Culture-Based Practice Series

Guidebook on Protocols for Indigenous Practitioners Specific to Substance Abuse Treatment, Cultural Interventions, and Healing

THUNDERBIRD PARTNERSHIP FOUNDATION

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1. Introduction

The National Native Alcohol and Drug Abuse Program (NNADAP) and the National Youth Solvent Abuse Program (NYSAP) were founded on the principle that Indigenous-specific cultural practices drawn from an Indigenous world view would provide the best route to wellness for First Nations, Inuit, and Métis. The evidence suggests an even split between First Nations clients who prefer culture-based treatment services and those who do not; therefore, it is important to clarify expectations concerning cultural practices and protocols in a substance abuse treatment setting.

As noted by the National Native Addictions Partnership Foundation (NNAPF*) Cultural Practices Review Committee, ways of traditional healing are as many and different as there are First Nations cultures. There are, however, many aspects they have in common: traditional healers or cultural practitioners who work with natural medicines are taught by other traditional healers, Elders, and cultural practitioners and are recognized by their communities.[1] What challenges mainstream professionals who prefer an academic and professional designation is the understanding of how a cultural practitioner or traditional healer is sanctioned and by whom they are sanctioned in order to practice or speak openly about the use of cultural protocols and practices.

A common example of "earned" traditional knowledge is a cultural practitioner sanctioned by the community in the role of pipe carrier. With this role comes the responsibility to use sage or sweetgrass for smudging as well as tobacco for the pipe during ceremonies, and this role can change from First Nation to First Nation. Whether cultural practitioner/traditional healers work in NNADAP or mainstream services, this guidebook is to help inform programs and services that address Indigenous addictions issues, provide a general understanding of cultural practices and protocols, and foster respect for the integrity of First Nations knowledge.

> This guidebook adds to a discussion of the role that Indigenous practices and protocols have in treating addictions, both in helping an individual regain a sense of cultural meaning and in the collaboration with conventional approaches.

The relationship between traditional medicines and the treatment of addictions is presented in this over-

* As of June 2015, the National Native Addictions Partnership Foundation (NNAPF) changed its name to the Thunderbird Partnership Foundation, a division of NNAPF Inc. For more information, visit www.thunderbirdpf.org.

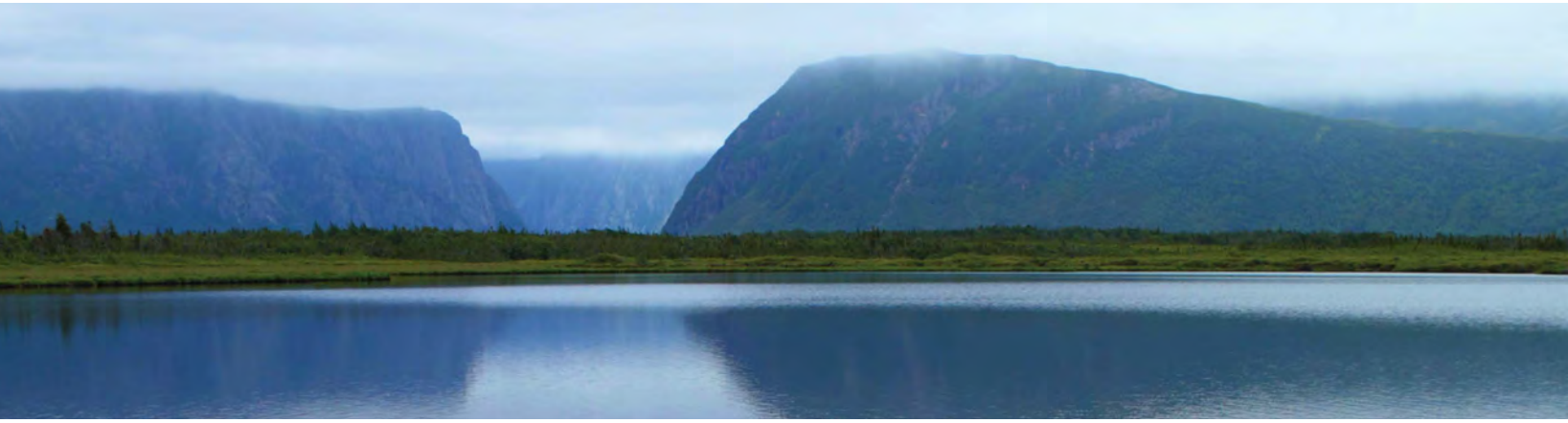
view, not as an independent piece of traditional knowledge, but as an important and integral part of a broader system of treatment. While First Nations have diverse cultural and healing traditions, Indigenous practices and protocols play a universal role in maintaining a community's cultural integrity as well as supporting an individual's sense of cultural meaning. Understanding the role of Indigenous practices and protocols in treating addictions requires the learning of their systematic repression carried out during colonization. Colonization led to a loss of meaning for many First Nations people, and in an attempt to deal with this intergenerational pain they seek to self-medicate through alcohol and substance abuse.

