

Improving Treatment  
and Support for  
Yukon Girls and Women  
with Substance Use  
Problems and Addictions







# Improving Treatment and Support for Yukon Girls and Women with Substance Use Problems and Addictions

**Prepared for:**

Interdepartmental Working Group  
Women's Directorate, Justice, Health and Social Services, Bureau of Statistics  
Government of Yukon

**by:**

**Nancy Poole**

British Columbia Centre of Excellence for Women's Health  
and

**Gaye Hanson**

Hanson and Associates  
Division of Chrysalis Human Development Inc.  
42 Tamarack Drive, Whitehorse, Yukon Y1A 4W2  
Phone (867) 633-6753 • Fax (867) 633-6777 • Cell (867) 333-2411  
[gayeh@hansonandassociates.ca](mailto:gayeh@hansonandassociates.ca)





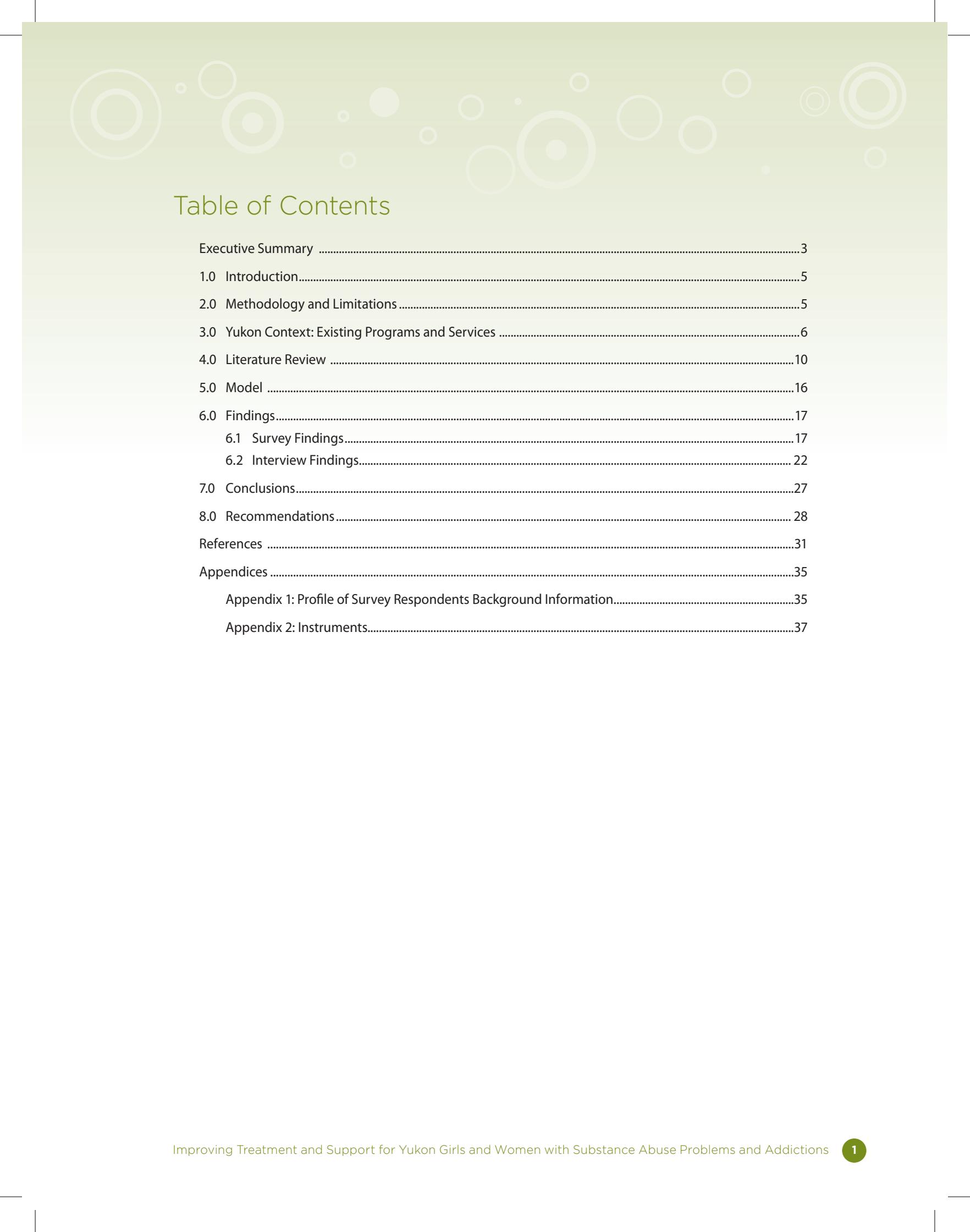
## Acknowledgements

This report was made possible through the work of the Interdepartmental Working Group on Policies, Programs and Services to Support Yukon Women who are Experiencing Substance Abuse Issues. Their commitment to improving the health of girls and women with alcohol and drug problems in the Yukon, their expertise on women's health and social justice issues, and their guidance throughout the report preparation has been exemplary.

They are:

Kirsten Madsen	Policy Analyst, Women's Directorate, Co-Chair
Christine Paradis	Senior Policy Analyst, Policy and Program Development, Health and Social Services (H&SS), Co-Chair
Priscilla Clarkin	Case Manager, Social Assistance (H&SS)
Jocylene Gauthier	Supervisor, Prevention Services, Alcohol and Drug Services (H&SS)
Daniela Meier	Health Promotion Coordinator, Health Promotion (H&SS)
Cheri Van Delst	Mental Health Clinician, Mental Health Services (H&SS)
Marlene Walde	Social Worker, Seniors' Services/ Adult Protection (formerly with Victim Services, Justice)
Rachel Westfall	Senior Statistician, Yukon Bureau of Statistics
Carole Williams	Policy Development Officer, Justice





# Table of Contents

- Executive Summary ..... 3
- 1.0 Introduction..... 5
- 2.0 Methodology and Limitations ..... 5
- 3.0 Yukon Context: Existing Programs and Services ..... 6
- 4.0 Literature Review ..... 10
- 5.0 Model ..... 16
- 6.0 Findings..... 17
  - 6.1 Survey Findings..... 17
  - 6.2 Interview Findings..... 22
- 7.0 Conclusions..... 27
- 8.0 Recommendations ..... 28
- References ..... 31
- Appendices ..... 35
  - Appendix 1: Profile of Survey Respondents Background Information..... 35
  - Appendix 2: Instruments..... 37





## Executive Summary

The Yukon Women and Girls Substance Abuse Research Project was initiated by a Yukon Government Interdepartmental Working Group (Health and Social Services, Department of Justice, the Yukon Bureau of Statistics and the Women's Directorate). The objective of the project was to describe current programs, policies and services available to women experiencing substance abuse in the Yukon; identify relevant issues and factors affecting girls and women with substance use problems; report on selected best practices in treatment and support in Yukon and elsewhere; conduct a workforce training needs assessment with Yukon Government staff; and provide a report that summarizes the results of the research and proposes recommendations.

The programs and services available to women and girls in the Yukon and the policies that support gender-specific practices were collected through collaboration with the members of the Interdepartmental Working Group and through online research focusing on government and non government program offerings. A summary of existing key Canadian and international literature on best practices in the treatment of girls and women with substance use problems was completed. New data was collected through an e-survey and interviews with Yukon government employees that are involved in frontline delivery of alcohol and drug services and/or related referrals to women and girls.

Respondents clarified the positive features of the current provision of services and suggested enhancement of a continuum of programs and services with a view to increased effectiveness in responding to complex needs of women and girls. In addition, those surveyed and interviewed were generous with their ideas for further training and professional development in women-centered care and related areas. Recommendations were also identified by comparing local practice with best practice in sex and gender specific programming from the national literature. The composite findings support recommendations in the areas of:

- strengthening the continuum of services available to girls and women with substance use problems and addictions, based on a tiered model of a continuum of care;
- removal of barriers to treatment; and improving treatment and support options for subgroups of women such as Aboriginal women, women with involvement in the Justice system, women smokers, women requiring specialized intensive treatment for concurrent addiction and violence concerns;
- engagement of all frontline service providers in identification, brief intervention and referral and other initiatives;
- supportive policy; and
- specialized training and professional development for frontline workers both within Whitehorse and in the smaller communities.





## 1.0 Introduction

The Yukon Women and Substance Abuse research project was initiated by the Interdepartmental Working Group with representatives from Health and Social Services, Department of Justice, Yukon Bureau of Statistics and the Women's Directorate of the Yukon Government. The purpose was to describe current programs, policies and services available to women experiencing substance abuse; identify relevant issues and factors affecting access and provision of treatment for girls and women with substance use problems; report on selected best practices; conduct a workforce training needs assessment with Yukon Government staff; and provide a report that summarizes the results of the research and proposes recommendations. The project was designed in response to recent advances that have been made in the identification of sex and gender differences in the experience of substance use problems, and the development of gender-specific treatment programs and girl and women-centered care overall. The hope is that advances in the field could be harnessed to improve policies, programs, services and practices in the Yukon.

## 2.0 Methodology and Limitations

The study included a review of key literature; a policy and program document analysis; an e-survey of Yukon government frontline staff; and telephone interviews with 5 selected frontline staff members and 20 supervisors and managers. The Interdepartmental Working Group (IWG) was active in the refinement of the methodology; the development and approval of survey and interview research instruments; support to data collection; and assistance in data analysis, reporting and development of recommendations. For the e-survey, the perspectives were sought of all staff members providing services to Yukon women and girls who may be experiencing issues relating to substance use and addictions. As a result, 313 Yukon government employees in frontline positions in a variety of departments were invited to complete an online survey and 115 responded. A purposeful sample of frontline workers, supervisors and managers was also identified by the IWG. Approximately 50 individuals were invited to be interviewed and a convenience sample of the first 25 interviews that could be successfully completed was included in the analysis. As the samples for the survey and the interviews were not randomized they are not statistically representative of all government employees targeted.

In addition, the working group and researchers recognize the important contributions made by First Nations and Non-Governmental Organizations to addressing substance abuse in the Yukon. However, the research and results presented in this report were specifically focused on programs and services provided by the Government of Yukon, and therefore, the perspectives of First Nations and NGOs are not included. Similarly, the important perspectives of women and girls who have experienced substance use, while invaluable to a thorough investigation of this issue, are outside the scope of this initial research.

## 3.0 Yukon Context: Existing Programs and Services

This section provides a brief review of the programs and services directly related to alcohol and drug abuse among women and girls.

In the last two decades, the Yukon government has demonstrated concern for the issue of substance use and addiction among women and leadership by allocating resources to alcohol and drug education, prevention, treatment and aftercare and, more recently, to making gender specific treatment available.

Consistent provision of a range of drug and alcohol services to communities outside of Whitehorse is a constant challenge. Itinerant services offered on a visiting basis are often interrupted by staff turnover, weather and competing demands. The model of care in small communities is different due to the small population with diverse needs. The programs and services delivered by the First Nations and Non Government Organization (NGOs) in the communities outside of Whitehorse as well as the city are essential elements in providing the best possible range of effective and appropriate services and supports.

First Nations in Yukon have access to a Programs and Services Transfer Agreement (PSTA) process with the Governments of Canada and Yukon as part of self government implementation. Alcohol and Drug services for First Nation people is currently subject to PSTA negotiations, which sets part of the context within which this study is taking place.

### **Alcohol and drug-related services offered by the Yukon Government that can be accessed by girls and women:**

#### **Department of Justice (Justice)**

##### **Justice offers services through:**

- **Victim Services / Family Violence Prevention Unit** — This unit offers individual counseling, group counseling, court support and risk management for victims and offenders of spousal assault and sexual abuse.
- **Adult Probation** — Probation is a court order that authorizes the offender to remain at large in the community subject to conditions prescribed in the probation order. Conditions related to alcohol and drug use and treatment for addictions may form part of the conditions set by the court. The adult offender is supervised by a probation officer. The 10 adult probation officers supervise 45–70 offenders at any given time. Alcohol and Drug Services provide an Addictions Counsellor to serve those mandated to attend addiction services.
- **Domestic Violence Treatment Option (DVTO) Court** — The DVTO Court was set up in recognition that family violence is a serious offense, and that a more innovative response is required. Specially assigned judiciary and the defence lawyers hear cases once a week. Other resource people such as Probation Officers, counsellors from the Spousal Assault Program and Victim Services, as well as Family and Children's Services will regularly attend court to provide input and direction. A variety of support services are offered by Justice.
- **Community Wellness Court** — Announced in April of 2007, the Court is jointly funded by the Yukon and federal governments and the initiative is committed to integrating a therapeutic problem-solving court into the Yukon justice system. Offenders with challenges such as addictions, FASD or mental health problems are now able to work with the court to address treatment needs. A comprehensive treatment plan may include court-supervised substance abuse treatment, random drug testing, incentives and sanctions, clinical case management and social services support.

Justice clients include those referred by the Community Wellness Court. Victim and offender services, including services within the Whitehorse Correctional Centre (WCC) are part of the programming offered by Justice. Correctional programming redevelopment plans include references to inmate accommodation of women in the new healing centre / correctional facility and the inclusion of alcohol and drug programming along with other wellness and cultural elements.

