



# Written Submission for the Pre-Budget Consultations in Advance of the Upcoming Federal Budget

Submitted By:  
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## List of Recommendations

1. **Recommendation 1:** That the government modernize the current funding formula and implement fair and equitable salaries for addictions workers of the National Native Alcohol and Drug Abuse Program and the National Youth Solvent Abuse Program.
2. **Recommendation 2:** That the government develop and enforce measurable and tangible health indicators, in consultation with Indigenous peoples, on existing and new federal health transfers to the provinces and territories.
3. **Recommendation 3:** That the government increase federal government transparency, communication, and accountability in funding structures.
4. **Recommendation 4:** That the government strengthen coordination and integration of services and programming between the federal, provincial, and territorial governments, ensuring that all First Nations peoples have access to services in accordance with the principles of the Canada Health Act.

# Body of Submission

## Background

### A Link Between Intergenerational Trauma and Substance Use

First Nations communities experience inequitable access to healthcare, as well as a disproportionate burden of harm related to substance use. Rates of mental health disorders are high in First Nations communities, especially amongst those struggling with substance use disorders. It is well documented that this is linked to historic policies implemented to assimilate Indigenous peoples, including loss of land and language, grief, and chronic trauma. These have had a devastating, intergenerational impact on First Nations communities, dissolved cultural continuity and unfavorably shaped their health outcomes.

Many First Nations people link their trauma to Indian Residential Schools, Day Schools, Missing and Murdered Indigenous Women and Girls, and negative child welfare experience. At least 41% of First Nations adults who reported using opioids in a harmful way or methamphetamine linked their experience with trauma, grief, and loss to their addiction.

There is broad recognition among First Nations communities, First Nations organizations, academics, and health professionals of the need for strong health promotion, prevention, early identification, and intervention services to address the social determinants of health within the context of community development for First Nations communities.

*“It must always be kept in mind that substance use in the Indigenous community arises as a consequence of colonial action and harm.” - Health Canada Expert Task Force on Substance Use, 2021*

### Culturally Safe Federal Programs

The primary federal programs to treat and prevent these challenges among First Nations and Inuit communities are the National Native Alcohol and Drug Abuse Program (NNADAP) and the National Youth Solvent Abuse Program (NYSAP). Both are national networks of Indigenous-specific addiction programs primarily in First Nations communities and are largely governed by First Nations communities and organizations.

NNADAP was established as an alternative to mainstream addiction services based upon the recognition that culturally relevant programming, grounded in a First Nations worldview, is essential for many First Nations people to heal from substance use and other related problems.

These programs collectively service 52 treatment centres (10 of which are for youth) across nine provinces, approximately 700 treatment beds, more than 500 alcohol and other drug abuse community-based prevention programs and funding for approximately 730 community-based workers.

#### Results

- 75.5% of clients complete their addictions-treatment program;
- Of those who continued to use substances post-treatment, 94.9% use less than before they committed to treatment;
- 90% of post-treatment clients report they have more control over their life, improved positive relationships, can ask for help when needed, and have a sense of purpose.

## The Power of Culturally Safe Programs

Culturally safe First Nations addictions programs have previously proven to be successful. For example, in North Caribou Lake First Nation, the Oji-Cree Nation has a population of just under 1,000 people. Ten years ago, the community had an adjusted adult rate of treated opioid dependence of 41 per cent.

Unhappy that a powerful drug addiction was impacting the lives of too many members and families, and without anyone offering effective and sustainable support, the community developed a community-based treatment program that combined opioid substitution therapy with intensive, culturally appropriate counseling.

The results were staggering. In just one year, police criminal charges plummeted by 61 per cent, child protection cases fell by 58 per cent, school attendance increased by a third, seasonal immunization rates more than tripled. Attendance at community events became robust and sales at the general store went up by 20 per cent. By virtually every metric, there were successful outcomes.

This program is just one example of success when First Nations are supported to take a holistic approach to healing and wellness by introducing culturally appropriate care for their people.

## Inadequate Funding Impacts Outcome

Despite NNADAP and NYSAP's strengths, addictions treatment programs for First Nations people contend with significant challenges:

- **Employment and Retention:** First Nations communities attract a highly qualified workforce, but struggle retaining them. Staff turnover rates at treatment centers are as high as 50% while the rates of substance use are increasing during a time when Canada's drug toxicity crisis is escalating. Part of the challenge lies in high workloads, stressful working conditions, and salaries that are not on par with those for similar positions elsewhere in the country.
- **Inadequate Compensation:** Despite a First Nations workforce who are certified with core competencies in addictions treatment and who work within standards of excellence in service delivery, the First Nations workforce **earn nearly 45% less than their provincial counterparts.**
- **Infrastructure:** The lack of equitable funding cripples the capacity to meet infrastructural and capital expenses, as well as basic utilities such as digital capacity, increased cost of hydro, and facility repairs which have also significantly impacted conditions of work, further exacerbating challenges to provide quality services.
- **Outdated Funding Formula:** The federal funding formula is severely outdated and significantly underestimates the resources required to effectively deliver programming. An enhancement in funding to the NNADAP and NYSAP programs is vital to sustaining and strengthening community, regional and national responses to substance use and associated mental health issues among First Nations people. Unfortunately, the federal government's level of program funding has not kept up with the Government of Canada's evolving position towards reconciliation over the last 30 years. Previous federal funding increases have tended

to be short-term, and generally directed at particular initiatives and unable to be used for salary enhancements for staff or to provide long-term stability for programs.

