

ACHIEVING CONSENSUS FOR A POLICY ACTION TO REDUCE ALCOHOL PROBLEMS IN THE UNCEDED INDIAN RESERVE OF WIKWEMIKONG: WIKWEMIKONG ALCOHOL POLICY CONSENSUS

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Abstract / Résumé

Aboriginal communities, except for their adoption of prohibition policies, have not utilized alcohol-control policies to reduce alcohol-related problems. Wikwemikong is one of a handful of Aboriginal communities in the Canadian Province of Ontario to formulate a policy to manage the use of alcohol in its recreation facilities. The policy formulation process and a number of the policy regulations are presented. Along with survey results indicating community support for the policy and its developmental process, indicators demonstrating the policy's impact on problem reductions are also presented and discussed.

Les communautés autochtones, sauf pour l'interdiction absolue l'alcool, n'ont pas utilisé des politiques dans le but de réduire les problèmes causés par l'alcool. Wikwemikong, dans la province canadienne de l'Ontario, est une des rares communautés autochtones qui a choisi d'établir une politique de gestion de l'alcool pour contrôler l'utilisation de boissons alcooliques dans ses installations récréatives. Le processus du développement de la politique et quelques règlements sont présentés. Les résultats d'une étude indiquant l'appui communautaire pour la politique même, du processus de son développement, ainsi que des indicateurs démontrant l'efficacité de la politique sur la réduction de problèmes liés à l'alcool sont également présentés et discutés.

Introduction

In the 1960s, Canadian laws that prohibited the sale of alcohol to Aboriginals, on and off Reserves, came under scrutiny. Initially such laws were developed and imposed on Aboriginals by policy makers external of Indian communities. Such legislation, as discussed by Alverde (1998) in her examination of "Aboriginality, Alcohol, and the Fear of Excess", was rooted in the perception that Aboriginals were unable to consume alcohol without becoming drunk. She documented the introduction of the Canadian Charter of Rights and interceding court decisions that resulted in the 1985 removal of regulations prohibiting the provision of alcohol, based on racial affiliation, to Aboriginals. Despite the repeal of these discriminatory provisions from the Indian Act, Valverde (1998) concluded that the intoxicants section of the Indian Act, and its years of implementation, have embedded a perception of the "drunken Indian" in Aboriginal culture and lifestyle.

Evidence of the emergence of this image is illustrated in the research by Whitehead and Hayes (1998) in which they found a perception among Aboriginals that alcoholism happens "to almost everyone and there is nothing to be done about it." In communities where rates of alcoholism were particularly high, they reported that residents accepted alcoholism as "inevitable and constitutes a relatively normal part of the development that people must experience." This negative self-perception may in part explain why, even today, abstinence policies are predominant in Aboriginal communities in Ontario. Of the 129 First Nations in Ontario, it is estimated, based on surveys conducted by the Centre for Addiction and Mental Health in 1994, that 45 communities permit the use of alcohol at social gathering in Band facilities. Of this group, only four indicated having some type of policy to manage the facility environment in which drinking-involved activities occur. Wikwemikong is one of these communities.

Historically, when comparing various societies' experiences with alcohol interventions, Smart and Ogborne (1996) noted that Aboriginal communities, except for their attempt at prohibition, have not experimented much with alcohol-control policies. If so, then Wikwemikong's alcohol management experience should be of interest to policy makers as well as health, social and public order service providers, as a potential new harm reduction tool for "wet" communities. If the development of an alcohol management policy is to materialize as a possible new tool, then a number of questions emerge. In light of the stigma associated with alcohol use and the traditional policy response requiring complete abstinence: a) how did Wikwemikong develop its policy; b) what was done to mobilize community support; and c) what evidence is there that the community membership is accepting the newly introduced alcohol management practices and benefiting from their implementation?

