

## International Best Practice

### Introduction

- 8.1 The Indigenous peoples of Canada, the United States and New Zealand have increasingly drawn on their unique cultural, spiritual and healing traditions to develop alcohol treatment and support programs alongside mainstream treatments.<sup>1</sup> These programs range from those based on mainstream treatment approaches, to programs that are based entirely on particular healing traditions and traditional knowledge.
- 8.2 While the international research on the effectiveness of culturally-informed treatment for alcohol problems is less extensive than for mainstream approaches to alcohol treatment, several reviews have been conducted that offer insight into the types of cultural interventions used, and have documented their efficacy in a broad range of treatment settings.<sup>2</sup>
- 8.3 The committee examined the evidence on best practice, culturally-informed treatment in Canada, the United States and New Zealand. Many of these approaches utilise holistic, Indigenous models of health, wellbeing and healing, emphasising the importance of connecting with

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1 K Novins, A Aarons, S G Conti et al, 'Use of the evidence base in substance abuse treatment programs for American Indians and Alaska natives: pursuing quality in the crucible of practice and policy', *Implementation Science*, 2011, vol. 6, no. 63, p. 2.

2 For example, see: P J Abbott, 'Traditional and western healing practices for alcoholism in American Indians and Alaska Natives', *Substance Use and Misuse*, 1998, vol. 33, no. 13, pp. 2605-46; M Rowan, N Poole, B Shea et al, 'Cultural interventions to treat addictions in Indigenous populations: findings from a scoping study', *Substance Abuse Treatment, Prevention, and Policy*, 2014, vol. 9, Article 34, pp. 1-34.

family, culture, traditions and spirituality, in addition to treating the psychological and physiological effects of alcohol misuse.

## Evidence-based practices and culturally-informed treatments

- 8.4 A significant issue in the development of culturally-informed alcohol treatment services by Indigenous peoples has been the priority given to Evidence Based Practices (EBP) by health funding agencies, which has contributed to an ongoing debate concerning the best approach to improving the quality of treatment.<sup>3</sup>
- 8.5 EBP are considered, by some, to be the most effective treatment methods because they are based on the results of controlled scientific experiments to assess their efficacy. The movement towards EBP was an attempt to align professional practice more closely with scientific evidence.<sup>4</sup> Cognitive behavioural therapy and motivational interviewing are two examples of commonly used EBP in the treatment of alcohol and substance abuse.<sup>5</sup>
- 8.6 While EBP are a response to the need to improve the quality of alcohol and substance abuse treatment services, their introduction within programs serving Indigenous communities has created divisions among key stakeholders.<sup>6</sup> These divisions show that many Indigenous people remain uncomfortable or unresponsive to western approaches to alcohol treatment in their communities.<sup>7</sup>
- 8.7 A key problem relating to the emergence of EBP is that funding agencies have required behavioural health care providers to observe the same evidence-based practice standards that are expected in hospitals and other

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3 K Novins, A Aarons, S G Conti et al, 'Use of the evidence base in substance abuse treatment programs for American Indians and Alaska natives: pursuing quality in the crucible of practice and policy', *Implementation Science*, 2011, vol. 6, no. 63, p. 2.

4 E Nebelkopf, J King, S Wright et al, 'Growing Roots: Native American Evidence-based Practices', *Journal of Psychoactive Drugs*, 2011, vol. 43, no. 4, p. 264.

5 E Nebelkopf, J King, S Wright et al, 'Growing Roots: Native American Evidence-based Practices', *Journal of Psychoactive Drugs*, 2011, vol. 43, no. 4, p. 264.

6 K Novins, A Aarons, S G Conti et al, 'Use of the evidence base in substance abuse treatment programs for American Indians and Alaska natives: pursuing quality in the crucible of practice and policy', *Implementation Science*, 2011, vol. 6, no. 63, p. 8.

7 K Novins, A Aarons, S G Conti et al, 'Use of the evidence base in substance abuse treatment programs for American Indians and Alaska natives: pursuing quality in the crucible of practice and policy', *Implementation Science*, 2011, vol. 6, no. 63, p. 2.

