Thunderbird Partnership Foundation

WINTER NEWSLETTER 2016/17

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Happy Holidays

from our family to yours!

The Thunderbird Partnership Team, from left to right are: Eugehne Adangwa, Bilingual Translator; Sherry Huff, Writer/Editor, Social Media Coordinator; Sylvia St. George, Stakeholder Coordinator; Valerie Peters, Administrative Assistant; Mary Deleary, Office Manager/Indigenous Knowledge Translation; Jordan Davis, Web/Graphic Design & IT; Carol Hopkins, Executive Director; Nora Bressette, Curriculum Coordinator; and Mona Belleau, AMIS Governance Coordinator.

An **Indigenous response** to the **Opioid Crisis** in Canada

The current situation

Efforts to address the current opioid epidemic continue across all jurisdictions in Canada, with particular focus on fentanyl – a powerful painkiller considered to be up to 100 times more toxic than morphine. The United Nations says Canada now consumes more opioids than any other nation in the world, with the numbers of opioid-related incidents and deaths from overdose expected to rise over the next 12 to 18 months. The additional challenge facing Indigenous communities continues to be inadequate resources to respond to the current crisis, and ensuring that that response is sustainable, community-driven and culturally-based.

Fentanyl first gained a foot-hold in Canada as a transdermal patch for chronic pain after the opioid, oxycodone was ordered off the market a number of years ago due to over-prescription and misuse. Over the last year, the variation and potency of illicit fentanyl have increased, including the emergence of non-fentanyl opioids like W-18 and the newest entry, a deadly new super-drug called carfentanil. Carfentanil is heroin laced with elephant tranquilizers, and is 100 times more potent than fentanyl. An amount smaller than a grain of table salt can have deadly consequences. Just like fentanyl, dealers are adding carfentanil to other common drugs, often without their user's knowledge, because it is cheaper and easier to get than heroin and cocaine. Understanding the risks through education and prevention strategies, and how to administer the opioid antidote, naloxone, are among the best ways people can protect themselves and those they love from the dangers of opioids.

(Continued on next page)

Generic, trade and street names of some commonly misused opioids

Generic Name	Trade Name	Street Name
Fentanyl	Abstral/Duragesic/Onsolis	Patch/Sticky/Sticker
Oxycodone	OxyNeo/Percocet/Oxycocet/Percodan	Oxy/Hillbilly Heroin/Percs
Codeine	Tylenol 2/3/4	Cody/Captain Cody/T1/T2/T3/T4
Hydromorphone	Dilaudid	Juice/Dillies/Dust
Morphine	Doloral/Statex/M.O.S.	M/Morph/Red Rockets

What more can be done?

In October, the Thunderbird Partnership Foundation along with the Assembly of First Nations and the Sioux Lookout First Nations Health Authority presented an Indigenous perspective on the Opioid Crisis in Canada to the House of Commons Standing Committee on Health. Together, they presented potential solutions and challenges that continue to hamper Indigenous community efforts to address the epidemic, through culturally relevant prevention, harm reduction and treatment services. At the top of the list is a lack of government support. Thunderbird's Executive Director, Carol Hopkins, told committee members that despite more than a decade of proven, community-driven strategies, First Nations successes in managing opioid misuse remain in year to year pilot-based funding and operate with little resources. "There are just not enough resources, nationally, to treat addiction," she says, adding "more beds are needed for those going through withdrawal, as well as culturally relevant treatment programs for people addicted to opioids, especially including land-based programs."

In addition to inadequate resources, Hopkins told committee members how some of Canada's own policies are creating challenges in the opioid crisis. A current Health Canada policy, for example, restricts nurses in First Nations communities from participating in opioid treatment plans beyond 30 days. This limitation does not take into account evidence-based practice for addressing opioid misuse nor does it recognize that nurses are the only primary care givers at nursing stations in many remote First Nation communities. Standing committee members also heard about moving naloxone from 'Limited Use' status to a General Benefit on the Non-Insured Health Benefits formulary, with provincial and territorial governments being encouraged to do the same. Some provinces are in the process of providing Naloxone kits without a prescription through pharmacies.

What's working to address Opioid Crisis?

With a focus on strengths, the presentation on the Opioid Crisis to the House of Commons Standing Committee on Health would not be complete without sharing what is working in Indigenous communities. One story highlighted shows the power of community-driven, culturally based solutions in action. The Blood Tribe of southern Alberta was experiencing a high number of fatal opioid overdoses –392 deaths from 2014 thru 2015 alone. However, thanks to the reserve's own funds, the community provides: opioid replacement therapies, such as suboxone; the distribution of naloxone; community-wide overdose educational materials, and access to and support for culturally based programming and treatment. All these initiatives have combined to help the Blood Tribe turn the tide in the opioid epidemic in their community.

