

First Nations Mental Wellness:
Income Assistance Program Reform,
From Surviving to Thriving

September 2024

Carol Hopkins, O.C., MSW, LL.D. (hons)
CEO,
Thunderbird Partnership Foundation



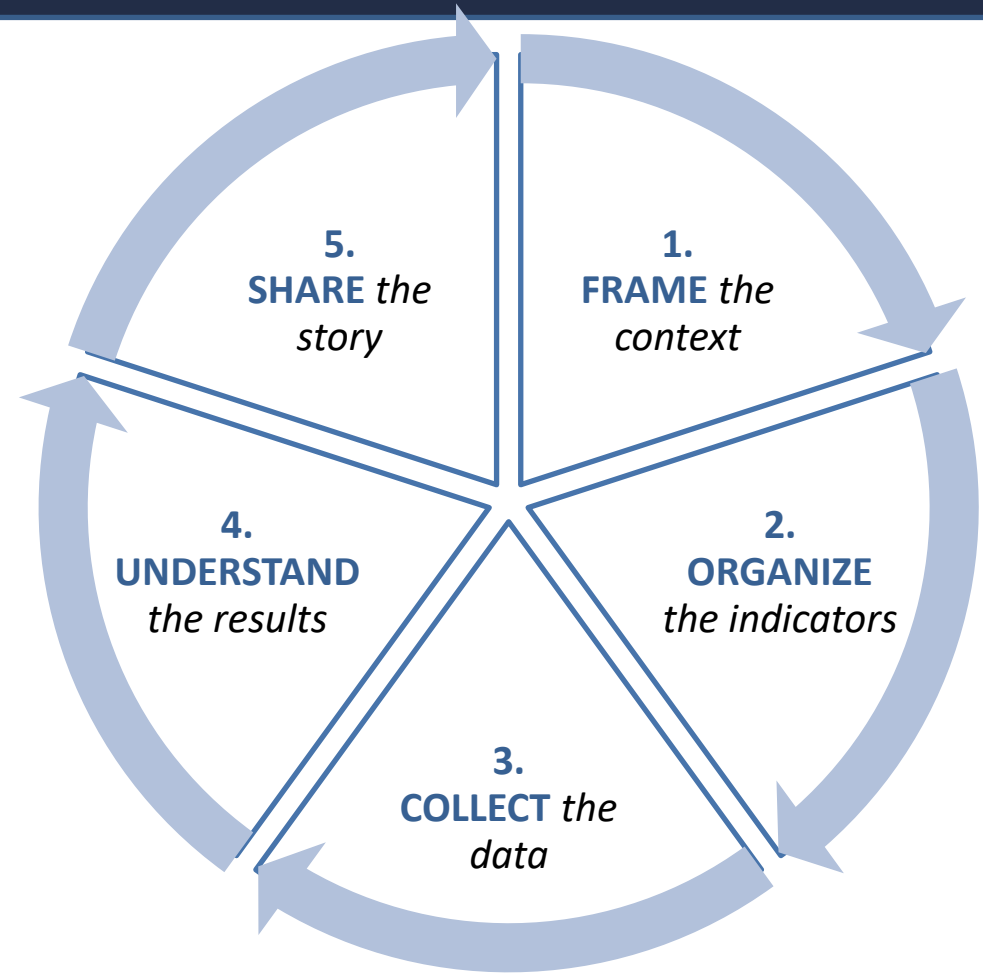
Surviving to Thriving (2023, IA Program Reform)

- Universal access to **case management** and pre-employment supports,
- including enhancing **First Nations capacity**
- to support increased services to assist IA clients to **transition to education, employment, and further independence.**
- Enhancing First Nations capacity includes meaningful **investments in the First Nations workforce....**



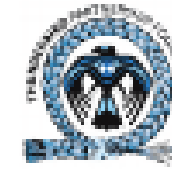
Mental Wellness of First Nations

- First Nations communities have consistently identified the problematic use of substances, including alcohol, opioids, methamphetamines, and other controlled substances as a priority health concern
- In 2016, the Regional Health Survey reported 4 out of 10 First Nations used controlled substances in the past year
- In 2017, seven First Nation communities declared a state of emergency due to the rapidly increasing number of substance use harms including overdoses and deaths
- In 2023, Chiefs of Ontario reported First Nations were represented 36% more than the general public in drug poisoning deaths



Addictions Management Information System

Definitions



EPISODE OF CARE

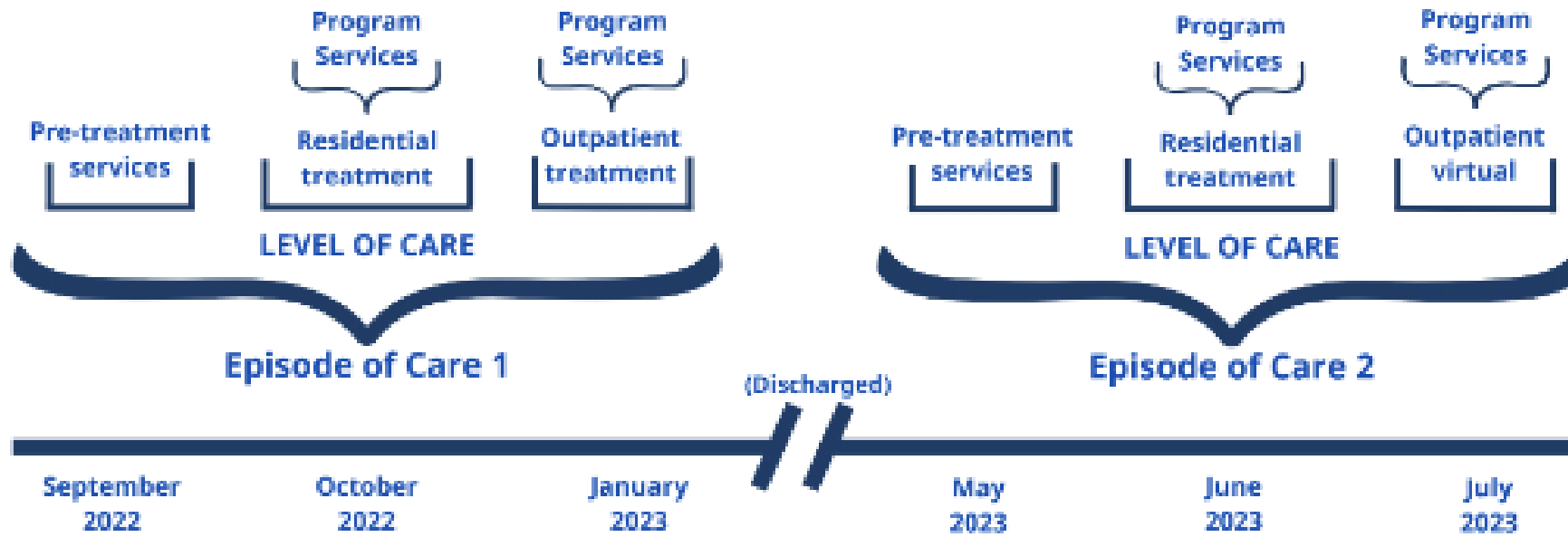
The total time from start to finish that you are involved with and doing any kind of work with the client. It could be a month, a year, or 10 years. As long as the client has someone working with them, that episode of care stays open until they are completely discharged. If the client returns at a later date, a new episode of care will need to begin.

LEVELS OF CARE

During an episode of care, the levels of care can change. The level of care is essentially the type and intensity of treatment (Type = inpatient/outpatient, Intensity = how frequent) A client can move through different levels of care during the whole episode of care.