The Wikwemikong Unceded Indian Reserve

As an Unceded Indian Reserve, Wikwemikong has never relinquished title to its land by a treaty with the Government of Canada. Its people are of the Three Fires Confederacy and are descendants of the Pottawatomi, Odawa and Ojibway people. Currently, the Reserve has a resident population of about 2,745 people, and is one of the larger Aboriginal communities in the Canadian province of Ontario. About 52% of the population are male; 48% are female. Although many residents speak English, the linguistic affiliation of the community is Odawa, one of the Algonkian group of languages. The word Wikwemikong means "Bay of Beavers" [Wikwet - Bay; Mik - Beaver; Kong-Place of].

The community consists of the village proper and five satellite communities. All are located within the Reserve which covers 42,614 hectares (105,300 acres) and extends along the eastern shore of Manitoulin Island, an area approximately 48 km (30 miles) wide by 22 km (13 miles) long. Manitoulin Island is located on the north shore of Lake Huron, one of North America's Great Lakes. Forestry, fishing, trapping and mining are the main industries on the Reserve. Three-fifths of the labour force are involved in the service sector, divided equally between government and non-government services (Ontario Native Affairs Secretariat and the Ministry of Citizenship, 1992).

Each satellite locality within the community has a community centre, two of which are located in the basements of local churches. Within the main village, there is a recreation and cultural centre. Other centrally located facilities within the village are a day-care centre, schools, an administrative centre, a health centre, an alcohol and drug treatment and recovery centre, a drop-in centre for seniors, and a nursing home. Wikwemikong has its own school board, pharmacy, restaurants, grocery stores, bank branch and automobile service stations. Prior to the alcohol policy intervention, alcohol consumption was legally confined to private residences and social gatherings often held in the Band recreation facilities.

Background to Policy Development

As a result of community meetings held in 1986, it was decided that facility users who had previously obtained an alcohol use permit for their socials from the provincial government would also have to obtain permission from the Band Council in order to hold the alcohol-related event in a Reserve facility. In December 1991, a public meeting was held with Chief and Band Council to discuss the high number of mental health, social and public order problems that were occurring in the community. Alcohol misuse was identified as the main contributing factor. At this meeting, three alternatives were discussed: imposing prohibition throughout the community; restricting alcohol use to private residences; or better managing socials held in recreational facilities. Throughout these discussions, the community and Band Council were motivated by the desire to improve the health and safety of the community, as well as to avoid litigation associated with an alcohol-related injury or death.

To expand community involvement in the discussion of the options, many meetings were held over the following months before a final decision was made by Chief and Council. As part of the process, a Program Consultant with the Centre for Addiction and Mental Health (CAMH) was invited to meet with the Chief, the Band Administrator and the Arena Facility

Manager to discuss what options existed for the better management of its community recreation areas. By the Fall of 1992, the community, through Band Council, expressed support for a policy approach.

The Policy Development Process

The process of developing an alcohol management policy in Wikwemikong began in early 1993. From the outset, community involvement in the policy development process was of prime importance. According to Clare Brant's (1992) discussion of ethical behaviour in Aboriginal communities, it is important that the goals of a community be arrived at by consensus and be achieved by a reliance on voluntary cooperation. May (1992), discussing legislative options for North American Aboriginal communities noted, as well, the necessity of having standards supported by consensus. Consensus, in this discussion, is defined as arriving at a "general agreement" in which the course of action is perceived as being best for the community membership, even though some individuals may not agree with the choice. However, it is imperative that all individuals be provided with an opportunity to voice their feelings and opinions, and sense that their comments are duly considered and understood (Schutz, 1961). Even though researchers and practitioners agree on the required practice to seek a consensus position regarding policy measures among community members, Beauvais (1992) underscores the need to determine the "buy-in" process in order to "understand the dynamics of decision-making in Indian communities to assure ultimate compliance with chosen policies."

The first task in the process was to recruit committee members. Since the five satellite communities would be covered by the policy, care was taken to invite committee members who represented a cross-section of Wikwemikong. Membership on the committee consisted of individual residents, service providers and recreational group representatives. The general membership of the community was invited to provide feedback to the committee during the process of policy development.

