

**Mamisarniq Conference 2007**  
**Inuit-specific Approaches to Healing**  
**from Addiction and Trauma**



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**INUIT TAPIRIIT KANATAMI**

**Prepared for: Inuit Tapiriit Kanatami**

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## Executive Summary

With financial support from ITK through Health Canada, Tungasuvvingat Inuit, the Ottawa Inuit organization, organized and facilitated the second Mamisarniq Conference, May 29-31, 2007 at Gracefield Camp near Gracefield, Quebec, about 100 kilometres north of Ottawa.

Mamisarniq Conference 2007 brought together addiction and mental health workers from Northern Regions and the South who are involved in providing Inuit-specific mental health and addiction services to achieve the following goals:

- Share effective Inuit-specific approaches to healing
- Gain knowledge of a wide range of Inuit treatment and healing programs
- Discuss training needs and treatment options
- Network with colleagues from other regions
- Participate in care-for-the-caregiver activities

As was the case with the ground-breaking first Mamisarniq Conference April 5-6, 2006 at the Minto Suites Hotel in Ottawa, which brought together Northern and Southern addiction and mental health workers for the first time to exchange ideas on Inuit-specific services, the 2007 gathering significantly exceeded organizers' expectations.

"The conference was about much more than just sharing information," said conference coordinator and emcee Pam Stellick, Tungasuvvingat Inuit's Director of Counselling Services, as the gathering concluded. "There has been true healing and bonding. Being out here away from the city and its distractions has really brought us together. Thank you for sharing such precious things with us, not just in your presentations but in the healing circle and the gifts of your companionship and friendship."

The valuable and extensive networking experience created by the 2006 conference was expanded upon and taken to a deeper and more intimate level by conducting the 2007 conference in the beautiful and restorative setting of Gracefield Camp.

The gathering brought together 17 workers from Cambridge Bay, Igloodik, and Pond Inlet in Nunavut; Kuujuaq in Nunavik; Nain, North West River and Happy Valley-Goose Bay in Nunatsiavut and from Ottawa.

One of the great strengths of the conference was the diverse nature of the programs it featured and their wide range of promising practices.

The opening presentation on the Honoring Abstinence Program was made by a five-member contingent from the Nunatsiavut Department of Health and Social Development (NDHSD), consisting of Jean Crane, Elder; Gwen Watts, Director of Mental Health and Addictions; Shirley Flowers, Project Coordinator; Mina Campbell-Hibbs, Nunatsiavut Assembly Member and Johannes Lampe, Interpreter/ Translator.

Detailed and illuminating presentations also were made by conference elder Thomas Ootook of Pond Inlet on traditional Inuit healing therapies and by Siasi Iqumia and Martha Annanack of Kuujuaq, on the mobile Nunaituqait Ikajuqatigiit Program, which trains Nunavik community leaders on trauma, addiction and suicide and also trains frontline workers.

Grayling Malaterre spoke about the residential treatment program he facilitates at the Cambridge Bay Community Wellness Centre. Tungasuvvingat Inuit's Mamisarvik Healing Centre residential trauma and addiction program was described by Stellick; Ginette Chouinard, Coordinator; Reepa Evic-Carleton, Trauma and Addiction Therapist, and Sadie Hill, Intake and Assessment Worker.

Monica Ittusardjuat of Igloolik, a teacher with the Nunavut Teacher Education Program, made a presentation on the Qauma Mobile Treatment Project for residential school survivors.

ITK's Catherine Dallas, Senior Policy Advisor, and James Cincotta, Senior Project Coordinator, tag-teamed a frank open discussion about priorities for national advocacy on treatment and mental wellness issues and provided information updates in the field to conclude the conference's formal agenda.

The following are key recommendations from conference participants:

- Mamisarniq Conference to be held annually (unanimous) and also in the North
- Increase number of frontline workers attending conference
- Create a frontline workers' association to address specific concerns in the field
- Add urban Inuit, consumer and frontline representation to the National Treatment Strategy Working Group
- Add urban Inuit representative to the ITK board
- Resolve confusion about eligibility for and tracking of NADAAP funding
- Greater enforcement of laws prohibiting marijuana use in North
- Exchange more care-for-the-caregivers techniques
- Increase resources to combat suicide

- Help community members understand that substance abuse keeps them silent and blocks social change.
- Emphasize holistic approach to healing, including housing, social services and economic development

## Introduction

The intent of TI's inaugural Mamisarniq Conference in 2006 was to create the first forum for face-to-face interaction between Northern and Southern frontline workers involved in Inuit-specific trauma and addiction and mental wellness issues, many of whom had been communicating for years by telephone and e-mail alone.