## Health and Social Services (HSS)

**Health and Social Services offers a range of services including:**

- **Alcohol and Drug Services (ADS)** — ADS provides prevention, detoxification, outpatient treatment, inpatient treatment and youth services. ADS provides services for those with concurrent disorders (substance abuse and co-occurring mental health issues). It provides non medical detox services from a 10 bed centre that is open 24 hours a day every day of the year. In addition, outpatient treatment and other related services are available during normal working hours in Whitehorse. Inpatient treatment services are offered through a 28 day program that is gender specific, rotating each month from men to women. Nine programs are offered each year, with a 10 bed capacity. This service is available to all residents of the Yukon. Alcohol and drug prevention and related community development services and supports are offered throughout the territory on a visiting basis. At this time, a pilot program has been operating in Watson Lake on Tele-health assisted counselling. A pilot project in cyber counselling is being considered at this time, with one counsellor studying in an accredited program for certification in cyber counselling. ADS also offers Youth Services which involves addiction prevention, education, counselling/treatment services to students in grades 5–12 in Whitehorse schools as well as teachers and parents. The Youth Addiction Counsellors offer partnerships with community and youth organizations to provide counselling, training and capacity building.
- **Mental Health Services** — Mental Health provides a range of services to those with mental illness. In Whitehorse, individuals must have a diagnosable mental health concern, where in the communities (Ross River, Faro, Old Crow) the criteria that must be met are more flexible. Mental Health Services are in the process of revising their policy manual but do have a section in their screening guide, used during the intake process to identify issues with substance abuse. At the assessment stage, there is a more detailed exploration of addiction issues. Clients can be referred to ADS or seen by therapists at both agencies.
- **Adult Services** — provides a comprehensive range of social services and coordinates development of these services for seniors, persons “in need” and/or with disabilities to enjoy a basic standard of living with maximum independence and dignity.
- **Family and Children’s Services** — provides early identification of problems leading to family breakdown and child abuse/neglect and early remedial action. Child protection provides investigation and assessment of suspected child abuse/neglect; prevention and support service; counselling and/or treatment services. Child Care Services unit ensures quality, accessible and comprehensive childcare services to Yukon children and families. The Healthy Families Program is designed to provide one-to-one support for parents of newborns up to age five. The goals of the program are to enhance family functioning; promote positive child-parent relationships; and promote healthy childhood growth and development. Family and Children’s Services also offers a program to provide family support to children with disabilities. Family and Children’s Services also includes Foster Care, Residential Youth Treatment and Child Abuse Treatment Services.
- **Regional Services** — Regional Social Workers provide services to communities outside of Whitehorse including social assistance, alcohol and drug services to seniors and those with disabilities, and adult community services. They also provide child welfare, youth justice and home care.
- **Community Nursing** — Community Nursing provides primary health care, including medical treatment, community health programs and 24 hour emergency services, which is carried out by a system of nursing stations in communities outside of Whitehorse.

- **Health Promotion Unit** — This unit provides or supports evidence-based, targeted health promotion and illness prevention programs and activities to increase public awareness and health knowledge (specifically tobacco, sexual health, nutrition, and injury prevention), support healthy decision making, facilitate professional development and collaboration, and promote supportive environments. The Yukon's Tobacco Control Strategy focuses on prevention and cessation. Various education programs are offered to Yukon schools. Health Promotion Unit also offers a program to assist smokers who want to become smoke-free. The six month program offers an information session, supportive phone calls, monthly newsletters and a QuitPack that is filled with tools and information.
- **Youth Justice (part of Family and Children's Services)** — The four main programs within Youth Justice include youth probation which provides support and supervision for youth ages 12–17 to ensure compliance with the court orders; the Youth Achievement Centre which provides day and after-school programming that promotes trust, respect and responsibility in youth at risk and youth under supervision of the justice system; custody services for youth serving remand, detention, secure custody and community supervision sentences; and the Youth High Risk Treatment Program which provides community based outpatient assessment and treatment services to sexually abusive and violent youth and their families.

ADS works in collaboration with Family and Children's Services and the Healthy Families Program to support families with more complex challenges. Current advances in Yukon include: recruiting the best educated and experienced counsellors available, for both inpatient and outpatient treatment; and broadening the ADS role to address mental health problems that are diagnosed as concurrent to alcohol or drug abuse issues. In addition, women receive priority access to both detoxification beds and treatment.

**Alcohol and drug-related Services that can be accessed by girls and women offered outside of the Yukon Government:**

**Many Rivers Counselling and Support Services**

**This organization offers:**

- Individual, marital and family counselling including intake, information and referral services, intake assessments and individual, couple and group counselling with priority given to children, youth and their families.
- Parenting and relationship education, including the maintenance and operation of the "Family Resource Centre".
- Support to building healthy communities and strong collaborative services

The central collaborative relationship is with Mental Health Services (Health and Social Services). The funding agreement with Health and Social Services requires that a minimum of 1200 hours of intake and counselling services will be delivered in Whitehorse and the same number in Dawson City, Watson Lake and Haines Junction. In addition, an average of 3.5 days per month of itinerant service will be devoted to eight other communities.

### **Youth Outreach Program and Outreach Van**

Many Rivers is a partner in the Outreach Van which provides services to those marginalized youth and adults that are street involved and dealing with issues of homelessness, isolation, chronic and persistent mental illness, substance abuse, violence and/or sexual abuse. The Outreach Van provides services in the areas of basic health and social services; harm reduction; supporting access to main stream services and provision of information and support to young women who have violence related and substance abuse issues. The program includes the provision of a range of office-based, mobile and outreach counselling and support services to high risk and marginalized youth. The outreach staff will meet high risk youth on the streets and in various community locations including the Blue Feather Youth Centre, Boys and Girls Club of Whitehorse, Bringing Youth Towards Equality, Individual Learning Centre, Victoria Faulkner Women's Centre, FASSY and local schools both routinely and on request. The outreach program and van also have important links to Blood Ties Four Directions for services related to Hepatitis C and HIV/AIDS prevention and related harm reduction services, Family and Children's Services (HSS) and the Women's Directorate.

### **Blood Ties Four Directions**

Blood Ties Four Directions is funded from federal and Yukon government sources to provide a range of services related to Hep C and HIV/AIDS education and prevention; training and skills transfer through networking individuals, groups and organizations for the integration of Hepatitis C and/or AIDS/HIV prevention programming in Yukon communities; and promote a safe and supportive environment for those infected, their families and friends.

### **Women's Transition Homes**

Yukon has three transition homes in Whitehorse, Watson Lake and Dawson City, all funded by HSS. The Health and Hope Society for Families in Watson Lake provides a five bed residential services for women and their children who are victims of family violence or are transient. In addition, they provide emergency children's receiving home services and information on referrals and service. They offer crisis intervention and support to victims of family violence and follow-up and support to discharged residents. The Dawson City Shelter provides three residential beds and a similar range of services.

Kaushee's Place, or the Yukon Women's Transition Home Society, offers services in Whitehorse for women who come to the city from throughout the territory. It offers a fifteen bed residential service for women and children that are victims of violence. They provide a broader range of services that include those offered by other transition homes as well as community outreach and a more comprehensive capacity to meet the needs of residents in the areas of health, employment, housing, financial, safety, childcare and others. They also provide community education and training and participate in community events on the subject of family violence. The services include offering information and referral to government and community resources as well as the provision of other direct supports and outreach for women and their families.

### **Fetal Alcohol Syndrome Society (FASSY)**

FASSY is funded by Health and Social Services for a prevention worker, diagnostic work, operations and a support program for individuals with Fetal Alcohol Spectrum Disorder named "Get by With a Little Help from my Friends".

### **Yukon First Nations Alcohol and Drug, Healing and Wellness Programs**

The fourteen Yukon First Nations provide services related to alcohol and drug, healing and wellness. These programs vary considerably by the size and capacity of the First Nation and the availability of funding from a variety of sources. First Nations in Yukon have access to a Programs and Services Transfer Agreement (PSTA) process with the Governments of Canada and Yukon as part of self government implementation. Alcohol and Drug services for First Nation people are currently subject to PSTA negotiations.

### **Additional Referral Agencies**

Additional referral agencies include the Salvation Army, Mary House Food Bank, Yukon Communicable Disease Control, Kwanlin Dun Health Centre, Department of Indian Affairs and Northern Development and the Law Centre.

### **Women and/or Girl Specific Policy And Practice**

No specific written policies were identified in the policy review. In practice, the Many Rivers Outreach program and the Outreach Van have a specific interest in the provision of services to women. The Detox centre has a well established practice of giving priority to women and holding beds for a few days for women from outside of Whitehorse. In addition, women are given priority access to outpatient and residential treatment at Alcohol and Drug Services.

## **4.0 Literature Review and Identified Best Practices**

An important shift is taking place in societal views towards substance use problems and the needed systemic response to them — from narrow, moralistic and negative views and responses, towards broader, public health-oriented and compassionate ones. With this shift, current alcohol and drug service systems are challenged to provide more comprehensive responses. For example, alcohol and drug service systems are now being called upon to implement ways to: respond to people who have co-existing health issues such as HIV/AIDS and mental illness; minimize harms associated with substance use among people who are not seeking treatment; respond to those experiencing diminished social resources such as lack of housing; recognize and respond to differential impacts of substance use, such as Fetal Alcohol Spectrum Disorder (FASD); and recognize and respond to the diversity of those needing treatment, including addressing the sex and gender-specific needs of girls and women.

This report touches on all of these challenges, while focusing on the latter, the needed systemic response to sex and gender differences in the experience of substance use and addictions. A brief overview of trends, issues and best practices related to the treatment of girls and women with substance use problems is provided below.

### **Girls, Women and Substance Use**

There has been an exponential increase in interest in women and substance use issues over the past decade — evidenced in the academic literature, in a range of Canadian and international technical reports, in gender-specific service delivery in Canada and internationally, and in policy contexts in Canada, especially in the area of policy related to prevention of FASD. For example, the United Nations has published a report on *Substance Abuse Treatment and Care for Women: Case Studies and Lessons Learned* (UNODC, August 2004), Health Canada has published two best practice reports on best practices in treatment and in outreach and engagement with women (Health Canada, 2001, 2006), the Canadian Centre on Substance Abuse has published a monograph on girls, women and substance use (Poole & Dell, 2005), and most recently the Centre for Addiction and Mental Health in Ontario has published an edited book on Canadian perspectives on women and substance use, which has involved over ninety Canadian service providers, researchers, advocates, health system planners and women with substance use problems in reflecting on the achievements in the field made over the past decade (Poole & Greaves, 2007).

In this literature (and in policy development and service delivery) attention is paid to the patterns of, risk factors for, pathways to, attitudes towards, and health consequences of substance use for girls and women, as well as the implications for health promotion, prevention, harm reduction, treatment and aftercare responses.

Some **key issues** which have been identified in the above-mentioned publications include:

- **Gender gap in levels of substance use narrowing, connected to serious health risks for girls and women** — While in the past, rates of alcohol use were much higher for men and boys, recent studies show that the gender gap in the prevalence of alcohol use is closing. This is of particular concern given the health risks of alcohol use — including liver damage, brain damage and heart disease — are greater for girls and women. Gender specific low risk drinking guidelines are often not made available to girls and women, health care practitioners often fail to identify alcohol problems, and treatment programs often do not attend to these physical health aspects of recovery.
- **Higher prevalence of substance use in some drug categories** — Mood altering drugs are much more likely to be prescribed to women than men (Currie, 2007; Therapeutics Initiative, 2004). Women report higher rates of use in most categories of prescription drugs, including painkillers, sleeping pills, tranquilizers, antidepressants, and diet pills (MacNeil & Webster, 1997; CASA, 2005). Women and the elderly are the two groups most likely to be prescribed benzodiazepines (tranquillizers), and most vulnerable to their adverse effects (National Institute on Drug Abuse, 2005). Health care providers and women are often unaware of the wide range of withdrawal symptoms associated with stopping tranquilizer use without adequate withdrawal management. Traditional detoxification programs are not suited to support benzodiazepine withdrawal, and treatment programs have often ignored or even excluded people using benzodiazepines from care.
- **Tobacco use as an important linked substance of concern** — Tobacco use among girls and women is a serious problem in Canada. Rates of smoking for young women are now higher than the average for all women, and for young men (Health Canada, 2007). Levels of use have been found to be higher for Aboriginal girls than for Aboriginal boys (Johnson et al., 2004). Moreover, a greater proportion of Aboriginal females than males have initiated smoking by age 11. Often this most deadly of all addictions is not seen as equally urgent to treat as other substance use problems, and treatment for tobacco addiction is not integrated with treatment of other addictions.
- **Stronger stigma** — Women and girls who use substances are often judged harshly in the media, and by families, communities and service providers, particularly when women who are pregnant or mothering use substances. This stigma has the impact of creating very significant barriers to the very care and treatment needed by women to assist them to improve their own health and the health of their children and families.
- **Gendered pathways to substance use** — Sexual and physical abuse, experienced more often by girls and women, are strongly related to problems with substance use. Girls and women are also at higher risk for substance use problems due to the greater impact of life transitions such as starting high school, and their use of substances for emotional and relational reasons.  

The most prominent gendered pathway to substance use by girls and women, identified in both the literature and from service provision contexts is the experience of early childhood abuse, sexual assault, intimate partner violence and other forms of gender based violence, all experienced more commonly by girls and women. Lack of attention in health policies and service delivery to the ways in which experiences of trauma and violence are connected to both alcohol and drug use and mental health problems can have serious health and social consequences for girls and women.
- **Prevention of Fetal Alcohol Spectrum Disorder as a women's health issue** — FASD is associated with heavy alcohol use by women pre and during pregnancy, as well as experience of violence, mental health problems, isolation, lack of prenatal care, poor nutrition and other determinants of girls' and women's health. Multilayered programming, with strong outreach and engagement components that effectively reach women with substance use problems and these related health concerns have been identified as critical to the prevention of FASD.