Once the committee of 14 people was established, it met on 10 occasions over a period of about 11 months. The Committee's tasks consisted of gathering and reviewing the available information on the use of alcohol in Wikwemikong. Committee members reviewed articles regarding drinking practices and the implications for managing alcohol in recreation facilities; collected information from parks and recreation departments in non-Native communities; and discussed areas and events where alcohol had been used in the past. In addition, sections of the province's Liquor Licence Act that dealt with intoxication, liability and licensing were carefully examined.

Following a review of both the perceived problems and existing management practices, facilities and events to be covered by the policy were identified. Then, before any final decisions were made, residents in the central village and each satellite community were asked by committee members to provide feedback about alcohol use in their respective recreation facilities and areas. Their responses indicated that they did not want alcohol use permitted everywhere, preferring to limit its availability to specific Band-owned facilities and areas. A server training course, as an educational endeavour to provide prerequisite information on alcohol, was conducted for committee members and some members from the community-at-large. In the short-term, it was anticipated that being trained in management skills should contribute to an increased endorsement among community members for the development of a policy. In the long term, it should enable those trained to be predisposed to complying with the policy regulations.

Once these steps were completed, policy recommendations, along with supporting explanations, were compiled into a draft policy document and presented to Band Council for their review and approval. Just prior to the policy presentation, some Band Council members had attended an alcohol liability workshop which strengthened their support of the policy. *The Wikwemikong Unceded Reserve Alcohol Management Policy* was subsequently approved by Band Council on December 13, 1993.

Assessing Community Support for the Alcohol Management Policy

Surveys in the community were conducted in the spring of 1994, the spring of 1995 and the fall of 1996. The 1994 survey served as a baseline for community perceptions. Respondents were asked how they felt about several alcohol management practices that would typically be found in an alcohol management policy. They were also asked about any problems related to alcohol use they had noticed at community recreation facilities. To determine if drinkers, those most affected by the policy, were included in the survey, respondents were asked about their own use of alcohol. For the purposes of these surveys, a current drinker is defined as a person who had at least one alcoholic drink in the year prior to the survey, and who was not in recovery at the time of the survey.

Community members were hired to conduct face-to-face interviews. A two-stage, non-random sampling design was used. A quota of 150 interviews were to be completed each year. Interviewers were instructed to select residential units at random, starting from a new location each day,

and to interview one person 19 years of age or older per household. Selection of the actual respondent was made by first attempting to interview the person who answered the door. Failing this, someone else in the household who agreed to do so was interviewed.

Of those who were asked to complete the survey in 1994, 75% agreed to do so. This response rate increased to 85% in 1995 and to 93% in 1996. However, the percentage of females responding to the surveys exceeded that found in the demographic profile of the community. Consequently, data pertaining to attitudes about alcohol use were weighted to reflect the true gender composition of the community. The yearly quotas were met without difficulty. Most (88% to 96%) of the respondents said they had used Band recreation facilities and the majority of respondents considered themselves to be current drinkers (72% in 1994, 64% in 1995, and 72% in 1996). Because of the study design, the findings cannot be generalized to the whole community. Nevertheless, the sustained high response rate over the three year period supports the belief that the information presented does represent the views of most of the community.

In addition to the survey of community residents, interviews were conducted with members of the policy development committee in early 1994, facility management completed a questionnaire in 1994, 1996, and 1999, and observers scrutinized one event, in 1996, at which alcohol was available.

The Policy Regulations and Community Readiness

The responses obtained during the 1994 survey indicated that a majority of members were ready to support the implementation of the policy regulations drafted by the Wikwemikong Policy Development Committee and approved by Band Council. These responses also validated the policy development process, that of actively working together to build consensus for reducing the harm related to alcohol use in their community. Some of the policy regulations contained in the Wikwemikong Alcohol Management Policy and the support for them are presented below.

Designation of "Wet" and "Dry" Facilities and Outdoor Spaces

The 1993 policy adopted by Council designates the Arena in the main village as the facility most suitable for hosting alcohol-related events. These events were restricted to the ice skating concrete surface in the summer time and the hall. During the 1994 survey, the majority of respondents interviewed (73%) agreed that alcohol should be banned from the arena dressing/locker rooms and 82% agreed that alcohol should be banned from the arena lobby. The policy also designates the nursing home and a

Community Centre in one of the satellite residential areas as facilities appropriate for operating alcohol-related events.