Immediate and short-term needs to address opioid crisis for Indigenous populations

1. Removal of Non-Insured Health Benefits funding restrictions for Naloxone;
2. Support for nurses in First Nations communities to transition to a strength-based approach and become more involved in supporting local opioid strategies;
3. Education and support for community-based harm reduction;
4. Increased capacity to support youth and women of child-bearing years with addictions to opioids;
5. Support for community based, cultural-based programming for mothers and infants;
6. Support for NNADAP and NYSAP treatment centres in assisting clients participating in naloxone treatment;
7. Support for First Nations community participation in a National First Nations Prescription Drug Abuse Survey;
8. Support for First Nations use of the Native Wellness Assessment™ to inform client care and performance management;
9. Infrastructure/capacity support for First Nation's participation in Land-based service delivery models;
10. Support for further research into the long-term impact of Methadone, Naloxone and Suboxone® in utero on First Nations children's mental wellness

Presenting to the House of Commons Standing Committee on Health regarding the Opioid Crisis in Canada is Thunderbird Partnership Foundation's Executive Director, Carol Hopkins along with Isadore Day Ontario Regional Chief of the Assembly of First Nations, Dr. Claudette Chase of the Sioux Lookout First Nations Health Authority and Nady el-Guebaly, Professor, Department of Psychiatry, University of Calgary.

NNADAP Wage Parity Update

The NNADAP Funding and Wage Parity Study is now coming to a close. The draft report will be reviewed by the Thunderbird Partnership Foundation Board of Directors and the Health Technicians Network at the AFN Special Chiefs Assembly. The report was formed from a provincial case study and provides a staged approach to implementation and action on the recommendations.

The Wage Parity initiative is meant to secure equal pay for equal work for community and treatment centre staff of the National Native Alcohol and Drug Abuse Program (NNADAP) and Youth Solvent Abuse Program (YSAP). Worker roles and responsibilities have expanded 5-fold since the 1970s due to the increasing complexity of client needs such as the rise of prescription drug abuse, intergenerational trauma, and the need for strength-based/culturally-focused programs and services. However, there have been no new investments to the NNADAP/YSAP workforce or community-based programs.

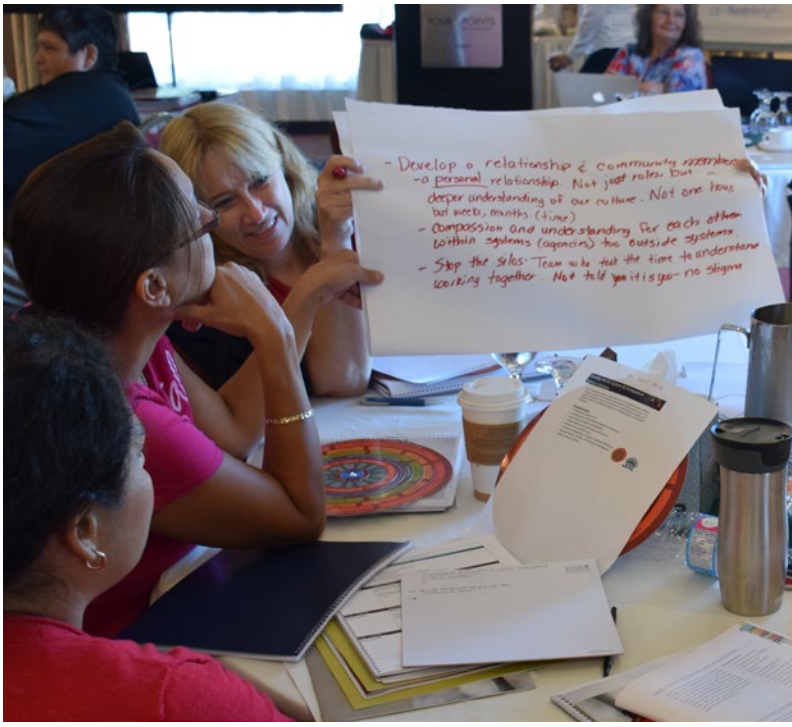
Thunderbird Partnership Foundation's Executive Director, Carol Hopkins, presenting at the AFN Special Chiefs Assembly, held in Gatineau, QC in December.

Just what is a strength-based approach?

The core mandate of the Thunderbird Partnership Foundation is to implement Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations in Canada and the First Nations Mental Wellness Continuum Framework. All of our organization's work reflects this strengths-based approach, but just what is it, and what does it look like in Indigenous addictions and mental health services?