PROGRAM SERVICES

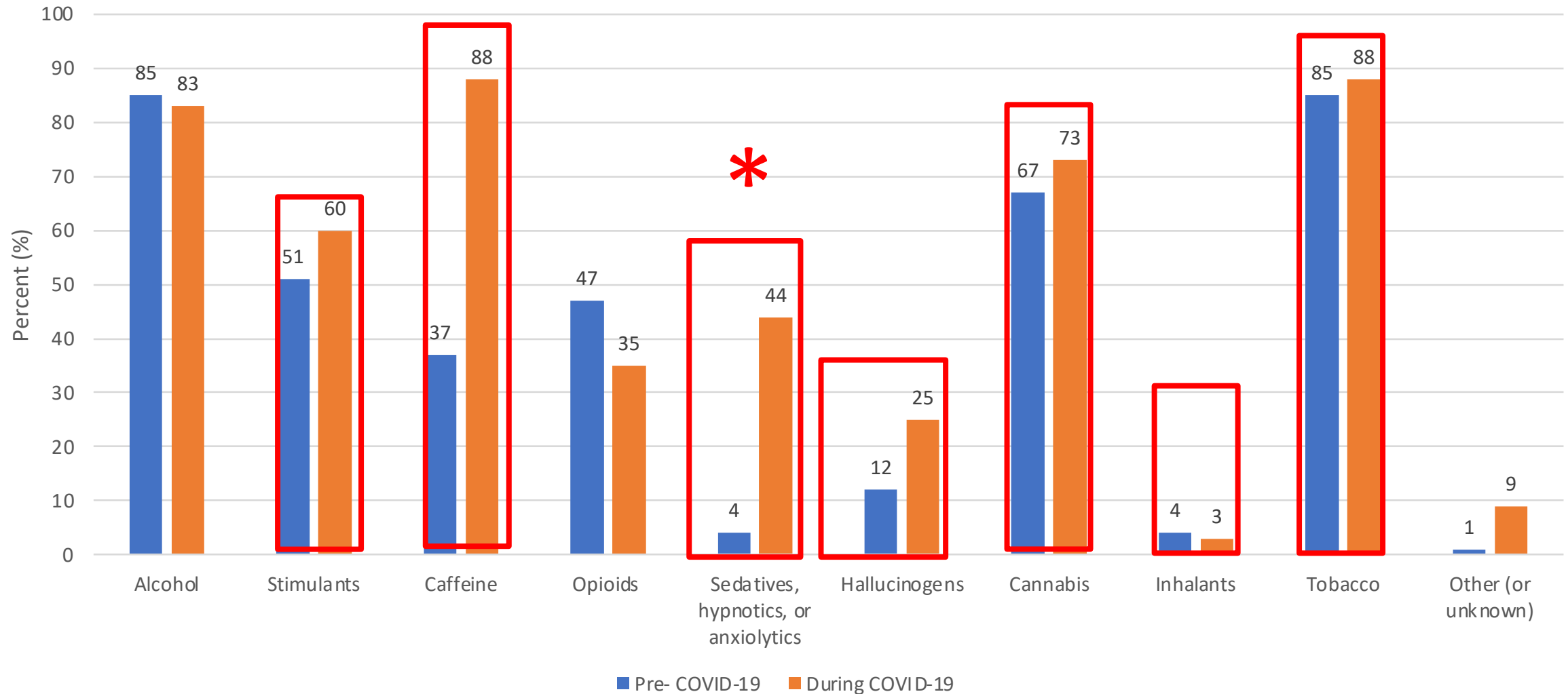
The program activities or events that are being actively done with the client during the level of care. (Eg. cultural teachings, counselling, etc.)



Timeline Example



Substance use during pre- and pandemic cohorts (DUSI-R)



National Addictions Management Information System
April 2021 to March 2022 Data, N=1133

The Indigenous Wellness Framework

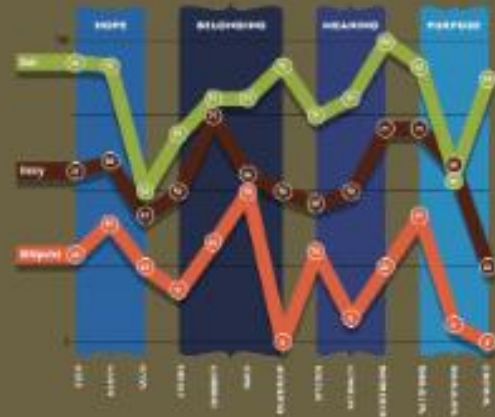
Understanding Hope, Belonging, Meaning & Purpose

The Native Wellness Assessment™

(NWA) is the first instrument of its kind to psychometrically and statistically validate and measure the change in wellness for youth and adults who experience Indigenous culture as an intervention.



- The NWA includes four fundamental wellness indicators including Hope, Belonging, Meaning and Purpose.
- The NWA includes two main forms of assessment. The first is the Self-Report Form (completed by client) to establish a baseline of the client's cultural knowledge and experience when entering the program, then comparing wellness over time. The second form is the Observer Rating Form (completed by someone who is knowledgeable about a client's treatment program, such as a counsellor or Elder). The assessment is designed to be administered two or three times for each client during the program, depending on the length of the program.
- The instrument has 66 independent statements and 52 cultural intervention practices. These statements are all categorized into the 13 wellness descriptors that are components of the wellness indicators: Hope, Belonging, Meaning and Purpose.
- The NWA is set up to control inconsistency and partiality in both the client and the observer assessments.



The NWA has several purposes:

- Setting Treatment Goals
- Monitoring Changes across Time
- Establishing Treatment Program Targets and Benchmarks
- Understanding the Relationship between Changes in People's Wellness and Cultural Interventions Provided



The NWA is a product of the *Measuring Our Strengths: Indigenous Culture as Intervention in Addictive Treatment (CoS)* research project developed by a team of Indigenous and non-Indigenous researchers from across Canada, Elders, Indigenous Knowledge Keepers, cultural practitioners, service providers, and decision makers. The assessment can be used in treatment centres, community programs, educational systems and any programing that is inclusive of cultural intervention.



Balance in Wellness across Time

As of 2019/2020, the NWA has been implemented in 28 National Native Alcohol and Drug Abuse Program (NNADAP) treatment centres, 10 National Youth Solvent Abuse Program (NYSAP) treatment centres, 1 health centre, 2 community organizations and educational institutions.



Copyright © 2019. All rights reserved by province. All rights reserved by the authors.

Understanding the whole individual using the Indigenous Wellness Framework.



Using the NWA, a connection to cultural interventions can be anywhere between 1.00 and 3.00, where a score of 1.00 represents a low connection to cultural practices, a score of 2.00 represents a moderate connection to cultural practices, and a score of 3.00 represents a high connection to cultural practices.

Source: *Measuring Our Strengths: Indigenous Culture as Intervention in Addictive Treatment (CoS)* research project developed by a team of Indigenous and non-Indigenous researchers from across Canada, Elders, Indigenous Knowledge Keepers, cultural practitioners, service providers, and decision makers.

Acknowledgements

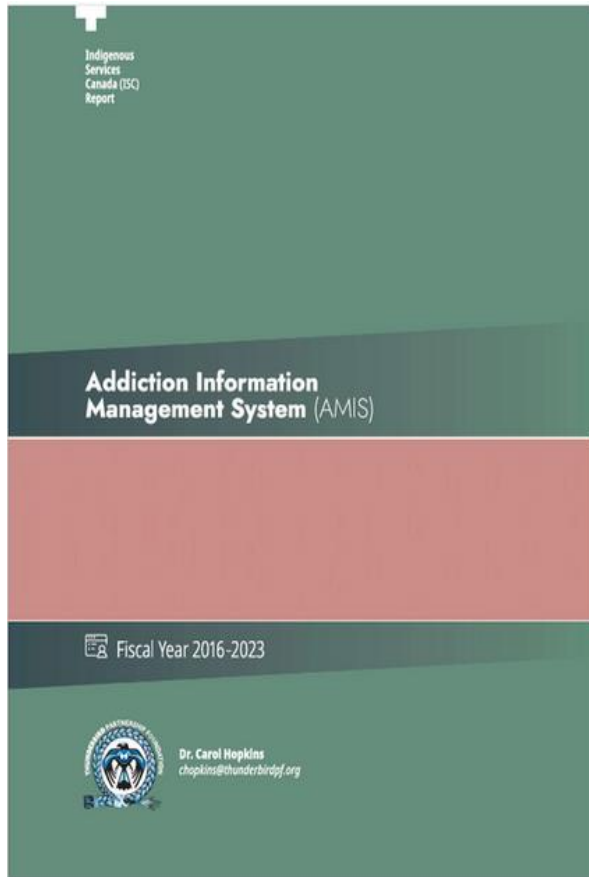
The Native Wellness Assessment™ (NWA) was conceived and implemented by Dr. James, PhD, National Addictive Disorder Treatment Centre, and co-developed with Elders and First Nations and Inuit staff in various roles in various communities. The Indigenous Elders and Knowledge Keepers provided guidance and support for the NWA and Mental Health (2019), Traditional Knowledge Foundation, and the University of Saskatchewan.

