



Aionkwatakari:teke

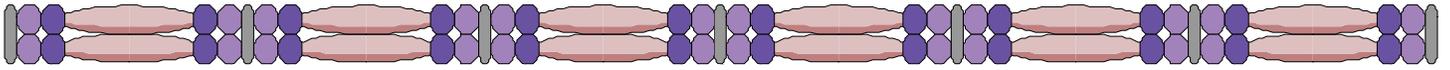
(A-YOU-GWA-DA-GA-RI-DE-GEH)

"For us to be healthy"

Vol. 21, No. 6

Kahnawake's Only Health and Wellness Newsletter

Kenténha / October 2016



INSIDE	Supportive Environments for Recovery 3	National Teen Driver Safety Week 9
	Courting Disaster 4	Know Your Fire Extinguisher 10
THIS	Profile: Nathalie Awad 5	Kids Colouring Page 11
	Pig Girl & Violence Against Women 6-7	A Healthy Halloween 12
ISSUE	FASD & Addictions 8	

Aionkwatakari:teke

Aionkwatakari:teke is a newsletter published six times a year by Communications Services of Kahnawà:ke Shakotia'takehnhas Community Services (KSCS). Our purpose is to provide information on health and wellness issues that affect Kahnawa'kehró:non. All community members are welcomed and encouraged to submit articles provided that they are comprehensive to the general public, informative and educational. Slanderous material will not be accepted. Views expressed in the articles may not necessarily reflect those of KSCS. We reserve the right to edit all articles. All questions concerning this newsletter should be directed to:

The Editor
Aionkwatakari:teke

P.O. Box 1440
 Kahnawà:ke, Quebec J0L 1B0
 Tel: 450-632-6880
 Fax: 450-632-5116
 Email: kscs@kscskahnawake.ca
 (Attention: newsletter editor)

Editor/Layout/Design, Marie David
 Executive Publisher, Derek Montour

Proofreading:
 Blair Armstrong
 Susie Diabo



www.kscs.ca

Contributors:

Marie David
 Kanaieshon Delaronde
 Fire Prevention Canada
 Jessica Loft/Sacred Heart Productions
 Erin Montour
 Parachute Canada
 Tyson Phillips

This newsletter is intended to complement, not replace, the advice of your health care provider. Before starting any new health regimen, please see your doctor.

Editor's Notebook



Welcome to the Kenténha/Kentenhkó:wa (October/November) edition of the newsletter. In this issue you'll find articles on topics surrounding addictions and violence, including how important it is to have a supportive environment when you are in recovery from an addiction. You'll also find a profile of KSCS' psychologist Nathalie Awad. She's over a year into the job but may still be a new face to community members. You'll find out more about her in this issue.

We also have an article on the recent performance of the *Pig Girl* play in Kahnawà:ke. The play's theme centers on serial killer Robert Pickton and the broader issue of Missing and Murdered Indigenous Women #MMIW.

The days are getting cooler and pretty soon we'll have our heaters on or our wood stoves going. With that in mind, we wanted to highlight Fire Prevention Week, which is October 9 – 15, so we've included information about fire extinguishers and a page for kids to colour that has practical information that could help save lives in case of fire. That's it for now.

Nia:wen tanon sken:nen,

Marie



Cover photograph by Marie David



Supportive Environments for Recovery

BY TYSON PHILLIPS, COMMUNICATIONS

How does an individual who's been in treatment to overcome addiction to alcohol or drugs adjust upon returning home? They may be surrounded by people, places or things than can trigger a relapse. They can start abusing again.

Jaime Samayoa, the KSCS clinical supervisor for the Addictions Response Team, explained what an individual can do to prevent falling back into the addictive lifestyle. "Recovery is a process of change. Certainly, abstinence from substances is an important aspect or recovery, as the person will have a good chance of attaining wellness and a good quality of life."