As communities heal from the symptoms and illnesses of cultural disconnect, more First Nations are establishing culture-based intervention programs that, by reconnecting an individual to his/her culture, aim to heal the root cause of many addictions.[2] Although many of these programs are also aided by non-Native healing methods, Indigenous practices and protocols are part of a unique place-based culture—a culture defined by its language, tribe, clan, spirituality, and location—including their specific makeup and method in which they are integrated into broader healing strategies, which are also place-based.

This guidebook adds to a discussion of the role that Indigenous practices and protocols have in treating addictions, both in helping an individual regain a sense of cultural meaning and in the collaboration with conventional approaches. It does not detail cultural-specific treatment protocols or provide recipes for practices that are considered the domain of traditional healers and cultural practitioners; rather, this guidebook includes an overview of the various cultural protocols, the roles and responsibilities of those who incorporate cultural protocols in a treatment setting, as well as guidelines concerning who would be deemed a credible practitioner of cultural protocols and practices, both in a community and in a treatment setting.

1 National Native Addictions Partnership Foundation (NNAPF) (2011).

2 Refer to *HOS Systems Model* in Appendix A.



2. Why Consider Cultural-Specific Treatment Protocols?

There is a need to know why one should consider cultural-specific treatment protocols. In 2010, the National Youth Solvent Abuse Committee (NYSAC) reported that although 36 per cent of youth do not communicate regularly with an Elder, more than double (82%) know of an Elder who is willing to listen. NYSAC's data on spiritual beliefs show that 40 per cent indicated they exercise traditional spirituality, 19 per cent stated they do not have any spiritual affiliation, and the remaining 41 per cent have affiliations that scatter across various religions.

Likewise, the First Nations Information Governance Committee (FNIGC) recently reported *only* 15 per cent of First Nations noted that health services were not culturally appropriate, with 13 per cent indicating they *could not access* traditional care. This would suggest that only a minority of First Nations are concerned *about the lack of access* to culturally appropriate and competent care, which is not surprising considering that only 25 per cent of First Nations identified "cultural awareness" as a community strength. Also, of those First Nations people who move back to their reserve community, only 9 per cent do so for exposure to culture. It was further reported that more than 42 per cent indicate identifying with culture was a challenge to their community, although it is not clear from the report if it was a lack of culture or the revitalization of culture that presented the challenge. Regardless, a similar percentage (41.7%) of First Nations people identified Elders as a community asset and more than a third (37.8%) indicated that traditional activities were considered a community strength.[3]

So why consider cultural-specific treatment protocols? As noted earlier, results from the First Nations Regional Longitudinal Health Survey validate the data from the National Youth Solvent Advisory Committee of which 40 per cent of First Nations people readily identify as having a connection to Elders and cultural spirituality.[4] It is less evident whether religious affiliation is a community strength that contributes toward successful treatment outcomes, and it is rare when specific religious interventions are standardized as a matter of practice. For example, in Ontario and Quebec regions specifically, Health Canada reports that there continues to be a number of First Nations people who demand access to non-insured health benefit medical transportation support to attend treatment at Christian-based treatment centres. Although the numbers are unknown, this anecdotal evidence would further support the estimate of 44 per cent of First Nations populations identifying with some type of religion as a substitute—or possibly in addition—to culture.

So it is also fair to say that at least half of this population or 22 per cent would not change their belief system or engage in cultural health interventions of a spiritual nature, whether smudging, sweat lodge, prayer, or social cultural activities (e.g., singing or dancing). Despite the implications of the data, it is more common than not that First Nations who want nothing to do with cultural spirituality also do not have issue with environmental cultural influences, such as seeing a sweat lodge on the grounds of the treatment program, knowing cultural activities are being practiced in the community, or sitting in a circle but not smudging, speaking a prayer out loud, engaging in a prayer, or being physically present during cultural activities. Regardless of this disconnect, First Nations people

3 First Nations Information Governance Centre (FNIGC), 2011:21–27.

4 NYAC, 2010; FNIGC, 2011.

may still participate in culturally based treatment, including attending counselling and other therapy, learning life skills, participating in physical recreation, speaking their native language, having both good and bad relationships with Native and non-Native staff alike, as well as being in the bush for various non-spiritual activities such as snaring rabbits, fishing, or going for walks.

From an outsider's perspective, one may see that culture is inherent in all of the treatment program activities, but to a First Nations person who is accustomed to separating culture out, one can remove the treatment program from other activities to avoid participation in cultural activities that may be identified as being at odds with their religious affiliation. However, for NNADAP and NYSAP, these treatment programs are accustomed to providing alternative activities to culture. Incorporating culture into treatment programs is still impacted by colonization and intergenerational trauma such that cultural spirituality is rarely the foundation. To address this, the majority of NNADAP/NYSAP treatment centres are culturally sensitive or culturally accommodating, meaning they incorporate culture into their programs to make it fairly easy to remove or set aside. In these cases, cultural identity of staff, use of Indigenous language, and culturally specific art are not offensive or qualified as culture. Therefore, designing cultural-specific treatment protocols would help, not only to quantify those activities that would be deemed cultural, but would also serve to qualify those cultural elements and to assign protocols that would ensure the right information and the right process are being used at the right time in a client's treatment.

