

Summary:
Cultural Healing Practice within National Native Alcohol and Drug Abuse Program/Youth Solvent Addiction Program Services

PART ONE: BACKGROUND

1. Overview

The National Native Alcohol and Drug Abuse Program (NNADAP) and the Youth Solvent Addiction Program (YSAP) were built upon the foundational belief that indigenous-specific cultural practices, drawn from an indigenous worldview, would provide the best route back to wellness. Little has been written or documented regarding the structure, process and outcomes of the current culture-based programming.

The intent of this discussion paper is to culturally inform the First Nations Addictions Advisory Panel whose mandate is to review the evidence and make recommendations regarding the best strategies for the revitalization and further strengthening of NNADAP and YSAP. A discussion around key constructs of indigenous culture is provided, so as to set a foundation for understanding the vital role culture and cultural practices play in addressing addictions. The operational framework of these concepts is put forth within a discussion of cultural programming and processes.

2. Project Scope and Methodology

For this discussion paper, the authors used two main information sources. The first source included the results of two focus groups and 15 key informant interviews involving treatment centre directors, management staff, board members, Elders, cultural practitioners, as well as a review of case studies to illustrate cultural practices within the NNADAP system. The second was a literature review. For this, the authors identified five documents as key sources of knowledge and these informed the project's literature review. A review was also conducted of key articles from the bibliographies of the documents identified. A review of grey literature focused on documents and reports from NNADAP and YSAP as well as international documents that focused on indigenous populations.

Documents included in the review had to include discussion of the role of indigenous spirituality and spirituality at the community or treatment program levels; of indigenous cultural/relevant specific measurement instruments and outcomes; and of program policies, protocols, and activities related to indigenous cultural medicine practices.

PART TWO: KEY CONSTRUCTS OF FIRST NATIONS CULTURE

To begin, the document presents and explores the key constructs that underpin the discussion of culture and its meaning — language, holistic vision, the centrality of Spirit, the circle, the same mother, the universe cares, indigenous intelligence, and the four directions of indigenous intelligence.

PART THREE: LINKING WESTERN AND INDIGENOUS APPROACHES

This section aim is to highlight likenesses and commonalities of the two approaches, while respecting cultural diversity. Through the key informant interviews and focus groups, the authors explored cultural healing practices within the context of addictions treatment services.

Linking indigenous culture and sacred knowledge with western theoretical models is premised on the understanding that, although they may differ, “they share a primary goal: changing the way the client thinks.”¹

Indigenous cultural practices are spiritually influenced and said to be holistic. They are not directed specifically toward one aspect of an individual; they impact upon *the mind, body, emotions and spirit*, all at once, and to varying degrees. Western-based approaches were *not* created to attend holistically to the mind, body, emotions and spirit of an individual. Many do not attend to family and community, and few place spirit as central to healing.

The paper provides an outline of principles of western theoretical models, such as developmental psychology, behavioural modification, and cognitive behavioural therapy, as the researchers found them applied *alongside* the many indigenous knowledge and cultural practices that are known to be both relevant and meaningful.

PART FOUR: RE-ESTABLISHING INDIGENOUS IDENTITY

1. The Overall Structure

NNADAP has played a significant role in facilitating the development of indigenous identity, recognizing that a secure identity depends on gaining an understanding of indigenous language, history, teachings, family, community and the land.

Purpose in life is founded on indigenous identity, and healing is thus centred not just on diminishing illness, but on creating paths toward wellness as well. It focuses not just on removing impediments to individual health, but on supplying the tools needed for individuals to gradually create their own strong *indigenous* health, centred upon living within healthy *spiritual* connections to every other human being, and every other-than-human being, within Creation.