Jaime explained that some recovery experts emphasize that building and maintaining a solid support system is crucial during recovery. "The person has to do a 360 degree turn in their life, to live the opposite of what they did before treatment," he said. "This involves staying away from certain people, places and things. It's important that the person builds a support network of friends and family with a lifestyle free of substance use and negative behaviours."

There are four aspects that support recovery: health, home, purpose, and community. "For their health, they have to overcome and manage the addiction" Jaime said. "It's recommended that the person abstain from consuming alcohol, illicit drugs, and never use prescription

medication prescribed for someone else," he said. "[They should] only take medication as prescribed to them and maintain regular communication with their physician."

The home environment should be a stable, safe place to live. It should be a home free of substance use and stressful situations. "If alcohol and/or illegal drugs are consumed in the home, this can be a source of triggers and challenges for the individual," Jamie said. "Having supportive family members and peers is very important for a healthy recovery.

There is a purpose for recovery. A person could enhance their self-esteem and independence by engaging in meaningful activities, volunteering, being a responsible family caretaker, and having a job.

The final aspect is community. Recovery involves re-joining and re-building a life in the community. As Jaime explains "An individual would have greater chances of success in recovery by becoming part of a social network where friends are a source of love and support."

Ideally, a person in recovery should be abstinent from alcohol and drugs. However, some drugs, such as opioids, are so addictive that in some cases people would have to go on a drug replacement program with methadone or suboxone to help with the withdrawal

symptoms to abstain from using other narcotics. "With new research and new forms of intervention," Jaime said, "people can lead functional and productive lives while being on drug replacement treatments."

Once a person becomes abstinent but has no other choice but to go back into a surrounding where substances are used, they need to have a comprehensive recovery plan. "They could participate in a recovery management program with an addictions worker," Jaime said, emphasizing that relapse prevention would be an essential part of a treatment plan for a person in recovery. For help or more information contact KSCS at 450-632-6880.



Courting Disaster

Intimate Partner Violence and Substance Abuse

BY ERIN MONTOUR, PREVENTION

Disagreements, arguments and sometimes fights occur between couples. But when the fights turn into intimate partner abuse and substance abuse become part of the equation, it can make an already unstable relationship more explosive.

Intimate partner violence refers to physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy (Bennet & Bland, 2008).

When an abuser has a substance abuse issue it can further complicate an already abusive situation. Substance abuse refers to the continued use of, and dependency on, alcohol and other drugs (Ibid, 2008).

While one cannot be certain that a substance abuse problem will cause someone to abuse their partner or vice versa, studies have shown a strong connection between these two factors:

- Approximately half of men entering a substance abuse program have battered in the last year and are 11 times likely to batter on a day in which they've been drinking (Bennet & Bland, 2008)
- Half of the men in batterer intervention programs appear to have substance abuse issues and are eight times more likely to batter on a day in which they are drinking (Ibid, 2008)
- In one study of women batterers, the majority of women who batter their partners had some form of substance abuse issue. Alcohol and drug abuse were also found to be strong factors in contributing to the abuse (Gabora et al., 2007).
- Women are more likely to batter when they themselves were victims of intimate partner abuse (Ibid 2007).

There is no easy explanation as to why substance abuse and intimate partner violence co-occur. Several explanations have been put forward but remain mainly theories.

One theory suggests that adverse childhood experiences — if a child witnesses or experiences abuse — will make them more likely to have a substance use issue and abuse themselves (Bennet & Bland, 2008).

Another theory proposes that abusers enjoy the control they have over their partners. For example, drinking a large quantity of alcohol for an addicted person tends to increase their sense of personal power and domination over others, which can explain the abuser's need to control their victim (Ibid 2008).

According to a third theory, alcohol can cause intimate partner violence by disabling the abusive partner's ability to misread social cues, react appropriately and maintain attention (Ibid 2008). Abusive partners are more likely than non-abusive partners to misread a partner's motives as abandoning, aggressive and unjust and alcohol increases these misunderstandings (Ibid 2008). Regardless of the causes of substance abuse and intimate partner violence, these are serious issues that need to be addressed.

