



NNAPF BRIEF GIVING ADDICTIONS ITS RIGHTFUL PLACE ON THE ABORIGINAL WHOLISTIC HEALTH MAP

OBJECTIVES

NNAPF wishes to insure that

- ✦ the perspectives of its national network of Aboriginal health and addictions specialists and service providers in the professional, paraprofessional and traditional sectors are valued and integrated in the Strategy from the beginning
- ✦ their achievements and expertise are recognized and put to contribution in the ongoing development of the new AHHR Strategy
- ✦ NNAPF is included in the consultation process related to the development of the strategy for the development of the Aboriginal Health Human Resources Strategy and of the Aboriginal Health Action Plan.

NNAPF representative and AFN Summit participants reported major concerns regarding the establishment of a community-driven, needs-based, wholistic health system providing a full continuum of care services. These concerns may be summed up by the phrase: “We need to think outside the box and not reproduce the top-down, fragmented system now in place”.

NNAPF sees a crucial need to stress these specific concerns regarding the building and implementation of the new Aboriginal Health Strategy:

- 1) the absence of the subject of Aboriginal Addictions from the Summit Agenda, and therefore from the spectrum of issues open to discussion during the workshop consultations.
- 2) the absence of NNAPF (and therefore the Addictions system in Canada) from the list of those invited for the sectoral consultations.
- 3) the national consultative process, which falls short of a full participation in the national action plan, needs to consider additional processes to realise the development of an effective Aboriginal Health Strategy. NNAPF suggests a process similar to the one adopted for the Romanow Report and for the RCAP, that is the solicitation of papers or briefs from Aboriginal stakeholders along with the planned consultations.

Absence of Addiction issues at the Summit and in the global Aboriginal Health Framework

The Agenda, plenary presentations and the discussions were heavily channelled towards the mainstream aspect of the system, leaving out significant areas of the wholistic model. For example, the issue of training highlighted the need for insuring new generations of highly trained public health professionals. However, the equally important issue of insuring the recognition and further training of the vast pool of paraprofessionals and of all those involved in providing services in the full continuum of care, from Elders to Youth was not touched on.

It is a fact that the issue of addictions has contributed in a major way in inspiring the development of a wholistic model of Aboriginal health. The Aboriginal Addictions System has over the years mobilized a vast pool and network of individuals and organizations, providing a continuum of care within this wholistic model. Chiefs, Elders, health leaders and front line workers, to name but a few have advanced the concept of Health and wellness through their untiring efforts to solve addictions problems in their communities.

The field of Addictions embraces a wide range of dependencies: alcohol, the full range of recreational, hard and prescription drugs, solvents and other substances, tobacco, food etc...

- Even though our sobriety is over 50% in our communities (contrasted to 35% in mainstream) we still have a high rate of addictions and addictions-related problems.

Addictions cannot be addressed in isolation. All of the factors that contribute to addictions are closely linked to the mental, physical, psychological and spiritual aspects of Aboriginal health.

Addictions moreover affect not only the addicted individual, but his or her family and community. It spans gender and age. In other words it is a universal issue in Aboriginal communities.

- Therefore, an Aboriginal National Health Strategy based on the concept of health and wellness needs to consider people **with addictions**, but also the people **indirectly affected** by addictions.

Relationship between Addictions and other health issues

Addictions cannot be separated from their repercussions, most of which are also major health issues, such as diabetes, HIV/AIDS, suicides, cancers, heart diseases, injuries (drownings, self-mutilation, MVA, Violence), FASD, etc... Statistics in these areas speak for themselves.

A prime example is the relationship between diabetes (which is being declared a state of emergency) and alcohol consumption.

- Alcohol contributes directly to the development of diabetes and increases problems in managing the disease.
- Alcohol leads to obesity and increases the risk of diabetes
- Alcohol can result in chronic inflammation of the pancreas, causing permanent damage and resulting in diabetes.
- Some diabetes drug and alcohol may cause adverse reactions.

Studies confirm for example the links between alcohol addiction and HIV/AIDS. The impact of alcohol abuse during pregnancy causes irreversible damage to the potential of our children. Smoking in pregnancy also increases the risk of babies developing diabetes and obesity later in life. There is a connection between alcohol abuse and food addiction. Research also shows that smoking increases the risk of pancreatic cancer. Smoking in young adulthood may increase the risk of diabetes and arthritis.

Treatments centres as Centres of Excellence in Health and Wellness

All these facts confirm that to be effective and relevant, an Aboriginal Health system cannot ignore the issue of addictions. Aboriginal expertise, best practices and culturally appropriate services have been developed as a response to this issue.

The existing aboriginal addictions infrastructure (NNADAP and NYSAP systems) is Aboriginal-owned and operated.

In concert with community addictions programs, these often under-funded centres and community programs have offered, on a 24 hours basis, 1st, 2nd and 3rd level of care and crisis intervention. These centres and community programs continue to provide the environment which leads Aboriginal individuals and families to begin their journey towards wellness and enhanced health in all its dimensions.

The multisectoral knowledge and expertise developed by the personnel of these centres and community programs in the field of health and wellness can play a significant role in establishing the kind of strategy proposed by the AFN. Community-driven, needs-oriented, culturally-relevant, these centres and community programs can be viewed as centres of excellence and contribute meaningfully to the implementation of the First Nations Health Action Plan.

“...all the historic evidence indicates that significant community development takes place only when local community people are committed to investing themselves and their resources in the effort. This observation explains why communities are never built from the top down, or from the outside in.”

Beardy's and Okemasis Community response program