



# ASK AN EXPERT

## Substance Use Interventions

*By: Barbara Fallon, Ashley Vandermorris & Genevieve Sansone; Fraser Mustard Institute for Human Development Policy Bench\**

Increasing rates of substance use, such as cannabis use and opioid use, along with rapidly growing First Nations, Métis and Inuit (FNMI) populations have created an urgent public health situation in Canada that necessitates effective prevention and intervention strategies to reduce the harms associated with substance use disorders (SUDs) for FNMI peoples.

SUD, commonly known as addiction, refers to the persistent or problematic use of psychoactive substances (e.g. drugs, alcohol, tobacco) despite continued negative consequences. There is a disproportionate burden of substance use problems and poorer outcomes associated with SUDs among FNMI peoples, caused by intergenerational effects of colonialism, racism, residential school experiences and other discriminatory policies. However, FNMI populations have remained understudied in substance use treatment research, resulting in significant levels of unmet need for treatment and a lack of effective intervention strategies and treatment availability to reduce this burden. Moreover, there is debate as to whether interventions should follow traditional Western treatment approaches or whether they need to be adapted to be more culturally appropriate and effective.

### The Big Three:

What do First Nations need to know about substance use interventions?

- Substance use disorders have profound consequences for FNMI populations, and traditional Western approaches to treatment are not necessarily appropriate or relevant for FNMI peoples. There is a need for a stronger focus on the development and implementation of treatment programs for FNMI populations that consider cultural, social and historical factors in order to provide more effective and culturally competent services and supports.
- Research shows that culture is a critical component of a holistic approach to treatment and recovery and that there may be value in integrating Western treatment methods with traditional Indigenous approaches to healing and wellness. However, more research is needed to improve our understanding of how cultural approaches can be implemented in the most meaningful and effective way.
- Given the distinct heterogeneity among and between First Nations, Métis and Inuit peoples and communities across the country, it is likely that there is no single best approach that would meet the needs of all FNMI clients, underscoring the need for more adaptive, culturally specific and needs-based treatment programs that reflect distinct community circumstances.

### What's the evidence?

How do we know if substance use interventions really work for First Nations kids?

Programs for the prevention and treatment of SUDs among FNMI peoples vary widely, including residential in-patient treatment centres, community-based programs, and land-based programs. The diversity of programs and interventions has led to challenges in measuring their impact, especially from a culturally relevant perspective. As a result, there is a lack of evidence evaluating the actual *effectiveness* of interventions for FNMI peoples with SUDs.

- It is important to acknowledge that SUDs affect not just individuals but their families and communities as well. As a result, the harms of problematic substance use may be even greater for specific sub-groups of FNMI populations, including women and children, who often have fewer resources available to support them. Yet despite these risks, there are few treatment programs specifically for FNMI women (including pregnant women) and their children in Canada.

While evidence is limited, some key elements have been identified to enhance the impact of treatment programs and promote wellness for FNMI peoples with SUDs, including:

- Programs that are community-based and founded on the knowledge and cultures of FNMI peoples; a focus on harm reduction rather than abstinence; a comprehensive and holistic approach to treatment that addresses social determinants of health; trauma-informed practice that ensures cultural safety; and recovery-oriented care to prevent relapse.
- Evidence also shows that programs that integrate mainstream Western treatment models with traditional FNMI approaches can be successful in meeting diverse client needs.

Treatment approaches also vary depending on the degree to which they have been adapted for use with FNMI populations. While culturally *grounded* programs may have a stronger fit within FNMI communities, they also require intensive community engagement and can take a long time to develop and mature. In contrast, culturally *adapted* programs (i.e. modifying an established treatment or intervention to better align with the local culture) are generally more efficient and benefit from prior research and theory to enhance the likelihood of effectiveness.

- Findings from specific programs and case studies in Canada and the U.S. suggest that evidence-based treatments used in non-Indigenous populations can successfully be adapted for use among certain FNMI populations. However, evidence is still limited and inconclusive regarding the effectiveness of any one intervention or the extent to which cultural adaptations can improve outcomes for FNMI populations. There is also a need for more guidance to ensure programs are adapted in culturally safe and appropriate ways.