Although it is recognized by NNADAP/NYSAP treatment centres that Indigenous traditional culture is vital for client healing, there is a serious absence of empirical documentation of its impact on client wellness. However, research being planned proposes to measure the impact of cultural interventions on client wellness, with the outcome of improving health programs and policy for Indigenous youth and adults in drug and alcohol treatment across Canada.[5]

Drug addiction among Indigenous peoples is a serious health concern in Canada. It is a concern that is bringing together some of the best minds and leadership skills of the community to help rebuild their community strengths from the proverbial ground up. Health for First Nations is broadly envisioned as wellness and it is understood to exist when there is physical, emotional, mental, and spiritual harmony.

5 Honouring our Strengths: Culture as Intervention in Addictions Treatment is a three-year CIHR/IAPH-funded research project involving the University of Saskatchewan, CAMH, AFN, NNAPF, and several other collaborators, co-applicants, and knowledge users for the period 2012–2015. For more information, see: http://nnapf.com/?p=2020

3. What Are Cultural-Specific Treatment Protocols?

Cultural-specific treatment protocols refer to those practices that are incorporated into treatment programs that reflect the First Nations region or territory where the program exists. These may be general protocols specific to the ceremony or protocols associated with practices that make up the treatment program in any given treatment centre. The challenge for many First Nations communities remains how to best encourage service collaboration as an approach to case management through community development specific to substance abuse issues within their community. There are several case illustrations of Indigenous approaches where clients within addictions

services have participated in cultural and medical practices. Some of the traditional cultural practices presently in use across Canada include:

- fasting ceremonies (three treatment centres in BC, Manitoba, and Ontario[6]);
- sweat lodge ceremonies (consistent across NNADAP and reported by the National Treatment Directors'[7] focus groups and two community-based[8] NNADAP programs, one of which is a provincial organization);
- memorial feast, also known as the ghost feast, ghost supper, feast for the dead, funeral potlatch, headstone potlatch (three treatment centres in BC, Manitoba, and Ontario);
- ceremonial and social feasts (common across NNADAP, generally in celebration of treatment program comple tion within treatment centres, and can include a powwow);
- naming and clan identification (four treatment centres in BC, Manitoba, Saskatchewan, and Ontario);
- traditional foods used as medicine (reported by two National Treatment Directors' focus groups);
- traditional medicines (use of medicines for smudge is consistent across NNADAP and use of medicines for detoxification in BC, Saskatchewan,[9] Ontario); and
- inclusion of family and community within ceremonies (BC, Manitoba, Ontario, Saskatchewan, and Nova Scotia).

As noted by the Coast Salish First Nations,

Throughout Indigenous territory there is an unwritten yet well understood code of conduct that each lives by as they move through the world. Some may know it as 'protocol' but to Indigenous people this code of conduct is taught from birth; it is and has been used for thousands of years and is based on the sacred teachings. Many of these teachings are still considered important and are used to this day ... [And] even though … [cultural] protocols … [may differ nation-wide, they are considered] a gesture of respect and goodwill to acknowledge and incorporate the protocols of the people … [of the] land.[10]

The federal government's Canadian Heritage website reflects on the importance of Indigenous protocols:

Indigenous Knowledge is more about understanding one's role and responsibility in the world than about classifying information. It is a form of consciousness intimately related to the ecological order, a response of a people to their responsibility to participate in maintaining that order. Although recorded and passed on by such means as art, song, myth, story and ceremony, Indigenous Knowledge is not cultural knowledge as such …

Nor is Indigenous Knowledge a uniform concept shared in the same way by all Indigenous peoples. It is diverse knowledge held by different people in different ways in their respective societies. It is therefore personal knowledge, and is so much a part of the identity of a person, clan, group or nation that it cannot easily be separated from that sense of identity. For this reason, Indigenous Knowledge must be approached with respect and discussed in its own context according to the appropriate protocols.[11]

6 Tsow Tun Le Lum Treatment Centre, BC; Nelson House Medicine Lodge, Manitoba; and Nimkee NupiGawagan Healing Centre, Ontario.

7 Focus groups were facilitated through two National Treatment Centre Directors' meetings organized by NNAPF. One meeting took place in Winnipeg, September 2008, and the other took place in Vancouver, January 2009.