- **Changing impact of illicit drug use** — Women represent an increasing proportion of the adult HIV/AIDS cases attributable to intravenous drug use in Canada, and Aboriginal women are particularly at risk. Several Canadian provinces are implementing and evaluating harm reduction programming that attends to the particular risks and vulnerabilities for women, related to HIV transmission, risky substance use practices, sex work, homelessness and experience of violence.
- **Emerging attention to the treatment needs of First Nations and Inuit women** – Research projects such as the *Aboriginal Women Drug Users in Conflict with the Law: A Study of Role of Self Identity in the Healing Journey*, led by Dr. Colleen Anne Dell of the University of Saskatchewan are bringing forth the voices of First Nations women in describing their healing journeys in the course of accessing residential and outpatient drug treatment. Such studies are harbingers of what will hopefully be greatly enhanced opportunities for First Nations and Inuit women to articulate their experience and needs, and to have these needs addressed in treatment, research and policy contexts.
- **Understanding and addressing barriers to care** — All the Canadian reports on girls, women and substance use outline very significant personal, interpersonal, program and structural barriers to access to treatment and support — barriers such as lack of child care, disincentive from partners, lack of flexible hours of programming, and fear of losing custody of children if she asks for help. A large proportion of the literature discusses and advocates addressing these barriers, as the most promising direction forth to improve the treatment system to address the diverse needs of girls and women.

**Evidence-based treatment and policy responses** which take into account these sex and gender differences in the experience of substance use by girls and women include:

- **Non-judgmental brief intervention by professionals** — Increasingly it is being recognized how important a role is played by a wide range of professionals *who are not addiction specialists* in identifying women with substance use problems and providing brief support. Such support can make a significant difference in prevention of the development of more serious health-related and substance use problems, as well as increase the likelihood that women will access alcohol and drug treatment when needed. Physicians are key to such brief intervention, but so are a wide range of other health and social service professionals such as public health nurses, transition home workers, early childhood development program providers, nutritionists, correctional workers, Friendship Centre workers and child protection workers (Poole & Isaac, 2001). New tailored educational tools such as drinking guidelines that take into account sex differences in the impact of alcohol have been found to be a helpful adjunct to brief intervention (AADAC, 2003; Best Start, 2002a; Poole & Loock, 2005). Strong evidence exists for the effectiveness of the use of brief motivational interviewing approaches by such professionals (Geller, Brown, & Srikameswaran, 2007; Rollnick, Miller, & Butler, 2008), and some excellent resources for physicians and other professionals who are allied with the addictions field are now available (CAMH, 2008; Dun & Rollnick, 2003; Rollnick et al., 2008).
- **Outreach and engagement programming reaching women at risk of having a child affected by FASD** — A range of enhanced outreach and engagement programs for pregnant women and new mothers have been evaluated positively across Canada (Best Start, 2002b; Hume & Bradley, 2007; McGuire, Zorzi, McGuire, & Engman, May 31, 2006; Motz, Leslie, Pepler, Moore, & Freeman, 2006; Poole, 2000; Watkins & Chovanec, March 2006). All these programs seek to enhance the health and well-being of mothers and their children by promoting early identification and engagement, increased access to addiction treatment services and increased community capacity for timely and effective complementary supports. All of the programs place a strong emphasis on outreach and collaboration with other community based agencies and services; collaborating with child protection services in order to allay the women's fears regarding removal of their children; and offering an open-ended, individualized approach.

- **Integrated treatment of trauma, violence and substance use concerns** — Substance use and mental health problems frequently co-occur among women who are survivors of violence, trauma, and abuse, often in complex, indirect, mutually reinforcing ways (Logan, Walker, Cole, & Leukefeld, 2003). The overlap is not restricted to a small group of women — as many as two thirds of women with substance use problems report concurrent mental health problems, often related to their experiences of surviving physical and sexual abuse as children or adults (Aboriginal Healing Foundation, 2005; Ouimette, Kimerling, Shaw, & Moos, 2000; Poole, 2004; Poole & Pearce, January 2005; Zilberman, Tavares, Blume, & el-Guebaly, 2003).

Women who have sought help for substance use, trauma and mental health issues report misdiagnosis, extended suffering, over prescription of anti-anxiety and anti-depressant medication, and even retraumatization through their encounters with health care providers who are not sensitive to their needs (Currie, 2003; Poole & Pearce, January 2005; Veysey & Clark, 2004). The cost can also be significant for service systems when the underlying issue of trauma is not addressed. Women with trauma histories are likely to over-utilize emergency rooms, mental health inpatient units, and/or end up in the criminal justice system as they cope with symptoms.

Evidence-based models exist for the delivery of integrated support for women on substance use, mental health and trauma related issues. For example the Women, Co-Occurring Disorders and Violence Study funded by the Substance Abuse and Mental Health Services Administration in the USA (SAMHSA) found that:

- women with trauma, substance use, and mental health problems were able to reduce these problems when integrated models that were “trauma informed” and financially accessible were provided;
- integrated counselling in a trauma-informed policy and service context was more effective when compared with services not delivered in this integrated way ; and
- collaborative approaches involving consumers, providers and system planners in all aspects of the policy design, implementation and evaluation of services are foundational to the effectiveness of this work (Moses, Huntington, & D’Ambrosio, April 2004; Veysey & Clark, 2004).

In Canada, some community-based addictions services and women-serving agencies have built on the SAMHSA study findings to develop, evaluate and refine integrated programming on integrated trauma and substance use issues for women (Gose & Jennings, 2007; Hiebert-Murphy & Woytkiw, 2000; Poole, 2006; van Wyck & Bradley, 2007), particularly programming that uses the “Seeking Safety” model (Finkelstein et al., June 2004; Najavits, 2002).

- **Linking policy and practice between the substance use treatment and child welfare systems** — When mothers use substances, often children are seen as automatically at risk (Rutman, Callahan, & Swift, 2007). There is a growing appreciation in the field of child protection of the importance of engaging with families for change, rather than seeing child apprehension as necessary (Krane & Davis, 2000). When children are removed from substance using mothers, opportunities for supporting the wellbeing and parenting capacity of mothers and their support systems are missed. The Differential Response model, currently being implemented by Toronto Children’s Aid Society and some other jurisdictions in Canada, employs a strengths-based approach that permits a more individualized and strengths based response to child protection investigations than traditional risk assessment models. In part the success of this approach is related to integrating support for both mother and child on the part of the substance use and child welfare systems (Drabble, Tweed, & Oslerling, 2006; Kerwin, 2005; Young, Gardner, & Dennis, 1998). With the development of protocols between child welfare and substance use treatment agencies, more understanding of the needs of substance using mothers and more opportunities for supporting the mother-child unit are being identified (Chaim & Practice Guidelines Working Group, September 2005).

Many other approaches that address gender specific patterns of substance use, as well as risk factors, pathways, health consequences and stigma are being implemented and evaluated — such as integrated tobacco treatment for women (Aurora Centre, BC Women’s Hospital), specialized maternity care programming (Fir Square Combined Care Program, BC Women’s Hospital), and multi level housing options for women with mental illness and substance use problems (Deborah’s Place Chicago). Findings from these emerging best practices will soon be available. While outcome data from women-specific tobacco programming is forthcoming, we do know of high interest on the part of women smokers in integrated tobacco treatment (Poole, Greaves, & Cormier, 2003) and we do have promising outcome data on integrated treatment overall. Outcome research for smokers with substance use problems overall is showing that smoking cessation interventions during addictions treatment are positively affecting cessation rates and appear to enhance (not compromise) long-term sobriety (Hall, 2007; Prochaska, Delucchi, & Hall, 2004).

### Increased Attention to Planning Alcohol and Drug Treatment Systems

As well as the increased attention to girls and women’s substance use problems and their treatment is increased attention to the planning of alcohol and drug treatment systems overall. Two national initiatives are underway, concerned with understanding and documenting current practice in the delivery of alcohol and drug services, and envisioning how we improve treatment provision to better address the needs of Canadians with substance use problems. The First Nations Inuit and Health Branch is engaged in a process of review of the addictions treatment programming offered by NNADAP programs (National Native Addictions Partnership, December 2000) and Health Canada and the Canadian Centre on Substance Abuse are leading a process towards the development of a national treatment strategy as part of the National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada (CCSA, 2007). A key concept in both these review and planning processes is the need for a continuum of treatment and support to the diversity of people with substance use problems.

In the national treatment strategy, part of the National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada (CCSA, 2007), **the key aspects of a continuum of care** are identified as:

- Multi sectoral collaboration, partnership and integration that facilitates people’s access to supports and services, and movement within and between different sectors and programs
- Responses that address the chronicity, acuity and complexity of substance use problems — people are linked to services and supports with the intensity and specialization to address their needs
- Responses that address the cultural and gender diversity of those needing treatment (CCSA, CAMH, BCMHA, & CECA, November 2007)

This national framework, and provincial frameworks such as the British Columbia one (Government of British Columbia, May 2004) recommend a tiered continuum of care that includes five tiers of support:

- community level supports;
- brief intervention;
- low threshold services;
- outpatient substance use services on the community level; and
- intensive residential treatment services.

They also recommend the establishment and nurturing of fundamentals to treatment systems — fundamentals such as visible leadership, collaborative system planning mechanisms, ongoing knowledge exchange, strong monitoring and evaluation, enhanced research, supportive policy, shared principles for service delivery, and workforce development.

In this document we bring a gender lens to these tiered treatment models and fundamentals, to propose a framework for an approach to the treatment of girls and women with substance use problems in the Yukon (See Figure 1).

These national and provincial planning processes are attending closely to the implications of such strategies for workforce development (Ogborne & Graves, 2005). A new website to focus the effort for addictions workforce development has been put in place (CNSAAP, 2007) and a set of core competencies developed for professionals working the field (CCSA, November 2007). These competencies were used as a basis for the questionnaire directed to Yukon service providers undertaken as a part of this current study.

### Frameworks for Women's Alcohol and Drug Treatment Services

In *Exploring Concepts of Gender and Health* (2003) Health Canada identified gender based analysis (GBA) (known as GIA or gender inclusive analysis in the Yukon government) as a process that assesses the differential impact of proposed and/or existing policies, programs and legislation on women and men. In the context of health, they asserted that "the integrated use of GBA throughout the research, policy and program development processes can improve our understanding of sex and gender as determinants of health, of their interaction with other determinants, and the effectiveness of how we design and implement sex- and gender-sensitive policies and programs" (p.1). Accordingly, it has been recommended that gender and diversity-based analyses (GDBA) be applied throughout the research, policy, knowledge translation and program development processes that guide the development of the national substance use treatment system. Such analyses allow us to understand how differing experiences of substance use — based on gender, race and other determinants of health — can translate into barriers to access to treatment and other supports, result in differing outcomes, and require the design and provision of treatment in ways that does not presume a generic client.

Two provinces, Ontario and Alberta, have put in place frameworks specifically for women's treatment. The Ontario one (Women's Service Strategy Work Group, 2006) offers a *Best Practices Program Evaluation Tool* which systematically supports services and service systems to consider how they are addressing the following seven areas of best practice in treatment delivery:

- 1. Operational Practices** — Governance, Education and Training, Hiring and Staffing, Physical Facility, Physical Facilities for Pregnant and Parenting Women
- 2. Addressing Barriers** — Stigma, Complex and Multiple Needs, Accessible Service Locations, Flexible Admission Criteria
- 3. Treatment Planning Issues** — Assessment and Referral, Duration of Treatment
- 4. Clinical Practice Issues** — Gender Relevant Services, Stages of Change, Motivational Counselling, and Harm Reduction Approaches, Gender Balance in Mixed Gender Services, Gender Specific Approaches to Physical Health and Well-being, Gender Sensitive Relapse Prevention Approaches
- 5. Specialized Issues** — Co-Occurring Substance Use and Mental Health Issues, Trauma and Post Traumatic Stress Disorder
- 6. Pregnant and Parenting Women** — Engagement and Retention, Access to Services, Effective Services, Relationships with Children, Child Protection Issues
- 7. Monitoring and Evaluation**  
**BEST PRACTICES IN ACTION** Best Practices Program Evaluation Tool (Women's Service Strategy Work Group, 2006)

The Alberta *Framework for Addictions Services for Women* (Alberta Alcohol and Drug Abuse Commission, 2003) outlines five strategic goals and actions in the comparable areas of staff expertise, information, prevention, treatment and research/evaluation, "attending to the sex and gender differences in substance use and addiction" (p. 10). In addition the AADAC Framework offers seven guiding principles for service delivery that directly address key issues related to women's substance use. This framework has supported the development of and evidence gathering for the Enhanced Services for Women programming, an award winning outreach and engagement project, designed to reach pregnant women with substance use problems.

These addiction specific frameworks for women’s services are linked to emerging frameworks for women-centred care overall (Cory, 2007; Greaves, Poole, & Cormier, 2002). Women-centred care frameworks describe how delivery of services for girls and women need to approach care in ways that, for example: offer respect and safety for girls and women, involve girls and women in defining their care, respect gendered patterns or preferences in obtaining health care, and offer relational forms of communication and interaction — all of which have relevance in enhancing the delivery of substance use treatment and support for girls and women in the Yukon.