## Recommendations

### **1. Modernize the current funding formula and implement fair and equitable salaries for addictions workers of the National Native Alcohol and Drug Abuse Program (NNADAP) and the National Youth Solvent Abuse Program (NYSAP).**

The federal government's commitment to improving mental health in First Nations communities requires a fresh approach to funding. The current funding formula for the NNADAP and the NYSAP is severely outdated, inadequate, and in a dire need of a thorough review and audit.

Such a review must result in the modernization of a new formula that is not only more reflective of the current needs of First Nations communities and considers the intergenerational trauma and social determinants of health, but also incorporates a mechanism to account for inflation. This ensures the formula's continued relevance and effectiveness over time.

A crucial aspect is implementing a fair and equitable salary grid for addictions workers in NNADAP and NYSAP. These salaries should align with mainstream and provincial counterparts, considering factors such as experience, training, community size, remoteness, environmental risks, and social determinants of health. NNADAP and NYSAP staff in First Nations communities are dealing with both a higher quantity of clients, and a higher prevalence of complex clients relative to non-Indigenous communities, hence, it is only fair that their salaries commensurate with the challenging aspects of their job.

A key part of the solution is to develop this salary grid in a collaborative effort between Indigenous communities and the federal government.

### **2. Develop and enforce measurable and tangible health indicators, in consultation with Indigenous peoples, on existing and new federal health transfers to the provinces and territories.**

Developing and enforcing measurable and tangible health indicators in consultation with Indigenous peoples is a crucial step towards improving the healthcare outcomes and addressing the health disparities faced by First Nations communities in Canada. This approach ensures that federal health transfers are specifically tailored to meet the unique health needs and priorities of First Nations populations.

While controversial, such conditions ensure measurable results, holding provinces and territories accountable for delivering equitable services in rural and remote First Nations communities while ensuring the transfers are utilized for their intended purpose and delivers the anticipated impact.

It is essential to adopt a collaborative and inclusive approach that involves Indigenous communities in the design and implementation of the indicators. By consulting with Indigenous peoples, policymakers can gain valuable insights into the cultural, social, and environmental factors that impact their health and well-being and essentially the success of the indicators.

### **3. Increase federal government transparency, communication, and accountability in funding structures.**

Within the current funding structures, implementation details, and funding levels, there exist opportunities for flexibility that can be utilized to modify programs or provide direct funding for addressing community priorities.

However, these opportunities are often not communicated clearly, leading to missed chances for effectively meeting the needs of communities.

We encourage the government to improve and scale its transparency and communications, so First Nations communities are better aware of the flexibility that exists to better benefit from opportunities.

### **4. Strengthen coordination and integration of services and programming between the federal, provincial, and territorial governments, ensuring that all First Nations peoples have access to services in accordance with the principles of the Canada Health Act.**

The national principles of accessibility and universality, outlined in the Canada Health Act, should apply to First Nations communities. Technically, it exists in Canada's legislation, but it does not exist in practice.

To address this, national and regional organizations must break down jurisdictional barriers and foster collaboration between different levels of government and First Nations communities. In doing so, it is critical to respect First Nation's inherent rights, Aboriginal and Treaty rights, as well as the United Nations Declaration on the Rights of Indigenous Peoples.

While NNADAP and NYSAP are federally funded, the importance of the role of provincial and territorial governments should not be understated. Provinces and territories are relied on to provide associated health care services for their geographical jurisdiction, but these services are not sufficiently available to First Nations communities to support the level of adequate care.

Achieving culturally safe and relevant care requires close alignment and consultation between both levels of government and First Nations governance. The importance of provincial and territorial governments in providing health services should not be underestimated, and better coordination is needed to ensure equitable access to care. Regional administrative agreements, like the First Nations Health Authority of British Columbia, have demonstrated success in addressing inequities.

## The Importance of Action

Culturally relevant programming, grounded in a First Nations worldview, is essential for many First Nations people to heal from substance use and other related problems. A population with high rates of unresolved and intergenerational trauma cannot endure culturally unsafe services, nor should they.

Despite temporary increases in program funding over the last years, federal funding for addiction treatment programs does not prioritize comprehensive community-based addictions and harm reductions services or ensure that communities can compensate their addictions workers to provide culturally-relevant services aligned with First Nations values and paradigms. These efforts do not reflect the spirit of reconciliation that Canadians are committed to.

### About the Thunderbird Partnership Foundation

We are a non-profit organization committed to working with First Nations to further the capacity of communities and Addiction Treatment Centers to address substance use and addiction. We promote a holistic approach to healing and wellness that values culture, respect, community, and compassion.

We were a lead on the creation of the federally endorsed First Nations Mental Wellness Continuum Framework, as well as other seminal publications. We are continually engaged by federal government officials on our expertise in this sector, providing data and anecdotes on substance use and addiction among First Nations communities.