

# Ontario Region First Nation Addiction Service Needs Assessment

## **NNADAP Renewal Forum**

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**Tracy Antone** – Health Co-ordinator, Chiefs of Ontario

**Rolanda Manitowabi** – Executive Director, Ngwaagan Gamig  
Recovery Centre

**Lynda Roberts** – Program Manager, FNIH – Ontario Region





# Ontario Region Addictions Services

- Eight (8) Treatment Centres
- One (1) Family Treatment Centre
- Two (2) Youth Solvent Abuse Treatment Centres
- One Concurrent Disorder Outpatient Centre
- 146 Community-Based NNADAP Workers servicing 129 First Nations



# Methodology

- Multi-prong approach to data collection including:
  - Individual interviews with more than 230 people in communities across Ontario Region
  - 40 key informant interviews
  - Review of more than 150 documents
  - Distributed 123 surveys to NNADAP workers/Health Directors and received 38 responses
  - Focus groups with 83 participants at the 2008 NNADAP Conference
  - Information received from at least 95 First Nation Communities in Ontario



# Committee Oversight

- Advisory Committee is composed of 2 representatives from each of the following:
  - Chiefs of Ontario Health Coordination Unit
  - the Ontario Regional Addictions Partnership Committee (ORAPC)
  - First Nations and Inuit Health (FNIH) Ontario Region



# Process

- Focus on transparency and information sharing throughout process (see critical path)
- Iterative process with First Nations at all steps including methodology, reporting and action plan











**What are the key unmet  
or emerging needs  
in your region?**



# Poly-Substance Abuse

- Although alcohol addiction remains the most prevalent, poly-substance abuse is the norm and prescription drug abuse is quickly emerging as a pressing issue.
- Alcohol, cannabis (marijuana and hash), cocaine, and oxycondone

"Prescription drug abuse is an emerging issue that we are dealing with, that is becoming more relevant and problematic."



# Concurrent Disorders

- Concurrent disorders (alcohol abuse, drug abuse, mental health issues) are preventing potential clients from accessing addiction services
- The needs of clients are beyond what the treatment centres are equipped to deal with in terms of staffing and expertise (i.e.. 80% of clients are believed to have concurrent disorders and addictions workers don't feel that they are appropriately trained to work with these clients, emerging drug trends, etc.)

"Mental health and addictions go hand-in-hand but many treatment centres only deal with addictions."



# Pre-Treatment

- Detoxification programs not adequately equipped to deal with poly-substance abuse, concurrent disorders, or people on methadone treatment
- Detoxification beds are difficult to access and withdrawal management services are not keeping pace with the needs making it difficult for people to access treatment services

"In our region the absolute priority is access to detoxification. Because we are dealing with poly-substance abuse there is limited access and it's difficult."



# A Continuum of Services Particularly Aftercare Supports

- Communities need treatment aftercare supports.
- Relapse is ominous if individuals return to the same environment that they left

"Relapse prevention services are minimal at best in the community."



# NNADAP Worker challenges

- NNADAP workers' jobs are very different from community to community based on funding, portfolio size, and additional responsibilities added by their First Nation
- Education requirements and qualifications, roles, and responsibilities for NNADAP workers are inconsistent
- Staff turnover, wages that are not competitive
- Current training offered is not keeping pace with the variety of addictions and situations that addictions workers are being faced with
- There is an absence of pre-treatment, aftercare, and promotion of stability services available on reserve. There is a need for case management supports for community-based NNADAP workers.

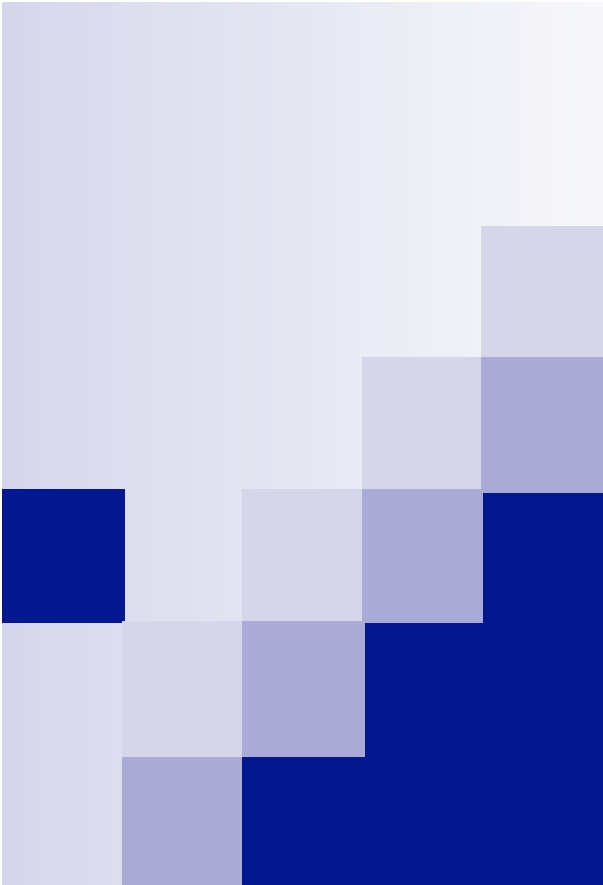


# Other

- Growing need for services for children, youth, families, single parents
- Gaps in programming and services available for children and youth
- Trends associated with younger people (i.e. bypassing alcohol)
- Resources to provide cultural programming are insufficient

"Youth is about 9 years starting with anything they can get their hands on, the harder the better."






