camps, and related CTP program resources with organizations in Nunavut.

communities through the CBWC by welcoming participants from communities throughout the region to its OTL programs/camps.

The CBWC model is based on offering treatment services in a camp setting over 28 days. The camp is currently located 8 kilometers from Cambridge Bay, on Victoria Island. A two-bedroom cabin on the property has been converted into a healing retreat centre, and clients stay in canvas tents near the beach where there are also fish/meat drying racks. Live-in Inuit guides set fish nets and take participants hunting for food that is then consumed at the camp. There is also a tent for Elders.

Programming involves a focus during the day on clinical programming, while evenings and weekends involve cultural teachings (e.g. hunting, making qamutiik and tools, camping skills, arts, culture and traditional games). The intent is to connect participants with each other, the land and community. The program can be delivered in Inuinnaqtun and with the involvement of Elders incorporates Inuit Societal Values and recognition of the role of relationships, family and grief in the healing process. The primary treatment model is a 12-step abstinence approach, in part because the program is historically based in a previous mobile addictions treatment program that was designed with assistance from the Nechi Group in Alberta. However, CBWC has developed its own program approach and associated resources in the form of the Connections Treatment Program which is aligned with the 28 day program.

The program also includes 4 weeks of aftercare in which there is both individual follow up for participants and interactions with Elders. It combines clinical interventions with on-the-land activities and referrals by the Wellness Centre to programs relevant to each participant including, for example:

- AA, Al-Anon and Alateen
- Peer support circles
- Cultural activities
- Women's, Men's and Elders' gatherings
- Parenting and cooking classes
- Health and wellness staff and counsellors

b) Pulaarvik Kablu Friendship Centre / Kivalliq Region

Pulaarvik has experience serving all Kivalliq communities and assisting with trauma recovery through a range of programs and services including mobile trauma and crisis response services for the entire region. It supports Nunavummiut recovering from trauma associated with residential schools as a provider for the Indian Residential School Resolution Support Program. Currently Pulaarvik has staff located in all Kivalliq communities with the exception of Whale Cove.

c) Qikiqtaaluk Region

An organisation with capacity to offer on-the-land addictions healing remains to be identified for the Qikiqtaaluk region.⁴⁵ The feasibility study includes planning for financial resources that would be required to support an organisation offering such a program in the Qikiqtaaluk.

5.2 Service Population

The service population for each regional centre will be Nunavummiut from each region. In each region, services will be provided to individuals who may have a range of substance use issues but do not require more intensive medical detoxification, medical intervention or supervision.

Entry to OTL healing camps will be based on closed intake, meaning specific cycles of treatment will be pre-established, and clients will be identified for participation in a cycle and time that suits their needs as well the camp schedule through the year. This will rely on region-wide coordinated, but community-based referral systems established to ensure equitable access to OTL healing camps for those in need from each region. It is assumed that existing mental health and addictions supports and resources in communities (e.g. nurses, mental health workers etc.) will provide referrals to OTL healing camps pursuant to protocols that will be established in the proposed planning and developmental phase.

a) Cambridge Bay Wellness Centre / Kitikmeot

The CBWC will offer services through its OTL addictions treatment and healing camps to all Nunavummiut in the region. Clients from all Kitikmeot communities will be referred to CBWC-offered camps, and will receive services in both Innuinaqtun and English. The feasibility study has assumed that there will be 8 participants (clients) in each camp, and of these 6 will be from Kitikmeot communities *other than* Cambridge Bay.

CBWC will offer treatment services not only at its OTL camps but also through a 2 times per year outpatient/day program that operates when healing camps are not in operation and will be delivered from the existing Elder's Palace. This approach has the potential to serve a targeted population, with services provided to persons requiring supportive treatment for addictions and trauma, but not specialized services (i.e. medical interventions and supervision, treatment for concurrent disorders). The outpatient/day program would be for Cambridge Bay residents only as clients (at least initially). This will make the CBWC's treatment programs accessible to clients who cannot be away from home for close to

⁴⁵ For the Qikiqtaaluk Region, Tukisigiavik Society (Iqaluit) and Ilisaqsivik Society (Clyde River) were both approached by QOL as potential organisations to deliver on-the-land addictions healing programs in the Qikiqtaaluk region using the Connections Treatment Program developed by CBWC. Both of these organizations currently offer on-the-land healing programs. Tukisigiavik Society has indicated that it is not presently able to commit to act as the provider for OTL addictions and healing programs in Qikiqtaaluk, as described in this feasibility study. Ilisaqsivik Society has indicated its intention to develop a broader plan for the organisation, potentially offering addictions services as part of that plan, although potentially in a different format than in Cambridge Bay.

a month or who cannot spend this amount of time on the land, or for other reasons. This format allows participants to manage their substance use while still being exposed to triggers present in their home environment.

The OTL healing camps will have capacity to provide services to women and men, youth and families on a *rotational basis* (i.e. rather than concurrently).

b) Kivalliq

Pulaarvik will provide OTL healing camps to Nunavummiut within the Kivalliq region. It will not initially offer an in-community outpatient/day treatment program, though it is recognized that in the future this may evolve. The feasibility study assumes that Pulaarvik will offer the same level of service as the base model of Cambridge Bay with respect to OTL healing camps. OTL healing camps will be offered 3 times per year by Pulaarvik and clients will include those from other Kivalliq communities. On the same basis as Cambridge Bay, it is assumed for costing purposes that healing camps will accommodate 8 clients at one time, with 6 of these from communities *other than* Rankin Inlet i.e. communities in the Kivalliq region. This builds on Pulaarvik's existing regional role.

c) Qikiqtaaluk

It is assumed for the purposes of the feasibility study that a similar capacity will be established in the Qikiqtaaluk region to provide OTL healing camps to Nunavummiut. While a specific entity to operationalize this has not been identified, it is assumed there will be a similar profile for service delivery as for Rankin Inlet/Kivalliq and similar costs (with some adjustment to account for differences in regional costs/ expenditures).

5.3 Location / Geographical Setting

Kitikmeot: It is assumed that an OTL healing camp will continue to operate at the current location, and outpatient services from the Elders Palace.

Kivalliq: It is assumed that a Rankin Inlet OTL healing camp will be established within proximity of the community of Rankin Inlet, on a similar basis to Cambridge Bay.

Qikiqtaaluk: It is assumed that an OTL healing camp will be established within proximity of the host/provider community on a similar basis to Cambridge Bay and Rankin Inlet.

5.4 Treatment Setting

In all regions, the treatment setting for OTL healing camps will be residential but based on-the-land, as noted above in relative proximity to the host community.

OTL healing camps will provide for specialized treatment that serves particular target population groups. For example, a single camp might be dedicated to providing treatment, support and interventions to gender-based groups, youth or families. Alternatively, a camp may be focussed on persons who have experienced trauma but do not have substance use disorders.

Based on CBWC's Connections Treatment Program, for planning and costing purposes, it is assumed that all camps will offer a 28 day program and that camps are offered in each of the three regions and identified locations.

In addition, the CBWC will offer an in-community, outpatient program that is 28 days but run out of existing facilities rather than on-the-land. This program will be offered two times per year.

5.5 Treatment and Healing Interventions and Services

This pillar assumes that a potentially wide array of treatment and healing interventions and services will be provided across the continuum of care, but this is circumscribed somewhat by the target populations, and the locations in which services are provided.

Client-focussed care is a feature of the OTL healing camps and individual goals will be supported. Given the OTL and residential-type context, an environment of abstinence will be promoted within all camps. However, outpatient treatment services (such as will be offered in Cambridge Bay initially) can also be based on harm-reduction models.

Primary services will be focussed in the following areas to clients:

- Intake screening and assessment;
- Case management;
- Referrals from other non-host communities (based on intake screening and assessment protocols to be established);
- Individual treatment and recovery plans;
- Pre-care counselling;
- Clinical therapies;
- Inuit counselling;
- Group-based counselling (men, women, youth);
- Family-supportive counselling (e.g. couples, families);
- Inuit cultural programming and skills development including activities on-the-land (e.g. hunting, fishing) as well as traditional activities such as sewing, carving, skin preparation;

- Community and family reintegration preparation and planning (including relapse prevention planning and strategies development); and
- Aftercare (including for example relapse prevention programming, peer support groups, linkages to community-based supports and resources).

In all its activities, OTL healing camps and outpatient services will need to be delivered to clients from a gender- and trauma-informed perspective.

5.6 Community-based Supports

Healing camps require that strong linkages be established and maintained with existing and strengthened community based resources and services (e.g. Mental Health Workers). It is noted here that the GN through the Department of Health (Mental Health and Addictions) is creating up to 50 new positions under the title of Community Mental Health and Addictions Outreach Workers (CMHAOWs). These Workers will have a role in supporting the continuum of care that exists for clients who approach the Nunavut mental health and addictions and trauma treatment system. This Summary Report discusses enhanced community based supports in more detail under Pillar #2 below (see Section 6.6).

In addition to existing community based supports, for the Kitikmeot region the feasibility study costed the creation of an additional 5 positions to be employed year round to deliver enhanced services including aftercare when not delivering OTL healing camps. This would include remote support to people who return to their home communities in Kitikmeot region following participation in an OTL healing camp in Cambridge Bay.

For the Kivalliq region, the feasibility study has costed the creation of 3 positions to be employed year round so they can deliver supports including aftercare when not involved in delivering a healing camp. Further, the Pulaarvik Kablu Friendship Centre has workers in all Kivalliq communities (except for Whale Cove at this time). PKFC intends on relying on these workers to offer continued support to clients when they return from an OTL healing camp in Rankin Inlet. As part of aftercare, the Centre also intends on making its employment readiness program available to clients who complete an addictions healing camp.

Capacity would need to be assessed for the Qikiqtaaluk. However, as for Kivalliq (Pulaarvik), the feasibility study costed three additional full time core staff for this region.

5.7 Family-oriented and Supportive

OTL healing camps will be organized to accommodate families through special family-oriented healing camps. These will be scheduled at a time of year that minimizes interruption of school-based activities for children and coincides with normal cycles of community on-the-land activity.

Additionally, it will be possible to involve families in related camp activities when the camps themselves are not specifically geared to families. For example, the CBWC currently works with families to increase

their participation in camps, by inviting them for short but regular visits at the camp and working with them to prepare for their family member's return following treatment. CBWC also funds minor home repairs so the home environment reflects the changes that have happened within the client who has participated in the treatment program.

5.8 On-the-Land Start-Up Costs

Establishment of OTL healing camps will require investment in equipment and supplies for each camp. The model of OTL healing camps has been costed for three regional settings: Cambridge Bay, Rankin Inlet and a location in the Qikiqtaaluk region. All OTL camps are assumed to provide services in a 28 day cycle to 8 clients per cycle, and also accommodate staff during the day as well as overnight camp attendants and guides.

Costing is based on the physical set up that the CBWC uses for its OTL healing camps which have the following design features:

- Permanent camp facilities able to accommodate clients and potentially their spouses and children for up to 28 days (possibly longer) as well as staff (clinical staff, Inuit counsellors, camp cooks and assistants, attendants/helpers).
- Camp "hub" building to accommodate kitchen/food preparation and storage, dining area and program delivery/group meeting spaces as well as one indoor bathroom area
- Indoor shower/bath building with heat and electricity
- Tents for client and staff accommodations. These are assumed to be 8x10 canvas tents fitted over tent frames and accommodating 2 clients/staff per tent.
 - 4 tents for clients (total = 8 beds)
 - 2 tents for camp maintenance and attendants (total = 4 beds)
 - 2 tents for staff (counsellors, Elders, and other support who may be variously overnighing at the camp) (total = 4 beds)
 - 1 tent for cook and auxiliary kitchen staff (2 beds)

Investment will be required in other equipment, including vehicles to support camp based transportation and cultural programming.

5.9 On-the-Land Ongoing Costs

There are two categories of ongoing costs and expenditures associated with OTL treatment and supportive services, which it is assumed would be provided through the CBWC, Pulaarvik and in Qikiqtaaluk.⁴⁶

⁴⁶ Region-specific costs have been identified through research by NVision and with input from the Executive Directors of CBWC and Pulaarvik who collaborated to identify the equipment they have and would need to deliver

1. Core staff costs: costs associated with the core addictions/trauma treatment staff previously referenced; and
2. Ongoing costs for delivery of the OTL healing camps, including non-permanent contract/casual staff who work exclusively when camps are in operation, as well as all camp operations) – these are referred to as “sessional costs”.