This section presents the components essential to meeting the larger healing *and wellness* challenge. Some of the 18 components discussed are: the process should address physical, emotional needs, mental, and spiritual needs; include a welcoming and celebration-of-life ceremonies; include a cultural assessment; help clients become aware of the meaning of indigenous identity; support the inherent strengths of the indigenous person with the plan-of-care goals; include indigenous language-learning through song

¹ McDonald, J. D., & Gonzalez, J. (2006). Cognitive-Behavior Therapy with American Indians. In P. Hays, & G. Y. Iwamasa, [?(Eds.)] *Culturally Responsive Cognitive-Behavior Therapy: Assessment, Practice and Supervision* (pp. 23-46). Washington D.C.: American Psychological Association.

and other activities, including ceremonial songs; use of “sacred foods” and “medicines,” the sweat lodge and ceremonial instruments; and focus on the individual’s specific needs.

2. Case Illustrations of Indigenous Approaches

This discussion presents two case illustrations of clients within addictions services who have participated in culture and medicine practices. Each story represents real occurrences taken from Nimkee NupiGawagan Healing Centre in southwestern Ontario.

Key informants and focus group participants provided examples of the ways in which cultural practices made a difference to recovery. Some of the traditional cultural practices presently in use across Canada include: fasting ceremonies, sweat lodge ceremonies, memorial feasts, ceremonial and social feasts, naming and clan identification, use of traditional foods as medicine, use of traditional medicines, inclusion of family and community within ceremonies, and cultural camps or land-based camps.

PART FIVE: THE CHALLENGES FOR NNADAP AND GOVERNMENT

1. The Biological Challenges Within Addictions

Developing a cultural understanding of the *biological* processes of addictions is necessary, given that pharmacological approaches currently do not have a place of acceptance within addictions strategies. Most importantly it is important to understand the changes to chemical pathways created as a result of addictions and to address the issue of pain.

Strategies to address the biology of addictions must consider at least three factors: 1. the brain-reward systems (e.g., dopamine pathways for memory, emotion and motivation) are influenced environmentally² and cultural identity plays a significant role in both emotion and motivation; 2. the endogenous opioid system is responsible for the modulation of the response to painful stimuli and stressor as well as for reward and reinforcement, and regulating body temperature and food and water intake³; 3. drug metabolism is influenced by the design of the drug itself.⁴ Spirituality has a role in all three biological aspects of addictions, given that it too has influence in biological processes and relates to matters of meaning and purpose in life.

2. The Challenge of Community Development and Linkage

Community development is the planned evolution of all aspects of community well-being, whether economic, social, environmental or cultural.

² Hoffman, J., & Froemke, S. (2007). *Addiction: Why Can't They Just Stop?* New Knowledge, New Treatments, New Hope. New York: Rodale Inc.

³ Gianoulakis, C. (September 2001). Influence of the endogenous opioid system on high alcohol consumption and genetic predisposition to alcoholism. *Journal of Psychiatry and Neuroscience*, 26(4), 304–318., 2001).

⁴ Gibson, G. G., & Skett, P. (2001). *Introduction to Drug Metabolism*. Cheltenham, U.K.: Nelson Thornes Ltd.

Linking community programs is important for developing community capacity to address addiction issues. Partnerships with policing, education, employment and training, social assistance, health, cultural programming and community governance help to ensure a multi-faceted approach. The authors identified the following community programs that could be linked with NNADAP programming: land-based programs, mobile treatment programs, cultural and language camps, ceremonies, spiritual healing and drafting of community by-laws.

3. The Challenge of Measuring Outcomes

There is a need to develop outcome instruments that recognize and support indigenous worldviews of health and well-being. Within western cultures, “health status” is defined as the “degree to which a person is able to function physically, emotionally and socially with or without aid,” and “quality of life” is defined as the “degree to which persons perceive themselves able to function.”⁵ Both aspects are focused primarily on the individual. In order to embrace the indigenous perspective, the definition would have to include the ability to assume responsibility for family and community health as well.

If “outcomes” involve the development of indigenous intelligence, the following concepts could be used as guidelines for establishing more specific outcome measurements: *indigenous centredness* = living life from one’s spirit centre; *indigenous consciousness* = reconnecting to cultural/spiritual identity; and *total responsiveness* = relating from mind, body, spirit and emotions.