8 Community-based NNADAP key informant interviews were held with Joe Denny, Executive Director, NADACA.

9 This is in reference to the White Buffalo Treatment Centre in Saskatchewan.

10 University of Victoria, Office of Indigenous Affairs (n.d.).

11 Heritage Canada (n.d.).

4. Who Uses Cultural-Specific Treatment Protocols?

Community-sanctioned Elders, cultural practitioners, traditional healers, youth counsellors, and many other key staff are typically identified as being sanctioned/bestowed/honoured with the responsibility to follow, respect, protect, and maintain the knowledge specific to cultural practices. Cultural protocols are not aimed solely at First Nations practitioners; rather, they are needed to be understood by all persons who work with Indigenous clients in order to be culturally aware or safe. This not only can be seen as respecting the treatment needs of clients but can also be seen (from the lens of both a behavioural and technical competency) as promoting improved treatment outcomes in clients where cultural interventions can be demonstrated to increase effectiveness. In that sense, understanding the relevance and application of cultural protocols becomes as important in the treatment outcomes of a client as does the use of language or other customs that are pertinent to a diverse client population. For example, Zolner notes:

> Psychologists need to examine for themselves what it means to them when they use dominant cultural values to work with people outside the dominant culture … The decision to treat the cultural issue as just another variable can lead to comparisons of First Nations peoples to the mainstream that seem to demonstrate disproportionate weakness or pathology.[12]

This is an inherent failing of mainstream research when considering the implications of cultural interventions in Western medicine treatment settings. The Royal Australian and New Zealand College of Psychiatrists has developed a general (and simplistic) protocol to assist in the development of mainstream, culturally appropriate, and sustainable mental health services for Indigenous people[13] (refer to Appendix B).

Other research indicates that, for First Nations communities, drawing on the Elders may be a key strategy for tobacco control interventions:

> Rather than beginning with predetermined tobacco reduction strategies from other contexts, Elders may guide context-specific approaches, including using their own influence through multiple connections. Importantly, drawing on the wisdom of Elders contributes to cultural strength and therefore would be an approach that would help address what the participants saw as the root cause of smoking: cultural erosion.[14]

Hence, this is the reason why the Society of Obstetricians and Gynecologists of Canada released a guide for health professionals working with Indigenous peoples, in which they list a series of recommendations to promote cross-cultural understanding, including key observations such as the following:

2. Health professionals should recognize that the current health care system presents many gaps and barriers for Aboriginal individuals and communities seeking health care.

4. Health professionals should work with Aboriginal individuals and communities to provide culturally appropriate health care.

5. Aboriginal peoples should receive treatment in their own languages, whenever possible.

9. Health professionals should respect traditional medicines and work with Aboriginal healers to seek ways to integrate traditional and western medicine.[15]

12 Zolner, 2003:48.

13 Cord-Udy, 2006:298.

14 Varcoe et al., 2010:157

15 Smylie, 2000:5.

5. How Critical Are Cultural Interventions in Substance Abuse Treatment?

A research proposal submitted to the Canadian Institutes of Health Research (CIHR) by NNAPF and its partners proposes to examine the implications of cultural interventions.[16] This research will explore two questions:

1) What are the indicators of healthy client wellness as an outcome of participation in Indigenous traditional cultural interventions while in treatment for problematic substance use?

2) Drawing on this understanding, what is the validity of a culturally competent instrument developed to measure change in wellness among clients in treatment for problematic substance use?

It is hoped that answering these critical questions will help expand the evidence base of effective health interventions for Indigenous people, guide future study regarding the role of First Nations culture in the continued wellness of clients upon release from treatment, and transfer meaningful knowledge that impacts on health programming, health systems, and overall population health.[17]

The health consequences of problematic alcohol and drug use have been a priority concern for First Nations leaders and communities in Canada for several decades.[18] For example, findings from the second phase of the First Nations Regional Longitudinal Health Survey indicate that alcohol and drug abuse was identified by respondents as the number one challenge to on-reserve community wellness (83%), ahead of both housing (71%) and employment (66%).[19]

It is well recognized that Indigenous traditional culture is a key component of individual and community health.[20] Health for First Nations is broadly envisioned as wellness and is understood to exist where there is physical, emotional, mental, and spiritual harmony.

The majority of 49 federally funded (mainly in-patient) adult and youth NNADAP treatment centres in Canada and nine (9) NYSAP centres specific to volatile substance misuse were founded on Western approaches to treatment in the 1980s and, later, had incorporated Indigenous understandings of healing and personal growth. Culture was foundational to the NYSAP centres from their inception in the mid-1990s and, today, both NNADAP and NYSAP treatment centres apply various Western therapeutic approaches such as cognitive–behavioural therapies while strengthening the use of culturally specific interventions. However, the availability of gender-specific, culturally appropriate services remains a need for Indigenous women accessing treatment in Canada.[21]

16 This is the Honouring our Strengths: Culture as Intervention in Addictions Treatment project mentioned earlier.
17 Bone et al., 2011; Tempier et al., 2011.
18 Assembly of First Nations, National Native Addictions Partnership Foundation, and Health Canada (2011).; Hopkins and Dumont, 2010; McCormick and Quantz, 2010.
19 FNIGC, 2011:23.
20 Gone, 2011; Menzies, Bodner, and Harper, 2010; Dell and Acoose, 2009.
21 Niccols, Dell, and Clarke, 2009; Poole and Greaves, 2009; Shannon et al., 2007; Harding, 2005; Benoit, Carroll, and Chaudhry, 2003.