As a community, if we suspect or are aware of an abusive situation it's important to address it immediately. If you would like further information on intimate partner violence and substance abuse please visit some of the websites below, talk to a health professional or contact KSCS at 450-632-6880.

Sources:

Bennett, Larry, and Patricia Bland. "Substance Abuse and Intimate Partner Violence." *VAWnet.org: National Online Resource Center on Violence Against Women*. N.p., May 2008. Web. 16 Feb. 2016.

Gabora, Natalie, Lynn Stewart, Kelly Lilley, and Nicole Allegri. *A Profile of Female Perpetrators of Intimate Partner Violence: Implications for Treatment*. Ottawa, Ont.: Correctional Operations and Programs, Correctional Service of Canada, 2007. Print.

Profile: Nathalie Awad

BY MARIE DAVID, COMMUNICATIONS



Nathalie Awad is the new psychologist at Kahnawà:ke Shakotii'takehnhas Community Services. After a lengthy search, Nathalie took over for long-time KSCS psychologist Joe Beltempo in August of 2015 when he retired. Despite retiring, Joe worked closely with Nathalie to help her transition into running KSCS' psychological services.

The search for a new psychologist was extensive and exhaustive. Not only did the new psychologist have big shoes to fill but the fit would have to be right for both the applicant and KSCS.

It turns out, Nathalie, who has a Bachelors in Specialization in Psychology from Concordia University and a PhD in Organizational Psychology from Université de Montréal, is no stranger to KSCS.

A decade ago, while still a student, she did a two-year stage at KSCS in psychological assessment with Joe as her mentor. This experience allowed her to become familiar with the community and KSCS though it wasn't necessarily the only attraction as far as her current job was concerned.

Why? According to Nathalie, she accepted the job because she was particularly interested in tackling "the challenge of building psychological services." Nathalie said.

"I have been here a year now, and believe we have already done a lot of work in setting-up a new 'psychological services departmet', but we still have work to do. The team will be growing in order to better service the needs of the community, and I'm excited about that next step."

"I feel that I came at a very exciting time because there's been a lot of changes going on at KSCS," Nathalie said. "We're in a time of change in a positive way and I'm happy to apply my skills-set in both organizational psychology and clinical psychology to bring in positive changes to psych services and for the community."

One of the things that became important to Nathalie was getting to know KSCS' service providers, to understand the trends in psychological service delivery in Kahnawà:ke over the last 10 years, and the processes that were already in place.

As a result of that lengthy work, she held a meet and greet last April. Not only did she want to show the service providers all the services that KSCS offers and the plans for the new psychological services and their role in those plans she also wanted them to understand how KSCS approaches service delivery and why it's important

to include Kanien'kehaka culture and language as much as possible.

It can be difficult for community members who need to access services outside of the community when they encounter differing world views or cultural values, or even a language barrier. Nathalie thinks there are three key elements that guide the work between KSCS and its service providers. These are:

1. Delivery of quality services
2. Accountability
3. What are the service provider's responsibilities to the client?
4. What are the responsibilities of psychological services toward the client and the service providers?
5. What are the responsibilities of the client towards their own well-being?
6. Advocacy for community members

The intention of any change or direction is to reduce the red tape and make the experience of accessing services more user friendly. For Nathalie, this is an exciting time for KSCS and psychological services because of the strategic planning that is underway as the organization puts the client and the community first in its service delivery

Pig Girl & Violence Against Women

BY JESSICA LOFT, SACRED ROOTS PRODUCTIONS

Sacred Roots Production is a production company that aims to produce Indigenous stories. Owners Shelby Mitchell-Adams and Jessica Loft began production on the play, *Pig Girl*, last year.

Pig Girl was originally written by Governor General Award winning playwright Colleen Murphy and is loosely inspired by the true case of Vancouver serial killer Robert Pickton.