FORMS CAN BE DOWNLOADED HERE: <https://www.addiction.ca/indigenous-wellness-assessment>

Re-use under CC BY for personal, educational and research purposes. This is not for Traditional Knowledge Foundation's approval.



Mental Health & Addictions among First Nations Communities: AMIS & FNOM



- Drug Use Screening Inventory-Revised questionnaire
- Native Wellness Assessment
- Utilized by the First Nations Addiction Management Information System that collects data from National Native Alcohol Drug Abuse Program (NNADAP) and National Youth Substance Abuse Program (NYSAP) treatment centers across Canada



- First Nations Opioid and Methamphetamine Survey
- Native Wellness Assessment
- n=1729 surveys completed by First Nation communities

First Nations Data: What Story Does it Tell Us?



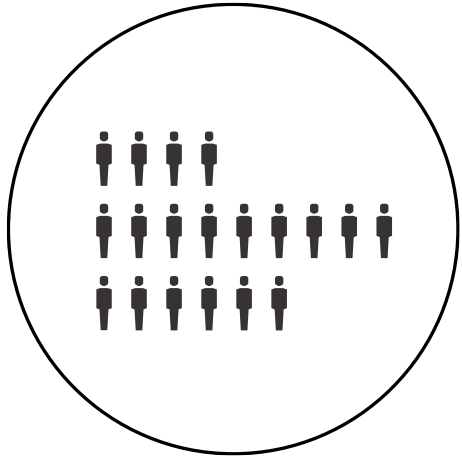
As we review the next 2 slides, your task is to record the following:

What are possible interpretations of the data?

What questions do you have to clarify an understanding of the data?

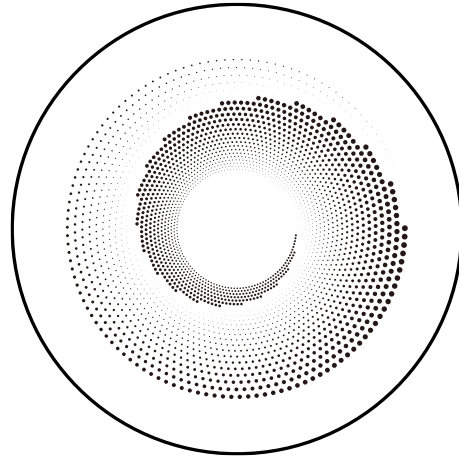
Opioid & Methamphetamine Data (2019 - 2022)

N=1,792



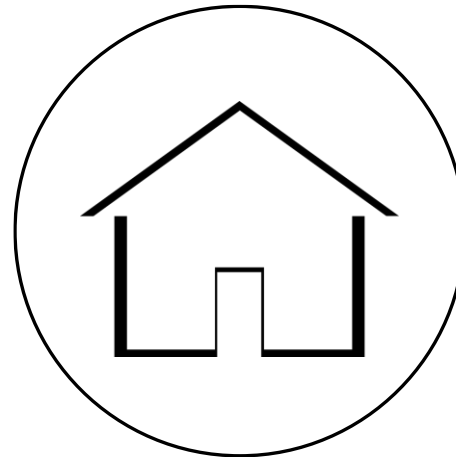
Prevalance

- 28% have used opioids
- 18% have used methemphetamines



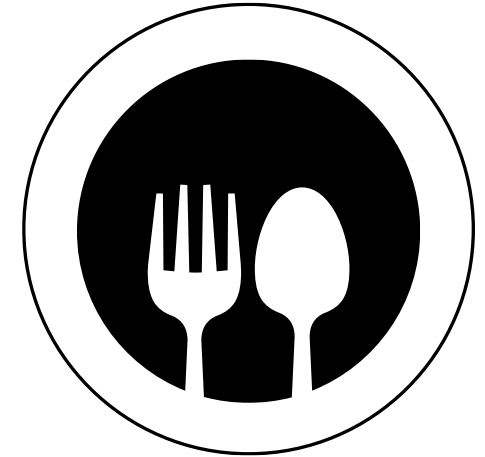
Trauma

- Without supports, trauma significantly increased risk of harm



Housing

- Individuals who lived in a household of 7 or more people were significantly at increased the risk of using opioids

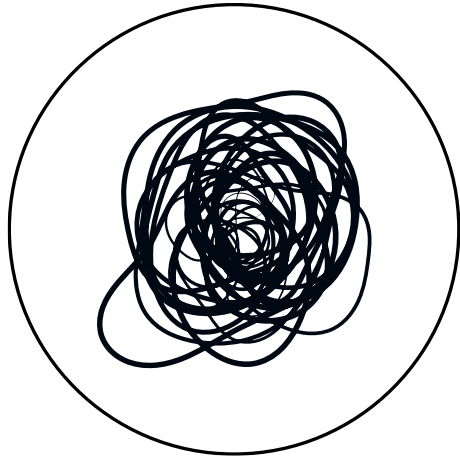


Food Security

- Individuals who were not food secure were 2X more likely to use methamphetamine

Opioid & Methamphetamine Data (2019 - 2022)

N=1,792



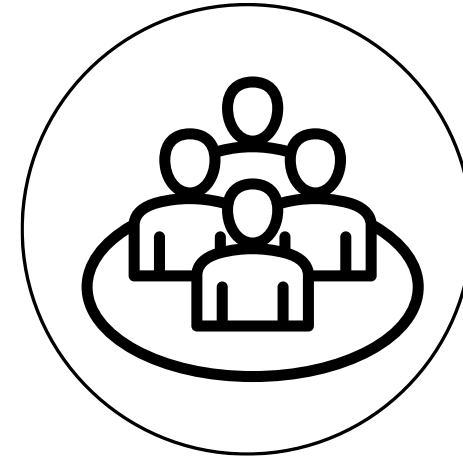
Hopelessness

- 40% of people using methamphetamine felt helpless to change their life
- Feeling helpless increased the risk of opioid use



Supports

- Not having positive role models, employment/school, supportive friends/family, or drug awareness education increased risk of methamphetamine use by 1.6X



Populations at risk

- 18 to 29 year old age group more likely to use opioids compared to those older than 50
- Males or 2SLGBTQ2+ are 2X more likely to use methamphetamine than females



What is the knowledge, skills, & behavior that guides the workforce to ensure quality experiences and outcomes in mental wellness that enables movement from surviving to thriving?



What is Quality in Mental Wellness?

- **culture as the foundation**
- **wholistic approach**
- **Indigenous Determinants of Health**
- **First Nation Context**



National Mental Wellness Professional Association

Could potentially target the following workforces:

Addictions/Mental Wellness, Mental Wellness Teams, IRS-RHSP, Suicide Prevention / Life Promotion, Crisis Response Teams, Harm Reduction Teams, School Based Mental Health or Early Intervention, Community Safety, Chronic Health – Seniors, Child Welfare, Income Assistance Programs. Through consultation, it would be determined which workforce groups to target in the initial development and implementation.