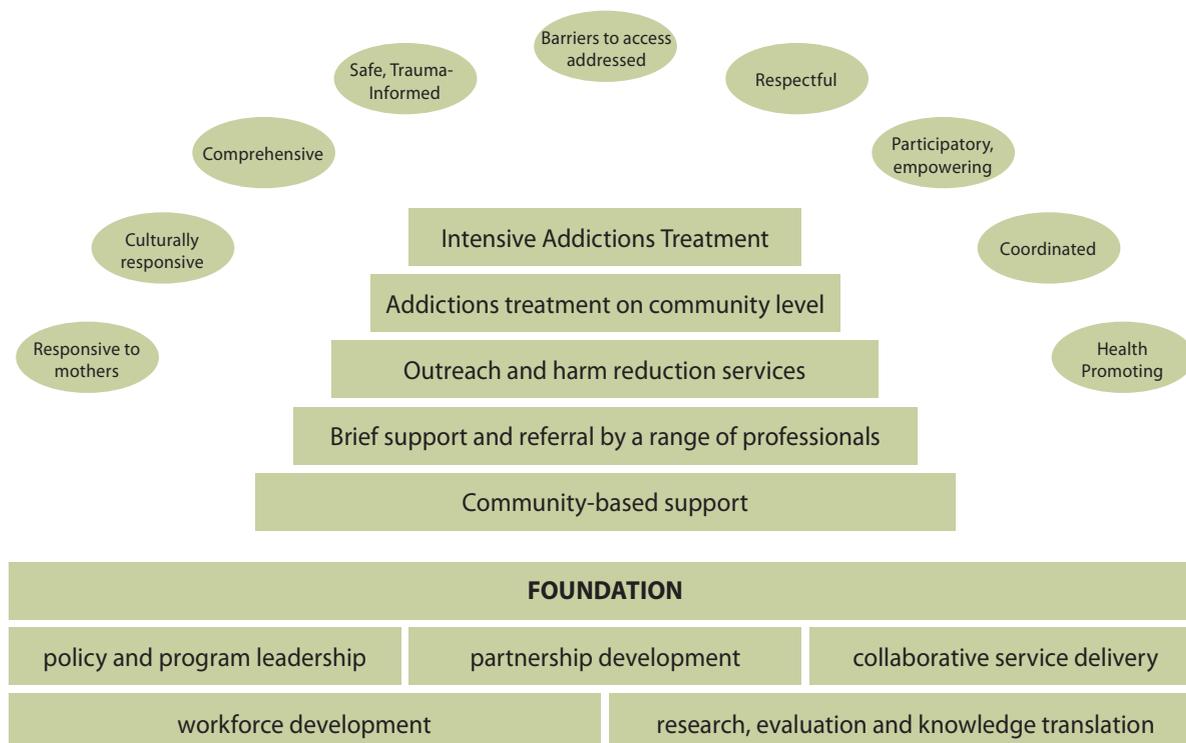
In summary, an influx of research on sex and gender differences in the experience of substance use is becoming available and best practices that attend to these differences are being identified by governments and service systems across Canada. In addition important foundations to the delivery of such practices are being articulated and implemented, such as visible leadership and frameworks for care, knowledge exchange, monitoring and evaluation, research, supportive policy, shared principles for service delivery, and workforce development.

## 5.0 Model

The following model of the provision of collaborative treatment of girls and women living in the Yukon who have substance use problems, has been adapted from a tiered response model utilized in the British Columbia Planning Framework to Address Problematic Substance Use and Addiction Government of British Columbia. (May 2004). A comparable tiered model is currently being discussed as a part of a national treatment strategy (CCSA, CAMH, BCMHA, & CECA, November 2007).

It depicts 5 tiers of treatment and support; foundational infrastructural supports to service provision; and key principles and attributes to guide the development and implementation of an effective response to problematic substance use in girls and women.

Based on the literature review, and in consultation with the Yukon Working Group, the model below was developed and used to shape the survey questions in this research.



## 6.0 Findings

### 6.1 Survey Findings

Three hundred and fifty-seven (357) service providers from over 20 Yukon government branches were contacted by email and invited to participate in the e-survey. One hundred and fifteen (115) people responded to the survey for a survey completion rate of 32%. Eighty three percent of survey respondents were from Whitehorse, 87% were women, 40% were in the 46–55 age range, 47% had worked for the Yukon government for over 10 years and 71% had university level education. For more info on the respondents, see Appendix 1.

**Challenges** — Respondents were asked to identify the top three challenges facing women and girls with substance use problems. They cited issues related to accessing help: for co-existing violence and trauma issues, addictions treatment overall and co-existing mental health concerns — as the top 3 challenges facing girls and women with substance use problems. See Table 1.

Challenge	#	%
Getting help for co-existing violence and trauma issues	70	61%
Accessing addictions treatment services	57	50%
Getting support for childcare, to remove this barrier to attending treatment	50	44%
Getting help for co-existing mental health concerns	48	42%
Facing stigma and discrimination experienced by girls and women with substance use problems	40	35%
Getting brief support and referrals from community-based service providers who can competently discuss women's substance use	26	23%
Getting help for polydrug problems	22	19%
Getting info to prevent FASD	15	13%
Other	26	23%

Table 1: N=115

In addition, 78% of respondents felt that First Nations women face different challenges from non-First Nation women, as, for example, they:

- are more likely to be living in isolated communities with few services and supports;
- are more in need of culturally safe and specific support;
- have more extensive experience of trauma and violence issues; and
- face more discrimination and barriers to treatment.

**Communication Across the Continuum of Care** — Survey participants were asked to indicate the two levels of this five-tier continuum where enhanced collaboration is most needed, if increased investment were to be made to enhance communication and collaboration between people working in different tiers. **Community level addictions services** (level 4) was the level most often cited as that where increased communication was needed. Investment in enhancing communication and collaboration between community level addictions services and both **intensive level addictions services** (level 5) and **brief counselling support** (level 2) was seen as important.

**Existing Promising Practices** — In an open ended question, respondents identified the following practices they are currently employing, that work particularly well to support girls and women with substance use problems. Commonly cited responses were grouped into categories and are presented here in descending order of mention (the most commonly cited responses first):

- Approaches to collaboration with, and referral to, other agencies, case management practices (30.7% of respondents)
- Approaches to integrating work on substance use and coexisting issues such as violence and mental health concerns, creating safety (17%)
- Providing gender specific services, and gender specific services that are also culturally sensitive (13.6%)
- Harm reduction approaches (12.5%)
- Relational approaches such as the use of Motivational Interviewing that focus on listening, staying where the client is at (10.2%)
- Integration of work on substance use issues within other services such as medical services, including the provision of pretreatment medicals (10.2%)
- Non judgmental approaches (9.1%)
- Approaches that are supportive of client self determination and client pacing (8%)
- Individual counselling approaches (8%)
- Help with child care, respite and other pragmatic help, help with parenting (5.7%)
- Outreach approaches, including home visiting (4.5%)
- Strengths based approaches (4.5%)
- Approaches tailored for young women (3.4%)

**Areas For Improvement In Policy And Practice** — In an open ended question, participants were invited to identify policies or practices in their agency which could be improved to better support women. Commonly cited responses are included below, grouped into 4 key categories:

- 1. Policies and practices related to interagency collaboration** — to better address the multi faceted needs of girls and women with substance use problems; to link First Nations and non-First Nations services; to reduce incongruence in styles of support and facilitate strengths based approaches; to increase linkage with the medical community; to increase cross system work of ADS staff; and to increase linkage between harm reduction and other services. (cited by 22.9% of respondents)
- 2. Policies and practices related to providing childcare** — to help girls and women with substance use problems who are mothers access counselling for themselves and their children and other supports; to facilitate easier access to child care subsidy and quicker approval time; to provide resources for funding of childcare and more services that can accommodate children. (cited by 15.7% of respondents)
- 3. Policies and practices related to child welfare, parenting** — to keep families together and support the needs of both parents and children. Note that mention was made of the potential of the new Child Services Act to specifically address the need for more support of parents with substance use problems and their children. (cited by 9.6% of respondents)

**4. Policies and practices related to providing gender specific programming** — Policies, practices and philosophies of service that address gender differences in income, parenting status, gender roles, and preferences for service delivery were frequently mentioned. The need to provide both pragmatic supports (to address health determinants) as well as counselling based on these differences was also identified. Also cited were the need for more staff to provide specific services, the need for more non-judgmental and strengths-based assessment policies, a range of practices related to improving access to programs, policies related to income support and definition of disability, practices related to the integration of trauma counselling, practices related to training of frontline workers in addictions issues. (cited by 14.5% of respondents)

**Promising Approaches From Other Jurisdictions** — In an open ended question, respondents were invited to identify new or promising approaches from other jurisdictions that might be relevant to the Yukon context. Responses have been grouped into 5 topics: Supportive housing, basic treatment structure and approach, specialized treatment approaches, harm reduction and mothering/family/child welfare supports

**Supportive housing** — A continuum of housing needs for girls and women with substance use problems was identified, including:

- safe supported housing pre and during treatment — housing where women can bring their children and access a range of other supports such as respite childcare; education, medical care, trauma counselling, financial support;
- transitional housing post treatment — housing including support groups, aftercare, stabilization and other programming; and
- supported independent living — housing with access to respite and educational opportunities, etc. to support long term community integration.

**Treatment — Core approaches** — A continuum of needed treatment services was identified including outreach, harm reduction, withdrawal management/daytox, day treatment, residential treatment (with more beds available), aftercare programming and women-only support groups. Some specific ideas for improved core treatment services included:

- flexibility in the time span of the programming — to have treatment fit the person (versus being a preset length) and where appropriate, to address the need for longer stay treatment, as well as short term treatment episodes;
- rural live-in treatment (4–6 weeks) — treatment programming which invites extended family to join for part of the program;
- youth treatment — the Maples Adolescent Treatment program model in BC which works with youth and families from an attachment-based perspective and strives to avoid strategies that emphasize control and containment of behavior was cited as a promising model for treatment and aftercare for girls and young women. See <http://www.mcf.gov.bc.ca/maples/programs.htm>;
- web-based counselling services — online counselling as an option for women in the communities who cannot get into Whitehorse due to lack of transportation, child care concerns or any other barrier;
- integrating pragmatic support with treatment — e.g. more linkage to vocational supports, provision of child care, transportation, leisure programming and violence services;
- linked addictions and violence services — systemic linkage on the part of the addictions and family violence fields and support for the specialized consultants in BC who do case management across these fields; and
- women-centered treatment — programs that use a relational model for treatment and are not only addictions focused to meet the comprehensive needs of women, including healing from trauma, developing attachment with children.

**Treatment — Specialized Approaches** — Specialized treatment programming from other jurisdictions seen as promising included:

- tobacco treatment integration — integration of treatment of tobacco addiction into treatment of other addictions as is being done at the Aurora Centre in Vancouver;
- spiritual practices — integration of spiritual practices that are offered in some First Nations treatment programs;
- trauma specific programming linked to addictions programming — integration of support on the relationship between experience of trauma and addictions. The Seeking Safety outpatient group model was recognized as a useful format to consider (See [www.seekssafety.org](http://www.seekssafety.org)). The Tsow-tun Le Lum Society in Lantzville BC was recommended as a program that integrates healing from trauma from a First Nations perspective. ( See <http://www.tsowtunlelum.org/index.html>);
- evidence-based counseling approaches — use of evidence-based approaches such as Motivational Interviewing, Mindfulness, Dialectical behaviour therapy, psychodrama and narrative therapy as are standard in Ontario; and
- integration of support for physical health — integrating yoga and physical exercise into treatment for substance use.

**Harm reduction** — While harm reduction approaches are recognized in the Yukon it was recommended that they be further integrated and expanded, as follows:

- outreach — include ongoing use of an outreach van, and the #4 Hospital Road nurses;
- engagement — support inclusion of more women in engagement in care;
- basic health and family support — focus on keeping the family and the individual healthy and intact; and
- comprehensive programming — offer comprehensive programming such as is offered by the Sheway program in Vancouver for pregnant and parenting women who use substances (and their children and partners).

**Mothering, families and child welfare** — A range of approaches to mothering, family and child welfare policy and service delivery were seen as relevant to the Yukon context, including:

- interagency agreements — family service agencies having formal agreements with addiction agencies on how they will work together to better serve women involved in the child welfare system;
- integrated support for mothers and children — support for mothers to bring their children to treatment/ supportive living/aftercare, or have funding and support for child care;
- family involvement — support for, and inclusion of families in the treatment process, so they can better support girls and women;
- attachment and parenting support — approach which in addition to substance abuse issues also addresses attachment and parenting challenges for mothers; and
- model programs — The Pathways to Healthy Families program at the Jean Tweed Centre in Toronto and the AADAC's Enhanced Services for Women model were mentioned as a promising approaches that reach and engage mothers in treatment through outreach addictions counselors based in the community, where they discuss substance use in non-threatening ways and actively help women link to care as well as work with allied service providers See [www.jeantweed.com/i-pathways.asp](http://www.jeantweed.com/i-pathways.asp) and [www.aadac.com/547\\_1221.asp](http://www.aadac.com/547_1221.asp)).

**1. Training Needs of Frontline Workers** — The following knowledge or skills were identified as needed by front line service providers in general, to increase their ability to provide quality services to Yukon women with substance use problems and their families.

Understanding and responding to intersections of substance use, violence and mental health problems experienced more commonly by girls and women	55%
Skills in working across systems of care, teamwork, partnership and leadership	37%
Skills in provision of prevention, harm reduction and treatment services tailored to girls and young women	31%
Understanding sex and gender differences in the experience of substance use (how substance use can be more serious, more prevalent, have different risk factors, different consequences, etc)	27%
Understanding and responding to substance use by pregnant women and mothers, and preventing FASD	18%
Skills in women-centered counselling and group facilitation	18%
Skills in provision of family and social support	18%
Skills in self care and prevention of burnout	18%
Skills in gender-sensitive assessment and treatment planning	16%
Skills in program development, implementation and evaluation	14%
Other	8%

Table 2: n= 103

**2. Individual Training Needs** — Respondents were asked to identify the topics that would most interest them in seeking out training for themselves. From the topics listed above, the top three topics of interest most often identified as of personal interest were:

- understanding and responding to intersections of substance use, violence and mental health problems experienced more commonly by girls and women — cited by 41% of respondents;
- skills in provision of prevention, harm reduction and treatment services tailored to girls and young women — cited by 34% of respondents; and
- skills in working across systems of care, teamwork, partnership and leadership — cited by 33% of respondents.

