

**Native Addictions Council of Manitoba**  
**Executive Director's Annual Report**  
**April 1, 2018 – March 31, 2019**

The Native Addictions Council of Manitoba became 47 years old on February 21, 2019. Much has transpired since NACM's inception. The name of the organization changed from the Native Alcoholism Council of Manitoba in 1996 to reflect that the agency was treating so many more addictions than just alcoholism. The most effective tools that NACM began to utilize was the healing practices of the Traditional Cultural Ways of our ancestors.

**Vision Statement**

**Holistic Healing of Mind, Body and Spirit for All.**

Accreditation Canada has once again granted accreditation status to NACM until 2022. Much hard work by the agency staff and along with the Accreditation Co-ordinator, Barry Fontaine, went into achieving this goal once again. Thank you to everyone for all the hard work.

Along with this accreditation came Policy Development and revision of existing NACM policies. A new By-Law#2 that governs the NACM is now in place to update the old policy. Our lawyer assisted in revising our Conflict of Interest Policy, Sexual Harassment Policy, Confidentiality Policy, Financial Policy, and Drug Screening Policy, to name a few. Other policies are a revised Medication Policy, Safe Handling and Storage of Linen Policy, Safe Handling of Food, Exercise Policy and a Client Safety Policy to name a few more. These revisions are on-going as our improvements to our programs are continuous.

**Finances:**

The audited statements for the 2018-2019 fiscal year again report a clear audit. Our finances are well managed to address the People's needs. From First Nations and Inuit Health (FNIH), we have received \$827,775.00 for the past year with a one-time budget allocation of \$494,241.00 in March which most is being carried over to this current year. Again, we have received \$663,100.00 from Manitoba Health, Seniors and Active Living /Accountability Management Policy and Accountability Division of the Province of Manitoba. NACM is grateful for these main funders as it allows us to continue our mission, "to provide traditional healing services...", to those still in need.

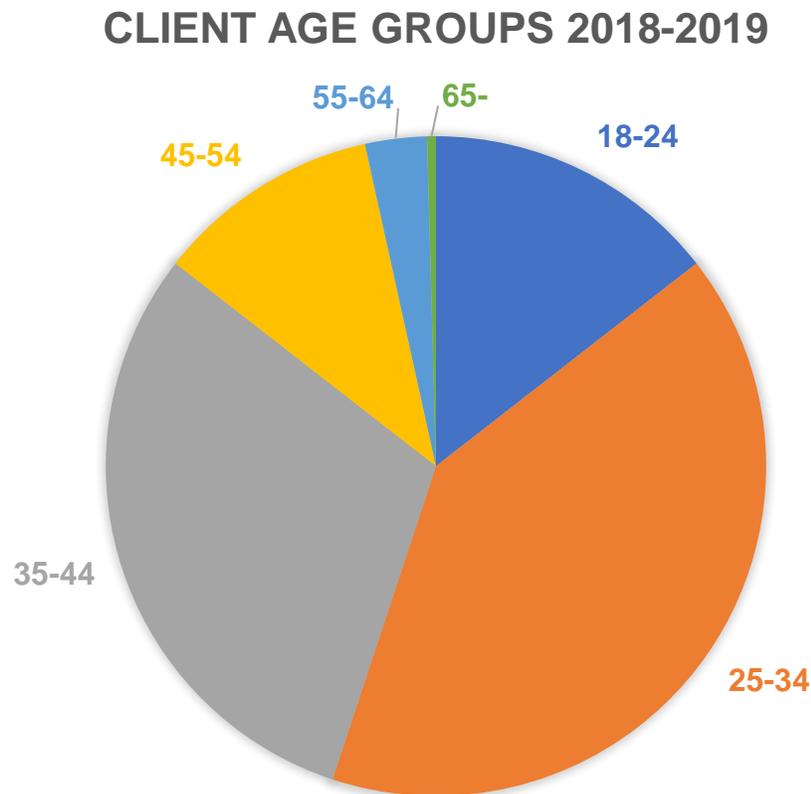
Before year end we received funds for a 3-year Cannabis Education/Prevention Program from Health Canada that begins June 1. This project is funded for \$1,260,900.00 for 36 months. This

extra money allows us to do much needed prevention work and awareness on the dangers of Cannabis use and addiction, especially among youth and children. We have planned for our own videos, material on cannabis use, statistics provided from our local schools, i.e. University in the Community, and other relevant agencies, mainly targeting the youth population.