- primary health care settings. Under this system, funding is contingent on the provision of EBP.<sup>8</sup>
- 8.8 A comparative study on Indigenous culturally-informed treatments in the United States, Canada and Australia found that the provision of evidence supporting Indigenous cultural interventions is limited by a lack of good quality evaluations of these types of programs.<sup>9</sup> This lack of evidence places many Indigenous service providers at a disadvantage in accessing program funding.
- 8.9 Other studies have suggested a range of reasons why culturally-informed treatments have limited available evaluation and outcome data:
- the lack of evidence can be partially attributed to the community-specific nature of Indigenous programs<sup>10</sup>
  - the broader objectives of these programs, such as enhancing community spirit, leadership, and improving self-esteem are difficult to measure,<sup>11</sup> and
  - it has been observed that many Indigenous communities are reluctant to participate in clinical trials, partially as a result of substantial research abuses in the past, as well as having serious concerns about the value of research for improving their circumstances.<sup>12</sup>
- 8.10 Another relevant concern is that Indigenous culturally-informed approaches to alcohol treatment are founded on holistic concepts of health, wellness and healing that may not be adequately addressed by EBP.
- 8.11 A recent review from Canada noted that while western biomedical approaches such as EBP focus on the absence of disease, and imply a mind/body separation in treating sickness, many Indigenous people have a more integrated and nuanced understanding of wellness. This concept of wellness is:
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8 E Nebelkopf, J King, S Wright et al, 'Growing Roots: Native American Evidence-based Practices', *Journal of Psychoactive Drugs*, 2011, vol. 43, no. 4, p. 264.

9 M. Brady, 'Culture in Treatment, Culture as Treatment: a critical appraisal of developments in addictions programs for Indigenous North Americans and Australians', *Social Science and Medicine*, 1995, vol. 41, no. 11, pp. 1489.

10 A Jiwa, L Kelly and N Pierre-Hansen, 'Healing the community to heal the individual: Literature review of aboriginal community-based alcohol and substance abuse programs', *Canadian Family Physician*, 2008, vol. 54, no. 7, p. 1000.e6.

11 A Jiwa, L Kelly and N Pierre-Hansen, 'Healing the community to heal the individual: Literature review of aboriginal community-based alcohol and substance abuse programs', *Canadian Family Physician*, 2008, vol. 54, no. 7, p. 1000.e6.

12 K Novins, A Aarons, S G Conti et al, 'Use of the evidence base in substance abuse treatment programs for American Indians and Alaska natives: pursuing quality in the crucible of practice and policy', *Implementation Science*, 2011, vol. 6, no. 63, p. 2.

...understood as one of a harmonious relationship within the whole person, including mind, body, emotion, and spirit. Wellbeing and health emerge from a holistic worldview that emphasizes balance among one's tradition, culture, language, and community.<sup>13</sup>

- 8.12 A different review observed that, rather than having a one size fits all approach to treatment, Indigenous communities use a combination of culturally-informed practices and Western modes of treatment to respond to complex local needs. These needs may include the prevalence of co-occurring disorders, historical trauma, and poverty.<sup>14</sup>
- 8.13 There is often a poor alignment between so called EBP and Indigenous culturally-informed treatment programs. The reluctance of some Indigenous communities to engage with yet more research, means the efficacy of different alcohol treatments for Indigenous peoples is often not well understood.
- 8.14 Efforts are currently underway to develop reliable, culturally-informed measures of wellness and treatment efficacy. The development of alternative methods to evaluate the effectiveness of culturally-informed alcohol treatment practices may go some way in mediating the conflicting positions taken in the debate around what works.<sup>15</sup>

## Canada

- 8.15 The Indigenous peoples of Canada have diverse cultural, spiritual and linguistic heritage and identify as being Aboriginal, First Nations or as one of three groups recognised in the Canadian Constitution: Indian, Métis

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13 M Rowan, N Poole, B Shea et al, 'Cultural interventions to treat addictions in Indigenous populations: findings from a scoping study', *Substance Abuse Treatment, Prevention, and Policy*, 2014, vol. 9, article 34, p. 2.

14 E Nebelkopf, J King, S Wright et al, 'Growing Roots: Native American Evidence-based Practices', *Journal of Psychoactive Drugs*, 2011, vol. 43, no. 4, p. 267.

15 See: M Rowan, N Poole, B Shea et al, 'Cultural interventions to treat addictions in Indigenous populations: findings from a scoping study', *Substance Abuse Treatment, Prevention, and Policy*, 2014, vol. 9, article 34, p. 25.