**3. Preferred Training Methods** — The following preferences for training methods were identified (preferences cited by 20% or more of respondents included)

Short workshops (1–3 days)	56%
On the job training	35%
Accredited in person education or training	35%
Clinical supervision	21%
Mentorship	21%
Long workshops (4–8 days)	20%

Table 3: n=103

## 6.2 Interview Findings

### 6.2.1 Needs of Girls and Women

The findings from the interviews of frontline workers highlight the following needs and challenges to consider:

- dealing with stigma;
- working on developing comprehensive approaches to multi level problems (concurrent disorders, history of violence and trauma and practical concerns such as housing);
- reducing childcare as a barrier to treatment;
- lack of awareness, information and skills in providing gender specific services;
- limited access to a broader range of flexible service and support options; and
- the fear of the possible loss of custody of children with child welfare intervention.

First Nations women are seen as having similar problems to non-First Nations women, although the findings indicate that the problems of First Nations women may be more complex and severe. The respondents indicated the following challenges as impacting First Nations women more heavily: the additional burden of racism, impacts of colonization including residential school, their place of residence more often being in rural and remote communities, and the more limited access to services that accompanies rural/ remote living.

The managers and supervisors interviewed identified stigma as a major issue impacting all girls and women. Shame resulting from stigma affects women’s ability to identify they have a problem and need help. The lack of information about the availability of programs and services; sexism; the need for non-judgmental support from family, community and government programs and harm reduction options were also mentioned by managers and supervisors.

Access to services is closely linked to stigma. Managers and supervisors mentioned that girls and women often had problems accessing women-centered treatment and other supports such as childcare support. Access to safe and affordable housing including a “half way house” environment when leaving treatment were other challenges identified. The physical set up of detox and lack of separation between men and women’s spaces in detox services can be a barrier to accessing care. The lack of specific services for girls, fewer services from qualified professionals in the communities outside of Whitehorse and the lack of services for those with FASD were also identified as concerns.



When asked to look at First Nation girls and women specifically, most managers and supervisors identified the higher prevalence of trauma, violence, poverty, social problems, racism and alcohol and drug abuse as important considerations. They felt that the unique worldview, historical and cultural issues required specialized approaches in treatment and aftercare. In the smaller communities, the lack of access to social assistance, federal government programs and other services is another barrier to comprehensive care for First Nation women and girls. The challenge of finding alcohol and drug free options for work and social connections in the smaller communities makes long term recovery more difficult. In terms of strengths, the family and community relationships available to some First Nation individuals are potentially supportive and nurturing.

### 6.2.2 Challenging Issues

The frontline worker interview findings suggest that issues include the need for: both girl- and women- specific programs and services; addressing parenting and childcare problems; reduced waiting lists for important services; aftercare services, especially in the smaller communities; flexibility due to the nature of the treatment model; and reduction in barriers created by court processes and orders.

Several managers and supervisors identified the lack of a qualified woman to co-lead the most recent treatment program for women as a problem. Three knowledgeable managers reported that recruitment and retention of women has proven to be challenging at ADS. New counsellors hired are expected to have a Master's degree and be skilled in dealing with alcohol and drug clients as well as those with concurrent disorders. There is also sensitivity around the expectation that a therapist engage in ongoing personal healing work to prevent burnout and stay current with their personal issues. The space allocated to both ADS programming and detox is inadequate, an issue cited by all those knowledgeable about the shortcomings of the current accommodations. Lack of family visiting, craft, cultural and recreational space was identified. A family program was mentioned as a goal by two managers, but the current space allocation would not accommodate it.

The role of Regional Social Workers in the communities outside of Whitehorse is broad and diverse. A significant number of interviewees identified an inherent conflict of interest in providing alcohol and drug services as well as mandated child welfare services. In reality, time does not permit much alcohol and drug related service provision by Regional Social Workers in those communities. Most adult offenders in the correctional facility or on probation need alcohol and drug services. A seamless system of service delivery of between Justice and HSS, ADS is needed as many inmates only spend an average of 40 days in jail and need programming to extend into their lives as they return to the community. Although recent efforts have been made to enhance collaboration, with a jointly appointed team of two alcohol and drug service providers assigned to Justice, coordination problems between the two departments remain and were identified repeatedly.

The lack of youth oriented programs for girls is a significant gap as they need extensive support, particularly where there is a history of trauma. The trauma disrupts the learning and developmental processes, requiring comprehensive programming if it is to be effective. The challenge of concurrent disorders and how to engage in collaborative care models between agencies was identified repeatedly. How to implement the "any door is the right door" policy when referral mechanisms are in place, but not used effectively is seen as an issue by a significant group of those interviewed. Bringing primary care providers (physicians, nurses, social workers etc.) into the role of identification, brief intervention and referral in alcohol and drug abuse problems is seen as fundamental to reaching more people. Philosophical differences between professional groups and related differences inhibit collaboration. Justice is seen as having a very limited ability to provide alcohol and drug services, although the new community wellness court includes services focused on dealing with addictions, violence and trauma. The lack of integration of tobacco programming with other substance abuse treatment was raised by one respondent. The need for integration is supported by findings from the literature.

### 6.2.3 Local Practices That Work

When asked about the practices used locally that work particularly well to support women the most often mentioned practices include:

- collaboration with and referral to other agencies;
- case management practices;
- providing gender specific services that are also culturally sensitive;
- integrating work on substance use and coexisting issues such as violence and mental health concerns;
- creating safety and harm reduction approaches; and
- relational approaches such as the use of motivational interviewing and employing a focus on listening along with supporting client self determination and client directed pacing.

In meeting the needs of diverse populations of women, interviews of frontline workers identified the following strengths:

- effective assessments in Whitehorse;
- Kaushee's place (women's transition home) does well in connecting women to services;
- the opportunity for innovative approaches presented by the proposed *Child and Family Services Act*;
- mental health early intervention programming;
- supported independent living worker case management approach;
- priority detox and treatment services to women; and
- Fetal Alcohol Syndrome Society of the Yukon (FASSY) supports to individuals with Fetal Alcohol Spectrum Disorder.

Most interviewees in the managers and supervisors group mentioned that gender-specific residential treatment program and priority access for women to detox is helpful. The Alcohol and Drug Services outreach to Watson Lake is a highlight to programming outside of Whitehorse. Interviewees with experience in the treatment program indicated that women with less severe FASD or mental health issues seem to do fairly well in the current residential treatment. First Nations are leading in developing new promising practices in land-based and cultural healing approaches. In the Whitehorse Correctional Centre, there has been some success with a dialectical behaviour therapy model and the new community wellness court is a promising practice that has not yet had time to prove itself. The Family Law Information Centre is also new and co-located with other related legal services.

Victim services workers focus on establishing good relationships with female victims and have well established outreach to community agencies. There is a significant gap in services to those living with FASD who are offenders and victims, although Fetal Alcohol Syndrome Society of the Yukon (FASSY) is doing a good job where they can. Case management is working well in the DVTO court for domestic violence. The proposed *Child and Family Services Act* is seen as an important opportunity.

#### 6.2.4 Special Populations

When managers and supervisors were asked about services to special populations of girls and women who may need tailored programming (the examples provided in the data collection instrument include immigrant women, women with disabilities, sexual minorities, First Nation, women living in rural/remote areas) the most commonly mentioned special population group was individuals with FASD. Issues related to services to special populations identified by front-line workers and managers/ supervisors include:

- problematic access for those disabled individuals using wheelchairs to the ADS building, used for detox, outpatient and inpatient services;
- women with concurrent disorders, women with histories of trauma and sexualized violence, those needing aftercare, and women living in rural and remote areas are seen as underserved;
- First Nation women face unique barriers in accessing services in small communities;
- concerns about confidentiality and privacy for clients in the smaller communities and the skills of some staff members delivering service outside of Whitehorse; and
- lack of collaboration between Yukon government programs and services and those offered by First Nations and NGOs in the smaller communities.

Interviewees from the Department of Justice identified the Community Wellness Court as having potential to serve some special populations but it is too early in the implementation of the court to identify outcomes. When people come out of jail or treatment, housing is a major issue and even more of an issue if a person is identified as living with FASD, a mental health diagnosis, or in need of disabled friendly accommodation. Limited social work and other staff resources in the smaller communities is a problem as individuals from special populations present a wider variety of issues and challenges and require more time.

#### 6.2.5 Promising Approaches From Outside Yukon

When adapting programs and practices to the Yukon, it important to consider the small and dispersed population base, the context of self government and land claim implementation, the unique needs and interests of Yukon First Nations, and the current access to technology in the Territory.

Managers and supervisors talked about family treatment offered in a number of First Nation programs such as Wah-Pow in Alberta, with 6 family units and onsite childcare. The Business and Industry Clinic in Grand Prairie is also seen as a good model as it has intensive follow-up and refresher elements to the program. The Friendship Centre in Nanaimo, B.C. has an intensive program in personal development that has a good reputation. Phoenix House in Prince George was also mentioned as offering a number of best practices, such as integrated support for women with violence and substance problems. Vancouver has a number of agencies that are very good at outreach and supporting women in developing skills for advocacy.

#### 6.2.6 Areas For Policy and Practice Improvement

The interviews of frontline workers reinforced the need for: staff education on gender-specific programming; additional service and support after treatment; and more integration of tobacco programming into addictions services. The additional challenge of finding a model of care that works well for communities outside of Whitehorse was also mentioned.

The frontline workers suggested a need for more flexibility around mandates and services for special populations; more services to rural and remote communities; increased use of case management approach and an integrated approach to trauma and addictions treatment.



Managers and supervisors agreed with many of the areas for improvement identified by frontline workers. A half way house and other housing options that will take families with children were identified as being important. Family treatment and treatment supported by available and accessible childcare were repeatedly identified. Recruitment and retention of more First Nations and female staff for key roles is also seen as important. The underdevelopment of follow-up and aftercare supports to communities outside of Whitehorse, in particular, was a commonly identified concern. The lack of integration of programs to deal with tobacco addiction was also mentioned.

Harm reduction and outreach policy and practice as important elements of a continuum of care were mentioned more than once.

Policy-related improvements identified by managers and supervisors included finding a policy response that would reduce the barriers to collaboration between departments and focus efforts on the client as the first concern. The identification of a response to the group of women and their children that require very intensive service delivery from multiple agencies would be a high priority for one respondent. Other respondents communicated less specific concerns about departments with shared responsibility for other groups of common clients, and in each situation there were specific coordination needs and challenges identified. The implementation of an integrative interdepartmental policy or set of policies would require senior leadership and the dedication of time, financial and staff resources not currently available. Tangible results would need to be identified and documented with accountability mechanisms in place to support success. The Yukon Substance Abuse Action Plan (2005) was identified by the majority of Justice Department respondents as a good place to begin planning for the future.

Many interviewees saw that women in jail or under court supervision have reduced or little access to ADS programming related to barriers in policy, resource allocation and program priorities in HSS and Justice. Interviewees identified this population as currently underserved.

### **6.2.7 Collaboration and Capacity Development Priorities**

The frontline workers interviewed made a case to go beyond collaboration to joint program development and delivery similar to the method used in Ontario where alcohol and drug services and family and child services do case conferencing and take a “community team” approach. The same group of interviewees identified challenges to collaboration and referral as including wait lists, confidentiality practices, parental fear of losing custody of children, lack of trust, lack of knowledge, lack of time and resources and philosophical differences.

Action suggested by those interviewed included enhancing collaboration across government as a priority; appointing staff to support collaboration; creating a systems map of the processes; and focusing on client needs.

Managers and supervisors agree that there may be a lack of information about the mandates, programs and services of participating departments. They said that there is no comprehensive policy or planning platform for interdepartmental collaboration. The client confidentiality barriers between units and departments create barriers to case management and comprehensive care. Lack of communication, time and commitment to collaborative action was identified repeatedly by those interviewed. Targeting resources to priority client groups is often done in isolation. Links with primary care workers in any human service delivery role is fundamental to comprehensive coverage of the population. Over and over again, respondents talked in their own way about the need for collaboration to be mandated from the top down and built from the bottom up. Interviewees suggested that philosophical and other differences need to be identified and resolved to promote partnership and coordinated service delivery.

### 6.2.8 Workforce Development

The frontline workers interviewed supported the findings of the survey and added the areas of assessment skill development; knowledge of national core competencies for alcohol and drug service providers; and methods for including First Nation traditional teachings in programs. The forms of training that were suggested aligned with those identified by the survey respondents including reinforcing the idea that a range of options need to be available; training needs to include the ongoing development of cultural competence to respond to diversity; and that “hands on” mentorship approaches work well with some groups and topics.

Many similar training priorities were identified by the managers and supervisors. These included counselling skill development; effects of trauma and violence; cultural competence in service provision; alcohol and drug education; girl- and women-centered program and service features; how to use a gender lens; knowledge of Yukon history and impacts of colonization; knowledge about available programs and services; and other skills related to new ADS core competencies; assessment, screening and referral. The methods of education and training program delivery suggested include a range of options and approaches, as suggested by other respondents. The idea of the development of a “Northern Justice Institute” was raised by justice officials.