At this time, we are again reporting that Repairs and Maintenance is a large expenditure for our budget. This past year has seen resident's rooms upgraded with tile replacement, painting and with new fire and smoke detector installations. Other on-going renewals are in our other common rooms such as the window in our 2<sup>nd</sup> floor meeting room. This was a hazard in the room as well as the outside of the building.

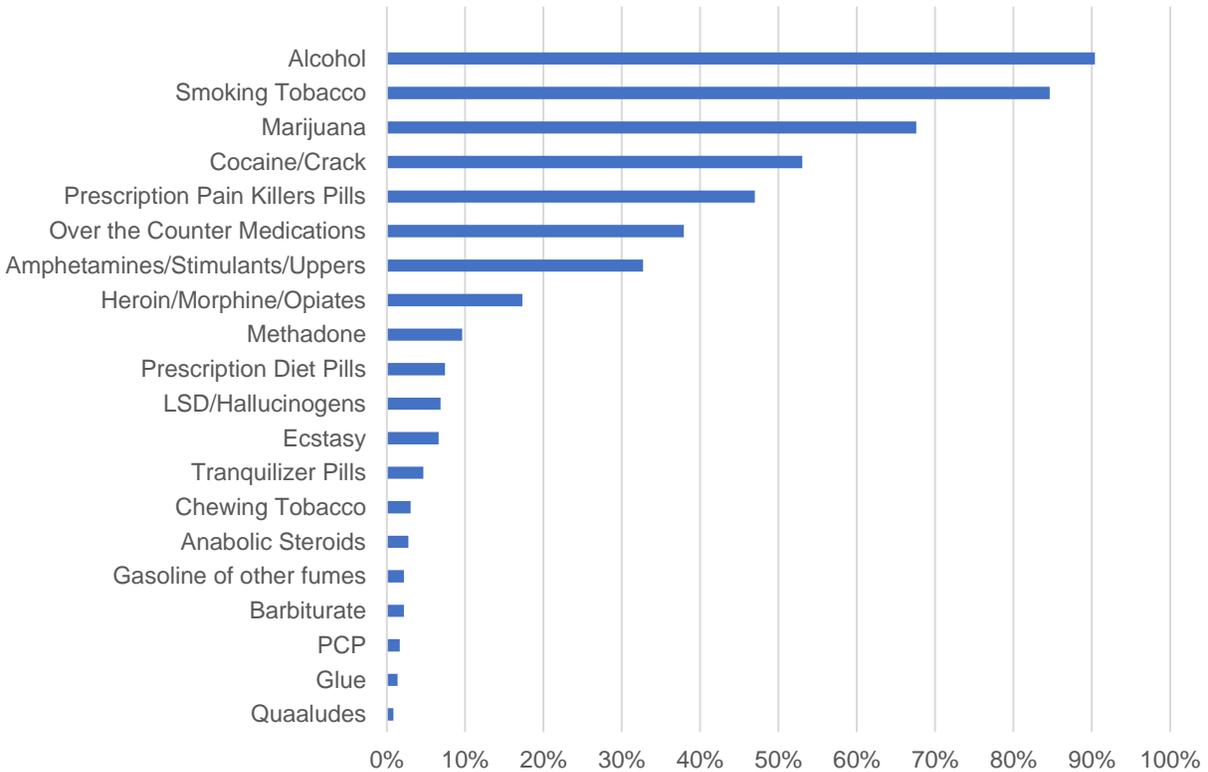
The NACM continues to be under a provincial audit that began in January 2017. The province funds us for Pritchard House, our live-in treatment Centre.

**Treatment Statistics:**



Statistics from the AMIS System for the 2018-2019 fiscal year have more females (61%) than males (39%) attending treatment at our centre. Most of our clients fall into 2 age groups: 41% are from ages 25 to 34 and 30% are aged 35 to 44. The average age of our clients is 36.