4. Defining the Relationship with Cultural Practitioners

Indigenous Elders and cultural practitioners need to be valued for their cultural knowledge and skills; their contributions are often not adequately recognized within mainstream institutions or First Nations communities.

Four treatment centres⁶ and two communities have created cultural protocols to guide their relationships with traditional healers. Each focuses on the relational dynamics between cultural practice and program requirements, and between the cultural practitioners and other program staff. In the authors’ view, good protocols should attempt to set out the following: expectations between clients and the indigenous practitioners or Elders; confirmation the skill and knowledge base of the cultural practitioners and Elders; and standards of practice.

In 2000, Pareake Mead identified the primary principles upon which Maori indigenous practice was established, and with some modification these could apply to Canada’s indigenous communities today. These principles are summarized as: relevant for today;

⁵ Rosenfield, R. (1998). Meaningful Outcomes Research. In I. [Name missing](Ed.), *Managed Care Outcomes and Quality a Practical Guide* (p. 99). New York: [publisher?]

⁶ Nimkee NupiGawagan Healing Centre, Tsow Tun Le Lum Treatment Centre, Leading Thunderbird Lodge, White Raven Healing Centre and within the Mental Health Program at Manitoulin Island, and Akwasasne.

cultural basis for healing activity; not harmful; collaborative; training; accessible; internal arrangements; liaison and interdependence; and accountability.

5. Other Determinants of Health

Indigenous centredness within addictions programs must also attend to the other determinants of health that influence addictions, such as poverty. In terms of the NNADAP, this currently involves administrative processes that assist clients to maintain an income while participating in treatment.

PART SIX: CONCLUSION AND RECOMMENDATIONS

Indigenous intelligence is the wise and conscientious embodiment of exemplary knowledge and the use of this knowledge in a beneficial and meaningful way. Central to indigenous intelligence is the belief that the Great Spirit placed everything within Creation that human kind would ever need to live life. As researchers [or insert a term you feel is more appropriate], our challenge is to understand where those answers lie within our sacred knowledge, and to understand how this knowledge translates into culturally sourced activities within addictions services.

This discussion paper outlines key concepts of indigenous intelligence in an attempt to demonstrate their application within addictions services. It also discusses collaboration between western approaches and cultural knowledge. In the authors' view, a sophisticated program would be *founded* upon cultural knowledge, and then culturally relevant western approaches would be *incorporated*.

Therefore we recommend that governments should consider accepting the following principles:

1. Indigenous knowledge is valued as a credible source of evidence. A cultural evidence base monitors the influence of culture in healing and wellness.
2. Healing and Wellness should be understood within the context of meaningful purpose, identity development, connections, and an ever-evolving path.
3. Indigenous culture and traditional healing practices are community-sourced, and more resources need to be invested in public health and primary health care development within the community.
4. Cultural practitioners and cultural knowledge should be included in work force development strategies
5. The design of services should include a cultural evidence base through clearly defined indicators, such as increased positive connection and contribution from and to family and community, continued practice of spirituality.
6. Community development initiatives should involve the addition of programs to build a continuum of care beyond the current two components of prevention and

residential treatment. Community capacity building involves improving cultural relevancy by building an evidence base using both western theoretical approaches and traditional cultural healing practices.

7. Principles for determining the cultural evidence base should be considered for the Renewal Framework [?During the renewal process]. These principles are: indigenous knowledge is founded on the Creation Story of the People; indigenous evidence is the continuous and consistent process of making meaning of indigenous knowledge for its role in healing and intervention through the generations; colonization must be understood as having caused indigenous knowledge and healing practices to be diminished and/or discarded; indigenous practices are tied to community, and its practitioners are sanctioned by, and accountable to, their community; the impact of indigenous health practices on health and wellness is evident in ones physical life; indigenous lifeways are neither mystical nor magical, but grounded in physical life and connected to spirit.