### 6.2.9 Research, Evaluation and Knowledge Transfer

The frontline workers interviewed suggested research and evaluation in the following areas:

- use of female counsellors as related to gender specific programming;
- measurement, monitoring and outcome related program evaluation;
- effectiveness of reintegration into the community and long term effects of treatment;
- increasing our understanding on how to make collaborative systems work better;
- access to services by pregnant women;
- the effects of trauma and addiction;
- inventory of what is available;
- referral processes;
- barriers to working together; and
- how social determinants of health contribute to success or failure of treatment.

## 7.0 Conclusions

This multimethod study identified a clear commitment on the part of managers/supervisors and front line workers across departments in the Yukon government to improvements in the system of care offered to girls and women with substance use problems and related health, social and economic concerns. Those interviewed and surveyed provided astute insights into the challenges to systemic improvement and collaboration, yet a willingness to tackle needed policy and programming practices. Study participants identified a range of promising programming from other jurisdictions which might be applicable to the Yukon situation. And study participants were very open to training on issues that would improve their ability to deliver effective services to girls and women with substance use problems. The following recommendations arise from this input from the Yukon governmental workforce who participated in the study as well as the literature review conducted.

## 8.0 Recommendations

### **Recommendation 1: Improving the Responsiveness of the Continuum of Care**

Use the tiered model as a vision or framework to engage the full range of community-based, government-wide and specialized addictions treatment providers in developing a more comprehensive and integrated continuum of services for girls and women (including improved outreach, harm reduction, withdrawal management, treatment, aftercare options and targeted peer support groups).

**Rationale:** A vision or framework (such as that which Alberta Alcohol and Drug Abuse Commission prepared for its services to women) provides shared principles for service delivery. This can bring a variety of service providers together under a common focus and can be reviewed and refreshed on a regular basis. Best practices reviewed provide an evidence base to support much of the current alcohol and drug programming in the Yukon and offer ideas for the further development of the continuum of services for women and girls.

### **Recommendation 2: Policy to Support Programs and Services**

Develop and implement clear and purposeful policies in and across departments to provide direction and support for girls and women-centered programs and services.

**Rationale:** Policies provide a framework for implementing the vision above, mechanisms for collaboration, and a specific format for review of the delivery of services against best practices. In addition, collaboration efforts are more likely to be sustained over time if founded in and supported by policy.

### **Recommendation 3: Improve Collaborative Mechanisms**

Design and implement collaborative mechanisms to respond to areas identified in the research findings. Capitalize on the strong interest in working across organizational boundaries by providing mechanisms, including policy, procedures and training, on collaboration to relevant departments.

**Rationale:** The survey and interview findings were in agreement on the problems related to lack of coordination and collaboration within and between departments. They also pointed to a strong interest on the part of employees in working more closely on women-centered care with colleagues in a variety of work fields. Multi sectoral collaboration, partnership and integration facilitate women's access to supports and services, and movement within and between different sectors and programs. Literature and best practices identify areas where collaboration improves women's care, including collaboration between alcohol and drug services, services to women who have experienced violence and trauma, child protective services, welfare services and mental health services.

### **Recommendation 4: Addressing Pragmatic Barriers to Care**

Relevant government branches should work together to explore options on how to assist women attending in-patient and outpatient treatment and aftercare with timely and affordable access to childcare.

**Rationale:** The lack of timely and reliable childcare is reported in the literature as a significant barrier to treatment. The survey and interview findings support the importance of the issue and the need for addressing childcare as a barrier. Best practices suggest a variety of methods for reducing the barrier.

### **Recommendation 5: Addressing the needs of Aboriginal women with substance use problems**

Organize forum(s) with treatment providers, researchers, Aboriginal health system planners, elders and women with substance use problems, to discuss how treatment and care for Aboriginal girls and women might best be addressed within the context of available services.

**Rationale:** Survey and interview findings reported that when asked to look at First Nation girls and women specifically, employees identified the higher prevalence of trauma, violence, poverty, and racism as important considerations. The research indicated that these historical and cultural issues required specialized approaches in treatment and aftercare.

### **Recommendation 6: Alcohol and Drug Treatment for Women in the Justice System**

Ensure access to alcohol and drug programming for women in the Yukon justice system.

**Rationale:** Many interviewees said that Yukon women in jail, waiting to go to court or under court supervision have reduced or little access to alcohol and drug programming. Interviewees identified this population as currently underserved.

### **Recommendation 7: Specialized Alcohol and Drug Treatment for Women**

Review the current women-only treatment program for inclusion of additional elements and approaches informed by leading and best practices most beneficial to women.

**Rationale:** Best practice research supports the provision of women-only treatment, such as is already offered in the current program. The literature results provide a foundation for strengthening this program to become truly sex and gender specific.

### **Recommendation 8: Integrate Tobacco Programming with Other Addictions**

Explore avenues for integrating approaches for the treatment of girls and women with tobacco addiction in conjunction with the treatment of other addictions.

**Rationale:** Tobacco addiction is a major threat to health. Tobacco is not usually identified as the substance for which clients are seeking help. However, its prevalence among people who have concurrent substance abuse disorders is very high. Research has shown that treatment outcomes are more positive (including a lower relapse rate) for individuals who are treated for all substance abuse issues concurrently. Current best practices have demonstrated that treatment programs can successfully integrate tobacco treatment with treatment for alcohol and drug addiction.

### **Recommendation 9: Training Program on Sex and Gender Differences and Women-Centered Care**

Develop and deliver a multi-level awareness and training program on sex and gender differences and girl and women centered care, including skill development and practical advice on health promotion, prevention, harm reduction, treatment, aftercare and support programs, services and practices.

**Rationale:** The survey and interview findings indicated that respondents felt they had a limited understanding of sex and gender differences and women-centered care and a strong interest for learning more. The best practices and literature point to the importance of this awareness and to the training necessary to support programming sensitive to sex and gender differences and to enhance women-centered care.

## Recommendation 10: Education on Brief Intervention and Reducing Barriers due to Stigma

Use education and professional development to bolster identification, brief intervention and referral — with attention to sex and gender differences — for primary care physicians, nurses, social workers, employee assistance counsellors and other targeted front line workers. Design and implement this education with the objective of reducing the barriers created by women’s fears of facing stigma on the part of service providers toward girls and women who use substances.

**Rationale:** The literature, survey and interview findings all name stigma as one of the most important impediments to women and girls accessing treatment and other services related to their alcohol and drug abuse. The literature review emphasizes the important role played by a wide range of professionals who are not addiction specialists in identifying women with substance use problems and providing brief support. Such support can make a significant difference in prevention of the development of more serious health-related and substance use problems, as well as increase the likelihood that women will access alcohol and drug treatment when needed. Physicians are key to such brief intervention, but so are a wide range of other health and social service professionals such as public health nurses, transition home workers, early childhood development program providers, correctional workers, and child protection workers. Strong evidence exists for the effectiveness of brief motivational interviewing approaches when used by such professionals.

## Recommendation 11: Skill development on Women-specific Treatment of Trauma, Concurrent Disorders and Substance Use

Provide opportunities for frontline workers to access accredited programming to further develop knowledge and skills in delivering integrated, women-specific treatment of:

- Trauma and substance abuse,
- Concurrent disorders (mental health problems as well as alcohol and drug problems).

**Rationale:** Substance use and mental health problems frequently co-occur among women who are survivors of violence, trauma, and abuse. Women who have sought help for substance use, trauma and mental health issues report misdiagnosis, extended suffering, over prescription of anti-anxiety and anti-depressant medication, and retraumatization through their encounters with health care providers who are not sensitive to their needs. The cost can also be significant for service systems when the underlying issue of trauma is not addressed. Women with trauma histories are likely to over-utilize emergency rooms, mental health inpatient units, and/or end up in the criminal justice system. Evidence-based models exist for the delivery of integrated support for women on substance use, mental health and trauma related issues. Although the Yukon has some very well educated and experienced individuals working in the area of trauma, more frontline workers need these skills.

## Recommendation 12: Training for Staff in Small Communities

Continue to offer access to training programs and offer professional support for community based workers providing services in communities outside of Whitehorse to build capacity to meet the needs of women and girls experiencing substance abuse.

**Rationale:** The frontline workers in the small communities outside of Whitehorse do the best they can in a wide variety of areas with limited time and resources. These frontline workers are fundamental to effective identification and intervention regarding substance misuse for girls and women living in rural and remote areas. Improving the skills of these workers is a good investment.

## References

- AADAC. (2003). *The Help Guide for professionals working with women who use substances: screening.intervention.referral*. Edmonton, AB: Alberta Alcohol and Drug Abuse Commission
- Aboriginal Healing Foundation. (2005). *Reclaiming Connections: Understanding Residential School Trauma Among Aboriginal People*. Ottawa, ON: Aboriginal Healing Foundation
- Alberta Alcohol and Drug Abuse Commission. (2003). *A Framework for Addictions Services for Women*. Edmonton, AB
- Best Start. (2002a). *Participant Handbook: Supporting Change — Preventing and Addressing Alcohol Use in Pregnancy — Ask.Advise.Assist*. Toronto: ON: Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre
- Best Start. (2002b). *Reducing the Impact: working with pregnant women who live in difficult life situations*. Toronto, ON: Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre
- CAMH. (2008). *Exposure to Psychotropic Medications and Other Substances during Pregnancy and Lactation: A Handbook for Health Care Providers*. Toronto, ON: Centre for Addiction and Mental Health and Motherisk
- CCSA. (2007). Improving the quality, accessibility and range of options to treat harmful substance use including substance use disorders (Treatment) [Electronic Version]. *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada*, from [http://www.nationalframework-cadrenational.ca/detail\\_e.php?id\\_sub=10&id\\_top\\_sub=2](http://www.nationalframework-cadrenational.ca/detail_e.php?id_sub=10&id_top_sub=2)
- CCSA. (November 2007). *Core Competencies for Canada's Substance Abuse Field* Ottawa, ON: Canadian Centre on Substance Abuse
- CCSA, CAMH, BCMHA, & CECA. (November 2007). Developing Recommendations for a National Treatment Strategy for Canada [Electronic Version]. *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada*, from [http://www.nationalframework-cadrenational.ca/images/uploads/file/TWS\\_Treatment/GenericNTSWGPresentationNov19\\_e.pdf](http://www.nationalframework-cadrenational.ca/images/uploads/file/TWS_Treatment/GenericNTSWGPresentationNov19_e.pdf)
- Chaim, G., & Practice Guidelines Working Group. (September 2005). *Practice Guidelines between Toronto Substance Abuse Treatment Agencies and Children's Aid Societies*. Toronto, ON
- CNSAAP. (2007). Canadian Network of Substance Abuse and Allied Professionals website [Electronic Version], from <http://www.cnsaap.ca/cnsaap/index.htm?Language=EN>
- Cory, J. (2007). *Women-Centred Care: A curriculum for health providers*. Vancouver, BC: Vancouver Coastal Health Authority, BC Women's Hospital and Health Care
- Currie, J. C. (2003). *Manufacturing Addiction: The over-prescription of benzodiazepines and sleeping pills to women in Canada*. Vancouver, BC: British Columbia Centre of Excellence for Women's Health
- Currie, J. C. (2007). The Silent Addiction: Women and Prescribed Psychotropic Drugs. In N. Poole & L. Greaves (Eds.), *Highs and Lows: Canadian Perspectives on Women and Substance Use* (pp. 449–464). Toronto, ON: Centre for Addiction and Mental Health.
- Drabble, L., Tweed, M., & Oslerling, K. (2006). *Pathways to Collaboration: Understanding the role of values and system-related factors in collaboration between child welfare and substance abuse treatment fields*. San Jose, CA: San Jose State University of Social Work
- Dun, C., & Rollnick, S. (2003). *Lifestyle Change Rapid Reference*. London, UK: Elsevier
- Finkelstein, N., Vandemark, N., Fallot, R., Brown, V., Cadiz, S., & Heckman, J. (June 2004). *Enhancing Substance Abuse Recovery Through Integrated Trauma Treatment*. Retrieved August 11, 2006, from <http://www.nationaltraumaconsortium.org/documents/IntegratedTrauma.pdf>
- Geller, J., Brown, K., E, & Srikameswaran, S. (2007). Motivational approaches to assessing and treating women with disordered eating and substance use problems. In N. Poole & L. Greaves (Eds.), *Highs and Lows: Canadian Perspectives on Women and Substance Use*. Toronto, ON: Centre for Addiction and Mental Health.
- Gose, S., & Jennings, L. (2007). Seeking Safety: Integrating substance use programming at a sexual assault centre. In N. Poole & L. Greaves (Eds.), *Highs and Lows: Canadian Perspectives on Women and Substance Use*. Toronto, ON: Centre for Addiction and Mental Health.