Central to the approach is to have a core team supporting addictions and trauma treatment in planned treatment settings (i.e. in community and in camps). The intent is that the core staff will be employed year round and based out of each organization (CBWC, Pulaarvik, Qikiqtaaluk).

a) **Core Staff Costs:** Major ongoing costs associated with the core addictions/trauma team and outpatient services are in the following categories:

- Wages, salaries and benefits (permanent staff)
- Labour costs (cultural programming, casual and other)
- Cultural programming supplies
- Training and development (staff)

In the Kitikmeot region, the organizational structure of the core addictions/trauma support team would be the largest for all regions as they would be offering more treatment cycles including 2 in-community outpatient treatment cycles. Core staff of the CBWC will include the following staff positions:

- Director, Addictions/Trauma Program
- Addictions Worker
- Inuit Counsellor
- Cultural Support Coordinator/Worker
- Pre-care and Aftercare Coordinator (intake, screening and assessment, case management, aftercare coordination)

A slightly smaller core staff complement has been costed for the Kivalliq and Qikiqtaaluk regions, based on the fact these regions will be delivering only 3 OTL treatment cycles and no outpatient/day treatment program (at least initially):

- Coordinator, Addictions/Trauma Program
- Addictions Worker/Counsellor
- Cultural Support Coordinator/Worker

these addictions treatment cycles. Start-up costs are lower in the Kitikmeot because CBWC already has some of the equipment they require (for example, they only need to renovate their tents and cabins, and many of their staff have already received addictions counselling training). There are also regional variations based on local purchase costs for goods and supplies.

b) *Ongoing Costs of OTL Healing Camps:* Major ongoing costs for the delivery of OTL healing camps have been planned in the following categories and included as “sessional costs”:

- Facility operations services
 - Water
 - Fuel for generators
 - Fuel for transportation vehicles
 - Fuel for skidoos, ATVs, boat, other
 - Heating fuel
- Wages and labour costs (non-permanent/camp staff also known as “sessional” staff)
- Food and nutrition (for clients and staff)
- Cultural programming (supplies and maintenance)
- Orientation training
- Travel (clients)

With respect to wages and labour costs, the following non-permanent (i.e. casual, contract) staff will be required to support all OTL healing camp operations.

- Clinical Facilitator (1 per camp, private contract)
- Elders (1-2 per camp)
- Cook (1 per camp)
- Driver (transportation) (1 per camp)
- Guides (hunting, OTL activities etc.) (2 per camp)
- Cultural Programming Workers (2 per camp)
- OTL Camp attendants/assistants (4 per camp)
- Camp maintenance staff (1 per camp)

c) *Inuit Workforce Development and Inuktitut:* It is intended that a primarily Inuit workforce will operate camps. Services will be provided in Inuktitut and local dialects – Innuinaqtun in Cambridge Bay and Inuktitut in Kivalliq and Qikiqtaaluk.

Additionally, addictions treatment training is planned to be offered in the Kivalliq and Qikiqtaaluk region and this has been costed based on the previous experience of CBWC, where staff have received training. This training will support objectives for and investment in Inuit Workforce Development.

5.10 Governance

It is assumed that for planning purposes OTL healing camps and outpatient services will be owned and operated by the Cambridge Bay Wellness Centre (Municipality of Cambridge Bay) and the Pulaarvik Kablu Friendship Centre. For the Qikiqtaaluk region an entity will be identified to operate a regionally based healing camp. In all cases it is assumed that each entity will own, manage and operate all camps and services. The GN would enter into contribution agreements and/or service contracts with the provider organizations to provide funding to support start up and ongoing costs.

5.11 Pillar #1: Summary of Costs

Tables below provide an overview of costs associated with the implementation of Pillar #1: Enhanced Community Services and On the Land Healing Camps from 2019/20 to 2023/24 and thereafter.

Table 1

**Summary of Costs
Enhanced Community Services and On-the-Land Healing Camps**

Summary - Enhanced Community Services and On-the-Land Healing Camps						
Annual Operating Costs						
	Start-Up Costs	2019/20	2020/21	2021/22	2022/23	2023/24 and Ongoing
Qikiqtaaluk	\$ 297,481	\$1,033,647	\$1,033,647	\$1,033,647	\$1,033,647	\$1,033,647
Kivalliq	\$306,856	\$1,052,045	\$1,052,045	\$1,052,045	\$1,052,045	\$1,052,045
Kitikmeot	\$162,943	\$1,508,931	\$1,508,931	\$1,508,931	\$1,508,931	\$1,508,931
Total	\$767,280	\$3,594,623	\$3,594,623	\$3,594,623	\$3,594,623	\$3,594,623

Table 2

Start-Up Costs
Enhanced Community Services and On-the-Land Healing Camps

Start Up Costs - Enhanced Community Services and On-the-Land Healing Camps							
<i>Item</i>	<i>Quantity</i>	<i>Cost</i>	<i>Total</i>	<i>Cost</i>	<i>Total</i>	<i>Cost</i>	<i>Total</i>
		Qikiqtaauluk		Kivalliq / PKFC		Kitikmeot / CBWC	
Cabins	2	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000
Tent Frames	4	\$2,000	\$8,000	\$2,000	\$8,000	\$2,000	\$4,000
Tent Material	4	\$2,000	\$8,000	\$2,000	\$8,000	\$2,000	
Water system	1	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Snowmobiles - 2019 600 ACE long track	2	\$12,649	\$25,297	\$13,200	\$26,401	\$12,924	\$25,847
Boat - 22ft Flat-W Labrador Canoe	2	\$10,926	\$21,853	\$11,509	\$23,018	\$11,219	\$22,438
Boat Trailer - Trailer Karavan KCB2200	2	\$2,918	\$5,837	\$3,445	\$6,889	\$3,181	\$6,362
Boat Motor - OB Yamaha F50LB Rem L	2	\$7,974	\$15,947	\$8,285	\$ 16,571	\$8,129	\$16,258
ATV's - Honda TRX420FM1J GR Rancher	4	\$9,090	\$36,360	\$9,922	\$39,687	\$9,505	\$38,020
Heating Stoves - Diesel Space Heater 50kbtu	6	\$477	\$2,861	\$513	\$3,076	\$ 495	
Cooking Stoves - Range 4.8CF White AMN	2	\$809	\$1,618	\$1,000	\$2,000	\$904	
Fridge - 16CF White Tmount AMN	2	\$1,023	\$2,047	\$1,228	\$2,455	\$1,125	
Freezer - Chest FRF 5CF	2	\$ 417	\$834	\$503	\$1,006	\$460	
Generator - Honda EB4000XC	2	\$2,978	\$5,956	\$ 3,192	\$6,384	\$3,085	
Cooking Pots & Pans - Tfal Mirro 10 Pc	1	\$92	\$ 92	\$105	\$105	\$98	
Dinnerware Set - Black Cobalt Banded 16 pc	1	\$ 51	\$51	\$68	\$68	\$59	
Drinking glasses/tumblers	4	\$ 30	\$120	\$39	\$157	\$35	
Flatware/Cutlery - Set 20 to 24pc	1	\$ 30	\$30	\$40	\$40	\$35	
Rope - Poly Dbl Braided .375in x 100ft	5	\$ 13	\$ 64	\$ 14	\$ 71	\$ 14	\$68
Tarps - Poly 12x16 Erickson	10	\$ 18	\$180	\$21	\$205	\$19	\$193
Sleeping bags - White Tail -18C	12	\$120	\$1,442	\$143	\$1,712	\$131	\$1,577
Ground mattresses - Foam camper laminated 6x27x75	12	\$127	\$1,524	\$136	\$1,635	\$132	\$1,580
Ice Augers - Eskimo Mako 43c 10in	2	\$452	\$ 904	\$ 484	\$968	\$ 468	

Start Up Costs - Enhanced Community Services and On-the-Land Healing Camps							
Item	Quantity	Cost	Total	Cost	Total	Cost	Total
		Qikiqtaauluk		Kivalliq / PKFC		Kitikmeot / CBWC	
Coolers - 48 Qt Hunting Green Coleman	6	\$ 78	\$ 469	\$108	\$ 650	\$ 93	
Coolers - Jug 2 Gallone Easy Pour Coleman	3	\$ 32	\$ 97	\$ 35	\$ 105	\$ 34	
Water jugs - Rigid Aqua Tainer 26L	6	\$36	\$ 218	\$ 51	\$ 303	\$ 43	
Coleman Stoves - 2 burner Naptha	4	\$173	\$ 690	\$184	\$737	\$178	
Fish nets - 50 Yard 8 feet 4 inch	1	\$ 339	\$339	\$365	\$365	\$352	\$352
Rifles	1	\$ 1,750	\$1,750	\$ 1,750	\$1,750	\$1,750	\$1,750
GPS	4	\$ 1,000	\$4,000	\$900	\$ 3,600	\$900	\$3,600
Spot Devices	12	\$225	\$2,700	\$225	\$2,700	\$225	\$2,700
Satellite Phones	1	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200
Traditional tools							
Pana	12	\$ 200	\$2,400	\$ 200	\$ 2,400	\$200	\$2,400
Tuuq	4	\$300	\$ 1,200	\$300	\$1,200	\$300	\$1,200
Kakivak	8	\$400	\$3,200	\$400	\$3,200	\$400	\$3,200
Scoop	4	\$200	\$800	\$200	\$ 800	\$200	\$ 800
Knives	12	\$200	\$2,400	\$200	\$ 2,400	\$200	\$2,400
Qamutiit	2	\$2,000	\$4,000	\$2,000	\$ 4,000	\$ 2,000	\$4,000
Addictions Training - Basic	10	\$5,600	\$56,000	\$5,600	\$ 56,000		\$ -
Addictions Training - Advanced	10	\$5,400	\$54,000	\$ 5,400	\$ 54,000		\$ -
Total Start Up Costs			\$297,481		\$306,856		\$162,943

Table 3

Sessional Costs
Enhanced Community Services and On-the-Land Healing Camps

Sessional Costs - Enhanced Community Services and On-the-Land Healing Camps									
Item	Quantity	Cost	Total	Cost	Total	Cost	Total	Cost	Total
		Qikiqtaaluk - OTL		Kivalliq / PKFC - OTL		Kitikmeot / CBWC - OTL		Kitikmeot / CBWC - Outpatient	
Automotive Fuel	1	\$7,000	\$7,000	\$ 7,000	\$7,000	\$7,000	\$ 7,000		
Heating Fuel	1	\$1,000	\$1,000	\$ 1,000	\$1,000	\$1,000	\$ 1,000		
Cooking Fuel	1	\$800	\$800	\$800	\$800	\$800	\$ 800		
Automotive Oil	1	\$ 400	\$400	\$400	\$400	\$400	\$ 400		
Food - Clients	8	\$2,240	\$17,920	\$ 2,240	\$17,920	\$2,240	\$ 17,920	\$560	\$ 4,480
Food - Staff	6	\$2,240	\$13,440	\$ 2,240	\$ 13,440	\$2,240	\$13,440	\$560	\$ 2,240
Bullets	1	\$400	\$400	\$400	\$400	\$400	\$400		
Lighters	1	\$ 20	\$20	\$20	\$20	\$ 20	\$ 20		
Hunting Clothing	12	\$ 500	\$6,000	\$500	\$6,000	\$500	\$ 6,000		
Floater Suits	12	\$ 600	\$7,200	\$600	\$7,200	\$600	\$7,200		
Fishing supplies									
Knives	12	\$40	\$480	\$ 40	\$ 480	\$ 40	\$ 480		
Gloves	12	\$30	\$360	\$30	\$360	\$30	\$360		
Cultural program supplies	12	\$ 300	\$ 3,600	\$300	\$3,600	\$300	\$3,600	\$300	\$3,600
Travel – Non-residential clients	4	\$2,650	\$ 10,600	\$1,650	\$6,600	\$1,650	\$6,600		
Travel - Sessional Staff	1	\$3,000	\$ 3,000	\$3,000	\$3,000	\$3,000	\$3,000		
Per Diems - Sessional Staff	32	\$ 167	\$ 5,347	\$167	\$5,347	\$167	\$5,347		
Home change	8	\$ 300	\$ 2,400	\$ 300	\$2,400	\$300	\$2,400	\$300	\$2,400
Staffing (casual, contract)	1	\$143,150	\$ 143,150	\$143,150	\$143,150	\$ 126,675	\$126,675	\$53,175	\$53,175
Total Sessional Costs			\$223,117		\$219,117		\$202,642		\$65,895