The intention of mounting the play is to remind people about why it's so important for the government to push forward with the National Inquiry into Missing and Murdered Indigenous Women and Girls.

The play was met with apprehension because of its violent theme but immediately won the hearts and minds of the audiences who saw it first in Akwesasne and then later in Kahnawà:ke at the end of August.

The play was co-sponsored by Sacred Roots Productions and KSCS and came ahead of the National Inquiry on Missing and Murdered Indigenous Women and Girls in Canada on September 1, 2016.

On the final dates of both performances the actors were thanked by family members of victims of violence.

In Akwesasne, a viewer who came in from Washington state to see the play, told us her cousin was abducted in Hawaii. "She was taken by a biker gang and was sent to the Robert Pickton farm never to be seen or heard from again." She said, adding "People need to see this play because they don't want to listen to what happened. When they see it, they let it into their hearts that the women were people who had lives and families that love them." She sang a Woman's Warrior Song through tears.

At the Kahnawà:ke performance, a local woman told us how her sister went missing 40 years ago. "She was killed by a Montreal serial killer who was released from a psychiatric institute. She was found dismembered and badly beaten," she said. "People don't talk about it. It's as if it never happened. People have to understand that the families need to talk about it. It can't be swept under the rug." She thanked Sacred Roots Production for bringing this topic to life.

Pig Girl is a powerful and provocative fictional story in which smart, funny, and beautiful Indigenous women are crucified before our eyes, fighting to refuse the inevitable, and giving a voice to all women whose lives have been lost

to violence. Their heroic defiance gives voice to those whose spirits have been lost to violence.

The play also tells a parallel story in which a killer holds Indigenous sex trade workers captive in a barn while a sister's search is met with roadblocks due to a police force that is slow to investigate the disappearance of missing and murdered Indigenous women. Over 50 percent of Pickton's 49 victims were Indigenous women, and only 26 women have been identified.

The Akwesasne actresses playing the Dying Woman roles were Nikaiaataa Skidders, Montana Adams, Jaiden Mitchell, Chelsea Chamberlain, and Shelby Mitchell-Adams. Mohawk actress Jessica Loft-Thompson portrayed the Sister. Brett Desrosiers of Cornwall, Ontario was the Police Officer. Constantine Kourtidis, Montreal agent and artistic director of *Pig Girl*, played a chilling Killer. Kahnawà:ke actress Donna Kanerahtenha:wi Jacobs played Spirit Woman, and Melissa Conners, played a female Sex Trafficker.

The format of the play varies from the original. We broke it down into scenes so that the characters could interact and the audience could take in the information. As originally written,

What People Are Saying

the scenes between Dying Woman and the Killer, and the Sister and the Police Officer occur simultaneously.

The original play does not have any cultural identifiers. In the original, the writer wrote Dying Woman as though she were writing it using her own, non-native ethnicity.

We needed to show the violence. When *Pig Girl* was performed in February by Imago Theater, the violence and interaction between characters was completely removed. We were disappointed about that because if you remove the violence then what is the play about? The potential to bring awareness about violence against women had been removed.

We felt it was important for people to see the violence so it would have more impact. Our people often dismiss violence as though it is common and acceptable. When abusers are involved in the violence they themselves are getting an adrenalin rush from the act but they don't ever get to see what it looks like.

This gave people the opportunity to see how sick the act of violence really is and what it looks like. It gives viewers who may be victims who are caught in the cycle of abuse to really see that the act of violence is not dismissible and can't

be explained away by undermining the situation. It shows how dangerous it can be and how it can end for some people.

Sacred Roots Production felt it was important to mount the play to raise awareness about violence in the home. It was going to bring back memories for many people because violence, addictions, and trauma are common to our Indigenous people.

It's why we partnered with KSCS in Kahnawà:ke and with the Saint Regis Mohawk Tribe Social Services Department in Akwesasne. We knew we needed professionals to be on hand to help people who may have needed to disclose and seek help. It's important that people know that our communities have organizations with professionals that are there to help.