- and Inuit.<sup>16</sup> There are 617 Indigenous communities in Canada, comprising more than 50 distinct cultural groups and 50 languages.<sup>17</sup>
- 8.16 Many alcohol programs and services assisting Canadian Indigenous communities are informed by Indigenous values and traditional knowledge. The object of these is to provide communities with culturally-relevant treatment options and help to reduce the incidence of harmful alcohol use and alcohol related harm in those communities.
- 8.17 The primary network responding to Indigenous alcohol problems in Canada is the National Native Alcohol and Drug Abuse Program (NNADAP). The NNADAP is funded by the Canadian Government and includes 52 residential treatment centres and over 550 prevention programs.<sup>18</sup> NNADAP treatment centres combine elements of mainstream and Indigenous models of treatment and support for alcohol-related problems.<sup>19</sup>
- 8.18 A review of the NNADAP found that a number of key characteristics were common to all NNADAP treatment centres. These features were:
- one-to-one counselling
  - large group experiences
  - small group sessions
  - native spirituality
  - heavy reliance on the use of abstinence models and Alcoholics Anonymous (AA) philosophy
  - heavy educational emphasis, and
  - counselling staff who are in recovery themselves.<sup>20</sup>
- 8.19 The review also found that clients were more responsive to the cultural elements of treatment at NNADAP treatment centres, and viewed

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16 For further information on terminology, see: Department of Aboriginal Affairs and Northern Development Canada, *Terminology*, 2013, <<http://www.aadnc-aandc.gc.ca/eng/1100100014642/1100100014643>> viewed 8 September 2014.

17 Department of Aboriginal Affairs and Northern Development Canada, *First Nations*, 2013, <<http://www.aadnc-aandc.gc.ca/eng/1100100013791/1100100013795>> viewed 8 September 2014.

18 Health Canada, *The National Native Alcohol and Drug Abuse Program*, 2013, <<http://www.hc-sc.gc.ca/fniah-spnia/substan/ads/nnadap-pnlaada-eng.php>> viewed 10 April 2014.

19 S Siggers and D Gray, *Dealing with Alcohol: Indigenous Usage in Australia, New Zealand and Canada*, 1998, Cambridge University Press, Cambridge, United Kingdom, p. 151.

20 NNADAP, *National Native Alcohol and Drug Abuse Program General Review*, 1998, <[http://www.hc-sc.gc.ca/fniah-spnia/alt\\_formats/fnihb-dgspni/pdf/pubs/ads/1998\\_rpt-mnadap-pnlaada-eng.pdf](http://www.hc-sc.gc.ca/fniah-spnia/alt_formats/fnihb-dgspni/pdf/pubs/ads/1998_rpt-mnadap-pnlaada-eng.pdf)> viewed 15 August 2014, p. 42.

traditional approaches to treatment as offering a better prospect of success.<sup>21</sup>

- 8.20 Indigenous culture is incorporated into alcohol treatment and support programs in Canada in a variety of ways. These range from programs that incorporate Indigenous concepts of health and healing into western paradigms of treatment such as the 12 steps of AA, to those that utilise multiple forms of cultural interventions.
- 8.21 An example of a commonly-used Indigenous concept of health and healing in Canada is the medicine wheel model, which takes a holistic approach to the understanding of alcohol-related problems. According to a treatment centre in Alberta, the medicine wheel teaches that:
- ... in order to live a healthy life we must have balance in the four dimensions of ourselves: the mental, the physical, the emotional and the spiritual. It is our belief that addiction destroys these dimensions and the only effective method of recovery is a holistic approach.<sup>22</sup>
- 8.22 In addition to holistic approaches to the wellbeing of Indigenous Canadians experiencing alcohol problems, a range of cultural healing interventions are used in treatment, including sweat lodges, various ceremonial practices including smudges with sage, cedar or sweet grass, and a variety of cultural activities and teachings.<sup>23</sup>

### **Box 8.1 Traditional healing in North America: the sweat lodge**

One of the more common cultural interventions used in the treatment of alcohol problems among Indigenous people in Canada and the United States is the use of the sweat lodge. Traditionally, the sweat lodge ceremony was broadly distributed across North America, rather than being specific to particular regions or tribal groups.

The sweat lodge is typically a dome-shaped structure made from natural materials, within which water is poured on heated stones to make steam.