Generally, a strength-based approach is based on the core belief that we all have inherent strengths; that we are resourceful and capable of solving our own problems. In an Indigenous context, it focuses on our resiliency in the face of much adversity, whether from land dispossession, colonization, or the residential school experience. Often the role of the service provider is to facilitate a client's awareness of their own strengths, while addressing unresolved trauma with an expectation that this balanced approach will facilitate the development of Hope, Belonging, Meaning and Purpose. Service providers can help clients connect with their own strengths by facilitating access to cultural practices or time on the land, or ensuring their clients have access to services in their own language. Identifying strengths of Indigenous clients also extends beyond the individual to include family and community.

A strengths-based approach is also a collaborative one, with helpers at treatment centres, health centres or the National Native Alcohol and Drug Abuse Program working together as a team to ensure coordination of services. This way of working together, is an all-pervasive attitude that is foundational for informing the relationship, and one which can de-stigmatize the experience of those living with addictions or mental illness. To learn how you can incorporate a strength-based approach, visit our website about upcoming Strength-Based training opportunities at www.thunderbirdpf.org.



Participants taking part in Thunderbird Partnership Foundation's Strength-Based Training module work together to identify and develop a strength-based approach to wellness. This session was organized for regional service providers by the Atlohsa Native Family Healing Services, in London, Ontario in September.

Opioids 101: Information you can use

Why are so many people in Indigenous communities addicted to opioids?

- Opioids are misused to cope with reality in the same way people use alcohol and other substances: the temporary high fills them with confidence, enthusiasm, energy, and comfort
- Many contributing factors; people are trying to cope with their reality of living in poverty/poor housing/no employment, intergenerational trauma & childhood trauma, both of which may be causing nightmares, depression, anxiety, trouble forming relationships, and low self-esteem
- Addiction can happen within 2 weeks, and often spreads quickly to family members, friends, even whole communities

Why is it so difficult for people to stop using opioids?

- Opioids change the way our brain functions and the severity of this change depends on how much is used and how often.
- Extreme withdrawal symptoms, range from unbearable pain, muscle aches, nausea, insomnia, anxiety, depression, to strong cravings
- Some attempt suicide if they cannot obtain opioids to relieve their symptoms

What are methadone and buprenorphine?

- Methadone and buprenorphine are medications to treat addiction
- Both medications relieve withdrawal cravings and symptoms for the entire day without causing an opioid high
- These medications are necessary for most people in the same way medication is necessary to save lives due to other chronic health issues such as: diabetes, heart disease, or inflammatory disease

What's the difference between methadone and buprenorphine?

- Methadone has a high risk of overdose; fatal overdoses are rare with buprenorphine
- Methadone treatment requires access to a pharmacy and a doctor with special training
- Buprenorphine can be prescribed by a doctor and soon by Nurse Practitioners in Ontario.
- Buprenorphine prescriptions can be stored and provided in a First Nations community, including by trained community staff supervised by a Nurse or Physician

Isn't giving people buprenorphine or methadone just switching one addicting drug for another?

- NO! Opioid misuse quickly triggers withdrawal symptoms, which can take over a person's life, often spending their whole day getting and taking the drug in a desperate effort to feel normal and avoid withdrawal
- Buprenorphine/Methadone do not create feelings of euphoria like being high, or withdrawal and last until the next day's dose. This reduces harms to the individual, family and whole community.
- People on these medications can return to work, school, or their family without any impairment in their thinking or functioning

Aren't methadone and buprenorphine just band-aids? Shouldn't treatment be based on counselling that addresses the root causes of addiction – trauma, poverty, and despair?

- Culturally based and/or psychological counselling is essential for achieving wellness and long-term recovery
- Treatment for long-term recovery is most effective when there is both culturally based or psychological counselling & methadone or buprenorphine treatment.
- People can participate in counselling and treatment activities without being tormented by cravings and withdrawal symptoms

What should I do if my community doesn't have access to a clinic that provides good addiction care?

- If there are members of your community who would benefit from buprenorphine treatment but there is no access to convenient, high-quality care, you and other members of your community should consider setting up your own buprenorphine treatment program
- Sioux Lookout and other communities in northern Ontario have set up a number of buprenorphine programs over the past several years, and these programs can be used as a model for your community
- Contact Thunderbird Partnership Foundation for links to support for setting up community based opioid treatment

