A Review of the NNADAP Prevention Program: Summary of Key Findings

1. Background

The problematic use of substances, such as alcohol, tobacco, drugs and solvents, on reserve has consistently been identified as a priority health concern by Canada's First Nations communities and representative organizations. The National Native Alcohol and Drug Abuse Program (NNADAP) of the First Nations and Inuit Health Branch (FNIHB) of Health Canada is the primary federal program providing prevention, treatment, and research and development related to these problems among First Nations. Largely controlled and operated by First Nations and Inuit communities and organizations, NNADAP provides a national network of indigenous-specific addiction programs. Despite NNADAPs many strengths, including the provision of culturally relevant services, previous reviews noted significant implementation challenges.

2. Purpose of the Research Project

This research project focused specifically on the prevention component of NNADAP and aimed to identify existing evidence-based best practices and strategies for the prevention of substance abuse in Aboriginal and non-Aboriginal settings; identify gaps and challenges of the NNADAP prevention component; and propose various short-term and longer term strategies/actions to strengthen the NNADAP prevention component over the next 10 years.

A Review of the NNADAP Prevention Program: Summary of Key Findings summarizes the key findings of a more detailed study carried out for FNIHB — *Scan and Analysis of on Reserve Substance Abuse Addictions Prevention Programming*[1].

3. Research Methods

A standard qualitative evaluation research design, incorporating a literature search and review, key informant interviews and thematic analysis, was used to carry out the research. The literature search, with a specific indigenous focus, was followed up with a

[1] Gifford, H. (2009). *Scan and Analysis of on Reserve Substance Abuse Addictions Prevention Programming.* Unpublished manuscript available on request from Health Canada, First Nations and Inuit Health, Branch.

review of both formal and grey literature from the last 10 years. Primary research was also carried out through key informant interviews to determine the strengths and weaknesses of the current prevention program. Thirty-one interviews with NNADAP related workers were conducted across five provinces. The majority of the participants were indigenous; all had formal training in addictions work as well as at least 12 months experience.

A more detailed account of the research methods, including analysis and limitations, is provided in the full report (Gifford, 2009).

4. Results

Substance abuse is a common problem and a major issue of concern to the indigenous population of Canada. The research data indicate, for example, that about a quarter of First Nations people report personal problems with alcohol; about three quarters of First Nations people thought alcohol abuse was a problem in their communities; higher rates of heavy episodic ("binge") drinking on a weekly and monthly basis; significantly higher alcohol-related harms ; a greater proportion of indigenous youth, than non-indigenous youth, appear to be using most substances; and that there are concerning rates of inappropriate prescription drug use in First Nations communities.

Historically, drug and alcohol prevention initiatives in First Nations communities have focused on primary, secondary and tertiary activities. While these terms are still widely used, the Institute of Medicine (IOM), [Author: provide footnote reference] has proposed updated terms: universal, selective and indicated prevention.

Based on the findings, a move from a primary, secondary and tertiary framework of prevention to the universal, selective and indicated model would place preventive intervention within a broader public health framework and clearly differentiate prevention from treatment. Such a shift would potentially provide for greater reach of the program, allow for targeted interventions, encourage a range of approaches; as well, it is supported by the scientific evidence.

Consolidation of a well delineated prevention framework is required before attempting to integrate prevention with treatment in a broader continuum of care model. The revised definition for prevention should include measures that prevent or delay the onset of

alcohol and other drug use as well as measures that protect against risk and reduce harm associated with alcohol and other drug supply and use.

Many overlapping themes that are relevant to First Nations' approaches to substance abuse prevention arose from the literature review. These themes touched on many important points such as the need to recognize the heterogeneity of First Nations populations across Canada; the value of indigenous knowledge in the formation of prevention strategies; the importance of harmony or balance between aspects of self and community; and a recognition of and value placed on traditional carriers of knowledge, such as healers and elders.

Challenges to using evidence to inform practice, both generally and specifically for indigenous populations, are discussed briefly in the summary report and more fully in the detailed report. While the evidence is mixed about the effectiveness of particular approaches and strategies for preventing and reducing substance abuse related harm, a number of themes and principles can be identified from the literature to inform prevention programming overall. A set of principles has been developed based on this current evidence; these principles have been used to inform recommendations for program renewal.