Table 4
Ongoing Costs
Enhanced Community Services and On-the-Land Healing Camps

Ongoing Costs - Enhanced Community Services and On-the-Land Healing Camps				
<i>Item</i>	<i>Amount</i>	<i>Qikiqtaaluk</i>	<i>Kivalliq/ PKFC</i>	<i>Kitikmeot / CBWC</i>
Satellite phone subscription	\$3,600	\$3,600	\$3,600	\$ 3,600
Maintenance of sites	\$6,000	\$6,000	\$6,000	\$ 6,000
Snowmobile depreciation/replacement (33% per year)		\$8,348	\$8,712	\$ 8,530
Boat, motor, & trailer depreciation/replacement (20% per year)		\$8,727	\$9,295	\$ 9,011
ATV depreciation/replacement (20% per year)		\$7,272	\$7,937	\$ 7,604
Insurance	\$8,000	\$8,000	\$8,000	\$ 8,000
Permanent Staff		\$322,348	\$351,148	\$523,827
Total Ongoing Costs	\$17,600	\$364,295	\$394,693	\$566,572

6. Pillar #2: Nunavut Recovery Centre

This pillar involves the establishment of a residential treatment facility for addictions and trauma treatment in Nunavut, referred to in this Summary Report as the “Nunavut Recovery Centre”.⁴⁷

6.1 Service Population

The service population will be individual Nunavummiut who have a range of substance use issues but may require more specialized and focussed care than can be offered through existing and strengthened community based services and programs including those offered through the CBWC, PKFC and a to be determined site/organization in the Qikiqtaaluk region through on-the-land healing camps. The facility would offer residential addictions and trauma treatment services in gender- and trauma-informed ways to:

- Men and women with substance use disorders (addictions), and more intensive treatment needs with respect to addictions and related trauma;
- Pregnant women;
- Youth; and
- Families (single parents with children, couples with children, couples).

As planned, the Recovery Centre would have a total of 32 beds available to accommodate 32 clients (including children) at any one time. It is assumed for planning, staffing and costing purposes that the Centre will operate at full capacity 365 days per year.

Services will be offered in English and Inuktitut for clients from all three regions of Nunavut.

The specific length of program will be determined based on individual client needs and circumstances, but for planning purposes the treatment cycle is assumed generally to be 42 days. Longer treatment could be provided depending on client needs and circumstances.

The Nunavut Recovery Centre will be able to accommodate families, offering treatment services to individual parents and couples/partners in an environment that will allow children and spouses/partners to remain in the company of those receiving treatment, and to participate in co-treatment programs (as appropriate). While at the residential treatment facility pre-school children will have access to day care at the facility, and school age children will have access to a teacher and teaching assistant to oversee completion of school work and offer teaching and tutoring support.

⁴⁷ It is recommended that as planning and discussions on the residential treatment facility proceed in the future that the appropriate naming of such facility be part of this planning and that Inuit Qaujimajatuqangit Katimajit be consulted.

A key service population to be supported within the Recovery Centre is pregnant women. The needs of pregnant women receiving treatment for trauma and addictions require specialized approaches, programs and services.

The facility will be able to accommodate individual clients with low level concurrent disorders (i.e. those that present substance use disorders combined with a mental health condition), though persons with more severe mental health conditions would continue to receive treatment in other residential settings including out-of-territory treatment facilities that offer programs specifically designed to meet more complex needs. Nurses will be part of Nunavut Recovery Centre staff and can supervise medications and other health care needs as appropriate to the certifications of the nurses.⁴⁸ Protocols would need to be established with the hospital and local physicians to ensure full and proper access to medical care and services when clients require these.

6.2 Location / Geographical Setting

The facility will be located in Iqaluit, the rationale for this being that more specialized, supportive medical services can be accessed or made available in the territorial capital (for example, to meet the needs of pregnant women, and potentially the needs of those with more complex substance use addictions in the future).

By locating the facility in Iqaluit, a larger population will access and benefit from outpatient services, and a wider range of treatment interventions and services can be offered in partnership with allied health professionals.

6.3 Treatment Setting

The treatment setting is residential. However, the facility will also offer selected programs and services on an outpatient basis to Iqalumiut, including for example, brief counselling, group-based counselling, recovery support groups and trauma recovery supports. Outpatient services will be supported through the main clinical and counselling staff that will be based in the Recovery Centre.

6.4 Treatment, Interventions and Services

The residential treatment facility will offer an array of treatment and healing interventions that will address both addictions and trauma through approaches which are clinically based and those which are based on Inuit counselling and healing practices. The balancing of clinical and traditional/Inuit approaches has been a primary principle for enhanced addictions and trauma treatment in Nunavut and

⁴⁸ It is assumed that the core nursing staff at the Recovery Centre will initially be Licensed Practical Nurses (LPNs), although it may be possible to recruit a Registered Nurse (RN) and ideally in the longer term a Nurse Practitioner (NP) which would potentially change the landscape of medical service capacity within the Recovery Centre.

is incorporated in this way through two parallel service divisions (i.e. Clinical Services and Inuit Counselling and Cultural Services) that will collaborate in offering services to clients.⁴⁹

The residential facility will not offer intensive withdrawal management services (detoxification) that require 24/7 medical supervision and dedicated beds. However, these services will continue to be available through other options such as southern-based treatment in facilities that have the required staff and capacity. The option to have intensive withdrawal management services (detoxification) that require 24/7 supervision and dedicated beds as part of the NRC was explored as part of the overall needs assessment and feasibility study. However, this is not included at the present time for several reasons.

- There are complexities associated with effective, safe service delivery of intensive withdrawal management services, including the requirement for trained medical professionals and their availability on a 24/7 basis. The costs of operating a dedicated detoxification unit would be high.
- On average only 2 of the 50 or so Nunavut clients that receive addictions treatment in southern facilities have required access to a detoxification unit. In the future, Nunavummiut who require access to such services will continue to be able to do so through southern facilities and then return for treatment at the NRC.
- In Nunavut, problematic substance use tends to be linked with episodic ‘binge drinking’ and as a result the number of physically dependent clients attending the facility and requiring more intensive withdrawal management would be low, potentially leading to empty beds in a detox unit.
- There are many accredited addictions treatment facilities in Canada that do not have a detoxification unit (i.e. withdrawal management/detoxification does not have to be a feature of addictions treatment facilities).

Despite these considerations, the eventual establishment of detoxification services, or even possibly the establishment of a separate facility is not precluded for the future.⁵⁰ Less intensive withdrawal management services that do not require dedicated beds and can be managed by nurses working within the NRC, with appropriate supports and protocols with medical practitioners, are part of the vision for the NRC.

⁴⁹ Inuit/traditional counselling and cultural programming services have been combined in a single service division in order to recognize interconnections and the central place that “culture as healing” has in Nunavut.

⁵⁰ Data collection in areas such as alcohol consumption patterns and the prevalence of substance use disorders will be needed to monitor the evolution of need for this service.

As noted, residential treatment cycles for individual clients will range from briefer interventions on an outpatient basis to addictions-focussed programming offered in 42 day cycles.⁵¹ Specific details of program duration and intake cycles, for example, whether there will be continuous intake or intakes for different client groups (e.g. men, women, families) will be determined through further program planning in the next phase. However, it is planned that intake for pregnant women will be available on a continuous basis.

Client-focussed care will be a feature of the residential treatment facility and individual goals will be supported. However, given the residential environment and in consideration of the needs of all residents, an environment of abstinence will be promoted although harm reduction approaches and goals will be supported at the individual level.

Primary services would be focussed in the following areas for residential clients:

- Intake screening and assessment
- Case management
- Individual treatment and recovery plans
- Pre-care counselling (preparation for varying levels of treatment i.e. intensive or moderate, including counselling)
- Clinical therapies⁵²
- Inuit counselling
- Group-based counselling (men, women, youth)
- Youth-focussed counselling
- Pregnant women-focussed counselling
- Family-supportive counselling (e.g. couples, families)
- Trauma-specific treatment, support and counselling
- Inuit cultural programming and skills development for healing, including on-the-land programming and traditional activities (sewing, carving, skin preparation)
- Family support services (e.g. accommodation, care for pre-school children, teaching support for school age children, specialized support for Youth)
- Community and family reintegration preparation and planning (including relapse prevention planning and strategies development)
- Aftercare services (including linkages to community-based supports and resources)

⁵¹ Longer cycles could potentially be offered depending on the severity of the client's substance use issues (i.e. mild, moderate to severe), trauma experience, personal circumstances (e.g. supportive versus problematic home/community environment) and individual client goals.

⁵² A literature review completed by NVision Insight Group encompassed a review of clinical approaches to addictions and trauma treatment as well as Indigenous approaches that include interventions based on a holistic approach to wellness and incorporation of "culture as healing".

Secondary, outpatient services (i.e. non-residential) will be provided to Iqaluit residents in the following areas:

- Brief counselling to non-residential clients
- Motivational interviewing
- Clinical therapy and Inuit counselling
- Longer term, trauma-focussed treatment and supports
- Family-focussed treatment and supports
- Treatment and support for pregnant women and youth
- Recovery support groups
- Healing-focussed cultural programs and activities

In all its activities, a residential treatment facility will deliver services and support to clients from a gender- and trauma-informed perspective. Approaches, methods and therapies will offer clients trauma-specific treatment to the extent staff with required specialized training and skills can be recruited as part of the staff complement of the facility.⁵³

6.5 Organizational Structure

An organizational structure supporting the residential treatment facility (57 FTEs) has been developed and is included below. The following staff positions are planned beginning in fiscal year 2023/24:

- Treatment Facility Executive Director (1)
- Administrative Assistant (1)
- Reception (1)
- Financial Administrator (1)
- Human Resources Manager (1)
- Workforce Development Coordinator (1)
- Director - Clinical Services (1)
- Intake Worker / Case Management Coordinator (1)
- Manager of Addictions and Trauma Therapists (1)
- Addictions and Trauma Therapists (i.e. clinical therapists in addictions, family/couples, pregnancy, youth, trauma-specific treatment) (5)
- Psychologist (1)
- Nurses (4)

⁵³ Trauma-informed practice is a standard followed by counselling practitioners today which focusses on not re-traumatizing clients or forcing them to directly address the roots of their trauma, but recognizes that trauma forms part of personal life experiences. Trauma-specific treatment requires a more nuanced and sensitized approach to assist an individual to specifically address their personal experiences of trauma. Trauma-specific treatment requires staff with more specialized training and skills.