One of the most important results of that seminal gathering was that a powerful sense of network emerged, especially for Northern workers who felt isolated in their communities.

The 2007 edition of the conference continued to build on that sense of network and followed up on one of the 2006 conference's key recommendations, namely to "Bring Northern and Southern frontline workers together to present on their Inuit-specific programs and services."

TI's Pigiavik House residence was utilized to accommodate conference participants after arriving in Ottawa. A reception and feast were held there on the evening of Monday, May 28.

TI decided to stage the 2007 gathering at Gracefield Camp, where it takes its clients for intensive work during the fifth week of its treatment cycle.

"This is a healing place," said Reepa Evis-Carleton of the 280-acre, spiritual environment in the Upper Gatineau Valley, where many clients have undergone major transformation. The camp itself was a significant player in the event, with its two kilometres of shoreline on Lac Castor and 20 kilometres of hiking paths through mixed forest and rolling hills along the Trans-Canada Trail.

The setting promoted networking and self-care opportunities of a profoundly more intimate nature than those of a city hotel, with canoeing and bonfires accompanied by drumming and singing built into the agenda. A very powerful healing circle was led by Thomas Ootook. Just before returning to Ottawa, conference-goers were deeply moved by the meditative force of walking the twisting paths of the camp's intricate labyrinth, a first experience for most.

## Conference Organization

TI's Mamisarvik Healing Centre staff organized and facilitated the conference.

The organizing team consisted of:

Conference Coordinator:	Pam Stellick, Director of Counselling Services
Conference Emcee:	Pam Stellick, Director of Counselling Services
Program Committee:	Reepa Evic-Carleton, Trauma /Addiction Therapist Ginette Chouinard, Treatment Coordinator Pam Stellick, Director of Counselling Services Gordon Johnson, Residential Counsellor
Transportation Coordinator:	Christine Lund, Diabetes Coordinator
Translation Coordinator:	Reepa Evic-Carleton, Trauma and Addiction Therapist
Finances:	Jason LeBlanc, Financial Administrator
Support Staff:	Sadie Hill, Intake and Assessment Jeanie Schofield, Cook Leeanne Anawak, Residential Counsellor Ruby Arngna'naaq, Residential Counsellor Rick Mayoh, Residential Counsellor

Translation services were ably provided by July Papatsie and Simona Arnatsiaq.

## **Presentations**

### *Honoring Abstinence*

The enthusiastic, five-member group from Nunatsiavut got the conference off to a high-energy start with a multi-media presentation on their Honoring Abstinence Program. All are members of the Community Healing Advisory Committee of (NDHSD). They drummed, sang and presented a slide show.

The Honoring Abstinence program can be established in almost any community with very little cost and celebrates people in recovery, those who have become role models, mentors and supports. Its goal is to help build healthy individuals, families and communities by supporting those who have traveled along their healing journey. They share success, ideas and resources in a community-oriented group that has become an alternative to Alcoholics Anonymous.

“It was really good for me to have someone recognize that I’m sober,” said Shirley Flowers of Happy Valley-Goose Bay, a NDHSD Project Coordinator.

“‘Since Gosling Lake’ is our landmark,” said group elder Jean Crane of Happy Valley-Goose Bay, a very youthful 78 years old. The group developed out of a retreat at Gosling Lake, near Goose Bay, Oct. 27-29, 2006.

It is open to Nunatsiavut beneficiaries with three or more years of abstinence from drugs and alcohol and has grown to about 30 members, who meet once a month. A spiritual drumming circle of 12 members has also emerged from the group.

“People are finding the courage to say ‘If we could do it, you could do it, too,’” said Johannes Lampe, a lay pastor in Nain, where a second group has grown out of the original one in Happy Valley-Goose Bay. There are plans to start Honoring Abstinence groups in every Nunatsiavut community. “People feel it’s a safe place to be real. We talk about feeling like a family. We often talk about how we’ve seen miracles.”

The concept grew out of the Nunatsiavut Alcohol and Drug Committee Hearings that traveled to each community in 2006. The Honoring Abstinence Group focuses on spirituality and teachings to support the caregivers, who then create supports in the community.