What is **Harm Reduction?**

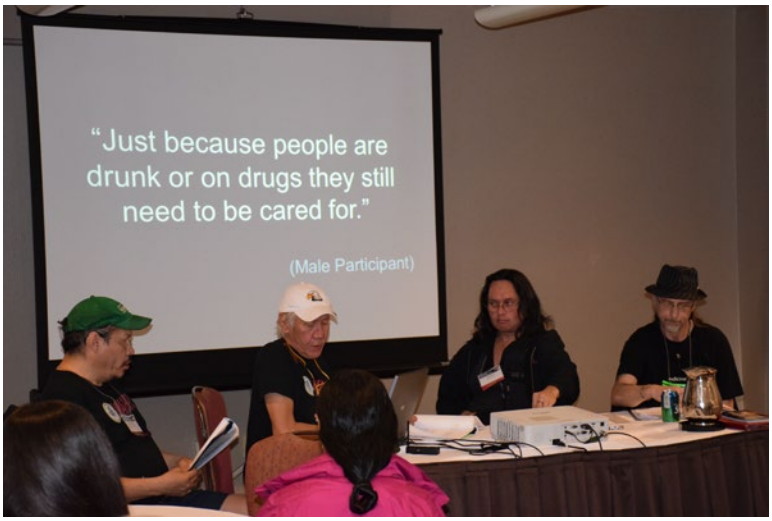
"Harm reduction" is based on the principle that everyone has the right to health and for substance misuse, this means prevention and treatment regardless if the person does not choose complete abstinence. In reducing the risks associated with substance use for individuals we reduce the risks to families and whole communities. Harm reduction from an Indigenous perspective is not just about the individual, it is also about reducing harms caused by drug misuse to families and First Nations communities. It recognizes that many people who misuse opioids and other drugs may not be able to stop using drugs on their own, or they may not be at a point in their life where they are willing to completely stop. Instead, harm reduction is focused on lowering the risk of overdose, preventing the spread of infections, such as HIV/AIDS, hepatitis C and other blood-borne infections and decrease the negative effects that drug use has on individuals and communities. Because of this, it is essential that harm reduction information, services and other interventions exist to help keep people healthy and safe.

Harm reduction strategies have been proven to work when used in parallel with other community strategies and services such as prevention, treatment and enforcement and are most effective when adopted as a community-wide approach. Within an Indigenous context, some harm reduction strategies rooted in culture can include:

- facilitating "Hope" through land-based healing programs that connect people with the healing power of land, cultural teachings, and identity;
- facilitating "Belonging" through celebrating the healing journey of groups or families entering buprenorphine treatment with a community feast;
- facilitating "Meaning" by connecting people in treatment to teachings of Creation to challenge negative beliefs of self that have roots in colonization; and
- facilitating "Purpose" through work and volunteer programs that help individuals give back to community.

Additional harm reduction strategies can include:

- For anyone misusing opioids, ensure they carry a naloxone kit, for emergency injection in case of overdose
- Talk to drug dealers to ensure they are aware of the recent trends of fentanyl and carfentanil that are now deadly ingredients of many different drugs and challenge them to make sure they know the source, strength, and the toxicity of the drugs being sold
- Reduce the amount of drugs consumed
- Avoid using drugs alone
- Learn CPR and other first aid strategies
- Consider an opiate substitute such as methadone or buprenorphine (Suboxone®)



Members of the Western Aboriginal Harm Reduction Society representing residents who live in Vancouver's East Side, presented a harm reduction workshop at the Indigenous Health Conference 2016 held in Toronto in May. WAHRS's campaign is meant to act as a reminder to doctors and other medical providers to provide care, no matter if the person needing help is under the influence.

Naloxone: The overdose antidote

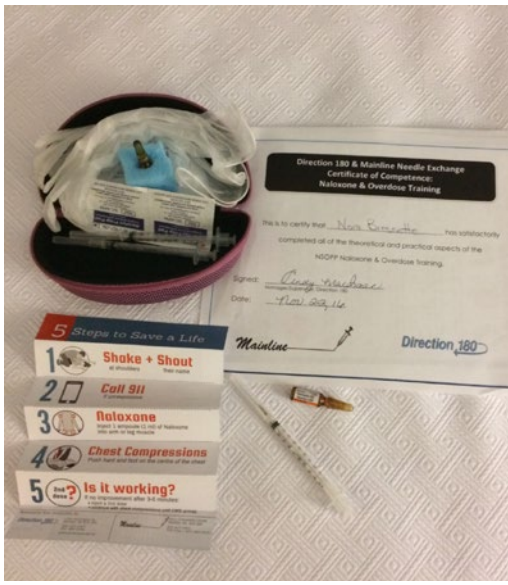
Naloxone is a medication that is included in emergency take-home kits, that are becoming more widely available across Canada. Naloxone, also known as Narcan®, can temporarily reverse the symptoms of an opioid overdose, and restore a person's breathing. There's no effect if Naloxone is given when there are no opioids present. Naloxone may be injected in the muscle, vein or under the skin or sprayed into the nose. It is a temporary drug that wears off in 20-90 minutes, so it is crucial that 911 is called, as the overdose victim could overdose again.

Naloxone kits are meant to be carried not only by a user of opioids, but can also be carried by family members, caregivers, as well as service providers who work with people who use opioids. Increasingly, police officers are also beginning to carry the antidote.