As noted previously, it is estimated that approximately 40 per cent of NNADAP and NYSAP treatment clients do not participate in Indigenous traditional cultural interventions. A 2010 NYSAP client report established that 40 per cent of youth exercise traditional Indigenous spirituality, 41 per cent practise a range of religions, and 19 per cent indicate no spiritual or religious affiliation.[22] NNADAP does not have comparable national data; however, it is known that NYSAP clients originate from many of the same communities and, oftentimes, from families where one or both parents access NNADAP services.

Cultural interventions from within an Indigenous world view are not commonly identified as a "therapeutic intervention," as is typically the case in Western practice.[23] Indigenous traditional cultural interventions are understood by First Nations to be a holistic approach to treatment: a way of seeing, a way of relating, a way of thinking, a way of being. There is common understanding among the NNADAP and NYSAP treatment centres that Indigenous traditional culture is vital for healing and wellness, noting that how it is defined and practised varies greatly across the 58 treatment centres. It follows that there has been limited empirical evidence collected nationally by the treatment centres that demonstrates the impact of cultural interventions on First Nations clients. There was, however, a recent pilot inventory that gathered cultural intervention descriptions and data collection measures from NNADAP and NYSAP centres, including client satisfaction questionnaires at treatment completion, pre- and post-measures of self-perception of Indigenous identity, and continued practice of cultural beliefs following treatment. The results relay that cultural interventions meaningfully influence treatment outcomes for First Nations clients.[24]

Specific objectives of this three-year study coincide with the objectives of the CIHR Aboriginal Health Intervention and the mandate of the CIHR Institute of Aboriginal Peoples' Health, with targeted priorities aimed at determining how critical cultural interventions are in substance abuse treatment. The following are some examples:

- improve and promote the health of First Nations who problematically use substances through innovative health intervention research;
- document and generate knowledge on indicators of the impact of Indigenous cultural interventions on client wellness;
- design a culturally valid instrument to measure change in client wellness; and
- provide a successful model of collaborative Indigenous health intervention research that is rooted in research being conducted by, for, and in balance with First Nations health stakeholders.

22 Fiedeldey-Van Dijk, 2009.
23 Dell, Lyons, and Cayer, 2010.
24 AFN, NNAPF, and Health Canada, 2011:1.

6. Considerations for Indigenous Practitioners and Healers

Four treatment centres[25] and two communities have established 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. They create cultural safety in environments that may be foreign to traditional cultural practices by establishing the following:

- ***Expectations*** between clients and the Indigenous practitioners or Elders, including the roles and responsi bilities of each;

- ***Confirmation*** of the skill and knowledge base of Indigenous Elders and cultural practitioners to create a better understanding of how their role parallels that of mental health professionals such as psychologists, psychiatrists, social workers, child and youth workers, and addictions counsellors;

- ***Standards*** of practice that include client rights and the option to participate in cultural practices; conflict resolution and grievance processes; scope or limitations of practice; healing methods identified (but not a recording of the cultural teaching or "how to" perform the healing method); diversity of practice; screening and assessment; resources and materials to support cultural practices; and research, training, and information management;

- ***Record keeping and compensation*** in order for traditional practitioners to have a structured learning process that is monitored, evaluated, and upheld by the leaders of their respective society or community; and

- ***Process of accountability*** or a formal recognition of the varying ways in which the status as cultural practitioner can be achieved, which may include, as an example, the inheritance of a sacred bundle.

Policies and protocols for traditional cultural practices were requested from the NNADAP and NYSAP treatment directors. As well, traditional practitioners were also asked about documents that informed or guided their practice. The intent was to provide an understanding of the structure of culture and medicine that sets out how the cultural or medical practitioner is recognized, expectations of staff for cultural competency, client consent, relevant legislation and its implications for cultural practice, and negotiation of geographically specific cultural practice that is different from a client's cultural origin.

When it comes to the assessment aspect of healing work, it was established that traditional healers employ established rites to find the spirit name, the clan family, and the connection to the family, involving both Creation and land. These rites vary depending on spiritual and community-sanctioned knowledge. Their abilities to seek the spirit name and interpret the spirit message are based on formal cultural education about reading, interpreting, teaching, and using knowledge sources such as scrolls or pictographs. In finding the spirit name, traditional healers begin by locating a source of strength the client can come to rely upon. This contrasts with Western mental health professionals, as they are primarily deficit-focused and tend to "see" people in terms of their deficits — looking at them from within an empirical, disease-based, and non-spiritual reality.

25 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.