Some of these workforces already have certification in core competencies and processes in place for professional certification or registration. The process of the association would enhance any existing professional certification or registration with a focus on the FNMWC. The purpose of the association would be standardized core competencies and scope of practice with culture as the foundation while ensuring continuous development and support. Following is an outline of the framework to guide the development and engagement towards establishing the Mental Wellness Association:

- First Nations Mental Wellness Core Competencies for Certification
- Code of Ethics
- Standards of Practice with Culture as the Foundation
- Certification Framework, including Continuing Competencies & Educational Series
- Mental Wellness Practice Support & Resources
- Governance

This work would be supported by First Peoples Wellness Circle



A hand holding a feather and a smudge stick with smoke rising from it.

1.

**Clients with
Unique Needs:
Intergenerational
Trauma &
Addiction**

Substance Use

- addictions medicine,
- outreach
- wrap around services,
- withdrawal management
- Partnerships
- Early Psychosis
- Drug Induced Psychosis
- Assessment
- Care planning
- Monitoring
- Data to inform



Opioid Use is a Direct Result of Colonization

- Opioid use is a public health concern in Canada and a critical issue for First Nation peoples.
- As of 2017, Canada has the second highest population of people who use opioids in the world¹.
- For First Nation peoples, opioid use and other wellness challenges are a direct result of colonization
- **These factors combined with health and wellness access and availability barriers have the potential to put First Nation peoples at a greater risk than the general Canadian population for harms from opioid use.**

The lasting impacts of the attempted destruction of:

Family
Cultures
Language
Social traditions
Connection to land

Trauma that has been facilitated through the following institutions of colonization:

The Indian Act
The reserve system
Indian Agents
Residential Schools
Child Welfare

1. International Narcotics Control Board, 2017



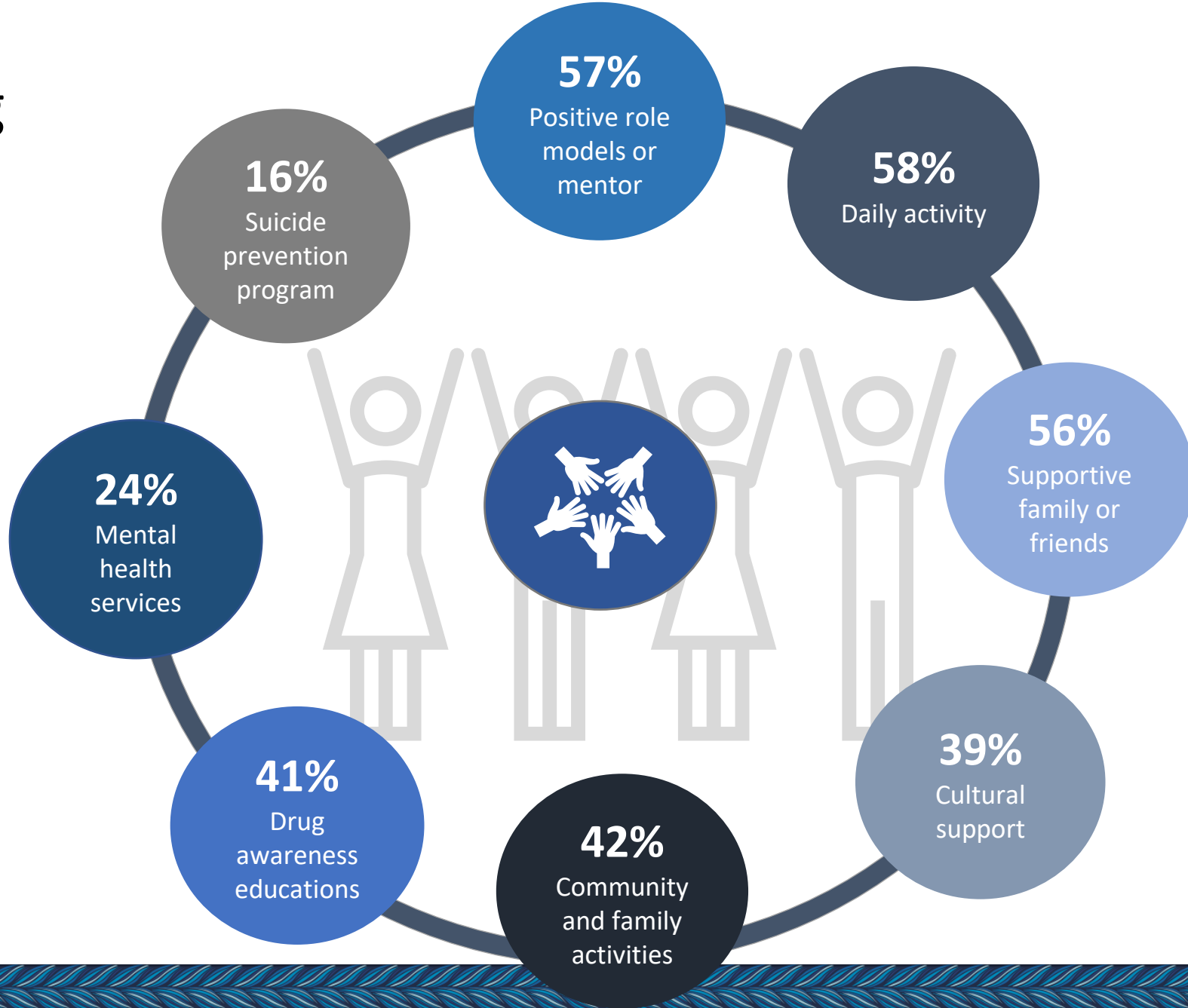
Addictions: A symptom of what is missing

Intergenerational Trauma – **The Soul Wound**

(Duran 2006)