Participants sit around the stones in complete darkness, while herbs and tobacco

21 NNADAP, *National Native Alcohol and Drug Abuse Program General Review*, 1998, <[http://www.hc-sc.gc.ca/fnih-spnia/alt\\_formats/fnihb-dgspni/pdf/pubs/ads/1998\\_rpt-mnadap-pnlaada-eng.pdf](http://www.hc-sc.gc.ca/fnih-spnia/alt_formats/fnihb-dgspni/pdf/pubs/ads/1998_rpt-mnadap-pnlaada-eng.pdf)> viewed 15 August 2014, p. 23.

22 Poundmaker's Lodge Treatment Centre, *Medicine Ways: Traditional Healers and Healing*, 2014, <<http://www.nlm.nih.gov/nativevoices/exhibition/healing-ways/medicine-ways/medicine-wheel.html>> viewed 15 August 2014.

23 M Rowan, N Poole, B Shea et al, 'Cultural interventions to treat addictions in Indigenous populations: findings from a scoping study', *Substance Abuse Treatment, Prevention, and Policy*, 2014, vol. 9, article 34, p. 11.

may be used along with various ritual practices to 'purify, cleanse, and heal the body, mind, emotions, and spirit'.

Participation in the ceremony may reaffirm an individual's sense of who they are, and may also serve as a rite of passage, providing an opportunity for an individual to ritually demarcate their decision to change their drinking behaviour.

Furthermore, the physical sensation of sweating is detoxifying and cleansing, lending itself to psychological and spiritual associations with purification and renewal.

Source: JW Schiff and K Moore, 'The impact of the Sweat Lodge Ceremony on dimensions of well-being', *American Indian and Alaska Native Mental Health Research*, 2006, vol. 13, no. 3, p.49.

- 8.23 One of the more detailed studies of culturally-informed treatment for alcohol problems amongst Indigenous people in Canada examined the Kakawis Family Development Centre in a remote region of British Columbia. The study reported that over half of those people treated at the Centre remained sober for a least a year after leaving the program.<sup>24</sup>
- 8.24 The Centre provides a combination of western psychotherapeutic treatment methods, aspects of the AA 12 step program, and cultural activities and traditionally-based therapy.<sup>25</sup> The program includes treatment and support for whole families over a six week period, involving group sessions, periods of family counselling, AA meetings, and some individual sessions.<sup>26</sup>
- 8.25 Another detailed study examined how cultural practices were incorporated into the therapeutic activities of a Healing Lodge situated on a northern Algonquian reserve in Canada. The Healing Lodge offers residential, outpatient, and referral services for the treatment of alcohol and other substance abuse issues, and a range of additional problems associated with the legacy of the residential school experience.<sup>27</sup>
- 8.26 The study found that a core element of the program was the integration of conceptual elements of the medicine wheel into the provision of treatment.

24 E N Anderson, 'A Healing Place: Ethnographic notes on a treatment centre', *Alcoholism Treatment Quarterly*, 1993, vol. 9, no.3/4, p. 4.

25 E N Anderson, 'A Healing Place: Ethnographic notes on a treatment centre', *Alcoholism Treatment Quarterly*, 1993, vol. 9, no.3/4, pp. 1-21. The Centre has subsequently been renamed the Kackaamin Family Development Centre. See: Kackaamin Family Development Centre, About us, 2014, < <http://www.kackaamin.org/> > viewed 25 September 2014.

26 E N Anderson, 'A Healing Place: Ethnographic notes on a treatment centre', *Alcoholism Treatment Quarterly*, 1993, vol. 9, no.3/4, pp. 8-9.

27 J P Gone, 'The Red Road to Wellness: Cultural Reclamation in a Native First Nations Community Treatment Center', *American Journal of Community Psychology*, 2011, vol. 43, no. 1-2, p. 189.