The policy designates all beaches, parks and sports fields as alcohol-free zones. Sixty-five percent (65%) of community respondents agreed that alcohol should be banned from beaches. In support of banning alcohol use in parks, 77% agreed that, in the past, many of those who drank alcohol in the parks were rowdy and spoiled the use of these outdoor parks for others.

All other facilities, according to the policy, are designated alcohol-free. For instance, 72% of respondents agreed that alcohol should be banned from church halls and 59% agreed alcohol should be prohibited at outdoor sports events. Eighty-five percent (85%) agreed that alcohol should not be used by adults at events hosted in the Youth Drop-In Centre and 80% agreed that schools should not be used as a facility for adult alcohol events. Furthermore, 41 % indicated that they were willing to rent Band facilities even if alcohol was prohibited. Only 27% said that they would refuse to rent if this was the case.

Identification of Events Not Eligible for Alcohol Use

In addition to designating the facilities where alcohol can and cannot be used, the policy designates that youth/minor sports events, including banquets, family-day events, engagement parties, and hall decorating events as not eligible for alcohol use. Of those interviewed during the 1994 survey, 73% agreed that alcohol should not be provided at youth and minor sports events, including banquets. When asked if alcohol should be allowed at family events, 55% disagreed. Only 36% agreed that alcohol should not be permitted for engagement parties, often referred to as "Stag & Doe" events.

Youth Admittance to Adult Events

The policy requires that persons under the legal drinking age not be admitted to adult social events held in Band facilities. Eighty-six percent (86%) of those interviewed agreed that youth should not be admitted to adult events when alcohol is available. The policy allows an exception in the case of a family occasion such as a wedding or an anniversary when children are permitted to attend the reception, but not the dance.

Server Training

All alcohol servers, those monitoring entrances and volunteers supervising the floor activity areas must have attended a server training course. Ninety-seven percent (97%) agreed that those serving alcohol should be trained in responsible service practices. The reason for including this regulation in the policy was to introduce skills to prevent intoxication and

the resulting disorderly behaviours that could lead to criminal prosecution or civil litigation.

Provision of Low-alcohol and No-alcohol Drinks

The policy requires that at least 35% of the alcohol products stocked be of a low-alcohol content (2.5% to 4% by volume). The required provision of low-alcohol drinks reduces the likelihood that intoxication and impaired driving will occur. Making non-alcoholic beverages available, not only provides a substitute drink for those nearing intoxication, but also provides for those choosing to abstain. Support for this policy regulation is demonstrated by 98% of respondents agreeing that low-alcohol beverages and non-alcoholic drinks, such as soft drinks and coffee, along with food, should be available at events when alcohol is provided.

Safe Transportation Requirement

Prior to receiving permission to rent a Band-owned facility for an alcohol-related function, an event sponsor is required to demonstrate that a plan is in place for safely transporting intoxicated consumers home (for example, by offering a designated driver program). Eighty-nine percent (89%) of community residents interviewed agreed that a safe transportation strategy should be implemented by all sponsors of alcohol licensed events. Eighty-two percent (82%) agreed that increased spot-checks by the police were needed.

Event Management Practices

The law clearly states that the sponsor of an event has a "duty to control", that is, to protect participants from foreseeable harm to themselves or others. Some of the management practices include: having entrances, exits and the activity areas supervised; having trained event workers; requiring event workers to refrain from consuming alcohol before and during the event; ensuring that event workers be clearly identifiable; and refraining from announcing a "last call" for drinks.