The Thunderbird Partnership Foundation offers training for people who want to learn more about opioids. The course, Understanding Opioid Addiction and Treatment (Pharmacology) not only helps increase the awareness of the drug itself, but also provides information about Naloxone and how it is administered. All of Thunderbird's training courses value the components of harm reduction within culture and community foundations, including practical approaches to support this within First Nations community settings.

A naloxone kit may contain:

- 2 glass ampoules of 0.4mg/ml naloxone wrapped in gauze inside a pill bottle for protection. Label includes provincially designated prescription information
- 2 retractable Vanish-Point® safety syringes: 3cc – 25g x 1"
- 2 alcohol swabs
- 2 latex gloves
- One-way rescue breathing barrier mask
- THN Administration Information Form with Kit Identifier Information



Recognizing Overdose

The following are some of the symptoms and conditions that may be present when someone is in opioid overdose.

(source: Pharmacology – Understanding Opioid Addiction and Treatment (Pharmacology) Training Course: Thunderbird Partnership Foundation)

- The client will look very *drugged*, unsteady on their feet, sleepy and seen to be *nodding off*.
- Snoring can be heard sometimes, but this does not mean they are okay.
- Breathing becomes slowed and sometimes awkward: breathing can stop, as can their heart.
- Heartbeat can become slow and blood pressure may drop quite low.
- The client may be confused and clouded in their thinking.
- The pupils in their eyes will be very small (pinpoint pupils).
- They may not be awakened.
- Lips and fingernails may turn blue: their skin may become very pale and clammy.

Understanding Opioid Addiction and Treatment (Pharmacology)" is a new certified training course available through the Thunderbird Partnership Foundation. Contact us to arrange this training near you: info@thunderbirdpf.org.

A community approach to opioid addiction

There are few communities untouched by the current opioid crisis, as the number of fatalities continues to climb across Canada. However, in northwestern Ontario, there is good work to report about the effectiveness of an in-community treatment approach, using buprenorphine, or Suboxone®.

Mae Katt is a licensed Nurse Practitioner with the Suboxone® Mobile Treatment Team based at the Dennis Cromarty High School in Thunder Bay. The team works directly for six First Nations in northwestern Ontario. It also operates a Suboxone® program at the high school. Katt believes in the model of in-community care because she's seen it work first hand. A number of years ago, she says a rash of suicides in the region left a lot of unresolved pain and grief for people. There was also a spike in homicides, theft and drug related crimes. She says "the drugs were a way people could sooth their pain."

By 2010, community leaders in the region began to bring attention to the issue of prescription drug abuse (PDA). The Chiefs of Ontario declared PDA an epidemic and released the "Take a Stand" Report, a PDA Strategy. By 2012, a tripartite agreement between provincial, federal and Sioux Lookout Health authorities produced a work plan.

> "People are employed, children are coming back from child welfare, people are fishing, on the land and building houses," says Katt.

Katt says that work plan lead to exploring *in-community treatment* options other than methadone, because of the difficulties surrounding access in remote regions. They soon began to look at buprenorphine, or Suboxone®, because of its success in other parts of the world. The Sioux Lookout region began a trial. Today, there are 22 buprenorphine programs in the region treating approximately 1300 patients. Similar programs also exist in other Treaty 9 communities.

Here's how it generally works: a mobile treatment team, consisting of a doctor, a nurse practitioner, a case manager, and an addictions counsellor are joined by an administrator from the local band council to start a new group of clients on the Suboxone® program. Another registered nurse is also brought in to stay in the community to monitor the initial 10 days of treatment to ensure clients are stable. The medication is then handed to community members, who have been trained to administer the medication. "We have a standard of practice from the College of Nurses of Ontario, (which means) we can teach lay people how to administer medication," says Katt.

Some communities that have been using the in-community treatment model for 4 years have seen incredible change. "People are employed, children are coming back from child welfare, people are fishing, on the land and building houses," says Katt.

Other successes documented by the journal, Canadian Family Physician[1] include:

- police criminal charges had fallen by 61.1%;
- child protection cases had fallen by 58.3%;
- school attendance had increased by 33.3%;
- seasonal influenza immunizations were up by 350%;
- there was now robust attendance at community events; and
- there was a 20 % increase in sales at the local general store.