This approach promoted client awareness of all four aspects of the self, including the mental, physical, emotional and spiritual, and facilitated the pursuit of balance among these aspects through healthier lifestyle choices.<sup>28</sup>

- 8.27 A number of studies have examined the Community Mobile Treatment model, which was developed in 1984 to address substance misuse in Canadian Indigenous communities. The goal of Community Mobile Treatment is to mobilise a community in order to heal the group as a whole.<sup>29</sup>
- 8.28 The model requires that a community must first identify the need for intervention and accept that change is possible. This process may take between one and two years, during which time community mobilisation work is undertaken to promote a culture of sobriety and mutual support. Following this process, the community receives three to four weeks of Community Mobile Treatment and aftercare programming.<sup>30</sup>
- 8.29 A review of the literature on Community Mobile Treatment reported that, for one Indigenous community in British Columbia, abstinence rates six months after treatment were 75 per cent.<sup>31</sup>

### **First Nations Addictions Advisory Panel**

- 8.30 In 2011, the First Nations Addictions Advisory Panel (the Panel) released *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada*.<sup>32</sup> The framework was developed between 2007 and 2011 as part of an evidence-based, comprehensive, community-driven review of substance use-related supports and services for Canada's Indigenous peoples.

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28 J P Gone, 'The Red Road to Wellness: Cultural Reclamation in a Native First Nations Community Treatment Center', *American Journal of Community Psychology*, 2011, vol. 43, no. 1-2, p. 194.

29 A Jiwa, L Kelly and N Pierre-Hansen, 'Healing the community to heal the individual: Literature review of aboriginal community-based alcohol and substance abuse programs', *Canadian Family Physician*, 2008, vol. 54, no. 7, p. 1000.e4.

30 A Jiwa, L Kelly and N Pierre-Hansen, 'Healing the community to heal the individual: Literature review of aboriginal community-based alcohol and substance abuse programs', *Canadian Family Physician*, 2008, vol. 54, no. 7, p. 1000.e4.

31 A Jiwa, L Kelly and N Pierre-Hansen, 'Healing the community to heal the individual: Literature review of aboriginal community-based alcohol and substance abuse programs', *Canadian Family Physician*, 2008, vol. 54, no. 7, p. 1000.e4.

32 The First Nations Addictions Advisory Panel (FNAAP), *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*, 2011, Health Canada, Ottawa, Ontario, Canada.



- 8.31 As a product of the review process, the framework outlines a range of best practice, culturally-informed Indigenous substance use treatment and support services, along a continuum of care including early identification, brief intervention and aftercare, with the aim of intervening before substance abuse becomes a major problem.<sup>33</sup>
- 8.32 One of the programs highlighted by the Panel was the Sakwatamo Lodge in Saskatchewan, which provides an Elder aftercare network to support the continuum of care for clients that complete their program, in addition to support provided by NNADAP aftercare workers. The Elder network provides guidance for clients in cultural knowledge, traditional ceremonies and in the transition to a healthier lifestyle in order to decrease the likelihood of recidivism. The Elders are trained and work with Sakwatamo staff prior to becoming part of the aftercare network.<sup>34</sup>
- 8.33 The Panel also drew attention to the work of the Shamattawa First Nation in Manitoba, which hosts regular AA meetings via video conference. These meetings provide ongoing support to a number of rural communities that do not have access to local support groups.<sup>35</sup>
- 8.34 The Panel noted that while there has been limited research on alcohol and substance abuse prevention in First Nations communities, community forums have indicated that there is a high level of interest in research on the role of culture in healing and on ways to integrate Indigenous and mainstream therapeutic approaches.<sup>36</sup> In response, the Panel is developing a range of culturally-based instruments to measure the effect of participation in cultural interventions on wellness in alcohol and substance treatment settings.<sup>37</sup>

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33 The First Nations Addictions Advisory Panel (FNAAP), *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*, 2011, Health Canada, Ottawa, Ontario, Canada, pp. 2-3.

34 The First Nations Addictions Advisory Panel (FNAAP), *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*, 2011, Health Canada, Ottawa, Ontario, Canada, p. 62.

35 The First Nations Addictions Advisory Panel (FNAAP), *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*, 2011, Health Canada, Ottawa, Ontario, Canada, p. 34.

36 The First Nations Addictions Advisory Panel (FNAAP), *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*, 2011, Health Canada, Ottawa, Ontario, Canada, p. 84.

37 M Rowan, N Poole, B Shea et al, 'Cultural interventions to treat addictions in Indigenous populations: findings from a scoping study', *Substance Abuse Treatment, Prevention, and Policy*, 2014, vol. 9, article 34, p. 24.