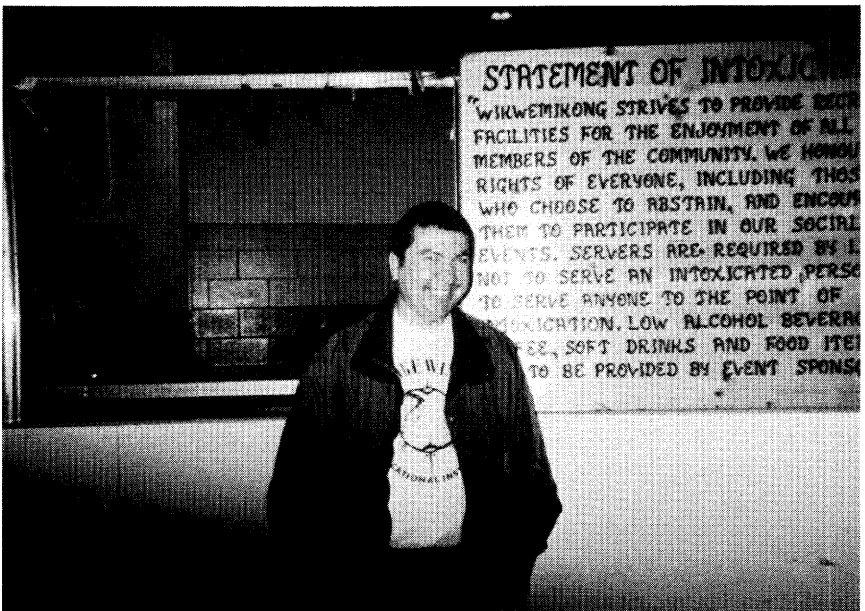
Although not all of the management practices were listed in the survey questionnaire, those that were listed, with the exception of one item, received a very positive response. Ninety-nine percent (99%) agreed that entrances and exits should be monitored at all times; 95% agreed that event workers should refrain from consuming alcohol before and during the event. Seventy-eight (78%) agreed that event workers needed to be easily recognized. The exception, that there should be no "last call" at the end of events, was supported by only 47% of the respondents.

Accountability

A designate of Chief and Council is required to make unexpected inspections to ensure that rental groups are operating within the regulations of the policy and to facilitate early correction of potentially risky situations. A large majority of survey respondents (88%) agreed that at least one person should be identified as being in charge during licensed events at Band facilities—a requirement consistent with the provincial Liquor Licence Act.

Signs

Signs are to be posted in order to provide a visible authority to the community about the policy regulations. The survey provided clear evidence of support for the signs identified in the policy. Eighty-six percent (86%) indicated general support for the posting of signs. Ninety-nine



Marcel Recollet, Manager of the Wikwemikong Arena Facility, stands next to one of the required signs. It informs facility users about the laws regarding intoxication.

percent (99%) wanted to see messages posted regarding the presentation of appropriate age identification. Some of the following signs required to be posted are:

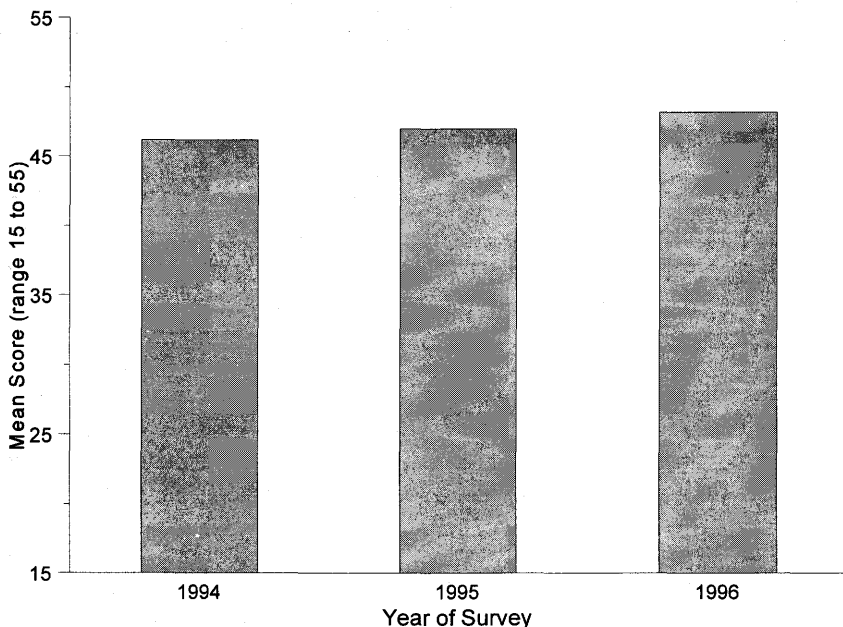
- 1) a warning that police regularly conduct roadside spot-checks to "thank sober drivers" for not drinking and then driving, thus implying a threat of apprehension to those considering driving under the influence of alcohol. Ninety-five percent (95%) stated that anti-drinking and driving signs should be clearly visible at all exits from Band facilities in which drinking events are held.
- 2) information indicating where and how people can direct complaints pertaining to the operation of the event (e.g. to Band administration, police and the Alcohol and Gaming Commission). Eighty-nine percent (89%) of those interviewed in the community supported the visible posting of signs explaining how to lodge a complaint.
- 3) a Fetal Alcohol Syndrome (FAS) / Fetal Alcohol Effects (FAE) notice that these conditions are serious and irreversible, but preventable. The majority (78%) of respondents supported the posting of this information.
- 4) a permanent "no drinking" notice in areas where alcohol use is prohibited. Eighty-five percent (85%) agreed that this should be done. Some commented that the community has a history of illegal drinking in outdoor parks, arena dressing rooms and beaches.

Policy implementation

Once the policy has been adopted, a plan is to be developed for its implementation. Elements of the plan are to include: the posting of the signs, the development of a brochure outlining the policy regulations, holding information meetings for community members, and scheduling server training sessions. To this end, 94% of the respondents agreed that community members should be informed about the rules for operating an alcohol-related event in Band facilities.

Support for the Policy Process

To assess how the members of the policy development committee felt about the process used to develop the policy, each was asked to complete a short questionnaire comprised of eight statements. Each statement was rated on a scale from 1 "total disagreement" to 5 "total agreement". The statements were related to their perceptions about: the relevance of the



Increase in score indicates a more favourable attitude

Figure 1: Change in Attitude about Alcohol Management Practices

information and advice provided by the facilitators; the value of having community members on the committee; the importance of having community feedback during the process; the importance of community feedback in gaining compliance with the policy regulations; the usefulness of the "terms of reference" which were provided; the quality of assistance provided by the facilitators in drafting the policy; the value of the server training course to improved understanding of the intervention; and the likelihood of recommending this process to other communities. Out of a possible total score of 40, members on the committee rated the policy development process at 37, indicating that they were very satisfied with the participatory model used. The fact that there was universal agreement among committee members that they would recommend this process to other communities is, perhaps, even more significant.

To determine how supportive the community as a whole was of this policy over time, respondents to the community survey were asked how they felt about several alcohol management practices typically found in an alcohol management policy. When the eleven items pertaining to the

attitude about alcohol management practices were combined into one "attitude" factor and compared over the three time periods, it was found that respondents, even though they were favourably disposed at the outset, had become more positive over time about these management practices. This change was statistically significant ($p=.000$). This finding is consistent with the premise that building consensus before implementing policy increases its acceptance. These data are presented in Figure 1.

In addition, facility usage by respondents, while it remained high over time, as noted earlier, decreased slightly in 1995 after the policy was first implemented. However, by 1996 it had returned to pre-policy levels suggesting that community members were willing to comply with the policy regulations. Information and data received from facility management tended to substantiate these community responses. In 1993, prior to the policy, at the arena, there had been 37 rentals per year at the arena. Three years following policy adoption, in 1996, there were 47 rentals.

According to reports by facility management in 1996, two years after policy implementation, it appears that those running the events were operating within its regulations. Management perceived decreases in: the number of intoxicated participants, fights/scuffles, verbal abuse, injuries, vandalism, littering, drinking in dressing rooms and parking areas, underage drinking, smuggling of alcohol into events, police interventions, and complaints from members in the community. According to facility records, the number of incidents recorded in 1993 and 1994 were six; in each of 1995 and 1996 there were two.