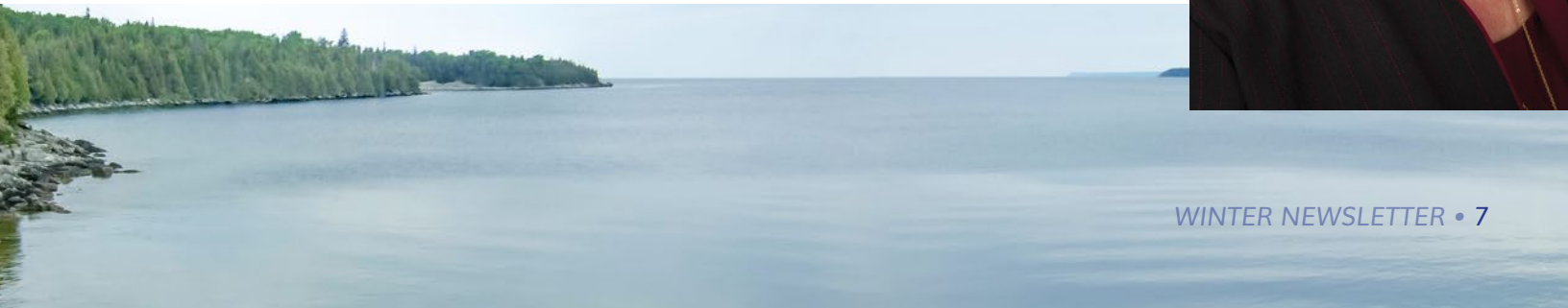
Despite the success, Katt stresses that "Suboxone® alone won't solve all the issues." She says aftercare and land-based programs are crucial, something that had been difficult to get federal and provincial governments to recognize and fund initially. "The government doesn't have to understand why land and culture programs work, they just need to understand that it does and that it is important to our recovery," says Katt.

The success of the northern Ontario programs is probably due to several factors. The whole community participates in and supports the program, patients have a good relationship with the treatment team, and the programs are deeply focused on helping patients return to their community activities and responsibilities. Perhaps most importantly, patients get treatment in their home community, without having to travel to attend an outside clinic.

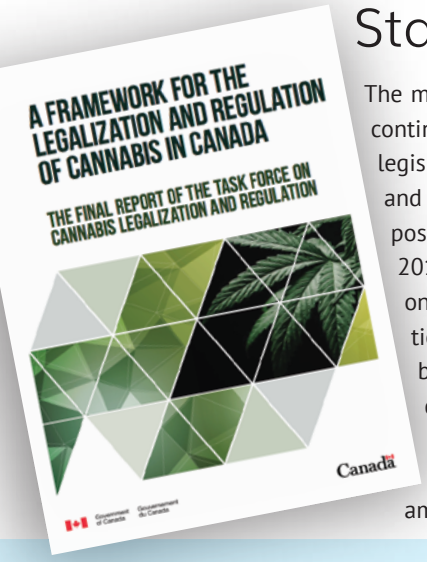
If you would like more information on this program, you can contact Mae Katt directly at 807-626-6254, maekatt@shaw.ca.

Mae Katt, a licensed Nurse Practitioner who works with the Suboxone® Mobile Treatment Team based at the Dennis Cromarty High School in Thunder Bay, serving students and member of 6 First Nations in northwestern Ontario.

1 - Dinah Kanate, et al., "Community-wide measures of wellness in a remote First Nations community experiencing opioid dependence," Canadian Family Physician, February 2015, Vol 61, 160



Starting the **cannabis conversation**



The move to legalize marijuana in Canada continues, with introduction of federal legislation expected next spring (2017), and legal sales of recreational cannabis possibly starting as early as January 2018. The Final Report of the Task Force on Cannabis Legalization and Regulation in Canada released in mid-December includes more than 80 recommendations to governments on how to better promote and protect public health and safety, particularly among young Canadians. It includes input from provincial, territorial, and municipal governments as well as others representing addiction and health, youth, public health, criminal justice, law enforcement, economics, and industry and those groups with expertise in production, distribution and sales.

With legalized marijuana on the horizon, many people are considering what it will mean for them, their families, communities, and clients. Indigenous communities Whether you are a firm supporter, a staunch opponent or somewhere in-between, it's important that Indigenous communities begin the conversation around the pros and cons of legalized marijuana.

To view the federal task force report, visit:
http://healthycanadians.gc.ca/
task-force-marijuana-groupe-etude/framework-cadre/index-eng.php

Some facts to inform your discussions:

- Marijuana, or cannabis is the most widely used psychoactive substance in Canada, after alcohol. In 2016, 90% of First Nations youth entering residential treatment for substance use issues report they use marijuana and at least 72% of First Nations youth said they use marijuana regularly and more than tobacco.

- According to the 2013 Canadian Tobacco, Alcohol and Drugs Survey (CTADS), 11% of all Canadians aged 15 and older have used cannabis at least once in the past year, and of those who used cannabis in the past three months, 28% reported that they used it every day or almost every day.

- Marijuana is the most trafficked drug in the world.

- In Canada alone, the illegal trade of marijuana reaps an estimated $7 billion in income annually for organized crime.

- In 2014, marijuana possession offences accounted for 57,314 police-reported drug offences under the Controlled Drugs and Substances Act (CDSA). Of these, approximately half resulted in a charge for possession.