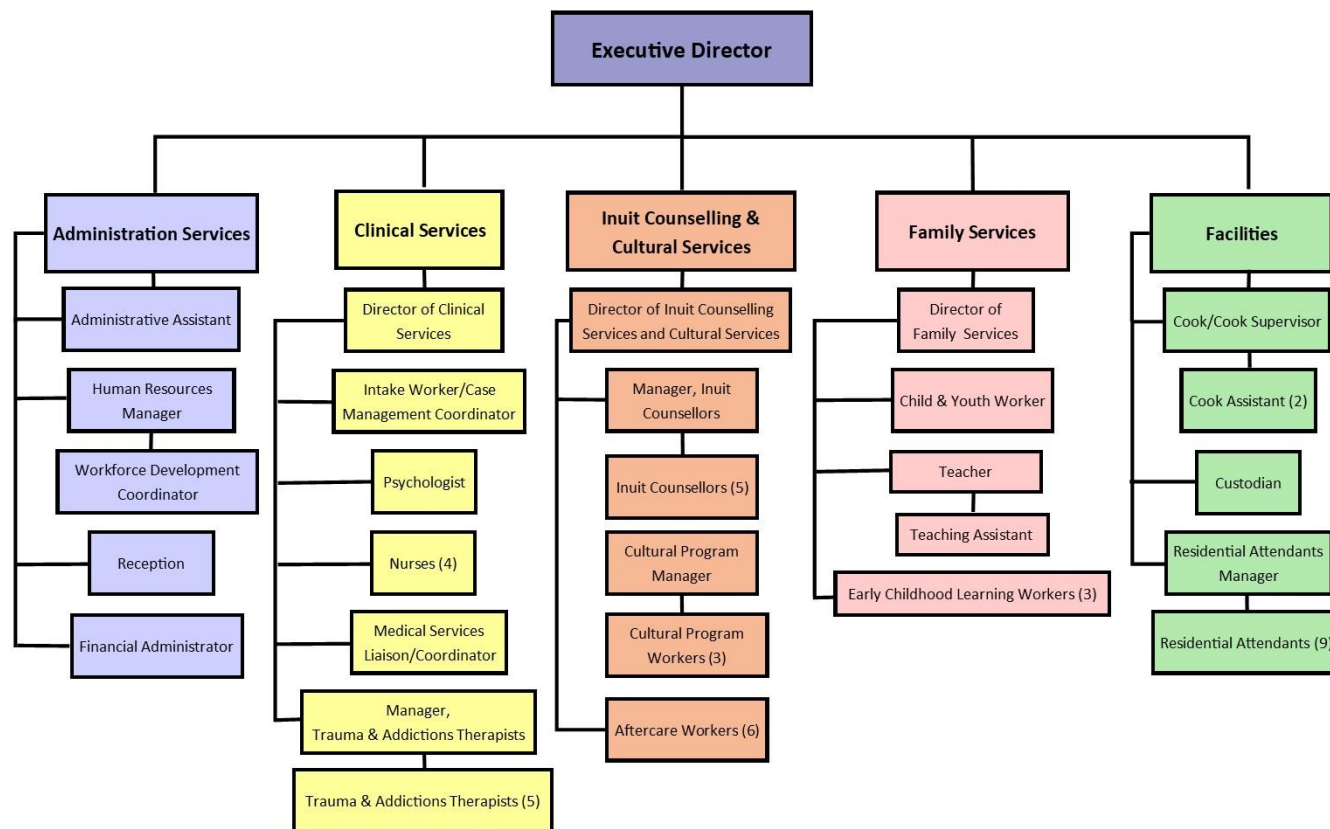
- Medical Services Liaison/Coordinator (1)
- Director - Inuit Counselling and Cultural Services (1)
- Manager of Inuit Counsellors (1)
- Inuit Counsellors (5)
- Manager of Cultural Programming (1)
- Cultural Programming Workers (2)
- Aftercare Workers (6)
- Director Family Services (1)
- Child and Youth Worker (1)
- Teacher (1)
- Teaching Assistant (1)
- Early Childhood Learning Workers (3)
- Residential Attendants Manager (1)
- Residential Attendants (9)
- Cook / Cook Supervisor (1)
- Cook Assistants (2)
- Custodian (1)

All positions are costed on a full time equivalent basis. Although it is possible that the Recovery Centre will be run by an organization other than the GN (see discussion under Section 6.12 – Governance and Legal Structure), for planning purposes GN pay levels have been used to inform costing of salaries, wages and benefits. Benefits are costed at 18%. Additionally, housing allowances have been budgeted for 15 staff positions at a cost of \$400/month with permanent and new staff housing to be provided to other staff.

It is expected that several positions will require shift work. This includes clinical therapists and Inuit counsellors, nurses and residential attendants. Planning for staff deployment has taken into consideration these requirements based on Nunavut Employee's Union Collective Agreement, the total number of hours worked each year and requirements for leave/time off.

Organizational Chart

Nunavut Addictions and Trauma Recovery Centre (Operational Phase)



6.6 Community-based Supports (Pre-care and Aftercare)

A centralized Nunavut Recovery Centre will require that linkages be established and maintained with existing and strengthened community-based addictions and trauma related programs, services and resources. The continuum of care requires that key supports and services will still need to be established (or enhanced) at the community level. This includes, most notably, pre-care and aftercare services which encompass a wide range of functions, as well as Inuit counselling supports.

As it concerns pre-care, the feasibility study does not directly address this component of the continuum of care through planning and costing. However, it is important to note that the Department of Health through the Mental Health and Addictions Division has been working to strengthen community based services over the last two years. Progress has been made to fill key positions that can offer supports in the area of pre-care for addictions and trauma treatment, though not all funded positions have been filled in communities.

The Department has advanced a proposal to establish up to 50 new positions to be known as “Community Mental Health and Addictions Outreach Workers” (CMHAOWs). While they will not work exclusively in the area of addictions, CMHAOWs will provide a broad range of mental health and wellness supports within communities, and will have functional responsibilities in addictions and trauma. In particular, it is anticipated they will, working with others, screen clients for substance use issues and provide referrals for addictions treatment (for example, to CBWC, Pulaarvik and Qikiqtaaluk OTL healing camps, the Nunavut Recovery Centre and other treatment options such as are offered in southern facilities). There is considerable potential for these positions to strengthen the continuum of care that rests at the core of an enhanced and made-in-Nunavut system for addictions and trauma treatment.

Further, it is anticipated that recruitment of CMHAOWs will be primarily from within communities, with a priority to hire Inuit into the positions, thereby strengthening capacity to provide services and supports in Inuktitut and in a more culturally-informed way. A full training program is already planned with enhanced (and new) training offered in the area of addictions to community-based workers who may work with clients having substance use issues or trauma.

As a result of aftercare services currently being fairly limited in Nunavut communities, it is planned that a team of Aftercare Workers (6 in total) will be based out of the Nunavut Recovery Centre, and will work with individual clients after they complete their treatment cycle and return to their home community. Aftercare Workers will work in collaboration with other community based supportive resources (e.g. CMHAOWs, Mental Health Consultants and other staff based in communities).

Overall, strengthened community-based systems for addictions and trauma treatment can be fully connected to both a Nunavut Recovery Centre and to OTL healing camps which are planned to be operated in each region of Nunavut (Pillar #1). This approach is proposed as an alternative to establishing Aftercare Worker positions in each Nunavut community, although there is the possibility of this in the longer term and through additional investment in community-based mental health and wellness staff, and the development of existing and new staff skill sets and capacities. Stronger aftercare will be provided however to those who participate in OTL programs offered by CBWC, PKFC and in

Qikiqtaaluk through the new core staff planned for these organizations (and included from a costing perspective in the feasibility study).

6.7 Family-oriented and Supportive

Trauma and addiction is most frequently experienced at the level of the family. In response to this the Recovery Centre detailed in the feasibility study is organized so as to provide family-based programming and interventions in a residential setting. The facility's design will accommodate families through special residential family units. Additional supportive programming will be provided to children in residence with their parents/families including in the areas of early childhood learning, school-based supports and after-school programming, and general recreational, social and cultural activities.

Staff positions are planned to support families with young children, and provide family-supportive counselling. From an organizational perspective, planned staffing arrangements include a dedicated Family Services unit headed up by a Director of Family Services, with a Child and Youth Worker, Early Learning Workers and a Teacher and Teacher Assistant.⁵⁴ Additionally, families will be able to receive all services provided through the Clinical Services unit and the Inuit Counselling and Cultural Services unit that is planned as part of the Recovery Centre.

Another aspect of family supportive services will be offering supports to family members as part of overall treatment plans for individuals, and supporting families as a client moves from treatment to recovery and discharge, and aftercare.

Plans for the Recovery Centre include a wing that can accommodate families in three (3) family suites. Each suite will have two bedrooms with two beds in each, a shared bathroom, and a small living area with a small kitchenette in which light breakfasts and snacks can be prepared. When these suites are not in use by families they can accommodate men and women who are single clients. Total accommodation in the family wing therefore will be twelve (12) individuals (either in families or as single clients).

In addition to the family wing a separate wing will be established at the Recovery Centre to accommodate individual clients potentially on a rotational basis to offer services in a gender-informed way. The proposal is to mirror the family wing in order that, if required, families can also be accommodated in 'regular' suites. Therefore, for planning purposes, it is proposed that a second wing include three suites with two bedrooms and two beds in each, with a shared bathroom and small living area. This wing therefore will be able to accommodate twelve (12) individuals at one time, or more families as necessary, essentially reflecting a 'dual purpose'.

⁵⁴ As it concerns the needs of school age children, a normal practice for residential treatment facilities offering family based services is to require children to bring a set amount of school work with them, particularly in core subjects such as language and math. The teacher and teacher assistant will oversee all learning activities, and if necessary connections and protocols will be made with Iqaluit schools to ensure the educational program for school age children, and their progress, is fully supported.

6.8 Meeting the Needs of Pregnant Women

Stakeholders who participated in discussions leading up to the feasibility study confirmed that addressing the needs of pregnant women is a high priority.

As part of the planned Nunavut Recovery Centre a specialized pregnancy service will offer innovative approaches to help mothers deal with the physical, emotional and social problems caused by trauma and addiction. Services can be offered primarily within the residential context of the Centre but could also potentially be extended through outpatient care services. This service will provide a comprehensive, coordinated and multidisciplinary approach to expectant mothers with substance use issues and their affected babies in the pre-natal context.

Outcomes of this service can be expected to contribute to or support:

- reduced incidence of FASD within Nunavut,
- reduced incidence of adverse childhood experiences,
- interruption of intergenerational trauma,
- reduced number and severity of obstetric complications,
- delivering healthier infants to mothers who engage in harm reduction or no longer use alcohol or drugs as they move along a journey of recovery,
- effective mother-child bonding,
- effective family planning services that are acceptable to the patient and promote both initial and long-term pediatric and other medical assessments, and
- client support e.g. by linking them to other resources such as the Qikiqtani General Hospital (QGH) and in communities and through the aftercare services that will be offered.

A special unit will be housed in a wing of the Centre providing residential services to address trauma and addictions issues that are particular to the circumstances of pregnant women. The service will ensure referrals are made for normal medical appointments related to gynecology, obstetrics, and pediatrics. The planned position of Medical Services Coordinator/Liaison will provide an important point of support and assistance in managing access to medical interventions through regular health service providers in Iqaluit.

Because the needs of pregnant women are very particular, protocols and strong relationships will need to be established with the Iqaluit medical and health services community, including the QGH. These protocols will be established through the work of the proposed Development Team and advisory groups, to be carried out in the next program planning and development phase.

Recovery Centre plans include four (4) beds for pregnant women who are engaged in treatment programs. These will be organized in two rooms with two beds each and with a single bathroom attached to each room. This unit will provide pregnant women with a small common living area including a shared kitchenette where breakfasts and snacks can be prepared and for socialization. As a result, the Recovery Centre will be able to serve up to four (4) pregnant women at any one time.

6.9 Meeting the Needs of Youth

There is a complex relationship between trauma and youth experiences which can lead to substance use. Trauma is a high-risk factor for problematic substance use among youth. Youth may develop substance use problems in an attempt to manage distress associated with the effects of trauma exposure and traumatic stress symptoms.⁵⁵ Adolescents with substance use disorders are also significantly more likely than their non-substance using peers to experience traumas that result from risky behaviours, including harm to themselves or witnessing harm to others.⁵⁶

Although Nunavut youth need specific interventions, they often face difficulties either entering or staying involved in treatment services. Because youth often have a fragmented relationship with treatment they need wraparound, integrated treatment services and specialized delivery through persons trained in youth addictions treatment.

A residential Nunavut Recovery Centre has the potential to offer facilities and expertise in both trauma and addictions to help address the treatment needs of youth. Therefore it is planned that the Nunavut Recovery Centre will offer a residential treatment service for youth.⁵⁷ This will include access to individual and group counselling, case management, consultation with the proposed Psychologist and aftercare. Youth will also need to be offered specific opportunities for access to cultural programs, and physical and other activities in order to balance demands within the treatment context. As is the case for other services (i.e. for pregnant women and families), youth who are offered treatment services through the Recovery Centre will need to be connected to medical and other health professionals, and wraparound services that are culturally grounded including for example, access to education and employment supports, youth justice services, health promotion and life skills, physical and creative activities, and aftercare. The proposed position of Child and Youth Worker will provide important supports and access to resources in this regard, supported by the Intake/Case Management Worker.

Recovery Centre plans include four (4) dedicated beds to serve youth who are engaged in treatment programs (potentially on a rotational basis to offer services in a gender-informed way). These will be organized in two rooms with two beds in each, and a shared bathroom for each room. This unit will provide youth with a small living/common area including a small kitchenette where breakfasts and snacks can be prepared.