ACEs

Reasons for not using Methamphetamines and/or Opioids in a harmful way

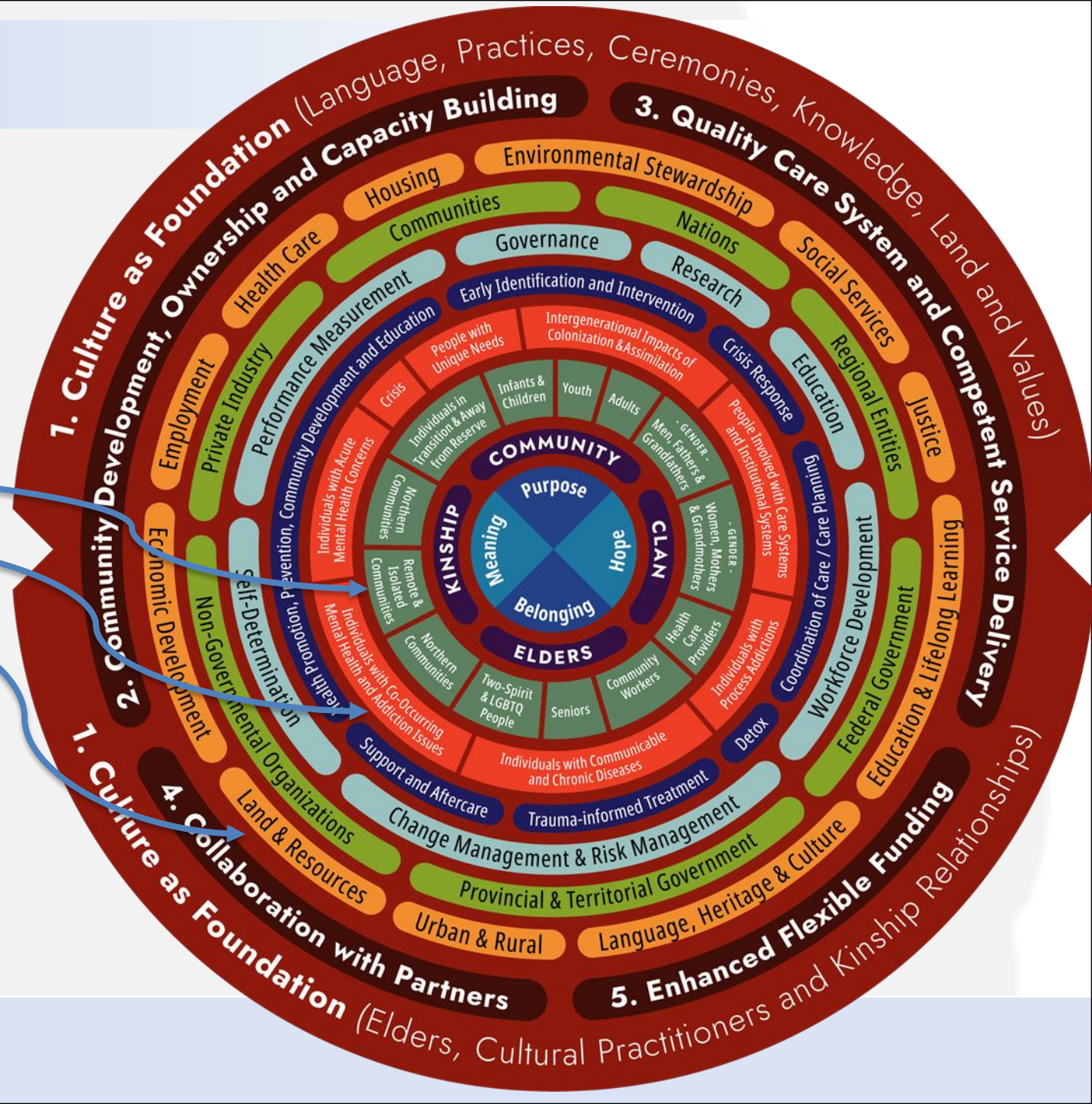


Reasons for not using methamphetamines and/or opioids in a way that increases your risk of harm section. Participants could select more than one option.

Use the model to determine what's missing

Look at the:

- Population ring
- Needs of the population
- Determinants of health



Drug Type

Depressant
Opiates



Slow down
basic life
functions



Person
stops
breathing



medication

Depressant
Sedatives
&
tranquilizer



Slow down
basic life
functions



Person
stops
breathing



No
immediate
life saving
medication

Stimulants
Ritalin,
Cocaine,
Meth



Speeds up
basic
functions



Stroke,
heart
attack

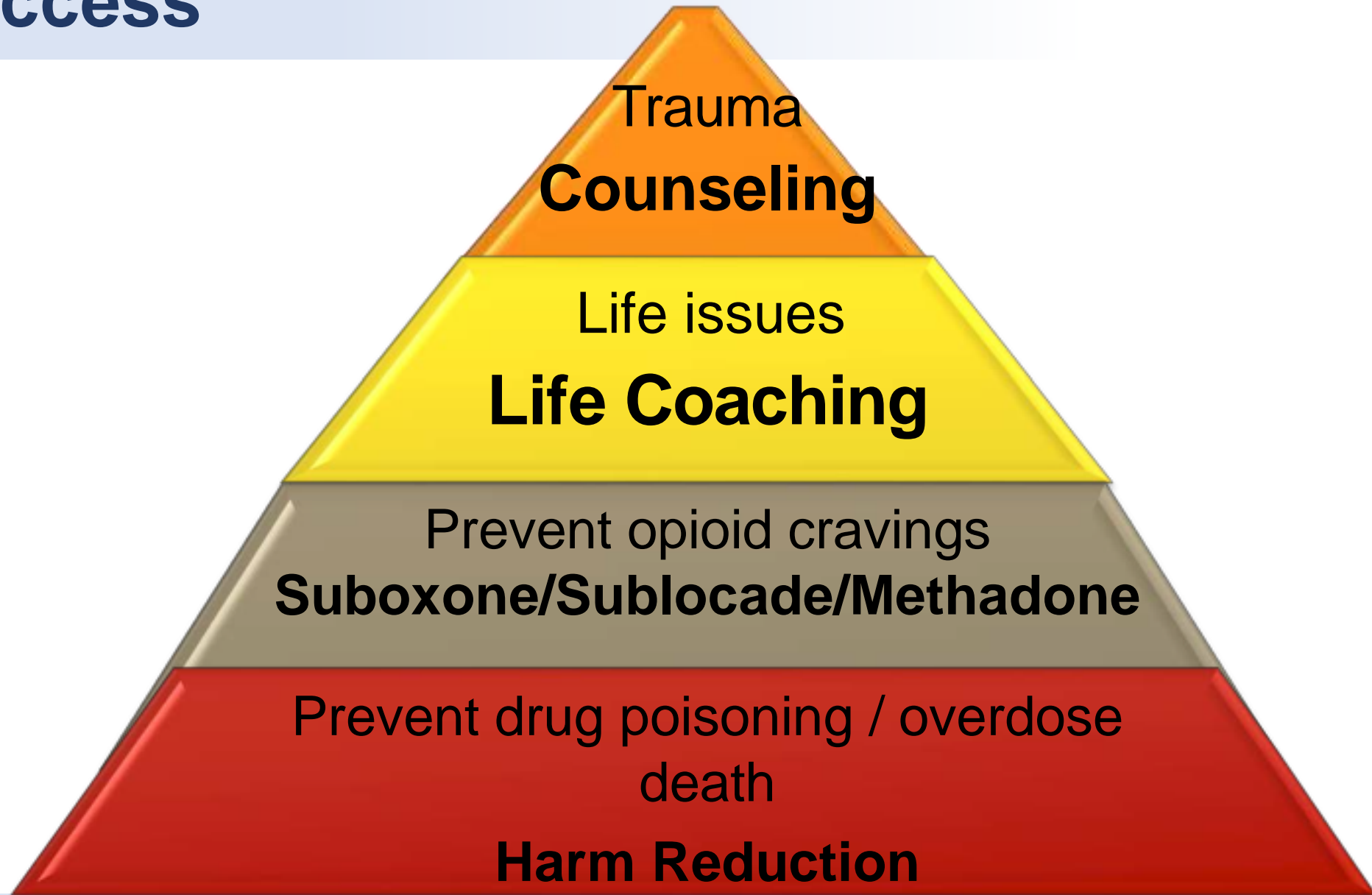


No
immediate
life saving
medication

Impacts of the Opioid Crisis on Indigenous Communities

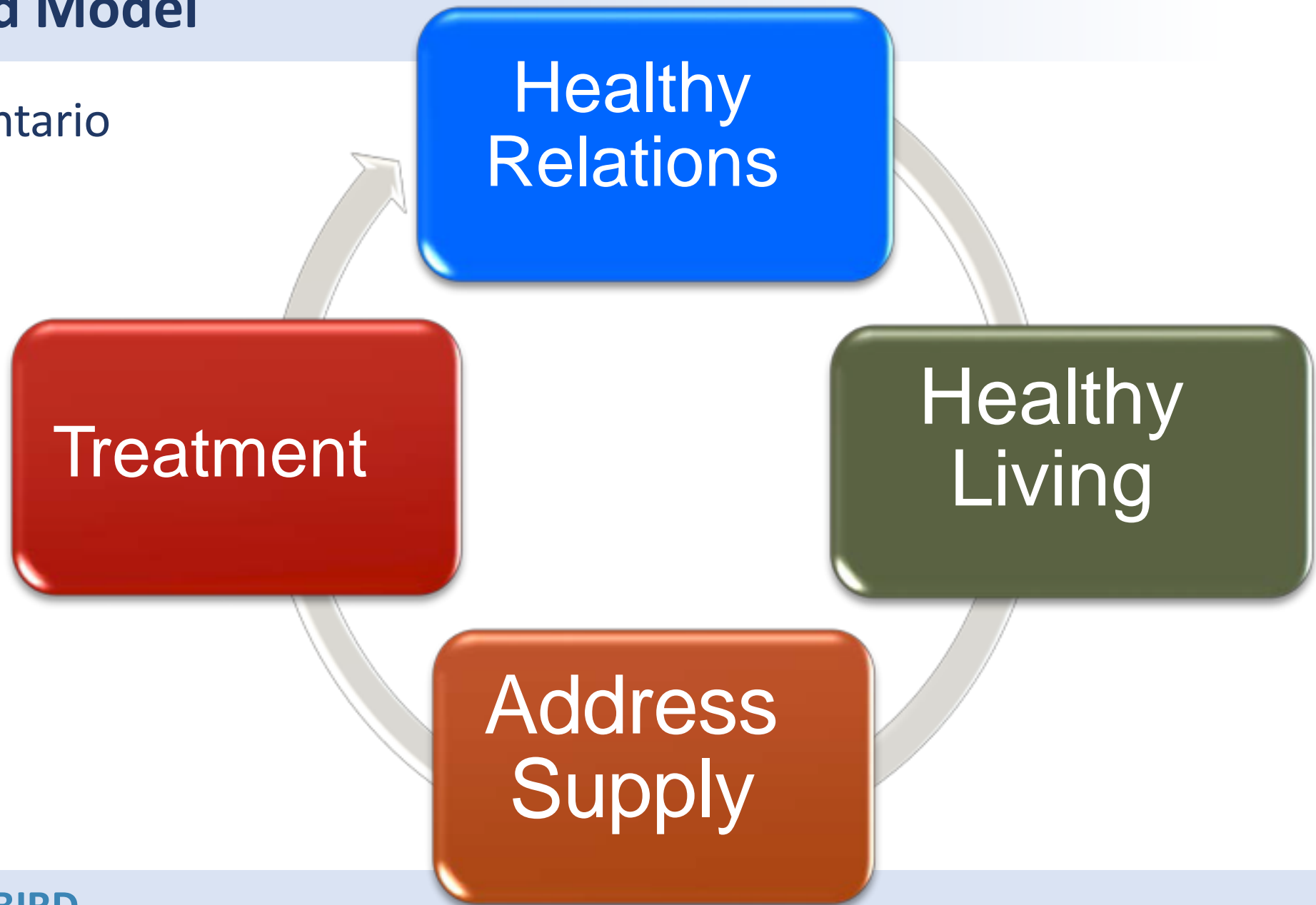
- 2068 overdoses since Fentanyl and 65% of those went to the hospital, 72% were male (vancouver)
- Reasons include: stigmatization from drug use and loosing children. High number of children in the welfare system and C&F Services is underfunded. Need to find ways to keep children safe and at home. (Nova Scotia)
- ON were facing anywhere from 50% prevalence of opioid use and no treatment. NW Ontario has the highest Suboxone with have 3000 people in treatment. TB has the highest opioid poisoning in ON and seventh highest in Ontario and has have the highest murder capital in Canada.

Treatment Success



Take A Stand Model

- Chiefs of Ontario



National Naloxone Distribution

- naloxone kits for distribution to First Nations and Treatment Centers
- Facilitate new Training program on Naloxone
- Monitor distribution and use

To Order Kits:

- [Order Naloxone / Narcan Kits](#)

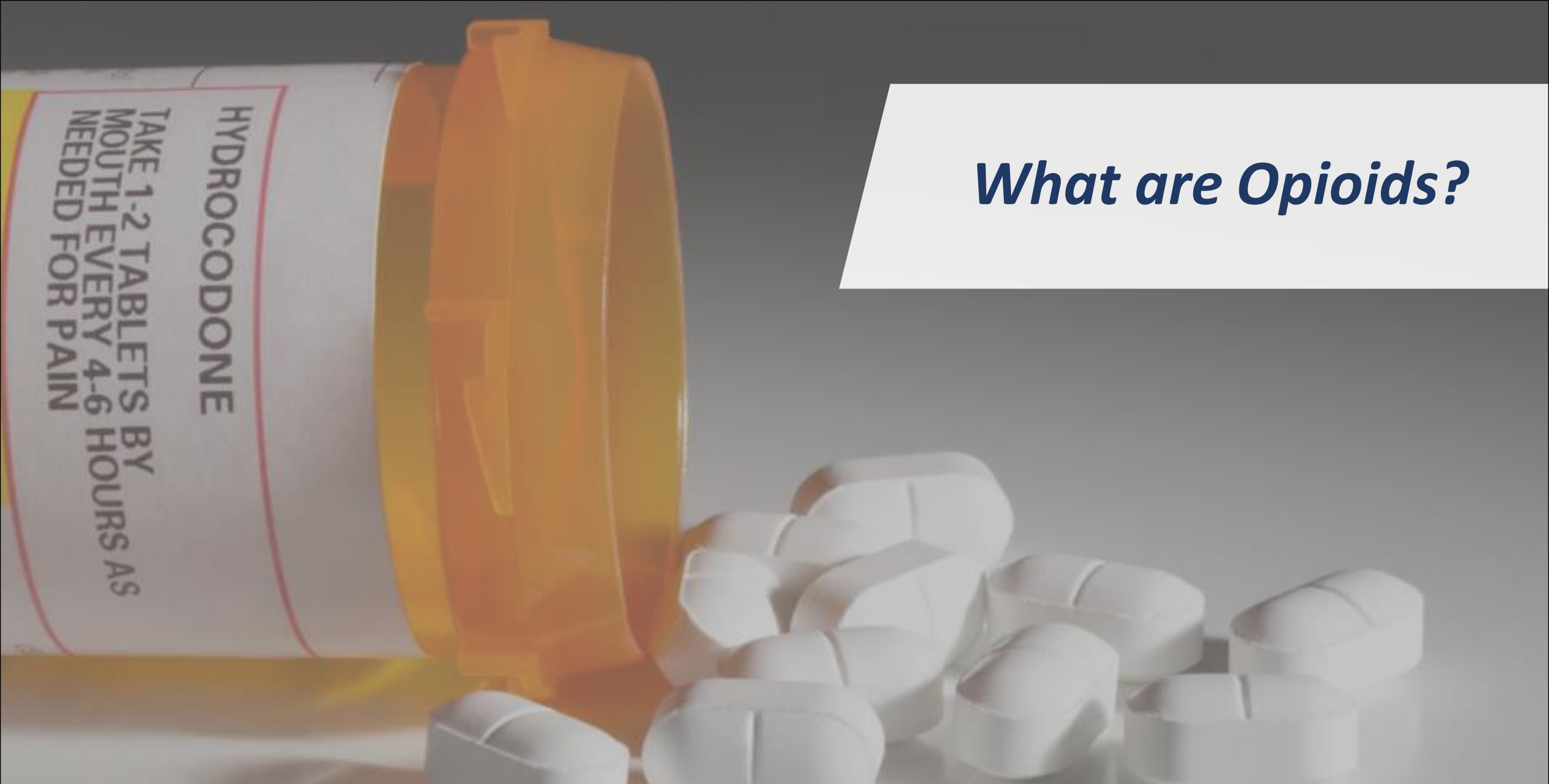




2.

Opioid Agonist Therapy (OAT) for First Nations

What are Opioids?