**What were the key strengths / promising approaches identified in your Region that may contribute to the broader NNADAP Renewal efforts?**



# Cultural Practice

- Understanding lineage, historical factors, and identity are highly valued in recovery
- There is a strong need for more sustained inclusion of First Nation traditions, customs, culture, and language as a valued treatment modality

"... the culture will ensure a sense of belonging and responsibilities to all community members' roles of men and women."



# Good Mix of Treatment Modalities (Traditional, Cultural, and Mainstream Approaches

- “12 Step” Therapeutic Abstinence Program
- Cultural Resurgence
- Psychology
  - Cognitive Behavioural Therapy
  - Social Focus Model
  - Emotional Intelligence
  - Reality Theory
  - Motivational Enhancement Therapy

"It is a spiritual program, both AA and culture are spiritual and we try to balance that."



# Established networks and relationships

- Treatment Centre Director network, Ontario Regional Addiction Partnership committee, NNADAP conference, strong community relationships, local partnerships with federal, provincial, non-profits, and private groups.
- Inter-agency groups, partnership with police, medical, and other service providers



## Other Promising Practices

- Treatment Centre Practices
- Use of Technology
- Case Management
- Pre-treatment Approaches
- Prevention, Promotion, and Education
- Community Practices
- Staff and Management Practices
- Policies and Policy Development
- Cluster Funding



**What are the five key strategies / recommendations that will help to inform a Renewed Program Framework for NNADAP?**



# Strategic Priorities



## Strategic Priority #1 Training and Supportive Resources

### **To increase training opportunities and supportive resources**

- 1.1 To develop appropriate training materials and resources
- 1.2 To financially support ongoing certification and accreditation at the individual, service and network level
- 1.3 To develop a change management strategy to support a multidisciplinary pre-treatment and aftercare models at the community level
- 1.4 To address factors contributing to addictions through First Nations
- 1.5 To develop First Nations policies to address substance abuse
- 1.6 To develop resource kits and a communication strategy
- 1.7 To conduct appropriate evidence based research to demonstrate effectiveness of treatment modalities
- 1.8 To improve physical infrastructure through enhanced capital funding
- 1.9 To increase funding levels for program delivery, resources, training and wage parity





## **Strategic Priority #2 Education and Prevention**

**To enhance education and prevention knowledge, skills, tools, and approaches for addressing drug and alcohol abuse and the underlying factors contributing to addiction**

- 2.1 To provide education and prevention activities for targeted age groups including fetal development, pre-contemplative, new users (youth), and established addicts**
- 2.2 To develop toolkits that contain appropriate approaches to more effectively reach the target populations**
- 2.3 To integrate land-based activities and First Nations culture as vehicles for communication and education around substance abuse**



## Strategic Priority #3 **Continuum of Care**

### **To improve availability of crisis intervention and direct treatment services for First Nations people who are abusing drugs and alcohol**

- 3.1.1 To provide targeted crisis intervention and direct treatment service strategy towards youth
- 3.1.2 To provide targeted crisis intervention and direct treatment service strategy towards families
- 3.2 To provide targeted withdrawal services appropriate for the type of addiction and within a First Nations-based or culturally-safe model
- 3.3 To provide targeted intervention and direct treatment services for persons with an alcohol addiction
- 3.4 To develop and provide targeted direct treatment services for persons with a poly-substance addiction
- 3.5 To develop and provide targeted direct treatment services to address concurrent disorders – substance abuse and mental health issues
- 3.6 To research, develop, implement and evaluate First Nation treatment modalities which are proven effective to respond to poly-substance abuses
- 3.7 To develop a co-ordinated Continuum of Care model



## Strategic Priority #4 **Promotion of Stability**

**To enhance the promotion and stability and promote healthy lifestyles for First Nation communities, families and individuals**


- 4.1** To develop a co-ordinated Continuum of Care model which includes a formal aftercare and relapse prevention component
- 4.2** To develop a community based aftercare program / policy / plan
- 4.3** To increase multidisciplinary support at the community level through existing health and wellness workers
- 4.4** To ensure the Continuum of Care model also includes a provision of transitional housing in First Nations communities



## Strategic Priority #5 Technology

**To enhance and promote the use of communication technologies to advance the first four (4) strategic priority areas**

- 5.1** To conduct an environmental scan of innovative and effective technology-based Continuum of Care practices and activities
- 5.2** To improve technological infrastructure through enhanced funding
- 5.3** To integrate communication technology to enhance professional development activities for workers
- 5.4** To develop a strategy to incorporate E-health programming into addictions services



# How is FNIH – Ontario Region Responding?

- Ontario Region Strategic Priority and Action Plan
  - 22 Actions
  - Addressing what we are able to via: ORAPC Workplan and NADS funding over the next 5 years
  - Others require multi-jurisdictional collaboration, National attention, addressing via NNADAP Renewal process



# Priorities for NNADAP Renewal

- Enhanced development of a co-ordinated full Continuum of Care that includes traditional, cultural, and mainstream approaches – pre-treatment, specialized treatment (concurrent disorders, poly-substance, prescription drug), aftercare supports, and programming
- An appropriately trained, certified workforce who are financially compensated in accordance with provincial equivalents



# Priorities for NNADAP Renewal

- First Nations' Traditions and Culture
  - Increased emphasis placed on the value of First Nation history, traditions, and culture as the basis of healing
  - Removing barriers (funding, policy) that impede First Nation culturally based healing
- Education and Training