## Substances Reported 2018-2019



Alcohol Abuse is still the highest abused substance reported at 90% amongst program participants. Tobacco use is second with 85%, Marijuana or Cannabis is third with 68%, Cocaine or Crack is fourth with 53% and Prescription Pain Killers are fifth at 47%.

### **Risk Management:**

**Client safety** is always in the forefront of the services we provide at NACM as it is reflected in our organizational chart. This year has been filled with improving security issues both physically on-site, with program delivery and when creating and updating such policies. For one, we are fortunate to have security at this time, for the evening shifts and at night time. We still require 24-hour security funding at this time.

Along with all the Risk Management issues being dealt with internally many policies have been developed or updated once more. Some examples of these policies are, but not limited to: The Sexual Harassment Policy, Confidentiality/Disclosure Policy, Falls Prevention Policy, Drug Screening Policy, Exercise Policy, Handwashing Procedures, and Infectious Disease Control Policy.

From the past year, we also have land access that will enhance our traditional program. Although we have cultural ceremonies and teachings on-site, there are distinct healing practices that require on the land activities. This is a real asset for these purposes. The land in the RM of Brokenhead is 53.4 acres and is zoned for our needs at this time.

### **Programs:**

The main programs that our organization delivers are: the **5-week Pritchard House** live-in Program, the **7-week Outpatient Treatment Program** and the **8-week Aftercare Program**. Along with these programs our staff have developed:

- A Traditional Parenting Program.
- An exclusive Couples Program, offered twice a year.
- A Cannabis Prevention and Education Program for children, youth and young adults.
- A Nutrition Program delivered by Mount Carmel Clinic's nutritionist, Nina Kudriakowsky.
- Crafting classes.
- Client graduation feast.
- Traditional herb picking (sage, etc.)
- And other initiatives.

Several committees of staff are also operating throughout the year. The **Health and Safety Committee** meets regularly to address all health and concerns for the clients, staff and the public. The **Critical Incident Team** deals with bigger issues that are problematic on-site. This may involve potential disasters as well. The **Self-Care Committee** meet to implement solutions to staff for self-care as well as teach self-care to clients.

The **Planning Committee** is a new group of staff for each event who organize functions such as:

- The Walk for Sobriety.
- The Addictions Awareness Week.
- The Annual Health Fair.

Much great work has transpired in the past year. From our last annual report some of our initiatives have been partly accomplished or completed. They are:

- Education of cannabis and its harmful effects in our community beginning with local schools, secondary schools and community organizations.
- Prevention and education with youth in local schools and on the effects of addictions.
- There have been funds made available for this year only from FNIH for the Couples Program and Traditional Parenting Program.
- We now have a land base to so some ceremonies and group activities for our cultural program. FNIH funding is assisting in this initiative.

- We have security for our evening shifts for the remainder of this year. Along with night security. Our goal is to have 24-hour protection for our clients, staff and the public with on-going funding. This has been identified in many requests for funding.

### **Plans for Future Initiatives:**

1. Continued networking with other like-funded agencies that will result in more treatment to address Crystal Methamphetamine.
2. To secure funding for permanent 24-hour security personnel and equipment.
3. To access adequate funding for the Pritchard House Treatment Program.
4. Resources to include family treatment past the Couples Treatment and Traditional Parenting Programs.
5. To acquire medical personnel (i.e. Nurses, Doctor, Mental Health Therapists, etc.) to aid in the treatment of addictions.
6. Youth services to include more resources for training, cultural activities and strategies to overcome stigmas, racism, etc.
7. To develop more resources (i.e. posters, pamphlets etc.) to the Indigenous Community/Communities throughout the year.
8. Funding for a new(er) facility OR
9. Increased allotments for the repairs and maintenance of the 160 Salter facility.

Lastly, it has been a sincere pleasure working for the People who access our services and for the dedicated staff who have worked tirelessly to assist them. Thank you all, clients and staff for your assistance in helping the NACM continue to be the beacon of light for all those who still request the Cultural Therapy in their recovery.

Thank you to the volunteer Boards who have supported and helped throughout the years to help make this organization the outstanding treatment centre that it is.

Meegwetch, Ekosi,

Gratefully submitted by,

Bertha Fontaine  
Executive Director  
Native Addictions Council of Manitoba