- Government of British Columbia. (May 2004). *Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction*. Victoria, BC: British Columbia Ministry of Health Services
- Greaves, L., Poole, N., & Cormier, R. (2002). *Fetal Alcohol Syndrome and Women's Health: Setting a Women-Centred Research Agenda*. Vancouver, BC: BC Centre of Excellence for Women's Health
- Hall, S. M. (2007). Nicotine interventions with comorbid populations. *American Journal of Preventive Medicine*, 33 (6 Suppl), S406–413.
- Health Canada. (2001). *Best Practices Treatment and Rehabilitation for Women with Substance Use Problems*. Ottawa, ON: Canada's Drug Strategy Division Health Canada
- Health Canada. (2003). *Exploring concepts of gender and health*. Ottawa: Women's Health Bureau
- Health Canada. (2006). *Best Practices — Early Intervention, Outreach and Community Linkages for Women with Substance Use Problems*. Ottawa, ON: Health Canada
- Health Canada. (2007). Canadian Tobacco Use Monitoring Survey (CTUMS). from [http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/research-recherche/stat/\\_ctums-esutc\\_2007/wave-phase-1\\_table1\\_e.html](http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/research-recherche/stat/_ctums-esutc_2007/wave-phase-1_table1_e.html)
- Hiebert-Murphy, D., & Woytkiw, L. (2000). A model for working with women dealing with child sexual abuse and addictions: The Laurel Centre, Winnipeg, Manitoba, Canada. *Journal of Substance Abuse Treatment*, 18, 387–394.
- Hume, L., & Bradley, N. (2007). Reaching Mothers and Children Affected by Substance Use. In N. Poole & L. Greaves (Eds.), *Highs and Lows: Canadian Perspectives on Women and Substance Use* (pp. 257–262). Toronto, ON: Centre for Addiction and Mental Health.
- Johnson, J., Tucker, R. S., Ratner, P. A., Bottorff, J. L., K.M., P., J., S., et al. (2004). Socio-demographic correlates of cigarette smoking among high school students: Results from the British Columbia Youth Survey on Smoking and Health. *Canadian Journal of Public Health*, 95(4), 268–271.
- Kerwin, M. E. (2005). Collaboration between child welfare and substance-abuse fields: combined treatment programs for mothers. *Journal of Pediatric Psychology*, 30(7), 581–597.
- Krane, J., & Davis, L. (2000). Mothering and child protection practice: Rethinking risk assessment. *Child & Family Social Work*, 5(1), 35–45.
- Logan, T., Walker, R., Cole, J., & Leukefeld, C. (2003). Victimization and substance abuse among women: Contributing factors, interventions and implications. *Review of General Psychology*, 6(4), 325–397.
- MacNeil, P., & Webster, I. (1997). *Canada's Alcohol and Other Drugs Survey 1994*. Ottawa, ON: Health Canada
- McGuire, M., Zorzi, R., McGuire, M., & Engman, A. (May 31, 2006). *Early Childhood Development Addiction Initiative: Final Evaluation Report v.2*. Toronto, ON: Ministry of Health and Long-Term Care: Mental Health and Addiction Branch
- Moses, D. J., Huntington, N., & D'Ambrosio, B. (April 2004). *Developing Integrated Services for Women with Co-Occurring Disorders and Trauma Histories: Lessons from the SAMSHA Women with Alcohol, Drug Abuse and Mental Health Disorders who have Histories of Violence Study*. Washington, DC: National Center on Family Homelessness
- Motz, M., Leslie, M., Pepler, D., J, Moore, T. E., & Freeman, P. A. (2006). Breaking the Cycle: Measures of Progress 1995–2005 *Journal of FAS International*, Special Supplement, 4(e22).
- Najavits, L. M. (2002). *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. New York, NY: Guilford Press.
- National Center on Addiction and Substance Abuse at Columbia University (CASA). (2005). *Women Under the Influence*. New York: John Hopkins University Press.
- National Institute on Drug Abuse. (2005). Prescription Drugs Abuse and Addiction. from <http://www.nida.nih.gov/ResearchReports/Prescription/Prescription.html>
- National Native Addictions Partnership. (December 2000). NNADAP Renewal Framework [Electronic Version], from [http://www.nnapf.org/english/pdf/publications/NNAPF\\_nnadap\\_renewal\\_framework.pdf](http://www.nnapf.org/english/pdf/publications/NNAPF_nnadap_renewal_framework.pdf)
- Ogborne, A. C., & Graves, G. (2005). *Optimizing Canada's Addiction Treatment Workforce: Results of a National Survey of Service Providers* Ottawa, ON: Canadian Centre of Substance Abuse

- Ouimette, P. C., Kimerling, R., Shaw, J., & Moos, R. H. (2000). Physical and sexual abuse among women and men with substance use disorders. *Alcoholism Treatment Quarterly*, 18(3), 7–17.
- Poole, N. (2000). *Evaluation Report of the Sheway Project for High Risk Pregnant and Parenting Women*. Vancouver BC: British Columbia Centre of Excellence for Women's Health
- Poole, N. (2004). *Aurora Centre — Annual Newsletter on 2003 Activities and Evaluation Results*. Vancouver, BC: Aurora Centre, BC Women's Hospital
- Poole, N. (2006). Doing it All: Developing integrated support for women experiencing mental health, trauma-related and substance use problems. *Research Bulletin, Centres of Excellence for Women's Health*, 5(1), 21–22.
- Poole, N., & Dell, C. A. (2005). *Girls, Women and Substance Use*. Ottawa, ON: Canadian Centre on Substance Abuse
- Poole, N., & Greaves, L. (Eds.). (2007). *Highs and Lows: Canadian Perspectives on Women and Substance Use*. Toronto, ON: Centre for Addiction and Mental Health.
- Poole, N., Greaves, L., & Cormier, R. (2003). Integrating Treatment for Tobacco and Other Drugs: The work of the Aurora Centre at BC Women's Hospital. *Journal of Nursing Research*, 35(1), 95–102.
- Poole, N., & Isaac, B. (2001). *Apprehensions: Barriers to Treatment for Substance-Using Mothers*. Vancouver, BC: British Columbia Centre of Excellence for Women's Health
- Poole, N., & Looock, C. (2005). *BCRCP Guidelines for Alcohol Use in the Perinatal Period and Fetal Alcohol Spectrum Disorder*. Vancouver, BC: BC Reproductive Care Program
- Poole, N., & Pearce, D. (January 2005). *Seeking Safety, An Integrated Model for Women Experiencing Post Traumatic Stress Disorder and Substance Abuse: A Pilot Project of the Victoria Women's Sexual Assault Centre, Evaluation Report*. Victoria, BC: Victoria Women's Sexual Assault Centre
- Prochaska, J. J., Delucchi, K., & Hall, S. M. (2004). A Meta-Analysis of Smoking Cessation Interventions With Individuals in Substance Abuse Treatment or Recovery. *Journal of Consulting and Clinical Psychology*, 72(6), 1144–1156.
- Rollnick, S., Miller, W. R., & Butler, C. C. (2008). *Motivational Interviewing in Health Care*. New York: Guilford Press.
- Rutman, D., Callahan, M., & Swift, K. (2007). Risk Assessment and Mothers who Use Substances. In N. Poole & L. Greaves (Eds.), *Highs and Lows: Canadian Perspectives on Women and Substance Use*. Toronto, ON: Centre for Addiction and Mental Health.
- Therapeutics Initiative. (2004). Use of Benzodiazepines in BC: Is it consistent with recommendations? *University of British Columbia Therapeutics Letter*, 54(November–December 2004), 1–2.
- United Nations Office on Drugs and Crime. (August 2004). Substance Abuse Treatment and Care for Women: Case studies and lessons learned. *Drug Abuse Treatment Toolkit* Retrieved December 15, 2004, from [http://www.unodc.org/pdf/report\\_2004-08-30\\_1.pdf](http://www.unodc.org/pdf/report_2004-08-30_1.pdf)
- van Wyck, L., & Bradley, N. (2007). A braided recovery: Integrating trauma programming at a women's substance use treatment centre. In N. Poole & L. Greaves (Eds.), *Highs and Lows: Canadian Perspectives on Women and Substance Use*. Toronto, ON: Centre for Addiction and Mental Health.
- Veysey, B. M., & Clark, C. (Eds.). (2004). *Responding to Physical and Sexual Abuse in Women with Alcohol and Other Drug and Mental Disorders*. Binghamton, NY: Haworth Press.
- Watkins, M., & Chovanec, D. (March 2006). *Women working toward their goals through AADAC Enhanced Services for Women*. Edmonton, AB: AADAC
- Women's Service Strategy Work Group. (2006). *Best Practices in Action: Guidelines and Criteria for Women's Substance Abuse Treatment Services* Toronto, ON: Province of Ontario, Ministry of Health and Long Term Care
- Young, N. K., Gardner, S. L., & Dennis, K. (1998). *Responding to alcohol and other drug problems in child welfare*. Washington, DC: Child Welfare League of America Inc.
- Zilberman, M. L., Tavares, H., Blume, S. B., & el-Guebaly, N. (2003). Substance use disorders: sex differences and psychiatric comorbidities. *Canadian Journal of Psychiatry*, 48(1), 5–13.



## Appendix 1: Survey Respondents Background Information

(Note: only 90 of the 115 respondents answered this section of the survey)

Community of Residence	
Whitehorse	83%
Community other than Whitehorse over 1,000 population	9%
Community other than Whitehorse under 1,000 population	8%

**Gender:** F = 87% • M = 13%

Age Range	
18–25	1%
26–35	24%
36–45	24%
46–55	40%
56–65	11%
66 and older	0%

**Primary Job Related Responsibility:** Top 4

Child and Family Services	24%
Health services	24%
Addictions services	14%
Adult Services	12%

**Number of Years of Service Delivery Experience**

under 2 years	8%
3–5 years	24%
6–10 years	21%
more than 10 years	47%

**Highest Level of Formal Education**

High School Diploma	2%
Postsecondary certificate or diploma	26%
Undergraduate University degree	57%
Postgraduate University degree	14%



## Appendix 2: Survey Instruments

### Yukon Women and Substance Abuse Research Project E-Survey — Frontline Workers

#### Section A — Questions on Issues for Women

1. What do you see as the **top three challenges** facing girls and women with substance use problems?
  - Facing stigma and discrimination experienced by girls and women with substance use problems
  - Accessing addictions treatment services
  - Getting brief support and referrals from community-based service providers who can competently discuss women's substance use
  - Getting help for co-existing violence and trauma issues
  - Getting help for co-existing mental health concerns
  - Getting help for polydrug problems, such as alcohol and tobacco, alcohol and prescription drugs, and alcohol and cocaine/crack
  - Getting information and support pre-pregnancy, during pregnancy, and post partum that can help prevent FASD
  - Getting support for childcare, to remove this barrier to attending treatment
  - Other (please specify) \_\_\_\_\_
2. Do you believe that First Nations women face different challenges from non-First Nations women?
  - Yes       No
  - If so, in what way? (150 words or less) \_\_\_\_\_

#### Section B — Questions On Needed Programming To Address Issues

3. Researchers and system planners have described a comprehensive continuum of services for girls and women with substance use problems that includes the following five levels:
  1. **Community-based supports, awareness activities and resources** — peer support groups, web-based info and supports, information lines, pamphlets, stress reduction workshops, community centre services;
  2. **Brief support** on the part of physicians, nurses, anti-violence workers, school based professionals, and other social service providers in a position to provide information, do brief intervention and referral;
  3. **Outreach and harm reduction-oriented services** — such as pregnancy outreach programs, home visitation programs, moderate drinking programs, supports provided within correctional services;
  4. **Community level addictions services and supports** — non-medical detoxification services, outpatient counselling, day treatment, aftercare and rehabilitation services;
  5. **Intensive addictions services** — medically managed withdrawal services and residential treatment
- 3a. Please check the level where your work is primary focused
  - 1       2       3       4       5

3b. If increased investment were to be made to services in Whitehorse in one or more levels of support for girls/ women in this continuum, please rank how that investment should be best placed where 1=where most investment is needed and 5= where least investment is needed

- Community supports, awareness activities and resources
- Brief counselling/support for girls and women by a range of service providers
- Outreach and harm reduction-oriented services for girls and women
- Community level addictions services serving girls and women
- Intensive level addictions services for girls and women

3c. If increased investment were to be made to services outside of Whitehorse in one or more levels of this continuum, please rank how that investment should be best placed where 1=where most investment is needed and 5= where least investment is needed

- Community supports, awareness activities and resources
- Brief counselling/support for girls and women by a range of service providers
- Outreach and harm reduction-oriented services for girls and women
- Community level addictions services serving girls and women
- Intensive level addictions services for girls and women

3d. If increased investment were to be made to enhance communication and collaboration between people working in different levels of this continuum, please indicate the two levels where enhanced collaboration is most needed (place a check beside the two levels)

- Community supports, awareness activities and resources
- Brief counselling/support for girls and women by a range of service providers
- Outreach and harm reduction-oriented services for girls and women
- Community level addictions services serving girls and women
- Intensive level addictions services for girls and women

3e. What work units / groups of service providers need to work together more closely to further strengthen services to girls and women who are experiencing substance use problems? (*please name two*)

4a. What practices do you or your agency employ that work particularly well to support women? (*By 'practice', this question refers to any agency philosophy, counselling technique, case-work approach, treatment approach, or special program or service offered*)

4b. What policies or practices in your agency could be improved to better support women?

5. What new or promising approaches to working with women experiencing substance use problems have you heard about, that might be good examples to use in the Yukon?

## Section C — Questions on Training Needs

6. What additional knowledge or skills are needed by front line service providers to increase their ability to provide quality services to Yukon women with substance use problems and their families?