These differences in perspective also occur when it comes to treatment. Traditional healers place significance on re-establishing a connection with spirit, family, extended family networks, and community. They use ceremonies to connect with ancestors in order to address grief and promote health and spiritual connection, and these ceremonies include family and community in order to promote healthy family and community interaction. This focus on resiliencies helps build a strong foundation prior to addressing unresolved trauma. It should be noted that there are many healers who rely upon faith as much as science in their healing practices.[26] Western professionals, by contrast, are primarily concerned with the individual and are focused instead on counselling, case management, behaviour, and function. Their authority is derived from institutions that emphasize theoretical evidence. Primary principles upon which Māori Indigenous practice are established apply with equal force to Canada's Indigenous communities:

- ***Relevancy for today:*** there should be a belief that Indigenous knowledge and culture are meaningful today, as is the case, for instance, with the sweat lodge;

- ***Cultural basis for healing activity:*** there should be evidence from the community that a healing activity does in fact have a cultural basis;

- ***Not harmful:*** cultural safety, verification of rites, and process of accountability;

- ***Collaborative:*** traditional knowledge must be respect fully open to collaboration with medical, psychosocial, and spiritual approaches;

- ***Training:*** knowledge requires ongoing training for both traditional and Western healers in their own and the other's work;

- ***Accessibility:*** because few traditional healers have fixed fees, they are economically more accessible and need to be honoured for the value they provide;

- ***Internal arrangements:*** ongoing supervision by a cultural practitioner is necessary to support culturally defined goals;

- ***Liaison and interdependence:*** it is no longer acceptable for workers to work in isolation of each other; and

- ***Accountability:*** traditional healers have to be accountable to the people they care for, to the community that sanctions their practice, and to their funders.

26 Durie, 2001.

7. Informing the Development of a Culture-Based Policy or Protocol

7.1 Cultural Practitioners in a Government and Policy Context

The support of culture-based practices is indicative of a broader acknowledgement made by governments and larger health organizations of the importance that traditional healing practices have in providing effective health care for First Nations. Many programs are also connected to larger national or regional health initiatives; for example, the Noojmowin Teg Centre is part of the Aboriginal Healing and Wellness Strategy, which is a "policy and service initiative that brings together Aboriginal Organizations and the Government of Ontario in a unique partnership to promote health and healing among Aboriginal people."[27]

Governments in Canada are not alone in acknowledging the importance that traditional healing methods play in providing proper health care. The importance of researching, regulating, and properly integrating traditional practices and protocols into national health care systems has long been acknowledged by the World Health Organization (WHO). WHO has been assisting its member states to develop national policies on integrating traditional medicine into national health care programs.[28]

When adopted by the Sixth International Conference (1991) on Drug Regulatory Authorities, it was agreed upon that, as a general rule, assessments of herbal medicines should take into account the medicinal, historical, and ethnological background of herbal products, *as well as the traditional experience of their use.*[29] WHO further states that "traditional and complementary/alternative medicines has demonstrated efficacy in areas such as mental health, disease prevention, treatment of non-communicable diseases, and improvement of the quality of life for persons living with chronic diseases as well as for the ageing population."[30]

In New Zealand, for example, the Ministry of Health has begun to emphasize the role that "Rongoā Māori" (Māori traditional medicine) has in the National Health Service as part of a desire to create a health care system that respects the Māori right to self-determination. In 1993, the National Organization of Māori Traditional Practitioners was established.[31] There are over 600 Māori traditional healers offering services that are covered by the state health care system.

The services provided by Rongoā practitioners are covered under the state plan, but the criteria for registration and oversight of professional practice is the responsibility of traditional Māori health organizations. In 2006, the New Zealand Ministry of Health released a Rongoā development plan outlining how Māori traditional healing practices would be supported within the health and disability sector. In 2007, the primary health provider in the region of Lake Taupo signed a contract for services with the National Organization of Māori Traditional Healers, which shows how they bridged the divide between Māori and mainstream services. The two organizations now work together to promote the benefits of Rongoā Māori and the importance it has to an individual's health.[32]

27 Ontario Seniors' Secretariat, n.d.:para. 1.
28 World Health Organization (WHO), 2008.
29 Bodeker and Burford, 2007.
30 WHO, 2001:4.
31 "Demystifying Rongoā Māori" (2008).
32 "Demystifying Rongoā Māori" (2008); Bodeker and Burford, 2007.

7.2 Defining the Relationship with Cultural Practitioners

Central to Indigenous intelligence is the belief that the Great Spirit placed everything within Creation that humankind would ever need to live. Key concepts[33] of Indigenous intelligence demonstrate their application within addictions services, and the sweat lodge is an exemplary prevention strategy given its ability to strengthen cultural identity, address grief and trauma, facilitate recovery, and promote and maintain health. Indigenous Elders and cultural practitioners need to be valued for their cultural knowledge and skills, but their contributions are often not adequately recognized. It is important to realize that cultural practices do not occur within a nine-to-five schedule. Unfortunately, the Indigenous knowledge base, skills, and attitudes that inform healing and wellness work are often not recognized within either mainstream institutions or First Nations communities. While First Nations communities do not necessarily operate from a cross-cultural dynamic, many do place heavy reliance on Western world views and value systems.