⁵⁵ National Child Traumatic Stress Network. *Understanding Traumatic Stress in Adolescents: A Primer for Substance Abuse Professionals*. <https://www.nctsn.org/resources/>.

⁵⁶ National Child Traumatic Stress Network. *Understanding the Links Between Adolescent Trauma and Substance Abuse*. <http://www.nctsn.org/resources/>.

⁵⁷ The age range of youth to be served will be determined at the program planning stage.

6.10 Nunavut Recovery Centre Start-Up Costs

From a capital planning perspective, establishment of the Nunavut Recovery Centre will require a significant commitment of funds on a start-up basis in the form of major capital investment. For the purposes of the feasibility study, it is assumed that a residential facility will be approximately 30,000 square feet or 2,615 square meters. It will have the design features described (briefly) below.⁵⁸

Residential Accommodation Plan:

- Adult residential wing:
 - 3 suites, with each suite containing:
 - 2 bedrooms having 2 beds each
 - 1 full bathroom
 - 1 living area
 - Overall capacity of wing: accommodates 12 individual clients, with potential use to also accommodate families if facility use/programming so requires
- Family residential wing:
 - 3 suites with each suite containing
 - 2 bedrooms having 2 beds each⁵⁹
 - 1 full bathroom
 - 1 living area
 - Overall capacity of wing: accommodates 12 people (parents, children) with potential use to also accommodate individual clients
- Pregnant women's residential unit:
 - 2 suites with each suite containing:
 - 1 bedroom having 2 beds
 - 1 full bathroom
 - 1 single shared living/common area for the entire unit
 - Overall capacity of unit: accommodates up to 4 pregnant women at a time
- Youth residential unit:
 - 2 suites with each suite containing:
 - 1 bedroom having 2 beds
 - 1 full bathroom
 - 1 single shared living/common area for the entire unit
 - Overall capacity of unit: accommodates up to 4 youth at a time
- Attendants desks/areas (to cover each wing of the facility and adjoining areas)

⁵⁸ Assumptions used to support space planning/costing were developed by NVision Insight Group in Phase D. More detailed planning will be required with respect to physical space through the GN's regular capital planning process.

⁵⁹ Family suites will be able to accommodate baby cribs in addition to regular beds.

Counselling and Programming Areas:

- Individual counselling rooms (for clinical therapy and Inuit counselling) (6 rooms)⁶⁰
- Group counselling rooms (2)
- Cultural programming rooms (2)
- Conference room (1)
- Medical/nursing station (1 room)
- Child care / recreation space (2 rooms, one to accommodate infants 0-18 months and one for children 19 to 60 months)
- Child care bathrooms (2) (one for 0-18 months, one for 19 to 60 months)
- School Age children's classroom / recreation space (1 room)
- School Age children's bathroom (1)

Staff Offices and Shared Areas:

- Staff offices (15)
- Staff room (1)
- Staff washroom (1)
- Multi-purpose room (1)
- Reception and visitors area
- Public washrooms (2) (men and women)

Facilities and Services Management Areas:

- Kitchen (1 industrial kitchen and stores, with adaptations to serve country food)
- Dining room (1 dining room to accommodate up to 40 residents and staff)
- Laundry (1)
- Housekeeping storage/stores (1)
- Custodial (1)
- Cultural programming area (outdoor, for storage, staging, planning or OTL activities as well as other activities such as carving, skinning etc.)
- Children's play area (outdoor)

Supporting investment will be required in the following areas:

- Planning (Year 1): involving creating and turning a functional programming plan into more precise planning indicating how much space is required for each area (estimated at \$150,000 as a start-up cost);
- Design (Year 2): involving architecture and engineering, wind and snow study, surveying and energy modeling (estimated at 12% of total capital cost for facility as a start-up cost); and

⁶⁰ Some individual counselling rooms and a group counselling room may be allocated for residential clients and some for outpatient/day programs. Design of building will determine how best to arrange this and the degree of separation required between delivery of residential and outpatient/day programs.

- Construction (Year 3 and 4): involving full construction of the facility prior to its commissioning and commencement of operations in Year 5.

Some of the other main categories for start-up costs include:

- Residential furnishings (bedrooms, lockers)
- Living area furnishings (e.g. sofas, chairs, desk, computer, AV)
- Washroom furnishings
- Kitchen and dining room equipment and furnishings
- Information and communications technology systems
- Office furnishings
- Counselling room furnishings
- Conference room furnishings and IT equipment
- Security equipment/systems
- Laundry room equipment
- Cleaning and maintenance equipment

For the purposes of planning in the feasibility study, the above costs have been incorporated into the general square meter costing for the facility rather than separately costed.⁶¹

Also, investment will be required in other capital items such as vehicles and equipment, including vehicles required to support staff and client transportation, for example to medical appointments, and to support cultural programming activities. The costing assumes the following:

- Transportation van (for clients)
- Staff vehicle

There will be significant start-up costs, particularly associated with developing capacity to manage and deliver a full range of programs and services through a residential addictions and trauma treatment facility in Nunavut. With respect to programming and service development, this will involve investment prior to a facility officially opening. A Development Team has been proposed to undertake this further program planning work, supported by special Advisory Groups (see Section 8, Implementation).

⁶¹ An amount of \$12,500 per sq.m. has been selected as the pricing amount.

6.11 Nunavut Recovery Centre Ongoing Costs

Major ongoing costs (i.e. operations and maintenance costs) for a Nunavut Recovery Centre are in the following categories:

- Facility operations (heat, power, light and other utilities)
- Wages, salaries and benefits
- Meals/food and nutrition (estimated at \$80/day per resident client)
- Telephone, internet, communications, printing
- Insurance
- Office supplies/administration
- Building maintenance and repair (depreciation)
- Building related supplies
- Cultural programming (i.e. supplies and maintenance of in-facility programming such as sewing, skin preparation, carving materials as well as some on the land programming such as day trips and short camping trips etc.)⁶²
- Other programming (e.g. children)
- Health supplies and medicines
- Household supplies (e.g. cleaning and laundry supplies, washroom supplies, towels, linens etc.)
- Training and development (staff)
- Travel (staff)
- Travel (clients and dependents)
- Staff housing

6.12 Governance and Legal Structure

As planning proceeds for a Recovery Centre, a variety of options will need to be considered concerning the overall governance and legal structure for the facility. Details of this aspect of the Nunavut Recovery Centre have not been discussed in detail by stakeholders and therefore are not addressed in the feasibility study. However, options include:

1. Full ownership, management and operation of the facility by the Government of Nunavut through the Department of Health. The residential facility would be government-operated on a similar basis to other facilities in Nunavut such as mental health facilities (DH).

⁶² For planning purposes it has been assumed that any on-the-land activities will be undertaken under contract to outfitters and other organizations that can provide and coordinate these services. For example, Tukisigiavik Society has experience in providing OTL day and multi-day activities and has provided cost estimates for the operation of 5 day OTL camps/programs including staffing.

Some of the advantages of this structure are that it can facilitate integration with existing mental health and addictions treatment systems and approaches including continuum of care services offered in communities and by GN funded organizations. It can also promote good alignment with established standards within Nunavut for health care and mental health, as well as procedures for managing medical travel and referrals to southern facilities when required. However, this approach likely will involve a longer lead time to build and operationalize a facility in light of GN capital planning cycles. Also, creative and cultural approaches to program development may be hindered as a result of a more 'bureaucratic' approach.

2. Ownership, management and operation of the facility under the authority of the Government of Nunavut (DH) but in collaboration with other key partners, especially NTI, Regional Inuit Associations, community-based organizations and societies, Nunavut Arctic College, as well as other government departments (e.g. Justice, Culture and Heritage, Family Services, Finance etc.). This model would build on other collaborative governance experiences in Nunavut, such as the Poverty Reduction Roundtable, the Nunavut Food Security Coalition and the Nunavut Suicide Prevention Strategy.

Some of the advantages of this approach are that it builds on current efforts within Nunavut to foster more innovative and collaborative approaches to governance in social policy areas and initiatives, and build strong relationships among partners. Drawbacks of this approach are that it is not tied to a specific and recognizable legal structure and is still developmental. Where collaborative governance has been advanced in Nunavut there has still remained a reliance on a single legal entity, in general the GN and its departments, to manage key aspects of the initiative including financial and human resources.

3. Ownership, management and operation of the facility by an independent organization such as a not-for-profit corporation with a Board of Directors comprised of representatives of various partners and parties (i.e. GN, NTI, community organizations, other).

This option presents several advantages to the extent not-for-profit organizations are less tied to bureaucratic rules and processes. It is possible that capital development could proceed more quickly as a result. Also, through a Board structure that incorporates representation of a broader set of stakeholders than just the GN, there is potential to promote the development of programs that are aligned with Inuit Societal Values and that effectively represent the interests of parties other than just the GN, and to build on shared directions and vision.

A drawback however, is that a non-profit-organization may not enjoy the benefit of being part of integrated systems for mental health and addictions and health care in Nunavut generally and specifically with communities. Also, because of dependence on government funding such structure may in the future be vulnerable to funding cuts and influence on its operations through government funders and the terms and conditions of associated funding agreements. Because funding agreements also are likely to be in five year increments, this presents

challenges for long term planning and creating a sense of stability and sustainability for the organization.

4. A final option is to turn to the private sector (or a private/public partnership) to develop, own, manage and operate the Nunavut Recovery Centre. This would require issuance of a major RFP by the GN in order to obtain proposals not only to operate a facility but also to undertake planning, design and construction.

While there are many examples of this approach used in southern Canada where small to medium sized treatment centres that offer services similar to those contemplated in this feasibility study are privately owned and operated, this approach has not been well tested in Nunavut. There likely would be public resistance to the concept of placing such an important social/health institution in the hands of a private operator that would be motivated primarily by profit. Also potentially it may be more difficult to achieve a made-in-Nunavut approach to a residential treatment facility as most private contractors capable of meeting the requirements associated with owning and operating a treatment centre in Nunavut would be southern based and would likely incorporate models that are more influenced by southern practices than Inuit and culturally based approaches.⁶³ Finally, as for other options, this would offer less opportunity to build on an already integrated system within Nunavut for mental health and wellness. It also would not be well integrated with plans for Inuit workforce development as they begin to unfold.

More positively however, the private sector could likely complete design and construction of a facility more quickly than the public sector.

6.13 Pillar #2: Summary of Costs

Tables below provide an overview of costs associated with the implementation of Pillar #2: Nunavut Recovery Centre.

Table 5
Summary of Costs
Nunavut Recovery Centre

Summary of Costs - Nunavut Recovery Centre	
Start Up Costs (Capital)	\$55,186,175
Ongoing / Annual Costs (O&M)	\$10,664,126

⁶³ While existing private sector capacity does not now exist in Nunavut to operate a residential treatment facility it could be built, for example, through a new corporate entity that draws on some of the organizational and institutional strengths in the territory and existing partnerships.