## United States

- 8.35 The Indigenous people of the United States commonly identify as Native American, American Indian, and Alaskan Natives. There are 566 federally-recognized American Indian and Alaskan Native tribes and villages in the United States, which have government-to-government relationships with the United States for the provision of certain benefits, services, and protections.<sup>38</sup>
- 8.36 The United States Department of Health and Human Services provides federal health services to American Indians and Alaska Natives through the Indian Health Service (IHS). The IHS provides comprehensive health service delivery, including the Alcohol and Substance Abuse Program, which supports the continuum of alcohol and substance use disorders, from awareness and identification to recovery. The Alcohol and Substance Abuse Program includes alcohol and substance abuse prevention, education services, and treatment in rural and urban community settings.<sup>39</sup>
- 8.37 The IHS has undergone a transition from a direct service provision role to supporting communities to plan, develop, and implement their own culturally-informed programs. Changes to legislation from 1975 allowed the US Government to enter into contracts with Indian tribal organisations to transfer the responsibility for the administration and provision of services to tribal leadership.<sup>40</sup> By 2010, the majority of alcohol and substance abuse programs in the IHS were community controlled.<sup>41</sup> This transition has occurred as part of a broader movement towards self-determination and tribal self-governance in the United States.<sup>42</sup>
- 8.38 In the United States, the provision of treatment and support services to Indigenous peoples experiencing problems with alcohol are, like Canada, founded on holistic, culturally-informed concepts of health and healing including the medicine wheel model. One study found that, when

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38 US Department of the Interior, Indian Affairs, *What is a federally recognised Tribe?*, <<http://www.bia.gov/FAQs/index.htm>> viewed 8 September 2014.

39 US Indian Health Service (IHS), Alcohol and Substance Abuse Program (ASAP), 2014, <<http://www.ihs.gov/dbh/programs/asap/>> viewed 11 April 2014.

40 US IHS, Office of Tribal Self-Governance, *History of the Tribal Self-Governance Program*, 2014, <[http://www.ihs.gov/selfgovernance/index.cfm?module=dsp\\_otsg\\_about](http://www.ihs.gov/selfgovernance/index.cfm?module=dsp_otsg_about)> viewed 28 October 2014.

41 US IHS, ASAP, 2014, <<http://www.ihs.gov/dbh/programs/asap/>>, accessed 11/4/2014

42 US IHS, Office of Tribal Self-Governance, *History of the Tribal Self-Governance Program*, 2014, <[http://www.ihs.gov/selfgovernance/index.cfm?module=dsp\\_otsg\\_about](http://www.ihs.gov/selfgovernance/index.cfm?module=dsp_otsg_about)> viewed 28 October 2014.

incorporated into treatment, the medicine wheel can assist in identifying areas of a person's life that need support:

... in the spiritual direction, for example, the individual may gauge their spiritual life in regard to their participation in activities that feed their spirit such as art, music, drumming, singing, prayer, humor, and gratitude. In the direction of the physical, one might illustrate the extent to which they are clean & sober, engage in preventive medical care, exercise, rest, sleep, and maintain a healthy diet.<sup>43</sup>

- 8.39 A similar concept of wellness utilised in Indigenous alcohol treatment in the United States is the Red Road, which symbolises the healing of the body and soul.<sup>44</sup> The Red Road is a holistic approach to recovery that can assist Indigenous people to rediscover their cultural traditions whilst maintaining sobriety.<sup>45</sup>

**Box 8.2 The Medicine Wheel and the 12 Steps: combining Indigenous and Western healing traditions**

The Indigenous peoples of North America draw on their rich cultural traditions to conceptualise health and healing. One of these cultural traditions is the Medicine Wheel, which is used in the treatment of alcoholism and other alcohol-related problems in Indigenous communities. The Medicine Wheel teaches that all living beings are integrated into an interconnected and balanced system of cycles that, when expressed visually, intersect with the cardinal points of east, south, west and north. These cycles provide a different way of thinking about a person's life than from a Western point of view.

Many older Indigenous people in North America have achieved sobriety through the assistance of Alcoholics Anonymous (AA), and culturally-specific elements were gradually incorporated into AA meetings that had Indigenous people in attendance. Today, the philosophy of AA and its 12 step methodology have been blended with the teachings of the Medicine Wheel.

The Medicine Wheel and the 12 Steps program makes substantial changes to the wording of each step, while retaining their original meaning, and reconfigures the 12 steps as a circle to emphasise the interconnectedness of each element of

43 N Gray and P Nye, 'American Indian and Alaska Native substance abuse: co-morbidity and cultural issues', *American Indian and Alaskan Native Mental Health Research*, 2001, vol. 10, no. 2, p. 78.