"The show was so heart touching. Tears ran down my cheeks a few times."
- Melissa Johnson

"Amazing performances...I cried and had a heavy heart walking out to my car, I was blown away!" - Joelle Oakes

"I'm still talking about it! It is a MUST see! Phenomenal job!"
- Sheryl Tahy

"The entire cast did a wonderful job, even though I wanted to go up and punch the guy playing the Pig Farmer. I guess that's proof enough how good the actors were in this play. Well done!" - Richard David, (elder/ traditional speaker)



FASD & Addictions

BY KANAÏESHON DELARONDE, PREVENTION

Fetal Alcohol Spectrum Disorder (FASD) is a term used to describe a series of mental conditions caused by alcohol exposure in the womb. The spectrum is made up of Fetal Alcohol Syndrome (FAS), Partial FAS (p-FAS) Alcohol-Related Neuro-developmental Disorder (ARND) and Alcohol-Related Birth Defects (ARBD) (Popova et al. 2013 and Rutman 2011.).

Many experts also call FASD an invisible disability, since most who suffer from this disorder show no physical deformities. The effects of FASD differ from person to person, but all suffer from difficulties in cognitive, behavioral and social skills — among many others — that can be labeled as primary disabilities.

Some primary disabilities as a result of FASD include: poor memory, learning disabilities, poor concentration, poor impulse control, inability to understand consequences and social behaviours, lack of empathy, poor motor skills, and the inability to grasp abstract concepts like numbers (Eguiagaray, Scholz, & Giorgi 2016 and Fox 2008.).

Many people with FASD also suffer from a set of secondary problems that occur when their condition is not addressed properly or diagnosed early in development. Some of these secondary problems include mental health problems, higher probability of victimization, trouble with the law, and substance abuse. It is likely that people with mental disabilities will seek to self-medicate due to the stress in lives especially when undiagnosed and having secondary problems (Popova, et al. 2013).

Despite the literature, there is no concluding scientific evidence that people living with FASD will form an addiction. But the primary and secondary disabilities they face everyday paints a picture showing that a large percentage are likely to turn to drugs or alcohol to deal with the effects. A study found that people diagnosed with a form of FASD had a “biological vulnerability to substance use, use of substances to self-medicate, have difficulties with issues of control and repeatedly fail in traditional addictions treatment” (Fox 2008).

Now, if we agree that people living with FASD are at one point going to become addicted to or abuse substances... we

also know that they will need special assistance in recovering. We know that they will not respond to the traditional ways of treatment like others without the disorder. So how do we help them?

People living with FASD have difficulty with easy tasks and remembering important details. They may forget appointments, exhibit poor social skills, their impulsivity may disturb group sessions, and their inability to self-reflect and understand methods explained by a counselor are examples of the obstacles they face on the road to recovery (Rutman 2011). A shift in healing methods may be needed when dealing with a client affected by FASD, what works for the some may not work for them.

Changes to the language, communication and memory aids are imperative. Some examples of these changes include using repetition, a slower conversation pace, using technology for reminders, and removing environmental stressors. Understanding FASD as a lifelong disability of the brain is of paramount importance on the road to recovery for these individuals struggling with addiction.

Sources:

Eguiagaray, Ines, Brett Scholz, and Caterina Giorgi. “Sympathy, Shame, and Few Solutions: News Media Portrayals of Fetal Alcohol Spectrum Disorders.” *Midwifery* 40 (2016): 49-54. Web.

Popova, Svetlana, Shannon Lange, Larry Burd, Karen Urbanoski, and Jürgen Rehm. “Cost of Specialized Addiction Treatment of Clients with Fetal Alcohol Spectrum Disorder in Canada.” *BMC Public Health* 13.1 (2013): n. pag. Web.

Rutman, Deborah. Substance Using Women with FASD and FASD Prevention: Service Providers’ Perspectives on Promising Approaches in Substance Use Treatment and Care for Women with FASD. Rep. School of Social Work, University of Victoria. BC. 2011. PDF.