- The Canadian Centre on Substance Abuse estimated that, based on 2002 data, public costs associated with the administration of justice for illicit drug use (including police, prosecutors, courts, correctional services) amounts to approximately $2.3 billion annually.

- There is new evidence to suggest that marijuana is no longer considered a 'gateway drug,' leading to more powerful substances such as heroin and cocaine. Researchers have found that the reasons for hard drug use are more complex, which consider many factors, i.e. peer-pressure, family influence, and opportunity for drug use.

- Criminalization of marijuana disproportionately harms young people and people of colour, and fails to curb youth access.

Canada strongly maintains that any law to allow legal access to marijuana must ensure it stays out of the hands of children and youth.

To see all of Canada's objectives, visit:
http://healthycanadians.gc.ca/health-system-systeme-sante/
consultations/legalization-marijuana-legalisation/
document-eng.php

Time to end the **War on Drugs**

Canada's move to legalize marijuana comes at a time when the world is re-considering its punitive 'War on Drugs' approach. In April, Canada participated in the United Nations General Assembly Special Session (UNGASS) on the World Drug Problem. This Special Session was an important milestone for member states committed to the UN declaration which seeks an integrated and balanced strategy by 2019. An increasing number of countries say the current prohibitionist stance isn't working, and comes at great human and financial cost.

Federal Health Minister, Dr. Jane Philpott invited a delegation of non-government organizations and civil society groups, including the Thunderbird Partnership Foundation. In her address to the assembly, Minister Philpott urged member nations to trade their hardline approach on the world drug problem for one based in scientific research with a focus on public health, education and harm reduction. She said addressing problematic drug use is a shared challenge, "involving governments, Indigenous Peoples, civil society, youth, scientists and key UN agencies."

Thunderbird's Executive Director, Carol Hopkins, offered support for a public health approach as the alternative results in the criminalization, discrimination and stigmatization of Indigenous people with substance use and mental health issues. She says a strengths-based and culture-focused perspective can be fueled by the Honouring Our Strengths: A Renewed Framework to Address Substance Use Among First Nations in Canada, the First Nations Mental Wellness Continuum Framework, the Truth and Reconciliation Commission and the United Nations Declaration on the Rights of Indigenous Peoples. These frameworks commit governments to uphold the Indigenous right to health care that is culturally-relevant, and to facilitate equality in service.

The UN session will also help inform Canada's National Drug Strategy, which is up for renewal in 2017. Hopkins says the involvement by Thunderbird Partnership Foundation, in partnership with the Assembly of First Nations, will ensure the voice of Indigenous peoples is reflected in Canada's national drug policy.

Thunderbird Partnership Foundation Executive Director Carol Hopkins was a member of Canada's delegation to the United Nations General Assembly Special Session on the World Drug Problem, in April 2016. The delegation included Patty Hajdu, Federal Minister on the Status of Women and Jane Philpott, Canada's Health Minister.

National First Nations Prescription Drug Abuse Survey **Update**

Work continues on the development of a National First Nations Prescription Drug Abuse Survey. The survey is expected to provide much needed data on the extent of prescription drug abuse within First Nations communities. Thunderbird Partnership Foundation hosted a meeting of National Stakeholders and government partners in July, where various modules and approaches were discussed. The next face to face meeting is scheduled to take place December 1st and 2nd in Ottawa.

The Thunderbird Partnership Foundation plans to pilot Module 1 of this national project in early 2017, while continuing to develop other modules that will support First Nation communities in monitoring the impact of prescription drug abuse.

More evidence that **culture works**

A research report has found that cultural identity and connection to culture are proving to be protective factors for psychological distress among each generation of people with residential school experience and their offspring. The report, Intergenerational Impacts of Indian Residential Schools, was produced by Dalhousie University's Dr. Amy Bombay who's also a member of the Rainy River First Nation in northern Ontario. Her research found increased risk for depression, anxiety, and adverse life events for First Nations with a history of residential school experience. The research also provided insight on suicide risk by demonstrating a cumulative effect of psychological distress over the generations, which contributes to a significantly higher rate of suicide for youth who are 12-14 years of age.

This age has significance from a cultural perspective, according to Thunderbird Partnership Foundation's Indigenous Knowledge Translation expert, Mary Deleary. She says traditional knowledge keepers understand that when youth are between 12 and 14 years old, they enter the Rites of Passage stage of life, a time when Indigenous parents, grandparents and extended family care for their children in a spiritual way to help them transition to early adulthood. Deleary says this is a critical stage of life for identity development.