7.3 Developing a Culture-Based Policy or Protocol

The work of traditional or cultural practitioners is guided by the following key questions that could help a community or an organization develop its policy or protocol:

- What are your community's or organizations' cultural practices in general?
- Are there cultural resources in your community or do you rely mostly on cultural knowledge and practices from outside your community or program? How does this impact your programs and services?
- Based on what you know, what combination of traditional and Western practices has worked in your community to address addictions (e.g., policies, programs, protocols, training, and supportive discussions between practitioners)?
- Based on your understanding, how do you want to encourage and respect cultural practitioners using cultural practices and protocols in your programs and services to address addictions?
- Does your community or treatment program have a policy that acknowledges respect of traditional knowledge, medicines, and practices in its health services and initiatives?
- How does your community approve of Indigenous-specific treatment protocols used by traditional healers and cultural practitioners?

If you have answered yes to any of the above questions, the draft policy template in Appendix D can serve to kick-start your discussion about what elements could be identified when a community is looking to formally acknowledge protocols for Indigenous practitioners specific to substance abuse.

33 Refer to Appendix C.

8. Final Words

NNADAP and NYSAP have played a significant role in cultural revitalization in First Nations communities over the past 27 years. Many people returning home after treatment have continued their search for Indigenous identity and cultural meaning within the context of their communities. It is all of the people who continue to manifest wellness in their life—together with their extended family networks—that support the recovery of those who never do seek treatment but find their wellness seemingly all on their own. NNAPF and its renewal partners (Health Canada and Assembly of First Nations) hope this workbook has contributed to a better understanding of Indigenous knowledge and of the essential contribution it can make, not only towards the treatment of addictions and substance abuse, but also towards the restoration of Indigenous identity across Canada. Incorporating cultural-specific treatment protocols is just one of several elements that influence the uptake of wellness within a community. In combination with other critical elements and supports culture-based interventions then become a powerful force in the treatment of addictions and mental wellness.[34]

34 For a full or summary version of the Honouring our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada, see: http://nnadaprenewal.ca/

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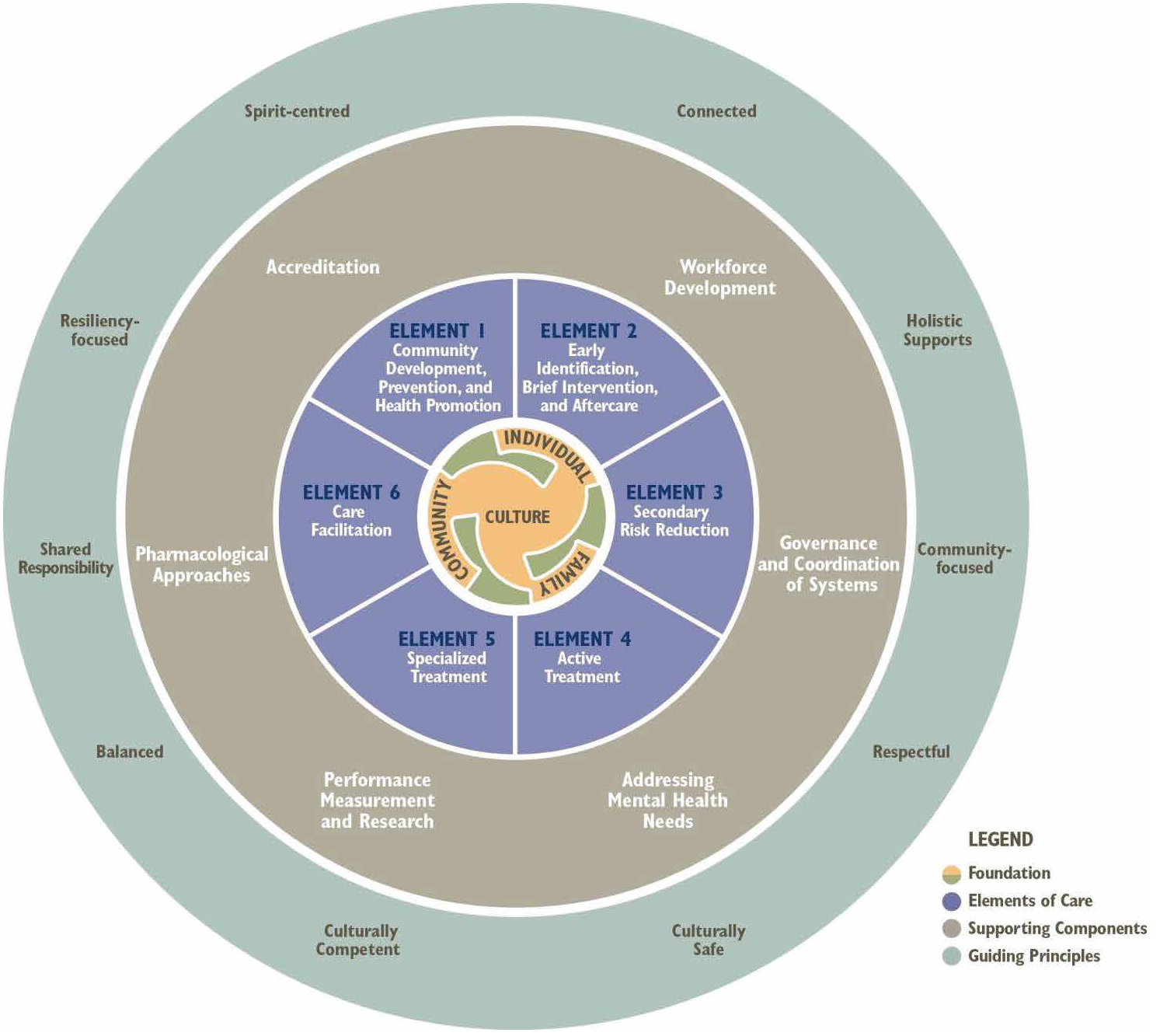
Appendix A: Elements and Supporting Components of the continuum of care [35]