Table 6
Nunavut Recovery Centre
Start-Up Costs

Start Up Costs - Nunavut Recovery Centre						
Item	Quantity	Year 1 2019/20	Year 2 2020/21	Year 3 2021/22	Year 4 2022/23	Total
Facility Planning, Design, Construction						
Facility Planning - Year 1	1	\$150,000				\$150,000
Design (Architecture, Engineering etc.)	1		\$3,922,500			\$3,922,500
Facility Construction @ \$12,500/sq.m	2615			\$16,343,750	\$16,343,750	\$32,687,500
Facility Construction Contingency	1			\$4,085,938	\$4,085,938	\$8,171,875
Total Facility Planning, Design, Construction		\$150,000	\$3,922,500	\$20,429,688	\$20,429,688	\$44,931,875
Staff Housing						
Staff Housing - Five Plexes	5	\$2,035,000		\$6,105,000	\$2,035,000	\$10,175,000
Total Staff Housing		\$2,035,000		\$6,105,000	\$2,035,000	\$10,175,000
Vehicles						
Client Transportation Van	1				\$50,000	\$50,000
Additional Vehicle - Staff	1				\$30,000	\$30,000
Total Vehicles					\$80,000	\$80,000
Total Start Up Costs		\$2,185,000	\$ 3,922,500	\$26,534,688	\$22,544,688	\$55,186,875

Table 7

**Ongoing Costs
Nunavut Recovery Centre**

Ongoing Costs - Nunavut Recovery Centre				
Utilities / Facility Operations	Sq. Metres	Cost Per Square Metre		Amount
Electricity (annual cost)	2,615	\$79.06		\$206,779
Heating (annual cost)	2,615	\$80.39		\$210,257
Fixed Material Costs	2,615	\$1.03		\$2,694
Variable Material Costs	2,615	\$11.42		\$29,869
Fixed Labour Costs	2,615	\$7.59		\$19,851
Variable Labour Costs	2,615	\$23.88		\$62,457
Sub-total				\$531,907
Food / Nutrition	Daily rate	# People	# Days	Amount
Food/Nutrition (Clients)	80	32	365	\$934,400
Food/Nutrition (Staff)	80	5	365	\$146,000
Sub-total				\$1,080,400
Cultural and Other Programming	Daily rate	# People	# Cycles/Year	Amount
Cultural Programming Supplies - Residents	200	32	8	\$51,200
Cultural Programming Supplies - Outpatient				\$10,000
Cultural Programs - OTL Camps / Activities				\$150,000
Children's Programming				\$12,000
Sub-total				\$223,200

Ongoing Costs - Nunavut Recovery Centre				
Staffing	Monthly rate	# People	Months/year	Amount
Staff Salaries, Wages and Benefits				\$6,935,361
Staff Housing Allowance (\$400/month x 15 employees)	400	15	12	\$72,000
Staff Housing - Maintenance of Units	800	25	12	\$240,000
Staff Travel - Aftercare Workers	10,891	4	12	\$522,768
Staff Travel - Regular	1			\$75,000
Staff Professional Development and Training	1			\$277,414
Sub-total				\$8,122,543
Other				Amount
Telephone, internet, communications		1		\$10,000
Insurance		1		\$25,000
Professional and Bank Fees		1		\$15,000
Household Supplies		1		\$30,000
Custodial Supplies		1		\$25,000
Office supplies		1		\$15,000
Sub-total				\$120,000
Client Travel	Average cost	# People	Cycles/year	Amount
Client Travel (to/from home communities)		256	1	\$586,076
Sub-total				\$586,076
Total Ongoing Costs				\$10,664,126

7. Pillar #3: Inuit Workforce Development

7.1 Overview

This pillar is interlinked with and necessary to success in implementing other pillars, including enhanced community services through on-the-land healing camps (Pillar #1) and a Nunavut Recovery Centre (Pillar #2). The objective is to establish an Inuit workforce that can staff most positions including those requiring clinical, professional or more specialized skills, and offer all services in Inuktitut.

Developing an Inuit workforce will help support key actions set out in *Inuusivut Anninaqtuq, the Action Plan 2017-2022* for suicide prevention. In particular, commitments around strengthening mental health services are most relevant here. This commitment calls on the Nunavut Suicide Prevention Strategy (NSPS) partners and other stakeholders to focus on Inuit employment in mental health and social services and increasing support for community-based Inuit healing.⁶⁴ This will occur through enhanced and increased addictions treatment and Inuit wellness including through a strengthened set of skills among local mental health and addictions staff, particularly offering pre-care and aftercare. It also involves creation of a comprehensive, interdepartmental plan to increase Inuit employment in mental health by continuing to develop partnerships for Inuit health workers and importantly, building relationships between Nunavut Arctic College and the Mental Health and Addictions Division of the GN Department of Health, as well as exploring options to deliver the Mental Health Worker Program and/or other learning programs (such as the Social Services Worker Program) that are related to mental health care (trauma and addictions).

Workforce development was discussed by stakeholders through processes leading up to the feasibility study, and there is consensus on the need to invest in this. However, work remains to be done to determine the exact format this will take, with conversations already being underway. At the present time, investments are envisioned in two areas: counsellor education/training and a degree program in social work or related areas supportive of recovery.

a) Counsellor Education/Training

After review of documentation provided by NAC, as well as review of detailed materials provided by Ilisaksivik Society (IS) on the *Our Life's Journey: Inuit Counsellors' Training and Mentorship Program (OLJ)*⁶⁵, the following observations about Inuit workforce development are made as part of the feasibility study. There are at least three potential options for consideration in moving forward.

⁶⁴ Nunavut Suicide Prevention Strategy Partners. (2017). *Inuusivut Anninaqtuq, Action Plan 2017-2022*, pp. 14-16. See in particular, section 2.2 (Action - H) and section 2.3 (Actions - A and B)

⁶⁵ Our Life's Journey (OLJ) is a certificate program offered in Clyde River by Ilisaksivik Society, in conjunction with Life Works Counselling and Training Services. The program prepares Nunavummiut to provide basic counselling services in their home communities including, although not exclusively for persons dealing with problematic substance use and trauma. The program integrates Inuit culture and traditional knowledge along with best practices for counsellor training. The program involves 10 courses organized in 5 modules. Participants complete homework and practicum hours, and are supported by counsellors. Subjects include counselling fundamentals,

1. Build on what has been accomplished by IS through its OIJ program and work through partnerships to translate this into a NAC certificate or diploma program. Graduates would receive a certificate or diploma from NAC. IS and IS principals would need to be compensated for their work in the development and/or delivery of the program in partnership with NAC. This can be described as more of an 'institutional approach' in that the institution of NAC would enter into a partnership with Ilisaqsivik and deliver the program with the GN as the main funder. As the organisations work on revising and adding to the program, it is imperative that the program remain true to its core foundations which are grounded in Inuit approaches to healing and counselling and Inuit Societal Values.
2. Another approach would be to have the GN directly purchase services from IS to provide the OIJ program throughout Nunavut, most likely in identified regional centres (or individual communities), and at prescribed times. Graduates could pursue certification/accreditation through the Indigenous Certification Board of Canada, although it is noted that such certification takes time. This would be more of a 'market-based approach' in that IS would deliver the program with the GN (and potentially others) as the client and IS would be appropriately compensated for service delivery through a service contract.
3. A potential third option is to develop a Nunavut Inuit Counselling program, to be delivered by NAC, building this up "from scratch" - but potentially building on cooperative relationships with IS, the Cambridge Bay Wellness Centre and other stakeholders. Potentially this program could also build on the Mental Health Worker diploma formerly offered by NAC as well as its current Social Services Worker program which is in an expansion phase.

b) Degree Program

Growing the pool of Inuit with advanced skills to support recovery is critical to ensuring services will operate sustainably over the long run. Pursuing options for degree programs, such as in social work, is thus paramount. There are several potential options to achieve this, including:

1. Building on the strengths of the Social Service Worker diploma program and support the implementation of a Bachelor's of Social Work at NAC that operates in a ladder manner.
2. Seek partnerships with southern organisations, such as Memorial University which has previously offered an Inuit-specific Bachelor of Social Work program for the Nunatsiavut Government in Labrador.

trauma and recovery work, addictions and addictions management, Inuit knowledge, Inuit history and family and community social systems, amongst other subjects.

In order to move forward, it is clear that further discussion is required between the Department of Health and its various partners and stakeholders in order to further elaborate available options and determine a course forward. Essential to success in advancing the goals of Inuit Workforce Development i.e. to support strengthened, Inuit-focused and led addictions and trauma treatment in Nunavut will require a high level of cooperation and collaboration involving agencies and organizations such as NAC, Ilisqisvik and other training institutions working with GN partner departments and other organizations.

7.2 Pillar #3: Summary of Costs

For the purposes of the feasibility study, \$1.2 million per year has been identified as needed to fund a degree program at NAC. This costing is based on comparable resource commitments being made by the GN with respect to workforce development and training in other areas, specifically the Nunavut law program, delivered through NAC with a southern-based university partner, and with an intake of approximately 25 students.

In addition, \$1.2 million per year has been identified as needed for counsellor education and training. This amount reflects the cost of delivering a full cycle (i.e. 5 modules) of the OLI Inuit counsellor training program to 17 participants.

Tables below provide an overview of costs associated with the implementation of Pillar #3: Inuit Workforce Development.

Table 8
Inuit Workforce Development

Inuit Workforce Development					
Item	Year 1 2019/20	Year 2 2020/21	Year 3 2021/22	Year 4 2022/23	Year 5 2023/24 and ongoing
Degree program	\$1,200,000	\$1,200,000	\$1,200,000	\$1,200,000	\$1,200,000
Counsellor Training	\$1,200,000	\$1,200,000	\$1,200,000	\$1,200,000	\$1,200,000
Total Costs	\$2,400,000	\$2,400,000	\$2,400,000	\$2,400,000	\$2,400,000

8. Implementation

8.1 Introduction

Capacity to undertake further planning and development is now limited within the Department of Health (and specifically QOL and MHA) as resources are already stretched thin and focussed on administering existing programs and services. Further planning and development is required if the proposed pillars are to be successful and can be moved forward through a variety of planning systems and processes in subsequent phases.

As a way to remedy barriers to implementation, it is proposed that a Development Team and Advisory Groups be established as a priority within the fiscal year 2019/20 (i.e. next fiscal year). These would undertake more detailed planning for an enhanced Nunavut addictions and trauma system as proposed in the feasibility study.

8.2 Development Team

a) Roles

The proposed Development Team would have the following key roles:

1. **Develop made-in-Nunavut programming, policies and protocols:** At the present time, there is no program in Nunavut for addictions and trauma treatment of the nature that is proposed in the feasibility study. Developing made-in-Nunavut programming along with associated policies and protocols is essential to effective delivery of addictions and trauma treatment upon opening of the Nunavut Recovery Centre. In developing programs and services, as well as associated policies and protocols, the Development Team will refine the assumptions that underpin the feasibility study and ensure that distinct programs are put in place to meet the specific needs of target client groups:
 - Families and youth;
 - Pregnant women; and
 - Men and women.
2. **Inform the capital development process:** Developing programming for the NRC will make it possible for the Centre to create a functional programming plan supporting planning for space and construction during the planning and design stages of the capital development process. In addition to creating the functional programming plan, the Development Team will continue to provide instructions to support the work of the capital planner, architects, engineers and other parties through all stages of the capital development process.
3. **Create orientation, training and on-the-job learning programs for staff:** The delivery of effective care at the NRC is contingent on the staff that are hired having received adequate

orientation and training on the programs, policies and protocols put in place, principles of gender-informed care, principles of trauma-informed care, cultural competency and more. The Development Team will prepare the resources needed so they are ready to orient and train the full staff complement that will be hired to support the opening and operation of the Centre.

4. **Support the implementation of educational programs:** The implementation of educational programs as part of Inuit workforce development is a pre-condition to the successful roll-out of a NRC and sustainable operation of on-the-land camps for addictions and trauma treatment that will be offered in each region. The Development Team will collaborate with educational partners to support the implementation of Pillar #3 (Inuit Workforce Development). It will do so by identifying the skills, abilities and knowledge that staff within the Recovery Centre will need, support coordinated approaches amongst partners and channel financial resources.

b) Organisational Chart and Job Descriptions

Establishment of the Development Team will involve recruitment and hiring into the key senior and planning positions that are proposed for the Nunavut Recovery Centre. These positions are:

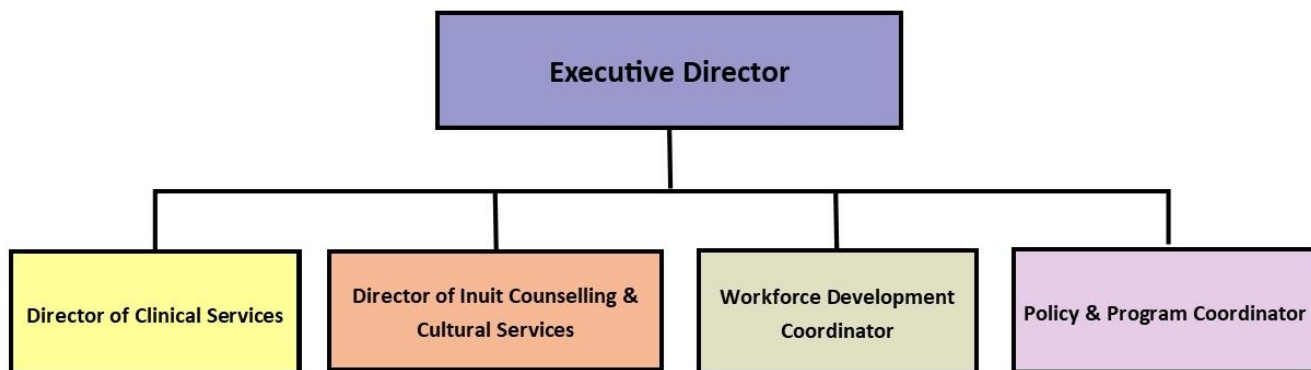
- Executive Director
- Director of Clinical Services
- Director of Inuit Counselling and Cultural Services
- Workforce Development Coordinator
- Program and Policy Coordinator

With the exception of the Program and Policy Coordinator, these positions will continue on and form part of the core staff for a Nunavut Recovery Centre once it is operationalized. The rationale for this is that effective rollout of the Recovery Centre will be better supported if the people who develop the programming are also those responsible for its implementation.