“We are connected in many different ways,” said Gwen Watts, NDHSD Director of Mental Health and Addiction Services. The group focuses on the power of positive thinking, forgiveness, talking circles, healing from residential schools and music and entertainment.



“The drum frees my spirit,” said Nunatsiavut Assembly member Mina Campbell-Hibbs of North West River. “A man is a product of his thoughts,” she said, quoting Mahatma Ghandi. “What he thinks, he becomes.”

Another Honoring Abstinence retreat at Gosling Lake is planned for June 22-24, 2007.

Later in the conference, Lampe spoke of the “Memory Wall”, another event that took place in his home community. This project provided safety and support for people to remember and grieve loved ones who have died from suicide, accidents, illness or natural deaths. The project was successful in helping many people cope with these painful losses.

### *Traditional Inuit Healing Therapies*

Thomas Ootook’s powerful offering was rich in traditional analogies. The conference elder, 63, from Pond Inlet, was a corrections guard with the RCMP for 20 years until retiring recently and started his own healing journey in 1994. He has conducted healing circles and counselled in 13 communities.

He had a considerable impact on the conference participants with his clear, direct and rigorously honest stories that repeatedly delivered the message that healing comes when trauma is faced head on and discussed.

A strong example of one of the analogies that came from his flip chart of images centered on a picture of a food cache.

“There is caribou meat in there,” Ootook said. “It is covered with rocks to keep the animals out. There is nutrition in there but the rocks have to be taken off to get to it. I will look for help to release that rock. It comes out through my mouth. Some are small, some are large.

“The biggest ones on the bottom are the toughest. They have to come out through our mouths. Sometimes men cry with the sound of the snowmobile and release their pain. We just have to get rid of those rocks one by one to release all of that good food.

“The biggest one is right inside your stomach. Problems keep piling up on top. Without releasing all of that pain, we pile them up very high. We need to speak. What saved my life was my mouth. I had the courage to talk about my pain and it saved my life.”

The elder introduced many other analogies involving icebergs, tents, dog teams and tangled whale nets and spoke of trauma issues affecting the soul, spirit, physical body and emotions.

“I can give my trauma to someone else,” he said. “If someone gives you this lateral violence, let them talk. You don’t take ownership of other people’s problems. If you never address your own trauma issues, you are never grounded and home. Make a commitment to cut the cord. Once you let your baggage go, you will feel very light.”

## *Nunalituqait Ikajuqatigiitut*

Siasi Irqumia of Kuujjuaq is Program Manager of the Nunalituqait Ikajuqatigiitut program, which is celebrating its 20<sup>th</sup> year this year. The program offers community workshops on trauma, addiction and suicide for community leaders and training for frontline workers.

It is a support program funded by Health Canada and NADAAP and does not do individual counselling but it is developing a connection with the Isuarsivik residential treatment program in Kuujjuaq.

“I believe Inuit have to work with Inuit, that we have the capability and the solutions,” Irqumia said. The program offered training to community leaders in Kuujjuaq in 2005, to frontline workers in Inukjuak and Kuujjuarpik in 2006 and plans further sessions with communities on the Hudson Bay and Ungava Bay coasts this year.

Irqumia discussed definitions and types of trauma, including single-episode, repetitive and multi-generational. She offered a very detailed history of Inuit trauma in Nunavik and outlined her program’s four-day trauma course for community leaders and four-week course for frontline workers, both tailored to community needs.

“We feel a loss when we go through trauma, like death,” she said, discussing her own experience with sexual abuse. “Many people commit suicide because of unresolved trauma.”

She discussed the effects of trauma at various ages and of multi-generational trauma when it is unresolved: “Future generations become the carriers of all the unresolved trauma of the past. It becomes multiplied.

“The only way you can help is to help yourself first. We need to be healed, we need to be grounded ourselves.”

The program has a fulltime secretary and four addiction workers, two fulltime and two part-time.

## *Cambridge Bay Residential Treatment*

Grayling Malaterre has been facilitating residential treatment through the Cambridge Bay Community Wellness Centre for 15 years. He was quick to voice his gratitude that, unlike many other conference participants, the ever-present issue of funding for his four-week program is not on his personal plate. Wellness Centre director Alice Isnor identifies and secures financial support for the program.

“We are also fortunate to be under the auspices of the Hamlet of Cambridge Bay and so we are not reliant on one source of funding,” he said.

He described his intensive program as being “not for the people who need it but for the people who want it” and emphasized that participants are not bad people trying to get good.