Opioids

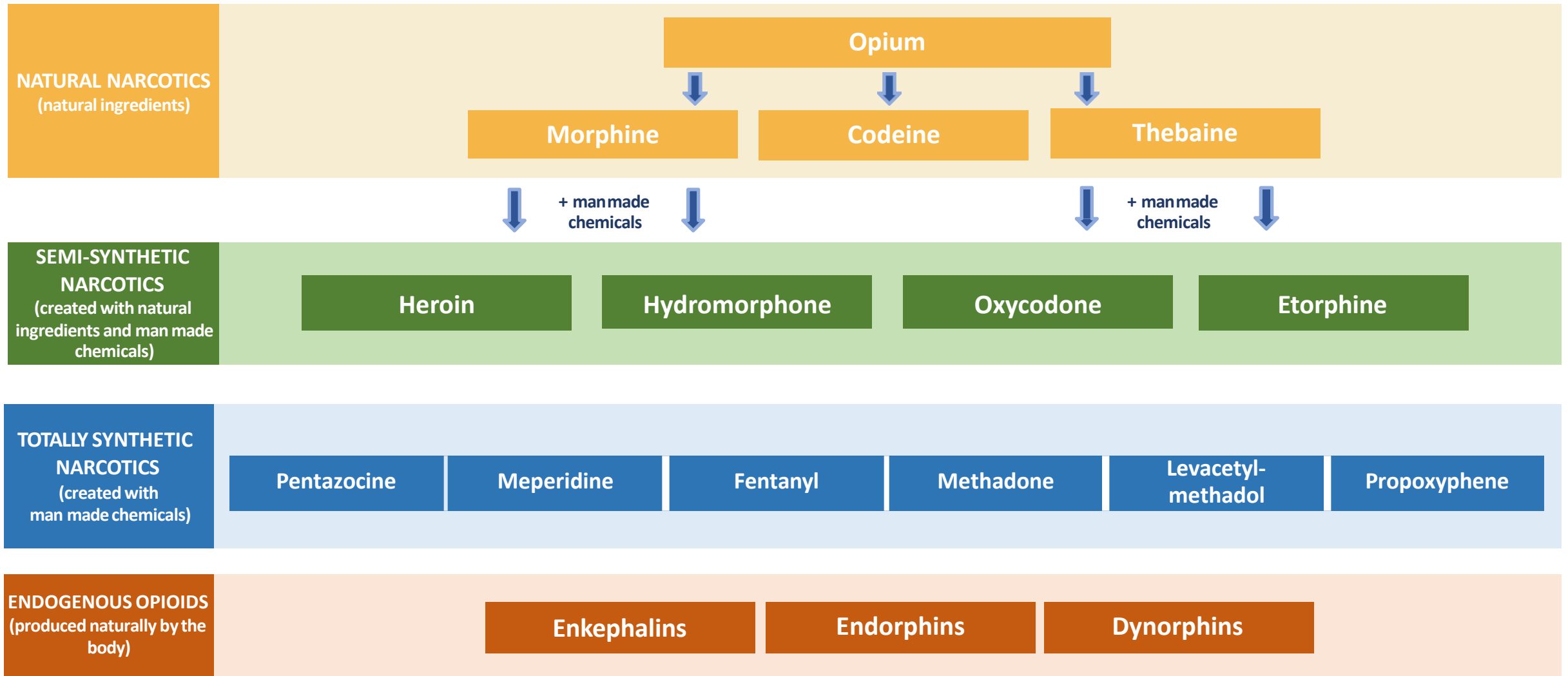
Some opioids, such as morphine and codeine, occur naturally in **opium**, a gummy substance collected from the seed pod of the **opium poppy**, which grows in southern Asia. Other opioids, such as heroin, are made by adding a chemical to morphine. **Today, many drugs in the opioid category don't actually come from opium**

Opioids diminish the perception of and reaction to **pain**, and produce feelings of **euphoria**.

Over time, opioid use changes both the amount and **sensitivity receptors in the brain**, leading some people to try to restore dopamine levels by **continuing drug use**.



Relationship of Natural and Synthetic Opiate Drugs



Diagnosing Abuse, Dependence, & Addiction

Substance Abuse

- Excessive use or misuse of a drug beyond its intended purpose or prescription
- The most commonly abused substances are alcohol and prescription drugs
- All use of illegal drugs is considered substance abuse
- The most common reason for drug and alcohol abuse is the desire to achieve a certain feeling or sensation.
- Substance abuse, if not treated, often leads to dependence.

Substance Dependence

- Develops when the brain's neurons adapt to *repeated drug exposure* and only function normally in the presence of the drug
- When the drug is withdrawn, several physiologic reactions occur. These can be life threatening.
- In the case of illegal drugs or even medically administered drugs such as morphine, withdrawal can be very serious and the user will use the drug again to avoid the withdrawal syndrome

Substance Addiction

- It has been scientifically proven that addiction is a disease of the brain
- Addiction of any kind is the display of compulsive behavior. In the case of drug and alcohol abuse, this compulsive behavior is reinforcing or rewarding to the user, in spite of the negative consequences of their behavior.
- A major feature of addiction is the loss of control when it comes to abstaining from the substance.
- When a person is addicted to a substance, the use of that substance targets certain cells in the brain which triggers a feeling of reward or satisfaction.

Substance abuse, if not treated, often leads to dependence.

Dependence often leads to addiction.

Opioid Withdrawal Symptoms

Substance users will experience different withdrawal symptoms depending on the time since last dose.

ACUTE
(UP TO 72 HOURS)

LONG-TERM
(4 TO 20 DAYS)

POST-ACUTE
(MONTHS TO YEARS)



Cold shakes.



Chills and sweating.



Fever-like symptoms.



Mood swings.



Anxiety and depression.



Bone pain.



Vomiting.



Insomnia.

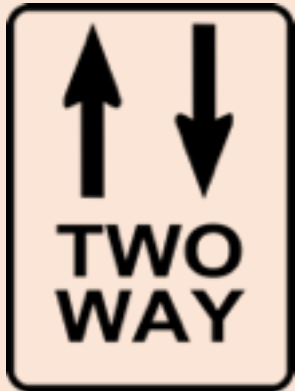


Diarrhea.

Mental Health Issues and Opioid Addiction



In the case of opiate addiction, many times patients become **dependent** because the drugs help them **escape difficult situations** they're dealing with in their life.



Mental health issues can affect a person's opioid addiction, and an opioid addiction can affect mental health issues.



Opiate addiction is very likely to **influence and affect mental health conditions** such as schizophrenia, anxiety, depression, ADHD, bipolar disorder, alcohol dependency or complex-trauma experiences

Treatment Options for Opioid Substance Abuse

Outpatient Services/ Community-based programs

Provides a treatment plan the patient can follow while living at his home, without isolating themselves from their daily lives

1st



Land Based Programs or / with Residential Facilities

Provides temporary housing where people can get medical, as well as healing or therapy sessions in a supportive, focused environment.

Ideally once stabilized
with medication



Inpatient Hospital Setting

Provides around the clock, overnight care for the patient, making sure the individual is under strict, intensive observation at all times.

As required



What is Opioid Agonist Therapy?

- Opioid agonist therapy (OAT) is an effective treatment for addiction to opioid drugs such as heroin, oxycodone, hydromorphone (Dilaudid), fentanyl and Percocet.
- The therapy involves taking medications (opioid agonists) that work to prevent withdrawal and reduce cravings for opioid drugs.
- The OAT medications commonly used are:
 - Methadone (Methadose)
 - Buprenorphine (Suboxone)
 - Sublocade
 - Narcan



Benefits of Opioid Agonist Therapy

Evidence suggests that opioid agonist treatment will:



Increase entry into substance use treatment



Improve ability to follow through with medical treatment



Decrease death from overdose



Decrease illicit opioid use



Decrease HIV risk behaviour

People who engage with services tend to get better.

- Opioid agonist treatment is the best available treatment for opioid addiction.
- OAT is the best predictor of improved outcomes for people with opioid addiction.

After five years most people on opioid agonist treatment have:



Reduced their illicit opioid use by 80%



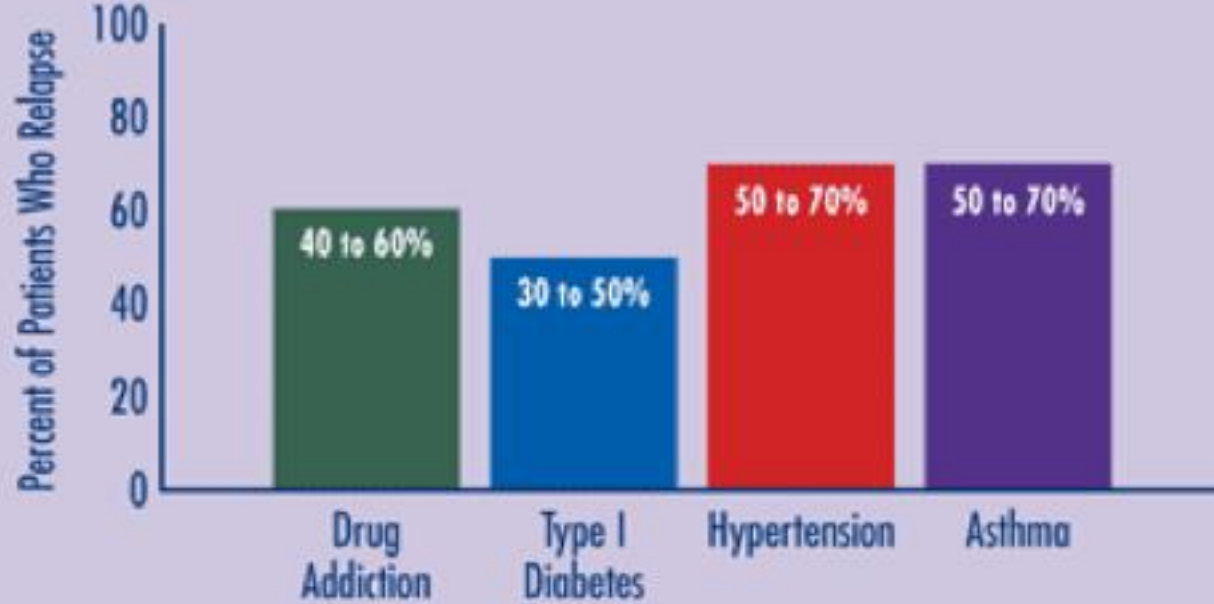
Reduced their sharing of needles by 66%



THUNDERBIRD

PARTNERSHIP FOUNDATION

COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES



Source: JAMA, 284:1689-1695, 2000

Relapse rates for people treated for substance use disorders are compared with those for people with diabetes, hypertension, or asthma. Relapse is common and similar across these illnesses (as is adherence/non-adherence to medication). Thus, drug addiction should be treated like any other chronic illness; relapse serves as a trigger for renewed intervention.

Harm Reduction Strategies on First Nations

There is a growing focus on implementing **First Nations Community governed, harm reduction strategies** for opioid use within a community development approach, as opposed to abstinence/prohibition only approaches.

3 Models for Opioid Agonist Therapy, Ontario:

(1) Mobile Treatment Team

Team: Physician, nurse practitioner, addiction counsellor and case manager.

Goal:

- Rapid Access to Addictions Medicine
- Client initiation on Suboxone / Sublocade
- Supervise treatment plans
- Monitor progress
- Make visits to monitor and adjust dosages
- Assess and treat concurrent disorders
- Train unregulated care providers to administer Suboxone / Sublocade

(2) Physician-led Treatment

Overview: Mentorship Model

Team: Experienced addiction physicians partner with a regional health system that have either a:

- Hospital
- Nursing station
- Regional Counselling Unit
- Community-based workers to deliver treatment and supportive programs
- Often delivered with support of Elders and Culture

(3) First Nations High School Based Suboxone Program

Overview: Program is delivered by a team using wrap-around approach:

- Healthy diversion (sports, crafts, art),
- Grief counselling
- Elders' program support



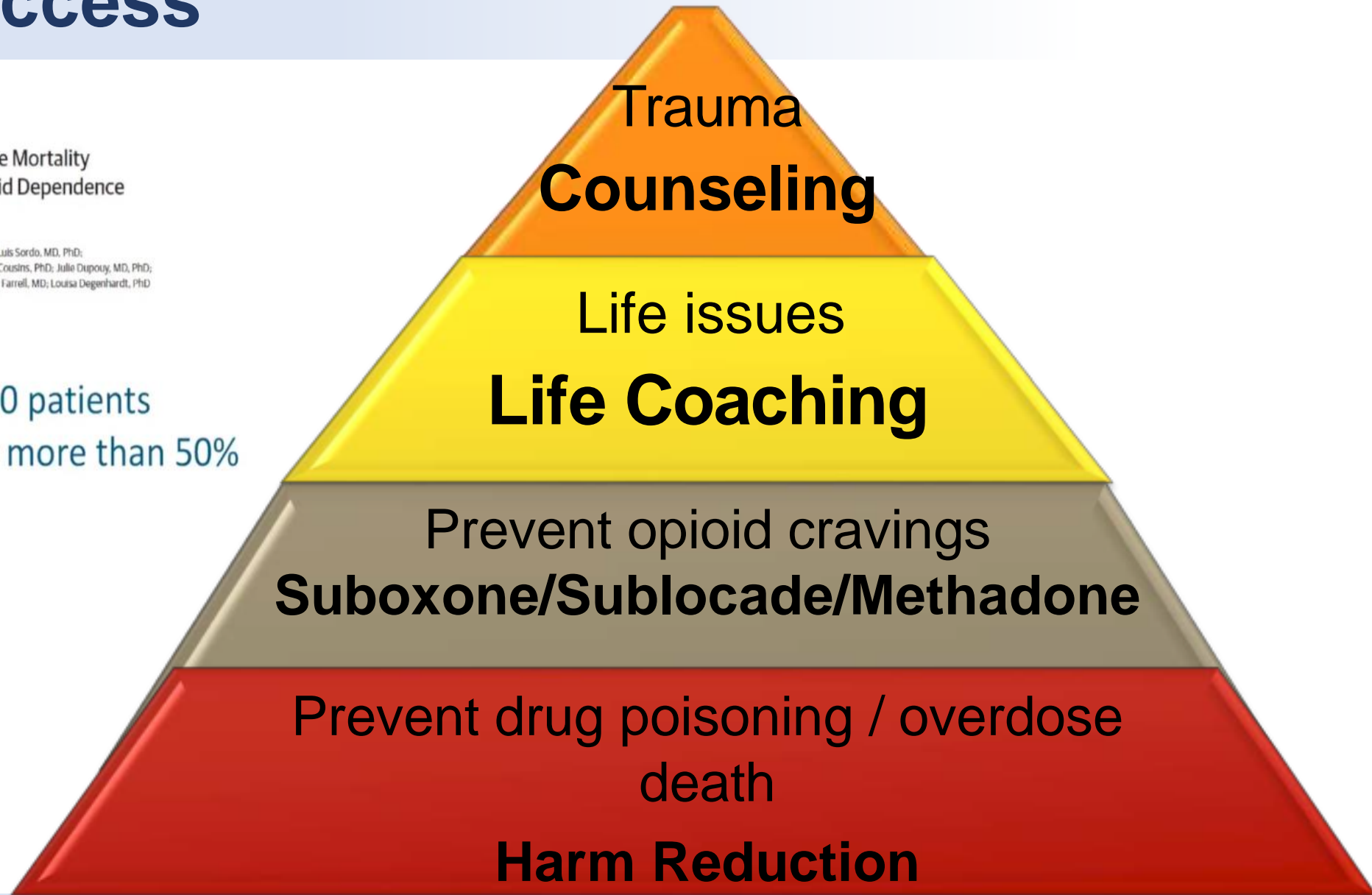
Treatment Success

JAMA Psychiatry | Original Investigation

Association of Opioid Agonist Treatment With All-Cause Mortality and Specific Causes of Death Among People With Opioid Dependence
A Systematic Review and Meta-analysis

Thomas Santo Jr, MPH; Brodie Clark, BPsych; Matt Hickman, PhD; Jason Grebely, PhD; Gabrielle Campbell, PhD; Luis Sordo, MD, PhD; Aileen Chen, BPsych; Lucy Thi Tran, BPsychSc; Chrianna Bharat, BSc; Prianka Padmanathan, MRCPsych; Grainne Cousins, PhD; Julie Dupouy, MD, PhD; Erin Kelly, PhD; Roberto Muga, MD, PhD; Bohdan Nosyk, PhD; Jeong Min, MSc; Raimondo Pavarin, MPH; Michael Farrell, MD; Louisa Degenhardt, PhD

Systematic review with 750,000 patients
All cause mortality reduced by more than 50%





PHONE
(519) 692-9922

TOLL-FREE
1-866-763-4714



FAX
(519) 692-9977



E-MAIL
info@thunderbirdpf.org

thunderbirdpf.org



VISIT OUR LIFE PROMOTION WEBSITES

cultureforlife.ca for Youth

wisepractices.ca for Communities