A proposed structure for the Development Team is shown in the organisational chart below. A summary of the job descriptions for each of these positions and details about how the tasks to be accomplished are separated amongst the various members of the Development Team is also provided.⁶⁶

⁶⁶ Detailed job descriptions have been drafted by QOL.

Organizational Chart Nunavut Addictions and Trauma Recovery Centre Development Team



c) Overview of Development Team Positions

Executive Director

The Executive Director will be accountable for development of the overall programming for the Recovery Centre, informing design of the facility and ensuring all appropriate steps are taken leading up to its opening. Upon opening of the Recovery Centre and thereafter, this position will be responsible for its overall operations, including programs and services, day-to-day administration and long-term planning.

Director of Clinical Services

The Director of Clinical Services will support the creation of the Recovery Centre through the development of the clinical components of addictions and trauma treatment programs, along with associated policies and procedures, resources and protocols. Upon opening of the Recovery Centre and thereafter, this position will be responsible for the delivery of clinical components through a team of clinicians. The incumbent will perform all clinical supervision tasks and oversee excellence of service provided.

Director of Inuit Counselling and Cultural Services

The Director of Inuit Counselling and Cultural Services is essential to the creation of the Recovery Centre and achievement of its vision as a centre that is:

- Deeply rooted in Inuit culture;
- Engaged in restoring balance within individuals, families and communities;
- Directly engaged in facilitating cultural continuity and transmission in recognition of its importance to healing; and
- Aimed at fostering connectedness as a remedy to social isolation.

While the above is a responsibility shared by all at the Recovery Centre, the Director of Inuit Counselling and Cultural Services plays an important lead and advisory role in this area.

The position holder is also directly responsible for the development of Inuit counselling services, cultural programs and aftercare along with associated policies and procedures, resources and protocols.

Upon opening of the Recovery Centre and thereafter, this position will be responsible for the delivery of Inuit counselling, cultural programs and aftercare through their team.

Workforce Development Coordinator

The Workforce Development Coordinator will support the creation of the Recovery Centre through the development of programs, policies, and protocols for workforce education, training and development. Upon opening of the Recovery Centre and thereafter, this position will also implement these programs, policies and protocols as well as orient new staff, deliver training, coordinate professional development opportunities for staff and liaise with partners. The Workforce Development Coordinator will also support ongoing discussions regarding implementation of Pillar #3 – Inuit Workforce Development.

Program and Policy Coordinator

The Program and Policy Coordinator will support the development of an Inuit-specific treatment program that incorporates the best that clinical and Inuit knowledge systems can contribute to healing in the context of addictions and trauma treatment. Additionally, the incumbent will advise on the needs of children and youth at the centre. The incumbent will achieve this in a matrix organizational structure by offering research services to other members of the Development Team, advise on regulatory matters, and oversee the establishment and operation of advisory groups.

8.3 Advisory Groups

While certain types of expertise are currently present within Nunavut - such as Inuit cultural skills, language skills and Inuit counselling in the traditional setting - other types of expertise are not as readily available. For example, technical expertise on in-patient addictions programming is scarce as there has been no residential treatment facility in the territory. Consequently, some expertise will need to be obtained from subject matter experts located in other parts of Canada, and through lessons learned at other programs and facilities serving primarily Indigenous client groups. In order for the Recovery Centre

to benefit from such expertise, it is proposed that the Development Team be provided funding to assemble advisory groups. While the specific composition and mandate of advisory groups will be determined at a later stage, members of groups that could potentially be recruited and assembled are as follows:

- An advisory group on family addictions treatment: potential composition of this group includes directors of successful substance use treatment centres that offer services to Indigenous youth and families, such as the Charles J. Andrew Centre (serving Inuit and Innu in Labrador) and the Nenqayni Wellness Centre in Williams Lake (serving 15 First Nations in BC).
- An advisory group on the needs of pregnant women with problematic substance use: potential participants in this group include leaders at the British Columbia Centre of Excellence for Women's Health and at facilities that effectively offer care to pregnant Indigenous women in Canada.
- An advisory group on medical services that support addictions treatment: this may include expert staff from the Centre for Addiction and Mental Health (Ontario) and physicians with a specialization in addictions that have offered services in Nunavut.

It is anticipated that advisory groups will be created and disbanded once they have fulfilled their function so other advisory groups can be created to provide expert assistance and advice in different areas. For costing purposes, it is assumed that each advisory group will have 3 members and that 3 advisory groups will be functional each year.

Overall, these groups will be able to provide insights to the Development Team, help the team to learn from experiences in the development and implementation of similar programs serving a primarily Indigenous clientele, and also potentially to borrow from or adapt successful models. Their ability to contribute a variety of examples of programs, policies and protocols may also help accelerate program development for the NRC.

8.4 Development Team and Advisory Group Costs

There will be ongoing costs associated with the Development Team and Advisory Groups during the planning and development period leading up to the opening of a Nunavut Recovery Centre.

With respect to the Development Team these costs include:

- Compensation and benefits for staff
- Interim office space (until the Recovery Centre opens)⁶⁷

⁶⁷ Office space surface required has been estimated at 151 sq. m./ 1,622 sq. ft. based on GN Space Standards and calculated using the Office Space Planning Calculator. Space includes 1 board room, 3 enclosed offices, 2 cubicles for regular staff and 2 for consultants and advisors.

- Office supplies
- Travel for staff

With respect to advisory groups these costs will include:

- Honorarium
- Travel

Costs for the Development Team and advisory groups are set out in the tables below.

Table 9
Development Team and Advisory Group Costs

Development Team and Advisory Groups			
Development Team	Amount	Unit Price	Total Cost
Compensation and Benefits	1	\$909,175	\$909,175
Interim office space	151	\$753	\$113,733
Office supplies	1	\$12,000	\$ 12,000
Travel	10	\$5,000	\$ 50,000
Service contracts	1	\$250,000	\$250,000
Total - Development Team			\$1,334,908

Advisory Groups	Amount	Unit Price	Total Cost
Cost for one advisory group member			
Honorarium (including travel days)	16	\$500	\$8,000
Travel to and from Iqaluit	2	\$5,000	\$ 10,000
Total per Advisory Group member			\$ 18,000
Total per Advisory Group (3 members)	3		\$ 54,000
Total Advisory Groups (3 groups)	3	\$ 54,000	\$162,000

Table 10
Multi-Year
Development Team and Advisory Group Costs

Development Team and Advisory Groups					
Item	Year 1 2019/20	Year 2 2020/21	Year 3 2021/22	Year 4 2022/23	Total
Development Team	\$1,334,908	\$1,334,908	\$1,334,908	\$1,334,908	\$5,339,632
Advisory Groups	\$162,000	\$162,000	\$162,000	\$162,000	\$648,000
Total Costs	\$1,496,908	\$1,496,908	\$1,496,908	\$1,496,908	\$5,987,632

8.5 Implementation Plan

The Implementation Plan included in this section forms a key part of the feasibility study and identifies activities to be undertaken in relation to each planned pillar over the next 5 to 6 years. Implementation activities are summarized below with key activities identified by year.

It is expected that in 2018/19 most activities will continue to be preparatory and based on current funding approved for QOL. In the remainder of this year most activities are recommended to be led by QOL working with various partners. In 2018/19 key activities to support further detailed funding proposals will be undertaken (e.g. funding to support developmental planning), and discussions with partners will be ongoing (e.g. Inuit workforce development).

In the period 2019/20 to 2023/24 most of the pillars should be fully operationalized. Separate funding will need to be identified for activities in this period.

Table 11

Summary of Key Activities by Year
Pillar #1: Enhanced Community-based Services and OTL Addictions/Healing Camps

Activity	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
General Planning	Secure funding commitments for Enhanced Community Services and OTL Camps Identify an operator for the Qikiqtaaluk Region					Completed
Agreements		Enter into funding agreements with operators in all regions	Implement and monitor funding agreements			Enter into new funding agreements
Planning and Preparations	Planning and preparations for programs and services, policies and procedures, protocols etc.					Completed
Workforce		Recruit, hire and provide training and orientation to permanent staff	Recruit, hire and provide training and orientation to “sessional” staff	Ongoing Inuit workforce recruitment, hiring and training		Ongoing
Camp Facilities		Operators obtain necessary permits to upgrade and construct camps in all regions		Ongoing maintenance of camps		Ongoing
Program and Service Delivery		Operationalize camps Begin delivery of outpatient/day program (CBWC only)	Ongoing delivery of addictions/healing camps			Ongoing
Monitoring and Evaluation		Develop monitoring and evaluation program	Implement monitoring and evaluation program			Completed
Linkages to other Pillars			Link with developments under Pillar #3: Inuit Workforce Development			

Table 12

**Summary of Key Activities by Year
Pillar #2: Nunavut Recovery Centre**

Activity	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
General Planning	Secure funding commitments	Ongoing support to planning and development processes				Completed
Major Capital		Functional Program Plan (Capital Plan)	Design, Architecture, Engineering, Related Studies	Construction		Facility Commissioned
Programs, Services, Policies and Procedures, Protocols		Recruit and hire Development Team; Establish Advisory Groups; Functional Program Plan (Program/Service Plan)	Business Case: Programs, Services and Operational Staff	Detailed program and service plans, policies and procedures, protocols etc.		Programs and Services Operational
Workforce Recruitment, Hiring and Training	Submit job descriptions for Development Team to job evaluation	Recruit and hire Development Team Functional Program Plan (HR Plan) Prepare job descriptions all NRC positions	Job evaluation	Job postings Development of orientation and training plan	Recruit and hire NRC staff Orientation and training	Workforce Deployed
Linkages to other Pillars		Link with developments under Pillar #3 – Inuit Workforce Development (e.g. advise on educational program development so graduates have the right skillsets to be employed at NRC)				

Table 13

Summary of Key Activities by Year
Pillar #3: Inuit Workforce Development

Activity	2018/19	2019/20	2020/21	2021/22	2022/23
General Planning	Secure funding				
Engagement Process	Engage potential partners to identify option to deliver counsellor training and a certificate or degree program Establish Advisory Group	Advisory Group supports planning and development		Completed	
Planning and Development	Develop options, select preferred option and begin development for implementation			Completed	
Implementation			Implementation of preferred option		Ongoing
Training for OTL Healing Camp Staff		Training and orientation for OTL Healing Camp staff (Kivalliq and Qikiqtaaluk)			
Counsellor Training	Ongoing Counsellors Training				
Community Worker Training	Ongoing addictions-related training to all community workers/staff				
Community Workers		Recruit Inuit Community Mental Health and Addictions Outreach Workers		Completed	

8.6 Other Implementation Considerations

a) *Partners and Contributors*

In undertaking implementation of the three pillars set out in the feasibility study the GN will need to continue to engage with a variety of existing and potentially new partners. These are identified in the table below and include partners who are funders, partners who have subject-specific expertise and knowledge and who may participate as members of advisory groups, and partners who work within Nunavut and offer their own expertise relating to addictions and mental health and wellness, service delivery and training.