Appendix B: Sample of a Cultural-specific Treatment Protocol [36]

Do:

1. Approach the work with commitment and trust.

2. Persevere and maintain optimism.

3. Set realistic goals and time frames for achieving them.

4. Seek local support, particularly sponsorship by the local clinic for your services.

5. Use cultural and language interpreters when available.

6. Develop cultural awareness and knowledge.

7. Make use of local resources when available, especially Aboriginal health and mental health workers.

8. Aim to improve the skills of local workers, including GPs [general practitioners], nurses, and Aboriginal health and Aboriginal mental health workers.

9. Advocate when appropriate for further resources.

10. Enjoy the experience and look beyond the despair and dysfunction at the many wonderful aspects of the culture that are there to appreciate.

Don't:

1. Adopt an attitude that is pushy, aggressive or impatient [sic].

2. Impose your own values.

3. Take sides in disputes.

4. Discuss taboo subjects unless culturally sanctioned.

5. Ask inappropriate gender-related questions.

6. Align yourself with any one clan group.

7. Undertake tourist-type activities without permission.

8. Intrude on ceremonial business.

9. Ask too many direct questions.

10. Expect to have all the answers.

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36 Cord-

Appendix C: Cultural Practices and Protocols

Collaboration between Western approaches and cultural knowledge would be ideally founded on knowledge that incorporates culturally relevant Western approaches supported by policy based on the following seven guiding principles:

1. Indigenous knowledge is valued as a credible source of evidence. NNADAP promotes and supports a cultural evidence base that monitors the influence of culture in healing and wellness.

2. Healing and wellness should be understood within NNADAP in the context of meaningful purpose, identity development, connections, and an ever-evolving path.

3. Indigenous culture and traditional healing practices are community-sourced within NNADAP at the present time, and more resources need to be invested in public health and primary health care development within the community to maximize program effectiveness.
4. Cultural practitioners and cultural knowledge must be included in ALL workforce development strategies, i.e., human resource policies, contracted services, salary compensation, professional development, and/or cultural-specific standards of practice.

5. The design of services should reflect a cultural evidence base through clearly defined indicators such as the increased positive connection and contribution from, and to, family and community, the continued practice of spirituality, etc.

6. Community development and capacity building, in addition to prevention and residential treatment, need to improve cultural relevancy by building an evidence base using both Western theoretical approaches and traditional cultural healing practices.

7. Six guiding principles for determining the cultural evidence base are proposed for the renewal of all NNADAP community-based and treatment centre programs:

    - Indigenous knowledge is founded on the Creation story of the First Peoples;

    - 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;

- impact of Indigenous health practices on health and wellness is evident in one's physical well-being and

- Indigenous ways of life are neither mystical nor magical but solidly grounded in the physicality of life itself as well as the connection to the spirit.

Appendix D: Sample Cultural Policy and Protocol Template

• That the [NAME OF COMMUNITY/ORGANIZATION], while acknowledging the impact that colonization has had on our way of life, we reaffirm our use of cultural practices and traditional knowledge as part of our NNADAP healing and wellness program, while respecting the diversity of religion and other practices within our community.

• That in defining cultural practices and traditional knowledge in the treatment of alcohol and substance abuse, we, as First Nations people, incorporate the following cultural practices in our traditional ceremonies and healing/health and wellness programs, including the following uses: (*list of cultural practice/traditional knowledge or medicine in relation to the particular practice/program*)

•_____

•_____

• In addition to our traditional resources available within our [COMMUNITY/ORGANIZATION], we also rely on the additional resources offered through the [COMMUNITY/ORGANIZATION AND/OR PROGRAM] to support our use of cultural knowledge and practices in healing and wellness.

• We, as First Nations people, also acknowledge a mutual respect and to have a greater balance in our services to our community members and clients in recognizing the blend/use of natural or traditional and Western medicines and healing practices in our approach to health and well-being.

• We also acknowledge the need for improvements and for greater awareness of our practices and programs within our own and neighbouring communities, including health-related environments where there is a predominance of Western-based practices such as the following: (*list other organizations you work with*)

•_____

•_____

• As part of our ongoing efforts to better inform and create understanding of our use of traditional medicines, our [COMMUNITY/ORGANIZATION] will promote smudge offerings, medicine walks, and other practices in our working relationship and programs with the above-mentioned organizations, such as the following: (*list practices with traditional medicine used and for what program*)

•_____

•_____

•_____

•_____

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