“We (addicts) are either going to be locked up, sobered up or covered up,” said Malaterre, who strikes a blow for self-care by taking three months off from his challenging work each year.

His program features pre-treatment, a graduation involving the community and a structured follow-up within three months. It was recognized by the justice system for helping to reduce the number of charges on the Cambridge Bay court docket to 75 from 200 in the community of 1,500 people.

Malaterre describes his clients as battling denial, crime, complacency, parenting shortfalls, lack of a support system and the effects of residential schools and intergenerational trauma. It is designed to address addiction while providing time and safety to work on core issues. Care is taken to ensure roommates are compatible.

The program is facilitated by Inuit staff (except for Malaterre, who is Metis). It concentrates on components dealing with trust, feelings, self-esteem and communication, addictions, anger and grief, family violence, relationships and families, relapse prevention and self-care and transition from treatment back to home and community. The model includes healing circles, recreation and Alcoholics Anonymous, both in-house and in the community.

“We visit the two-bay garage in town where the caskets are stored, we visit jail and the graveyard. This is a matter of life and death.”

Malaterre screened a video on unresolved anger by respected authority Ernie Larsen.

He said personal self-care plans are created with clients and copies are sent to other counsellors and probation officers in the community: “It’s important that people are held accountable.

“Before participants return home, we’ll go to their apartments, put some groceries in the fridge and do some painting to show something has changed.”

## *Tungasuvvingat Inuit's Mamisarvik Healing Centre*

Ginette Chouinard, Treatment Coordinator; Reepa Evic-Carleton, Trauma and Addiction Therapist; Pam Stellick, Director of Counselling Services and Sadie Hill, Intake and Assessment Worker, outlined Mamisarvik's trauma and addiction treatment program in Ottawa. It is funded by the Aboriginal Healing Foundation and Government of Nunavut.

"One of our best attributes is our flexibility," said Chouinard, whose program has become national in scope and conducts four, eight-week cycles a year. It includes pre-treatment, assessment and aftercare for Inuit clients living in the North and South, for a total therapy of from two to two-and-a-half years.

"We think it is important for clients to have choices. We offer both abstinence and harm reduction. There is residential and day treatment. There is exposure to Alcoholics Anonymous."

Mamisarvik's treatment model is holistic, biopsychosocial and accommodates multiple and inter-generational trauma resulting from residential schools, dog slaughter and forced relocation. Its assessments are valued by community systems such as justice and the Children's Aid Society. Ten of 13 staff members are Inuit and the program's approach is to assist clients on their own voyage of self-discovery. Developing and training Inuit counsellors is a high priority

"Treatment is very directive and our program requires that the clients demand change of themselves," said Chouinard. "We also focus a lot on taking care of ourselves. We work with staff issues and really support each other."

Chouinard described the intense work clients undergo at Gracefield Camp concerning violence and abuse, both as the abused and the abuser. Drawings are made on pictures of human forms to show where hurts have been received. Then clients go into gender groups for disclosure.

Evic-Carleton is a survivor of forced relocation and spoke about the great healing attributes of learning Inuit history. Elders visit to help with that process and to teach traditional knowledge.

"People begin to say 'No wonder I feel this way,'" she said. "We have to be proud of who we are and where we come from."

She demonstrated the powerful Bowl of Pain exercise, in which clients squeeze drops of food dye into a fishbowl and describe how their choice of color represents their pain. The water in the bowl turns black as more disclosures are made. Then at the end of the sharing, a secret ingredient (Javex) is added, which transforms the water into a clear, golden color, the color of healing.

Stellick provided insight into Post Traumatic Stress Disorder and grounding techniques to manage it. She said a screening tool used by her agency indicates the presence of PTSD in about

85 per cent of clients. Following eight weeks of treatment, these indications are significantly reduced or gone for most.

“People can feel like they are going crazy,” she said. “PTSD is a medical disorder. You’re not crazy. What happened to you is crazy. We give the tools to be able to manage those emotions and come out the other side safely. It’s all about empowerment and supporting healthy choices.”

Hill was a client in the first of Mamisarvik’s 13 treatment cycles since 2003 and provided valuable insight in describing her experience from a client’s perspective.

“I got to be a professional quitter ... I wanted to become a social drinker,” she said. “The hardest point for me was telling my husband not to buy me any more white wine. I was really nervous about going from one-on-one counselling into group therapy but I made it. Then I trained to become a residential worker, an intake and assessment worker and now I (facilitate) groups myself.”