Fox, Diana. FASD and Secondary Effects: Longitudinal Study Conducted by Dr. Anne Streissguth. 2008. Training Module. Ottawa.

National Teen Driver Safety Week

October 16 – 22, 2016

Parachute
PREVENTING INJURIES. SAVING LIVES.

#GetHomeSafe

parachutecanada.org/ntds

National Teen Driver Safety Week #GetHomeSafe

While young people only make up 12 per cent of the licensed drivers, they account for approximately 20 per cent of all road-related injuries and fatalities. This year, National Teen Driver Safety Week (NTDSW) is focused on both distracted driving, which is a factor in 15 - 19 per cent of all fatal collisions involving teen drivers. NTDSW is also building awareness of drug-impaired driving as an emerging issue with cannabis being the drug most commonly found in young drivers who are fatally injured in crashes.

Drugs And Driving Don't Mix

One out of four teen drivers who die in a motor vehicle crash between 2000 - 2010 tested positive for cannabis. Yet, many youth do not consider driving while impaired by drugs risky and some believe that using cannabis makes them better drivers! Make your car a drug-free zone.

Hands Free Doesn't Mean Brain Free

Mental distraction can last up to 27 seconds after using voice commands with a hands free device to make a call, send a text, or change the music. If you are travelling at 50 km/hr, that is enough time to drive the length of about three football fields! To minimize distractions, ask passengers for help so you can stay focused on the road.

Texting Is Like Driving Blindfolded

Research shows that texting behind the wheel is equivalent to driving with your eyes closed for almost five seconds! Reduce the temptation of texting by keeping your phone out of reach. It could save your life.

Phones Aren't The Only Distractions

In recent surveys, young drivers reported being distracted by interacting with passengers (including pets!), searching for music and changing their clothes. Multitasking behind the wheel isn't safe so always remain focused on the road and other drivers around you.

Speak Up to Stop Distracted Drivers!

Young passengers have the power to stop distracted driving as it happens. A recent survey of Canadian drivers found that 96 per cent of drivers would stop driving distracted if a passenger asked them to. Simply asking can save your life and others.

Know Your Fire Extinguisher

REPRINTED FROM FIRE PREVENTION CANADA WITH PERMISSION

READ THE INSTRUCTIONS ON YOUR EXTINGUISHER FOR PROPER USE

Create a picture in your mind that will reflect the instructions on the extinguisher: if there's a fire, get everyone outside and ask a member of your family to call the fire department from a neighbour's house. Only then should you permit yourself to fight a small fire. If the fire becomes large, get out. Close doors behind you to slow the spread of the fire.

THE ABCD'S OF PORTABLE FIRE EXTINGUISHERS

- A fire extinguisher is a storage container for an agent like water or chemicals. It is designed to put out a small fire, not a large one. Extinguishers are labelled ABC or D. Ensure you use the right extinguisher for the appropriate type of fire.
- Ordinary Combustibles – Fires started with paper, wood, drapes and upholstery require a Class A type extinguisher.
- Flammable and Combustible Liquids – Fires originating from fuel oil, gasoline, paint, grease in a frying pan, solvents and other flammable liquids require a Class B type extinguisher.
- Electrical Equipment – Fires started with wiring, overheated fuse boxes, conductors, and other electrical sources require a Class C type extinguisher.
- Metals – Certain metals such as magnesium and sodium require a special dry powder Class D type extinguisher.
- A multi-purpose dry chemical labelled ABC puts out most types of fires: wood, paper, cloth, flammable liquids and electrical fires. If you intend to buy more than one, you may want to purchase a BC for the kitchen, an A for the living room and an ABC for the basement and garage.