### Myth-busting:

What are the common misperceptions, practices, or assumptions regarding substance use interventions and why should they be considered myths?

**Assumption:** *First Nations peoples are inherently more likely to use harmful substances such as alcohol and drugs.*

- **Reality:** higher rates of problematic substance use are not a cultural characteristic but rather a logical

## Substance Use Interventions

outcome of cultural genocide – substance use has been applied as a colonial stereotype to dehumanize FNMI peoples and detract attention from the conduct of state actors perpetrating systemic racism and inequity that gives rise to SUDs.

FNMI peoples in Canada are at greater risk of SUDs due to several factors, including structural risk factors such as historical and current experiences of racism and discrimination within public services and systems – which have led to continuing disparities in social determinants of health between FNMI peoples and other Canadians.

**Assumption:** *There are already a number of well-established treatment programs and approaches in Canada for people with substance use problems that can be applied to FNMI populations as well.*

- **Reality:** Traditional SUD recovery programs based on the Western medical model, such as those that focus on achieving sobriety, may be irrelevant, inappropriate, and ineffective for FNMI populations.

In addition, although some treatment models have shown progress by expanding to incorporate a broader use of therapeutic interventions as well as culturally-specific programming, many challenges and barriers still remain in accessing care and treatment services for FNMI peoples with SUDs. These barriers include systemic and structural factors stemming from colonialism and discrimination; geographical or financial barriers; and a lack of culturally based options and awareness from health providers.

## What works?

What are some key implications for child welfare policy and practice when it comes to substance use interventions?

Overall, continued efforts are needed to identify solutions that can help bridge the gap between Western and distinct FNMI approaches to health and substance use. This includes further research to inform the development of more effective evidence-based programs and interventions that address the needs of FNMI peoples with SUDs, as well as more culturally-based measurement tools and methods to help address challenges with measuring meaningful treatment outcomes for FNMI populations.

One barrier to accessing treatment among FNMI peoples is a lack of Indigenous-led treatment options and a lack of cultural awareness from health care professionals and service providers, highlighting the need for improved access and availability of services. In addition to expanding educational and training opportunities for providers who identify as FNMI, there is also a need for greater efforts to enhance the cultural awareness and competency of non-FNMI health providers, counsellors, addictions specialists and other workers involved in substance use treatment programs with FNMI populations.

Finally, an enhanced focus on community-based treatment programs that are culturally safe and appropriate is just one component of a broader strategy to address the root causes of problematic substance use in FNMI populations, including discriminatory policies and institutional structures that have led to ongoing disparities in social determinants of health for FNMI peoples. There is still a need for longer-term solutions through significant changes to health and social systems in ways that support healthy behaviours and remove barriers to treatment and care for FNMI peoples with SUDs in Canada.

### Additional resources:

Sansone, G., Fallon, B., Vandermorris, A., Swardh, K., & Blackstock, C. (2022). Effectiveness of Interventions for the Prevention and Treatment of Substance Use Disorders among First Nations, Métis and Inuit Populations. Toronto, Ontario: Policy Bench, Fraser Mustard Institute of Human Development, University of Toronto. Available at: <https://socialwork.utoronto.ca/wp-content/uploads/2022/06/Policy-Brief-Substance-Use-Interventions-for-FNMI-Populations-Final-Web.pdf>

\*The Fraser Mustard Institute for Human Development (FMIHD) Policy Bench is a partnership between the Factor-Inwentash Faculty of Social Work at the University of Toronto and the Hospital for Sick Children (SickKids). The Policy Bench is a dynamic and transdisciplinary connections hub, facilitating contact and knowledge exchange between researchers, government, practitioners, NGOs and other stakeholders in response to current policy needs to ensure that policies relevant to child health and development are based on the latest scientific evidence across a multitude of disciplines.