The report presents the results of the key informant interviews under three headings: S*ystems-related challenges* that participants consistently identified were in six [Author five?] key areas: levels of funding and funding arrangements, communication and partnership, reporting and accountability mechanisms, leadership, and impacts of colonization.

Program-related challenges that participants consistently identified were in six areas: the emphasis on treatment; poor data; inadequate use of evidence; narrow prevention approaches; limited integration with other programs; and limited evaluation.

Community-related challenges that impact program delivery include the differences in capacity and capability between communities; the mind shift to community development and prevention; lack of resources to implement sustainable, culturally based programs; and lack of support for implementing a community development or public health approach to prevention.

5. Conclusions and Recommendations

Participant feedback on the program highlighted significant challenges at all levels; federal, provincial and community. A number of changes are required to renew this national program to bring it in line with current best evidence and to respond to concerns from communities, managers, policy makers, and funders.

This report provides an updated framework for targeting prevention efforts along with a set of evidence-based principles for implementing prevention programs. Specific recommendations are based on both the key informant interviews and on the evidence.

The 20 recommendations are summarized under the three key strategic areas for action: *improved planning and funding* (seven recommendations), *evidence-based interventions* (eight recommendations, and *monitoring and evaluation* (five recommendations).

Improved planning and funding: 1. Broaden collaborative partnerships to strengthen indigenous leadership and support for program renewal; 2. Develop a clearly articulated strategy and coherent program theory and model for the NNADAP prevention component; 3. Review the existing investment in the NNADAP prevention program to ensure that funds are available to implement the recommendations from this review and previous reviews; 4. Enhance provincial coordination and support mechanisms to implement strategic direction at the provincial level — communication and decision making should flow between all levels more effectively; 5. Allocate new funding to a limited number of demonstration projects that will advance new and developing best practice models of addictions prevention; 6. Improve data collection locally and nationally to enable differentiation of substance abuse problem levels, accurate local needs data, and improved national surveillance; 7. Improve information networks, locally, regionally, provincially/territorially and federally to enable all communities to participate in planning decisions and system-wide changes, include participation by NNADAP workers.

Evidence-based interventions: 8. Establish a coordinated research strategy within the NNADAP prevention component to ensure that research is conducted in a systematic and sustainable manner as part of the wider NNADAP; 9. Broaden program approaches to include a range of evidence-based practices and principles; 10. In building the evidence

base and the renewal of the program, recognize the right to self determination by communities, the role of Aboriginal elders and local experts in the development of evidence, and the heterogeneity of First Nations populations across Canada as well as support or strengthen local initiatives and programs; 11. As evidence indicates, prevent multiple problem outcomes through a multi-component approach (e.g., school, policy, parent, and media programs) with the aim of reducing developmental risk factors, improving mental well-being and enhancing protective factors; 12. Review the current addictions based certification and training options for NNADAP prevention workers to enable curriculum development that is more in line with the skills and knowledge needed to carry out evidence-based prevention activities; 13. After the consolidation of the prevention component, integrate the NNADAP treatment and community intervention services by working collaboratively to (a) ensure appropriate referrals to treatment and effective post-care support and (b) balance the needs of both community-wide prevention and treatment. Integrate the NNADAP prevention component with wider community wellness teams and cross-sector groups to impact the broader determinants of health; 14. Develop community capacity where required to enable the implementation of evidence-based practices; 15. Improve working conditions for NNADAP workers in communities, including ensuring movement toward pay parity, ensuring appropriate qualifications and training are in place, and providing support and supervision.

Monitoring and evaluation: 16.Ensure First Nations communities exercise data ownership, control, access and possession of all research activity; 17. Develop an outcomes framework for reporting on and accountability of NNADAP prevention programs; 18. Make sure there is a creative mix of qualitative and quantitative baseline and post intervention longitudinal evaluations to ensure that local ideas for program success are included in outcome data 19. Incorporate process and outcome evaluation in prevention activity through additional resourcing, collaborative research partnerships, training and support; 20.Develop networks and processes to review data from evaluations in order to improve program efficiency and effectiveness.