BUYING AND MAINTAINING AN EXTINGUISHER

- Extinguishers come in a dry chemical, foam, carbon dioxide, water, or Halon form. Whatever type you buy, it should be labelled by a nationally recognized testing laboratory.
- The higher the number rating on the extinguisher, the more fire it puts out. High rated extinguishers are often (not always) the heavier models. Ensure you can hold and operate the one you buy comfortably.
- Ask your dealer how to have your extinguisher serviced and inspected. Recharge it after ANY use. A partially used extinguisher might as well be empty.
- Extinguishers should be installed near an escape route and away from potential fire hazards.

LEARN HOW TO P-A-S-S

- Pull the pin. Some units require the releasing of a lock latch, pressing a puncture lever, inversion or other motion.
- Aim the extinguisher nozzle (horn) at the base of the fire.
- Squeeze or press the handle.
- Sweep from side-to-side at the base of the fire and discharge the contents of the extinguisher.

Foam and water extinguishers require slightly different use. Read the instructions.

Source: on this page and on page 11: Fire Prevention Canada: Fire Extinguishers

Kids Colouring Page

Fire Escape



Practice your fire escape plan with your family. Memorize the emergency number in your area. Practice responding calmly and correctly.

Plan your escape now



Maintain your smoke alarms

In case of a real fire



Call out to others



Family discussion



Get out fast, closing doors behind you
Use stairs, not the elevator



Practice often



Call for help from a neighbor's home
Never go back inside a burning house

The Back Page....

"No one saves us but ourselves. No one can and no one may. We ourselves must walk the path."

~ Buddha

A Healthy Halloween

BY MARIE DAVID, COMMUNICATIONS

Looking for alternatives to sugary sweets Halloween? You're in the right place. Read and, if you have any tips you'd like to share, just send them to editor@kscskahnawake.com.

HEALTHY SNACKS

- **TRAIL MIX.** Make your own or buy a mix in bulk at your favourite store (Club Price, Bulk Barn, etc.). There are plenty of recipes online if you want to make your own and don't forget to add dried cranberries, raisins, dried bananas, mangos, and more. Keep in mind kids who may have peanut allergies.
- **RICE KRISPY SQUARES.** Who doesn't love rice krispy squares? For Halloween, you can spread the mixture in a pan and cut into Halloween shapes using cookie cutters. You can decorate the shapes using Halloween coloured frosting and candies. You can even let the kids in on the fun by having them help decorate the cut-outs.
- **GRANOLA BARS, CRACKERS, AND CHEESE STRINGS.** Pack some of these in a goodie bag

You don't have to stick to edible treats. You can put stickers, pens, pencils, fun erasers, small notepads or colouring books, stick-on tattoos, coloured straws, glow sticks or rings, novelty rings, and whatever else you can think of into a goodie bag. Just make sure they're safe and non-toxic.

Sources:

Halloween Rice Krispy Treats: <http://shewearsmanyhats.com/halloween-rice-krispies-treats/>

Images: Designed by Freepik



to give out on Halloween. Read on for some tips and send them our way.



Kentéha/October

- Learning Disabilities Awareness Month
- 1-7 World Breastfeeding Week
- 9-15 Fire Prevention Week
- 1 Natl. Seniors Day
- 10 **Thanksgiving Day (KSCS closed)**
- 10 World Mental Health Day
- 16 World Food Day
- 29 World Stroke Day
- 31 Halloween

Kentenhkó:wa/November

- Diabetes Month
- Lung Cancer Awareness Month
- November
- Fall Prevention Month
- Radon Action Month
- 11 **Remembrance Day (KSCS closed)**
- 12 World Pneumonia Day
- 14 World Diabetes Day
- 20 Natl. Child Day
- 25 Intl. Day for the Elimination of Violence Against Women

Do you have questions or suggestions? Is there a topic you would like to see covered in a future issue of the newsletter? Contact us and let us know.

Aionkwatakari:teke

P.O. Box 1440
Kahnawà:ke, Quebec J0L 1B0
Tel: 450-632-6880
Fax: 450-632-5116
Email: kscs@kscskahnawake.ca