Table 14
Key Partners in Nunavut Addictions and Trauma Treatment

Partner Type	Potential Partners
Funders	Indigenous Services Canada, NTI, Makigiaqta, philanthropic organizations
Advisory (External to NU)	Thunderbird Partnership Foundation, Charles J. Andrew Centre, Nenqayni, Sagkeeng Family Treatment Centre, Royal Ottawa, SickKids, others
Advisory (Internal to NU)	DOE, DCH and IQK, DOJ, DFS, Inuit counsellors, QGH staff, rotational physicians, visiting psychiatrists, others
Service Delivery	CBWC, PKFC, Qikiqtaaluk provider, Tukisigiavik Society, Ilisaqsivik Society, community-based GN health and wellness staff and resources, DH-Operations Division, DH-QOL, DH-MHA, others
Training	NAC, Ilisaqsivik Society, Northern Counselling Services, NECHI Institute, others
Research	Qaujigiartiit Health Research Centre, Memorial University, Royal Ottawa Mental Health Centre, others

b) Legislative and Regulatory Requirements/Standards

There are considerations related to legislative and regulatory requirements and standards that will need to be met both by OTL healing camps offered in Kitikmeot, Kivalliq and Qikiqtaaluk regions and by the NRC. These are briefly summarized in the table and descriptions that follow below. They relate to:

- land use and environmental permits
- construction
- transportation
- occupational health and safety
- professional standards

Table 15
Legislative and Regulatory Considerations

Legislative and Regulatory Considerations	Pillar #1 OTL Healing Camps	Pillar #2 Nunavut Recovery Centre
Use of Inuit Owned Lands - permits may be required from RIAs for cabin construction.	Yes	No
Nunavut Planning Commission – NPC has a role in the approval of projects on Inuit Owned Lands (IOLs) to ensure compliance with applicable land use plans.	Yes	No
Nunavut Impact Review Board – NIRB has a role in the approval of projects on IOLs and will screen proposed activity or development for potential environmental and other impacts. If screening determines that a more full review is required environmental assessment may need to be completed.	Yes	No
Nunavut Water Board – NWB has a role in approval of projects on IOLs along with the Designated Inuit Organization. NWB will receive an application for a project that describes water use for the project and site including details on drinking water access/use and waste water disposal. Each request for water use will be reviewed to ensure compliance with water use and protection standards referenced in the <i>Nunavut Water Regulations</i> .	Yes	No
Inuit Heritage Trust – If the location of a proposed camp is near any archaeological site there may be a requirement to consult with the IHT to obtain direction on where and how to develop a site so that archaeology is protected. The IHT may require a proponent to obtain	Yes	TBD

Legislative and Regulatory Considerations	Pillar #1 OTL Healing Camps	Pillar #2 Nunavut Recovery Centre
a permit and complete an archaeological survey prior to development of the site.		
The <i>National Building Code of Canada</i> applies to all building construction in Nunavut. The <i>Code</i> is incorporated by reference through the <i>Building Code Act</i> (Nunavut).	Yes	Yes
A new <i>Public Health Act</i> for Nunavut has been adopted but is not yet in force. It will apply to camps and institutions, including residential facilities.	Yes	Yes
<i>Occupational Health and Safety Regulations</i> (Nunavut) apply throughout Nunavut, to all employers and in all employment environments. Standards and compliance are overseen by the Worker's Safety and Compensation Commission (Nunavut).	Yes	Yes
<i>Canada Shipping Act</i> and <i>Small Vessel Regulations</i> (Canada) - access to a location by boat requires use of licensed outfitters that complies with the Regulations.	Yes	No

In addition to the above:

- General liability insurance will be required for all operations at OTL camps and in facilities such as the Nunavut Recovery Centre at levels appropriate to the relative risks involved in the care of people who are on the land or in health care/treatment facilities. Insurance requirements can be expected to vary depending on the circumstance.
- Both OTL camps and the NRC will need to have emergency response plans in place as appropriate to the treatment setting. This will be addressed through the development of operational policies and procedures during the planning and development phases for these projects.
- Participants in OTL camps may be required to sign consent forms related to medical services, emergency contact information and photography/video/audio tape.
- Staff and any volunteers who work particularly at OTL camps and interact with participants will be required to complete criminal background and vulnerable-persons checks.

- Professional staff will be required to meet standards with respect to education and certification, established by their professional associations. This will apply primarily to the Nurses, Psychologist and Teacher who will be employed in the NRC.
- Para-professional staff (e.g. Inuit counsellors) do not require mandatory certification through a professional association. However, best practice in Canada suggests there is benefit in having those persons who work in health and human services fields to be certified through a certifying organization. Such certifications however, are voluntary rather than mandatory. Determinations on “if and when” this will be expected of staff will need to be made during the planning and development phase.

9. Summary of Benefits and Costs

This part of the Summary Report provides an overview of the benefits and potential outcomes as well as a “roll up” of all costs associated with the implementation of measures proposed in the feasibility study, and specifically the three main pillars that were brought forward to the feasibility study stage:

- | | |
|------------|--|
| Pillar #1: | Enhanced community based systems offering On-the-Land healing camps and other in-community supports. |
| Pillar #2: | A Nunavut Recovery Centre, to be based in Iqaluit. |
| Pillar #3: | Development of an Inuit workforce that can staff both OTL healing camps as well as the Recovery Centre in Iqaluit. |

It is recognized that there is much further work to be done by many partners working together to realize the vision of an enhanced system for addictions and trauma treatment system in Nunavut. This will require a subsequent planning and development phase of activity and ongoing engagement and discussion with a wide variety of partners (as discussed in Section 8 – Implementation).

9.1 Benefits and Outcomes

While costs associated with implementation of the three pillars are summarized below, it is important to also provide an overview of the benefits and potential outcomes of investing in an enhanced addictions and trauma treatment system in Nunavut. These include:

- Providing addictions and trauma treatment services to up to **256 Nunavummiut per year** through residential treatment programs and services available through the Nunavut Recovery Centre.
- Providing addictions and trauma services to up to **250 Iqalummuit per year** through outpatient services (i.e. day programs, recovery groups) offered through the Nunavut Recovery Centre.
- **Strengthening the system of aftercare** through the extension of client aftercare services through the Nunavut Recovery Centre, and potentially supporting clients in all Nunavut communities following their participation in treatment programs offered at the Nunavut Recovery Centre.
- Providing opportunities for on-the-land based treatment and healing to **32 residents of the Kitikmeot region per year** through the CBWC's OTL healing program.
- Providing opportunities for on-the-land based treatment and healing to **24 residents of the Kivalliq region per year** through PKFC's OTL healing program.
- Providing opportunities for on-the-land based treatment and healing to **24 residents of the Qikiqtaaluk region per year** through an OTL healing program.
- Providing opportunities for addictions and trauma treatment to **16 residents of Cambridge Bay per year** through the CBWC's outpatient treatment program.
- Establishing a **made-in-Nunavut approach** that meets the needs of Nunavummiut and addresses the unique circumstances of historical and intergenerational trauma.
- Building on the existing strengths and capacities of Inuit as well as Inuit culture and traditions to support healing and **building an Inuit workforce** that can deliver a wide range of programs and services in addictions and healing to Nunavummiut within a variety of treatment settings (i.e. on the land and residential).
- Establishing in-territory addictions and trauma treatment programs and services that are **responsive to patterns of substance use in Nunavut** (e.g. prevalent binge drinking, cannabis use, as well as substance use disorders).
- Providing Nunavummiut with **viable alternatives to southern treatment**, which at the present time are only accessed by approximately 50 Nunavummiut clients per year, and ensuring that Nunavummiut who need and are seeking assistance in recovery can **access services closer to home**.
- Addressing the fragmented nature of current addictions treatment in Nunavut including through an integrated system based on a **continuum of care** model involving pre-care, treatment, aftercare, and support for long-term recovery and healing.

- Establishing **family-based** and **Inuit culturally focussed treatment** approaches, that are trauma-informed, that can be **provided in Inuktitut** by Inuit counsellors and other staff.
- Interrupting entrenched patterns of **intergenerational trauma**, including by providing interventions geared towards families, youth and pregnant women.
- Reducing the enormous **social and economic costs** that are associated with unaddressed trauma and addictions in the territory and that are currently borne primarily through the Nunavut health, education, family services, justice and related systems, and that hold back some Nunavummiut from sustained engagement in the Nunavut economy.

9.2 Summary of Costs

The table below includes a summary or roll up of all costs associated with proposals presented in the feasibility study. They are presented for the time period 2019/20 to 2023/24.⁶⁸

Table 16
Nunavut Addictions and Trauma Treatment
Summary of Implementation Costs

Nunavut Addictions and Trauma Treatment - Summary of Costs by Year					
Cost Item	Year 1 2019/20	Year 2 2020/21	Year 3 2021/22	Year 4 2022/23	2023/24 and Ongoing
Pillar #1: OTL Healing Camps - Start Up	\$767,280	\$0	\$0	\$0	\$0
Pillar #1: OTL Healing Camps - Ongoing	\$3,594,623	\$3,594,623	\$3,594,623	\$3,594,623	\$ 3,594,623
Pillar #2: Nunavut Recovery Centre - Start Up	\$2,185,000	\$3,922,500	\$26,534,688	\$ 22,544,688	\$0
Pillar #2: Nunavut Recovery Centre - Ongoing	\$0	\$0	\$0	\$0	\$10,664,126
Pillar #3: Inuit Workforce Development	\$2,400,000	\$2,400,000	\$2,400,000	\$2,400,000	\$ 2,400,000
Development Team and Advisory Groups	\$1,496,908	\$1,496,908	\$1,496,908	\$1,496,908	\$0
Total Costs	\$10,443,811	\$11,414,031	\$34,026,218	\$ 30,036,218	\$16,658,749

⁶⁸ Details supporting the costing of all components were developed by NVision Insight Group in Phase D.

10. Conclusion

This Summary Report represents the conclusion of a project undertaken by the Department of Health (Quality of Life Secretariat), in consultation with stakeholders, to complete a needs assessment and identification of options for addictions and trauma treatment in Nunavut. The final phase of work (feasibility study) encompassed an elaboration of the preferred approaches identified by stakeholders and others to enhance the system of addictions and trauma treatment in the territory. Proposed enhancements include strengthened community-based services through more on-the-land healing programs, establishment of a residential treatment centre (the Nunavut Recovery Centre) to provide treatment services that target youth, pregnant women and families, and development of an Inuit workforce.

Clearly, there is much further work to be done by many partners working collaboratively to realize the vision of an enhanced system for addictions and trauma treatment in Nunavut.

When funding can be confirmed, starting in 2019/20 it will be possible to operationalize on-the-land healing programs and camps that can be offered in all regions of Nunavut. This will provide Nunavummiut an opportunity to address trauma and addictions, and begin personal journeys towards healing and recovery in settings that are much closer to home, and that offer programs that are culturally based, aligned with Inuit Societal Values, and are available in Inuktitut. The cost of implementing this component of an enhanced system for addictions and trauma treatment will require a commitment of approximately \$767,000 in one-time funding and ongoing/annualized funding of approximately \$3.6 million.

The establishment of a residential treatment facility in Nunavut has long been an objective of Nunavut leadership and Nunavummiut. With funding confirmed, it is anticipated that the proposed Nunavut Recovery Centre could be operational in 2023/24. The cost of building a Recovery Centre and associated staff housing is estimated at approximately \$55.2 million with annual operating costs of approximately \$10.6 million. As proposed, the Centre would be able to accommodate up to 32 clients at a time including youth, pregnant women, families and individual men and women. Operating at full capacity, up to 256 clients could be served through the residential program every year. Additionally, outpatient services will be available to Iqalumiut and those who are transient in Iqaluit, by further extending addictions and trauma treatment services in the territory at the Nunavut Recovery Centre.

Most important to the establishment of an enhanced Nunavut addictions and trauma treatment system is ensuring that this initiative is underpinned and staffed by Inuit. Proposals have been made in the feasibility study to increase the number of Inuit who are able to provide safe and culturally supportive services throughout the system. An investment of approximately \$2.4 million per year, over the next five year period, will be required to support ongoing Inuit counsellor education and training and

development of a degree program within NAC that will eventually underpin and support other parts of the vision for a made-in-Nunavut approach. Ongoing investment will be required after that.

Continued planning and development of a Nunavut Recovery Centre will be supported through the mobilization of a Development Team and associated advisory groups. The feasibility study has included costs associated with this next phase of activity. These are approximately \$1.5 million per year between 2019/20 and 2022/23 (4 years) for a total investment of approximately \$6 million. This funding will support the establishment and operations of a Development Team and supporting advisory groups. The Development Team will comprise the core senior staff of what is anticipated to become, eventually, the Nunavut Recovery Centre.

Appendix A – Literature Review: References

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Appendix B – People Engaged

Stakeholders Group

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