This interpretation was further substantiated through an event observation. Two observers, sent anonymously to attend an event in 1996, reported that about 150 persons were present, that the required management practices were being implemented, that the required signs were in place, and no policy violations were observed.

A follow-up survey with facility management was conducted in the summer of 1999. According to the responses, decreases in the 12 previously noted problem areas had not only been sustained since 1996, but some had continued to decline. However the actual number of incidents recorded by management during 1998 were six. These seemingly contradictory outcomes may be the result of event operators beginning to report less serious infractions (e.g., arguments), unlike in previous years where they were likely to report only the most serious incidents (e.g., required police interventions).

Conclusion

Legislation by national and provincial governments which restricts access to alcohol, as noted by Valverde (1998), can result in conflicting outcomes. Even at the community level, while working to introduce regulations that benefit the community membership as a whole, decision-makers face the challenge of not inadvertently oppressing individual freedoms. Stanley (1999), in reflecting on his role and that of his colleagues as Maori Researchers in New Zealand communities, suggests that the oppression of Aboriginal rights need not occur if the following are put into practice: that community members be active participants in the process and that they be provided with control over an intervention and its evaluation; that community outsiders work closely with respected representatives from within the community in order to establish credibility (referred to as "social capital"); and that programs and evaluation methodologies be designed to "fit" a community's culture and wants.

The process used in formulating an alcohol management policy in Wikwemikong, while not meeting the full standards advocated by Stanley, nevertheless appears to be proceeding in the right direction, for:

- the process consciously and deliberately involved broad sectors of the community throughout the development of the policy and the implementation of its associated regulations;
- the locus of control, the power for final decisions pertaining to the policy content, was vested in the elected community leadership, Chief and Council, who insisted that any policy adoption have prior community consensus indicating support;
- the involvement of external consultants was based on an invitation to assist with policy development. In addition, "social capital" was utilized by working with a Band resident who collaborated directly in the policy process and was employed by the Band as the Prevention Manager for the community; and
- the resulting policy appears to have the "fit" suitable for the community membership. Viewed broadly, the policy could be described as providing some balance between "wet" and "dry" spaces and activities. Within the "wet" areas, the regulations create a safer environment in which to hold activities for drinkers and non-drinkers alike.

While the policy paradigm applied in Wikwemikong has received a more rigorous evaluation than that of the policies developed in Mattagami First Nation (Lauzon *et al.*, 1995) and the Chippewas of Samia (Chiu *et al.*, in press), the reported use of a similar policy process by these other First

Nation communities is a further indication of the emergence of a new problem-reduction tool. Not only has Wikwemikong applied the knowledge available for developing an alcohol management policy, they have contributed new knowledge for other First Nation communities wanting to try something new. By doing so, they have managed the challenge facing social change identified by Merton and Lerner (1961), that is, of being able to blend "advancing knowledge" with "applying as much of it as we have". Hopefully, this will result in a legacy that contributes to the design of a new intervention for Canadian First Nations.

Acknowledgements

The authors extend their appreciation to Cecilia Pitawanakwat, Executive Assistant to the Wikwemikong Council and Band Councillor, for her comments on the draft of the manuscript. The authors note with gratitude the support from Chief Ron Wakegijig and former Chief Eugene Manitowabi. Co-authors and policy team members Susan Manitowabi and Claire Narbonne-Fortin thank Eleanor Able, Frank Fisher, Daniel Manitowabi, Jenny Manitowabi, Lloyd McGregor, Marcel Recollet, Gail Shawanda, George Shawana, Henry James Shawanda, Mark Trudeau, Madeline Wemigwans, Honorine Wright, and the late Nelson Jawana for having had the opportunity to collaborate with them as team members; for without their dedicated work in the community to develop the policy, this story could not have been told.

Notes

1. The opinions expressed in this article are those of the authors and do not necessarily reflect the views or policies of the Centre for Addiction and Mental Health or Network North, The Mental Health Group.
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