## *Qauma*

“Qauma means light, as in at the end of the tunnel, there is eventually light,” said Monica Ittusardjuat, of the name of her mobile program for residential school survivors, funded by the Aboriginal Healing Foundation.

The teacher with the Nunavut Teacher Education Program said Qauma resulted from the 1993 Chesterfield Inlet reunion of residential school survivors.

“We try to represent all of the survivors from Nunavut,” she said. The program has conducted four-week sessions in communities including Igloolik, Chesterfield Inlet, Gjoa Harbour, Repulse Bay, Iqaluit and Rankin Inlet.

Thomas Ootook and Arctic College educator Meeka Arnakaq of Pangnirtung are elders with Qauma, which also benefits from the services of Ottawa’s Centre for Treatment of Sexual Abuse and Childhood Trauma.

Qauma’s therapies are tailored to meet individual needs and can include massage, walking and working with sand and children’s toys. Many clients are substance abusers and many are separated from their partners.

“We talk a lot about loss of family, isolation, abduction from our parents and how that affected us,” said Ittusardjuat. “Betrayal and abuse and violence are main issues. There is a lot of self-inflicted pain.”

The main theme of the program is the importance of reconciliation and forgiveness and the Bible is used as a central reference for healing. Much emphasis is placed on the core issue of

rejection and its causes. The subject is framed by the “roots and fruits” of rejection and identifying the good and bad fruits.

The three main roots are rebellion (fight response), self-rejection (give-in response) and self-protection (hold-on response) and each one produces its own fruit with its own costs.

“Sometimes there would be 22 people involved in the circle. Sometimes there would be animosity and hate but we overcame that.”

### *Inuit Tapiriit Kanatami Open Discussion*

ITK’s Catherine Dallas, Senior Policy Advisor, and James Cincotta, Senior Project Coordinator, led a lively open discussion seeking priorities for national advocacy on treatment and mental wellness issues. They also reported to the conference on their activities at the national level.

Their efforts were highly appreciated by conference participants.

“I want to thank both of you,” said Ginette Chouinard, Mamisarvik’s Treatment Coordinator. “I like your honesty. I’ve been to too many meetings in 30 years where we got illusions. It makes me feel real that you are not pretending with us.”

The ITK duo spoke about attending a recent meeting of the National Treatment Strategy Working Group, a group consisting of national organizations tasked with designing a national framework for treatment to be ready for implementation by March, 2008.

One of the main focuses of the meeting was on system performance measurement, exactly what treatment information is important at the national level for such a framework.

“Listening to everyone around that room, it was very clear there is no one-size-fits-all,” said Dallas.

“I’m in full agreement that we should measure what works and what doesn’t work but I think it should be brought back to the frontline people,” said Chouinard. “There is no new money for this. When there is money, the treatment organizations have to fight for it. The government places the responsibility on us when we are already limited in our resources.”

Chouinard called for the establishment of a frontline-worker association and said treatment consumers should also be involved in the planning.

“We have to do this difficult work and then raise funds at the same time. Inuit people pay taxes and they shouldn’t have to beg for it.”

Cincotta responded to Monica Ittusardjuat’s concerns about continued funding for the healing of residential school survivors. He said the First Nations and Inuit Health Branch (FNIHB) has

received a contract from Health Canada to provide counselling support for residential school survivors in all of the land-claim areas. The details are not yet clear but he said a list of counsellors for each region is being compiled and there will be good access to such counselling.

Ittusardjuat also inquired about what is being done to deal with soaring Inuit suicide.

“At FNIHB, we continue to tell them that it is an epidemic and the funding has to be there,” said Dallas. “But it is not just about funding, it’s about human resources and building capacity and a lot of other things.”

Dallas said \$13.5 million is being re-profiled as part of the federal government’s focus on drug treatment and enforcement. The money will be divided primarily between the provinces and territories, with a small amount available federally for innovative programs.

“We have also had a commitment from the Minister of Health to have an Office of Inuit Health within FNIHB and that is being put together right now,” she added.

Reepa Evic-Carleton voiced concerns about urban Inuit representation and asked if a position can be created for a representative on the ITK board. Dallas replied that the idea is being discussed.

Thomas Ootook called for much more attention to be paid on the widespread use of marijuana in the North, saying many people who commit suicide are high at the time.

Siasi Irqumia said much more than treatment money alone is needed in Nunavik: “What we receive from NADAAP is not enough. I need housing, community-based economic development ... this is Canada!”