Deleary says the challenge today for addictions and mental wellness workers in treatment centres and communities is to facilitate this cultural connection for clients who seek cultural support, and match the cultural knowledge available with the existing wellness needs of communities. Thunderbird Partnership Foundation helps build understanding for this critical culture-based developmental stage of life through training, like the new Culture As Foundation Training module. It also supports connection to Indigenous wellness through the Native Wellness Assessment™(NWA), which assesses the impact of culture in promoting Hope, Belonging, Meaning and Purpose. The NWA measures a person's level of wellness through a series of questions. The questions are designed to anchor the impact of cultural interventions, such as prayer, smudge, traditional teachings, spending time on the land and ceremony in facilitating Indigenous wellness.

For more information about upcoming training opportunities, or how to access the NWA, email us at: info@thunderbirdpf.org.

AMIS Governance

The Thunderbird Partnership Foundation continues to meet with regional treatment centres about establishing governance of the Addictions Management Information System (AMIS).

AMIS is a national case management system used by the National Native Alcohol and Drug Abuse Program and the National Youth Solvent Abuse Program treatment centres to facilitate the development of an evidence base, through expedited client data analysis, streamlined reporting, and outcomes monitoring.

Mona Belleau, Thunderbird's new Addictions Management Information System (AMIS) Governance Coordinator, is in the process of scheduling meetings with Regional Treatment Centres across Canada in the coming months. She will be facilitating conversations on the role of Thunderbird in a governance program focused on aggregate data contained within AMIS.

If you have any questions regarding the Governance of the AMIS Database, Mona can be reached at mbelleau@thunderbirdpf.org.

New Staff at Thunderbird!

Mona Belleau is the newest staff member to join the Thunderbird Partnership Foundation team. Mona is Inuk from Iqaluit, NU who holds a Multidisciplinary Bachelor's Degree from Université Laval in Indigenous Studies, Communications and Tourism Development Administration. Mona is Thunderbird's new Addictions Management Information System (AMIS) Governance Coordinator. To reach her, mbelleau@thunderbirdpf.org.

Celebrating **Indigenous Life** at WeBelong & iHope 2016

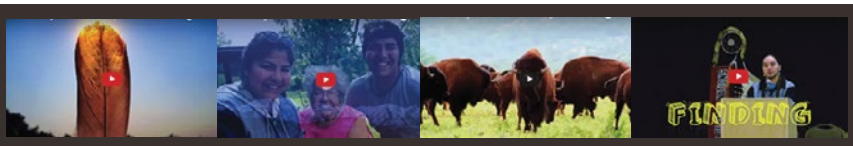
The Thunderbird Partnership Foundation was proud to co-chair the WeBelong International Forum on Life Promotion to Address Indigenous Suicide with the Canadian Foundation for Healthcare Improvement in Vancouver in November. The event provided an opportunity for youth from across Canada to meet and discuss life promotion strategies with leaders in Indigenous wellness. A benefit concert, Indigenous Healing Our People Everywhere, iHope, was held to kick off the WeBelong Forum. iHope was a musical event, organized by NationTalk to celebrate Indigenous life, resilience and reconciliation, bringing Canadians together to show support for Indigenous youth, their families and communities through the music of Susan Aglukark, Andrea Menard and Buffy Sainte Marie.

Special thanks to Fred Cattroll for the iHope Benefit Concert photographs!

HOW TO CONNECT WITH CULTURE FOR LIFE

Indigenous youth have spoken, and we've listened.

CHECK OUT OUR VIDEOS AT CULTUREFORLIFE.CA



Watch youth talk about how culture has helped their sense of hope, belonging, meaning and purpose.

Thunderbird Partnership Foundation is pleased to present www.cultureforlife.ca,

a new website for **Indigenous Youth** who know the value of culture and living their best life, but need a little help getting there!

If you find yourself unsure how to connect with culture, you're not alone. Many of us have become disconnected with culture, for a number of reasons. Reconnecting with culture can be the most powerful and meaningful thing you can do for yourself and your wellbeing.

Visit www.cultureforlife.ca to learn more about how culture can improve our overall wellbeing; what it means to be part of Creation, and where you can go to find support.

You will also see how Indigenous youth are connecting with culture for life and finding hope for the future...

creating a feeling of belonging...
finding meaning in their lives....
and learning more about their purpose.

SEEK HELP – FIND SOMEONE TO TALK TO

If you are having thoughts about hurting yourself, or taking your own life, finding help is the right thing to do. Call your local emergency number, 911 in most areas.

If you or someone you know just needs someone to talk to, please reach out to a person you trust in your community or neighbourhood. This can be a parent, grandparent, auntie, uncle, and Elder or a teacher.

The following support lines are also available to take your call 24 hours a day, 7 days a week.

New First Nations & Inuit Hope for Wellness Help Line	Kids Help Phone	Native Youth Crisis Hotline
1-855-242-3310	1-800-668-6868	1-877-209-1266

Cut this page out and post in your community!