

A NATIONAL AND REGIONAL PARTNERSHIP TO IMPLEMENT THE N.N.A.D.A.P. REVIEW

The report of the General Review of NNADAP (1998) recommended that Regional Committees and a National committee be struck to ensure that the major recommendations of the Review were acted upon.

An interim National Partnership Committee consisting of First Nations and Inuit members was established and mandated by Health Canada to develop a plan to implement the recommendations in the NNADAP Review throughout Canada. At the same time, Regional Working Groups were formed, composed of prevention and treatment representatives selected by their respective First Nation and Inuit authorities. These Regional Working Groups each officially nominated a representative to sit on the National Partnership Committee.

National Native Addictions Partnership Conferences

The Partnership facilitated two conferences, one held on February 25-27, 2000, in Vancouver and the other in Montreal on October 29-31 of the same year. Their purpose was to bring together the Regional Working Groups and the National Working Group to establish a means of working together in order to proceed with planning a follow-up strategy to the General Review.

It was intended by the partners that the planning conferences would emerge with the rudiments of a common vision and mission statement, a statement of shared values and a set of guiding principles. Conference goals also included an identification of key work areas and recommendations regarding the roles and responsibilities of each committee and stakeholder organization and group in promoting adequate follow-up to the Review.

It was anticipated that, subsequent to gathering input from the Montreal Conferences, the National Working Group would prepare a framework document to guide implementation. The document would reflect the opinions of the National Working Group and a synthesis of the specific inputs of the Regional participants at the second planning conference held in Montreal. While there was substantial variation in the actual representation from First Nations and Inuit Health Regions, *all* Regions were in fact represented.

While there was considerable variation in the numbers of representatives from different First Nations and Inuit Health Regions, all Regions were represented at the Montreal Conference. It was also intended that a completed framework document would be prepared by the Foundation and shared with the Regional Working Groups as the template for future directions.

Outcome of the National Native Addictions Partnership Conferences

While partially incomplete in terms of meeting conference goals in their entirety, overall direction for the implementation strategy was given by the Regional Working Groups, as well as a variety of suggestions that were consistent across all groups. The ideas of each working group were taken into account, and supplemented by additional interpretive and analytical work and references to other, relevant, evaluation studies and reviews. These various sources of input were then synthesized to create a Framework.

VISION OF A RENEWED NNADAP

Discussions at the Vancouver and Montreal Conferences touched upon many themes directed at renewing the quality, effectiveness and efficiencies of alcohol and drug abuse programming for First Nations and Inuit peoples. Deliberations of the working groups provided suggestions regarding the type of follow-up strategy to the General Review that would best ensure that its most significant recommendations would be realized in practice.

Conference deliberations also gave further affirmation to the conclusions of the General Review and, when synthesized, they yield a relatively clear conception of what the NNADAP infrastructure *should* look like in the future. Taken together, those parameters form a vision of a renewed and more effectively performing NNADAP—a conceptual picture of an improved and nationally, regionally, sub-regionally, and locally integrated system of prevention and intervention services *and* the intended outcomes of that system of services.

Reflecting the spirit of the General Review of NNADAP, 1998, and confirmed through the consultations at the Conferences hosted by the Partnership, the following statement captures the essence of a guiding vision for the end results we are seeking:

Assisted by an integrated national, regional, district and local network of both highly effective and culturally sensitive substance abuse and addictions prevention and intervention programs and highly trained, caring and effective service providers, First Nations and Inuit people will gradually liberate themselves, their families and their communities from the burdens of past and present substance abuse and addictive behaviours.

SHARED VALUES

The Conferences identified a set shared values to serve as the foundation for NNADAP. These values should inform the style of work, individual and organizational interactions, and the overall direction taken by the national and regional working groups and their individual members. Most important, these values should provide the moral base for the work of management boards and committees guiding direct service delivery, the workers providing the services, and the clients participating in our programs.

The shared values of the stakeholders represented in the Partnership can be stated as follows:

1. **Respect:** This value is expressed by acknowledging the input of stakeholders, through listening in a non-judgmental fashion, by acknowledging and positively affirming diversity; and by encouraging the free expression of diverse ideas.
2. **Accommodating cultural diversity:** Not only must we be respectful of individual differences between our stakeholders, but we must acknowledge the beliefs, norms and sensibilities of the different First Nations and Inuit cultures represented amongst our communities.
3. **Honesty:** In our efforts to improve the substance abuse and addictions services provided to First Nations and Inuit peoples, we should strive to personally seek the truth and to express the truth as we see it to others. Honesty is achieved when there is no intended gap between our stated intentions and our behaviour: We must always strive to “Walk the talk!”
4. **Compassion:** Our work should be motivated by our compassion and kindness. Our compassion is informed by our empathy and should be reflected in our sincere intentions and actions directed at caring for others, especially those among us who are experiencing great difficulties and hardships.
5. **Trust:** We should be bound by an obligation to act in ways that do not harm others. It is through meeting this obligation that trust is established and wise decisions are made.
6. **Family strength:** Our families are the basis of our existence, the foundations of our strength and the cornerstones of our future—and they are therefore profoundly implicated in our healing. We recognize that our belonging to a family need not be through a biological relationship but can also include family relations expressing traditional and contemporary adoption practices and our intimate social networks. We also acknowledge that our communities should be understood as our extended families. We should therefore work

towards overcoming past differences between families and clans that serve as obstacles to community solidarity.

7. **Humility:** In relation to others, especially those who are suffering, we must strive to be humble. Humility inspires hope in others, whereas arrogance encourages a sense of failure and bitterness in those who are witness to but not party to our success. Our humility is a recognition of ourselves as sacred and equal parts of creation, and the honouring of all other individuals in a fashion that acknowledges that, like us, they too are endowed with the same inherent autonomy, dignity, freedom and equality.
8. **Holistic Approaches reflecting the Interconnectedness of Causes, Consequences and Solutions:** In recognition of the fact that substance abuse and addictions problems originate in many causes, are expressed in many ways and are suffered with varying degrees of intensity, our policies and programming must be holistic. This commitment is in keeping with the spirit of the health-promoting traditions of the First Nations and Inuit. In practical terms, this means that our healing efforts should reflect the interconnected nature of substance abuse and addictions problems. Prevention and intervention should therefore be multi-dimensional, aimed at returning a healthy balance to the various spheres of community, family and personal living. NNADAP activities should also combine and integrate community efforts at promoting personal and social development, spiritual healing, social support and economic development.