“There needs to be more of a focus on pre-treatment and aftercare and applications for funding aren’t friendly, they can be scary,” said Grayling Malaterre.

Dallas also updated the conference on the progress of the Alianit Inuit Mental Wellness Task Group, which has developed a broad action plan.

The five priorities of the plan are to ensure a continuum of culturally relevant mental wellness programs and supports; to recognize the strength in community roles and connections; to increase community resources for the mental-wellness continuum; to ensure that Inuit-specific data, research, information, knowledge and training are available; and to enable implementation of an action plan through strong partnerships between provinces, territories, Inuit organizations, FNIHB and other government departments such as housing, social services and economic development.

## So how was the conference?

### *Participant Comments:*

Thomas Ootook: "It's been a very good, successful meeting. I really like it. I'm always looking for a way to improve my healing circles."

James Cincotta: "There is really a lot of strength here."

Shirley Flowers: "I'm proud to be here."

Ginette Chouinard: "We sang, we played, we got serious, we made new friends."

Siasi Irqumia: "It was the right thing to do to come here and get care for the caregiver."

Gwen Watts: "This has been a very powerful past few days. I wanted to get some Inuit-specific tools. I'm looking forward to all of us networking."

### *Anonymous Written Evaluations:*

"I most liked how the presenters spoke from the heart, that we focused on the reality of the communities and not on theory. I liked how participants came from a perspective of compassion and have a holistic focus on healing. I thought Thomasie's presentation was incredibly powerful and he provided what I came here to learn: innovative Inuit-specific approaches."

"This conference was excellent. Pam did a fantastic job of planning and facilitating everything. The conference location is great but I found the meals to be mostly unsatisfactory. I would have liked there to be meat and fish. To this Northern Inuk, it was city food."

"What I liked most was understanding more on the process of healing."

"I liked the well-prepared presentations of all involved, the closeness and openness of all participants."

"What I liked least was that there was not enough time for presentations. Accommodations not so primitive next time. Beds very hard."

"I liked the networking and sharing information; more healing circles and care for the caregivers."

"The presentations were Inuit-specific and related to Inuit addictions and trauma."

"It was great. I liked getting to know the participants more profoundly."

"Go North for the conference."



“I liked the range of approaches and the elder’s materials. There was some repetition and I would have liked more about how to move forward after releasing. This was very well put together and conducted. The only improvement would be to have more people attend.”

## Conclusion and Recommendations

Participants were overwhelmingly satisfied with the second Mamisarniq Conference and were unanimous in their desire to attend another next year.

They were asked to assess the gathering in six categories: overall satisfaction, Pigiarnvik facilities, Monday reception, conference location, conference content and satisfaction with speakers/presenters.

On a scale from One to Five - with One being poor, Three satisfied and Five excellent – the combined results for what they selected area as follows: one Two, four Threes, 21 Fours and 29 Fives.

As the participants’ remarks indicate, the goals of the conference were fully realized, even beyond organizers’ expectations. There was an element of risk in the choice of location but Gracefield Camp came through with flying colours, although there is always room for improvement, such as providing a supply of country food.

The only element of the goals that wasn’t fully explored was training needs, although Mamisarvik residential counsellor Rick Mayoh discussed the subject with James Cincotta and Catherine Dallas and it was addressed briefly elsewhere.

Grayling Malaterre spoke for many when he said: “I leave with a head full of knowledge. I leave with a heart full of joy and happiness.”

Recommendations:

- Mamisarniq Conference to be held annually (unanimous) and also in the North
- Increase number of frontline workers attending conference
- Create a frontline workers association to address specific concerns in the field
- Add urban Inuit, consumer and frontline representation to the National Treatment Strategy Working Group
- Add urban Inuit representative to the ITK board

- Resolve confusion about eligibility for and tracking of NADAAP funding, which needs to be increased
- Recognize need for more funding to cover pre-treatment and aftercare
- Dedicate individuals in programs to find funding and make application process more user-friendly
- Greater enforcement of laws prohibiting marijuana use in North
- Exchange more care-for-the-caregivers techniques
- Establish an Inuit-specific Trauma and Addiction Counsellor certificate or diploma education program in the North
- Increase resources to combat suicide
- Help community members understand that substance abuse keeps them silent and blocks social change.
- Emphasize holistic approach to healing; including housing, social services and economic development, in addition to trauma and addiction programs