Please check all that apply

- Understanding sex and gender differences in the experience of substance use (how substance use can be more serious, more prevalent, have different risk factors, different consequences, etc)
- Understanding and responding to intersections of substance use, violence and mental health problems experienced more commonly by girls and women
- Understanding and responding to substance use by pregnant women and mothers, and preventing FASD
- Skills in gender-sensitive assessment and treatment planning
- Skills in women-centred counselling and group facilitation
- Skills in provision of family and social support
- Skills in provision of prevention, harm reduction and treatment services tailored to girls and young women
- Skills in working across systems of care, teamwork, partnership and leadership
- Skills in program development, implementation and evaluation
- Skills in self care and prevention of burnout
- Other (please specify)

7. If you were going to attend a workshop, or participate in training, which of these topics would interest you most?

Please indicate your top three choices

- Understanding sex and gender differences in the experience of substance use (how substance use can be more serious, more prevalent, have different risk factors, different consequences, etc)
- Understanding and responding to intersections of substance use, violence and mental health problems experienced more commonly by girls and women
- Understanding and responding to substance use by pregnant women and mothers, and preventing FASD
- Skills in gender-sensitive assessment and treatment planning
- Skills in women-centered counselling and group facilitation
- Skills in provision of family and social support
- Skills in provision of prevention, harm reduction and treatment services tailored to girls and young women
- Skills in working across systems of care, teamwork, partnership and leadership
- Skills in program development, implementation and evaluation
- Skills in self care and prevention of burnout
- Other (please specify)

8. The methods I like best for further developing my knowledge and skills are

Please check up to three of the following

- On the job training
- Management supervision
- Clinical supervision
- Coaching
- Mentorship
- Short workshops (1–3 days)
- Short info sessions (1–3 hours)
- Long workshops (4–8 days)
- Accredited computer based education or training
- Accredited in person education or training
- Other

## Background Information

Community of Residence (identify only one)

- Whitehorse
- Community other than Whitehorse over 1,000 population
- Community other than Whitehorse under 1,000 population

Gender

- F
- M

Age Range

- 18–25
- 26–35
- 36–45
- 46–55
- 56–65
- 66 and older

Primary Job Related Responsibility (identify one only)

- Addictions services
- Social services
- Health services
- Probation services
- Victim services
- Other \_\_\_\_\_

Number of Years of Service Delivery Experience

- Under 2 years
- 3–5 years
- 6–10 years
- more than 11 years

Highest Level of Formal Education

- Less than Grade 12
- High School diploma
- Postsecondary certificate or diploma
- Undergraduate University Degree
- Postgraduate University Degree — Master's or PhD

## **Yukon Girls and Women and Substance Abuse Research Project Interview Guide — Frontline Workers**

### **Project Introduction and Consent**

A Yukon Government Interdepartmental Working Group has asked Nancy Poole and Gaye Hanson to conduct a research project on Yukon Girls and Women and Substance Abuse. Previous research has shown that there are sex and gender specific differences in substance use, problem substance use and addiction that have important implications for establishing policies and designing programs and services. The objective of the project is to conduct a literature search, identify best practices and analyse existing policies, programs and services to inform possible future improvements. In addition, the researchers will assess the training and development needs of Yukon government staff from selected government departments who work with girls and women who may be experiencing substance abuse.

We would like to have your input to this important project. Your name and contact information will not be linked to the information you provide and the findings will be reported without identifying individual people as sources. The interview will take approximately 30–40 minutes. Are you willing to proceed now? If not, can we book another appointment?

### **Section A — Questions On Defining The Issues**

1. What do you see as the three most important challenges girls and women face in dealing with their substance abuse issues? (i.e. primary needs/issues, practical needs, safety needs, mental health needs, treatment needs etc.)
2. In looking at First Nation girls and women as compared to the general population, how do these challenges differ?
3. What are the three most important issues that affect the success of program and service approaches to providing services to girls and women?

### **Section B — Questions On Programs, Services And Practices**

4. What improved girls and women focused programs, services or practices are needed in Whitehorse or as outreach from Whitehorse?
5. What improved girls and women focused programs, services or practices are needed in the communities outside of Whitehorse?
6. What policies or practices are currently working well to accommodate the needs of special populations (examples: immigrant women, women with disabilities, sexual minorities, First Nation, women living in rural/remote areas etc.)?
7. What improved services or modified practices are needed to better serve special populations?
8. What relevant best practices in program and service development have you heard about that might be good examples to use in Yukon?
9. In adapting best practices from elsewhere to our environment; what are the most important Yukon specific factors that should be considered?

### Section C — Questions On Partnership Development

10. In what areas, if any, would improved intradepartmental and/or interdepartmental collaboration help in designing and implementing improved programs and services for girls and women?
11. What are the most significant challenges in collaboration or referral processes?
12. What action would need to be taken to enhance collaboration or referral processes?

### Section D — Questions On Workforce Development

13. What knowledge, skills or abilities do front line workers need to further develop in order to provide excellent services to Yukon girls and women?
14. What education or training should be made available to assist Yukon government employees in the development of these competencies?
15. Supports for professional development can include training, education, mentorship, coaching, management and clinical supervision among other activities. What professional supports are needed to assist in the development and delivery of culturally appropriate services to First Nation, non First Nation and multicultural Yukon girls and women?

### Section E — Questions On Systems Integration

16. Researchers and system planners have described a comprehensive continuum of services for girls and women with substance use problems that includes the following five levels:
  1. **Community-based supports, awareness activities and resources** — peer support groups, web-based info and supports, information lines, pamphlets, stress reduction workshops, community centre services;
  2. **Brief support** on the part of physicians, nurses, anti-violence workers, school based professionals, and other social service providers in a position to provide information, do brief intervention and referral;
  3. **Outreach and harm reduction-oriented services** — such as pregnancy outreach programs, home visitation programs, moderate drinking programs, supports provided within correctional services;
  4. **Community level addictions services and supports** — non medical detoxification services, outpatient counselling, day treatment, aftercare and rehabilitation services;
  5. **Intensive addictions services** — medically managed withdrawal services and residential treatment

If increased investment were to be made to services in Whitehorse in one or more levels of this continuum, please rate how that investment should be best placed where 1=where most investment is needed and 5= where least investment is needed

- Community supports, awareness activities and resources
- Brief counselling/support by a range of service providers
- Outreach and harm reduction-oriented services
- Community level addictions services
- Intensive level addictions services

If increased investment were to be made **to services outside of Whitehorse** in one or more levels of this continuum, please rate how that investment should be best placed where 1=where most investment is needed and 5= where least investment is needed

- Community supports, awareness activities and resources
- Brief counselling/support by a range of service providers
- Outreach and harm reduction-oriented services
- Community level addictions services
- Intensive level addictions services

If increased investment were to be made to **enhance communication and collaboration** between people working in different levels of this continuum, please indicate the two levels where enhanced collaboration is most needed (identify two levels)

- Community supports and resources
- Brief counselling/support by a range of service providers
- Outreach and harm reduction-oriented services
- Community level addictions services
- Intensive level addictions services

#### **Section F — Question On Research, Evaluation And Knowledge Transfer**

17. What further research or evaluation work may be needed to further inform program and service development and delivery for girls and women experiencing substance abuse in their lives?
18. Is there anything else we need to know?

## Background Information

### Employing Department

- Health and Social Services
- Justice
- Women's Directorate
- Other \_\_\_\_\_

### Community of Residence (identify only one)

- Whitehorse
- Community other than Whitehorse over 1,000 population
- Community other than Whitehorse under 1,000 population

### Gender

- F       M

### Age Range

- 18–25
- 26–35
- 36–45
- 46–55
- 56–65
- 66 and older

### Primary Job Related Responsibility (identify one only)

- Detoxification support
- Addictions prevention services
- Outpatient addictions treatment services
- Inpatient addictions services
- Provision of social services
- Provision of health services
- Probation services
- Victim services
- Counselling services
- Other \_\_\_\_\_

### Number of Years of Service Delivery Experience

- Under 2 years
- 3–5 years
- 6–10 years
- more than 11 years

### Highest Level of Formal Education

- Less than Grade 12
- High School diploma
- Postsecondary certificate or diploma
- Undergraduate University Degree
- Postgraduate University Degree — Master's or PhD

## **Yukon Girls and Women and Substance Abuse Research Project Interview Guide — Managers, Supervisors and Other**

A Yukon Government Interdepartmental Working Group has asked Nancy Poole and Gaye Hanson to conduct a research project on Yukon Girls and Women and Substance Abuse. Previous research has shown that there are sex and gender specific differences in substance use, problem substance use and addiction that have important implications for establishing policies and designing programs and services. The objective of the project is to conduct a literature search, identify best practices and analyse existing policies, programs and services to inform possible future improvements. In addition, the researchers will assess the training and development needs of Yukon government staff from selected government departments who work with girls and women who may be experiencing substance abuse.

We would like to have your input to this important project. Your name and contact information will not be linked to the information you provide and the findings will be reported without identifying individual people as sources. The interview will take approximately 30-40 minutes. Are you willing to proceed now? If not, can we book another appointment?

### **Section A — Questions on Defining the Issues**

1. What do you see as the three most important challenges girls and women face in dealing with their substance abuse issues?
2. In looking at First Nation girls and women as compared to the general population, how do these challenges differ?
3. What do you see as the three most important issues faced by your agency in responding to the needs of girls and women experiencing substance abuse?

### **Section B — Questions On Policy And Program Leadership**

4. What policies or practices are currently working well to accommodate the needs of special populations (examples: immigrant women, women with disabilities, sexual minorities, First Nation, women living in rural/remote areas etc.)?
5. What improved services or modified practices are needed to better serve special populations?
6. What improved programs or services focused on girls and women are needed in Whitehorse and the communities?
7. What relevant best practices in policy and program development have you heard about that might be good examples to use in Yukon?
8. In adapting best practices from elsewhere to our environment; what are the most important Yukon specific factors that should be considered?
9. How might the Yukon policy regime around substance abuse and related issues be strengthened to support improved programming in this area?

### **Section C — Questions on Partnership Development**

10. In what areas, if any, would improved intradepartmental and/or interdepartmental collaboration help in designing and implementing improved programs and services for girls and women?
11. What are the most significant challenges in collaboration internally or externally to government?
12. What action would need to be taken to enhance collaboration?

## Section D — Questions On Workforce Development

13. What knowledge, skills or abilities do front line workers need to further develop in order to provide excellent services to Yukon girls and women?
14. What education or training should be made available to assist Yukon government employees in the development of these competencies?

## Section E — Questions On Systems Integration

15. Researchers and system planners have described a comprehensive continuum of services for girls and women with substance use problems that includes the following 5 levels:
  1. **Community-based supports, awareness activities and resources** — peer support groups, web-based info and supports, information lines, pamphlets, stress reduction workshops, community centre services;
  2. **Brief support** on the part of physicians, nurses, anti-violence workers, school based professionals, and other social service providers in a position to provide information, do brief intervention and referral;
  3. **Outreach and harm reduction-oriented services** — such as pregnancy outreach programs, home visitation programs, moderate drinking programs, supports provided within correctional services;
  4. **Community level addictions services and supports** — non-medical detoxification services, outpatient counselling, day treatment, aftercare and rehabilitation services;
  5. **Intensive addictions services** — medically managed withdrawal services and residential treatment.

If increased investment were to be made to services in Whitehorse in one or more levels of this continuum, please rate how that investment should be best placed where 1=where most investment is needed and 5= where least investment is needed

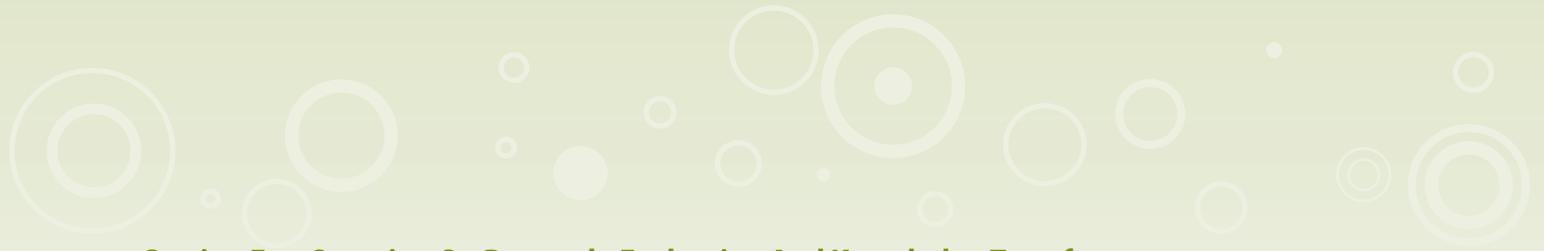
- Community supports, awareness activities and resources
- Brief counselling/support by a range of service providers
- Outreach and harm reduction-oriented services
- Community level addictions services
- Intensive level addictions services

If increased investment were to be made to services outside of Whitehorse in one or more levels of this continuum, please rate how that investment should be best placed where 1=where most investment is needed and 5= where least investment is needed

- Community supports, awareness activities and resources
- Brief counselling/support by a range of service providers
- Outreach and harm reduction-oriented services
- Community level addictions services
- Intensive level addictions services

If increased investment were to be made to enhance communication and collaboration between people working in different levels of this continuum, please indicate the two levels where enhanced collaboration is most needed (identify two levels)

- Community supports and resources
- Brief counselling/support by a range of service providers
- Outreach and harm reduction-oriented services
- Community level addictions services
- Intensive level addictions services



## **Section F — Question On Research, Evaluation And Knowledge Transfer**

16. What further research or evaluation work may be needed to further inform government decision making in this area?

## Background Information

### Employing Department

- Health and Social Services
- Justice
- Women's Directorate
- Other \_\_\_\_\_

### Community of Residence (identify only one)

- Whitehorse
- Community other than Whitehorse over 1,000 population
- Community other than Whitehorse under 1,000 population

### Gender

- F
- M

### Age Range

- 18–25
- 26–35
- 36–45
- 46–55
- 56–65
- 66 and older

### Primary Job Related Responsibility (identify one only)

- Management
- Supervision
- Policy analysis
- Program design and development
- Expert resource / clinical supervisor
- Mentor / coach
- Other \_\_\_\_\_

### Number of Years of Relevant Experience

- Under 2 years
- 3–5 years
- 6–10 years
- more than 11 years

### Highest Level of Formal Education

- Less than Grade 12
- High School diploma
- Postsecondary certificate (up to one year of study)
- Postsecondary diploma (approximately two years of study or equivalent)
- Trades certification
- Undergraduate University Degree
- Postgraduate University Degree — Master's or PhD