44 G Thin Elk, 'Walking in Balance on the Red Road', *Journal of Emotional and Behavioral Problems*, 1993, vol. 2, no. 3, p. 54.

45 G Thin Elk, 'Walking in Balance on the Red Road', *Journal of Emotional and Behavioral Problems*, 1993, vol. 2, no. 3, p. 55.

recovery. Along with the integration of Indigenous stories into program material, these changes make the philosophy of AA more culturally accessible, and more closely aligned with traditional teachings.

Source: D Coyhis and R Simonelli, *The Native American Healing Experience, Substance Use and Misuse*, 2008, vol. 4, no. 2, pp. 1932-4.

- 8.40 Studies of the use of Indigenous culture in alcohol treatment in the United States have, like Canada, found evidence that it can have a positive effect on treatment outcomes.
- 8.41 One study investigated the influence of enculturation on traditional practices, traditional spirituality, and cultural identity to evaluate the specific mechanisms through which traditional culture affects alcohol cessation among Native American adults.<sup>46</sup> The study found that enculturation, or learning about culture, was a significant predictor of alcohol cessation and that participation in traditional activities and traditional spirituality had significant positive effects on alcohol cessation.<sup>47</sup>
- 8.42 Another study examined the effectiveness of the Holistic System of Care model amongst urban Indigenous people in San Francisco over a ten year period. This model integrates western scientific methods of treatment with the Red Road concept of wellness and Indigenous cultural activities including talking circles, and seasonal and sweat lodge ceremonies.<sup>48</sup>
- 8.43 In the Holistic System of Care model, alcohol and substance abuse, mental and physical illness, poverty, homelessness, crime, and violence are viewed as symptoms of historical trauma, family dysfunction, and spiritual imbalance.<sup>49</sup> The study found that the Holistic System of Care model produced positive results in terms of decreasing alcohol and substance use, and criminal activity, improving mental health, and increasing employment, education and training.<sup>50</sup>

46 R Torres Stone, L Whitebeck, Z Chen et al, 'Traditional Practices, Traditional Spirituality, and Alcohol Cessation Among American Indians', *Journal of Studies on Alcohol*, 2006, vol. 67, no. 2, p. 236.

47 R Torres Stone, L Whitebeck, Z Chen et al, 'Traditional Practices, Traditional Spirituality, and Alcohol Cessation Among American Indians', *Journal of Studies on Alcohol*, 2006, vol. 67, no. 2, p. 242.

48 E Nebelkopf and N Wright, 'Holistic System of Care: A Ten-Year Perspective', *Journal of Psychoactive Drugs*, 2011, vol. 43, no. 4, p. 303.

49 E Nebelkopf and N Wright, 'Holistic System of Care: A Ten-Year Perspective', *Journal of Psychoactive Drugs*, 2011, vol. 43, no. 4, p. 302.

50 E Nebelkopf and N Wright, 'Holistic System of Care: A Ten-Year Perspective', *Journal of Psychoactive Drugs*, 2011, vol. 43, no. 4, p. 305.

- 8.44 Another study examined the Women's Circle Project, which offered holistic health care and psychotherapy to Indigenous women alongside a range of cultural practices and ceremonies.<sup>51</sup> The study reported that, after six months, alcohol use amongst participants decreased by 13 per cent and drinking alcohol to intoxication was reduced by 19 per cent.<sup>52</sup>
- 8.45 The Women's Circle Project provided a nonthreatening entry point for women to address some of the issues that may be compounding their alcohol and substance abuse. It focussed on mental health issues, domestic violence, positive parenting skills, and included community-oriented, participatory activities such as beading classes and art therapy.<sup>53</sup>
- 8.46 Another program in San Francisco, Friendship House, operates a variety of programs for Indigenous people seeking help with alcohol and other substances. Friendship House integrates Indigenous traditions with western models of treatment, including 12-step methods, in order to 'address the many issues that trap American Indian men and women in addictive lifestyles'.<sup>54</sup>
- 8.47 The study of the treatment provided by Friendship House found that the key elements of the program were:
- An enculturation process involving education about Indigenous values and traditions, participation in talking circles and sweat lodge ceremonies, and interaction with staff and visiting elders counselling, education and group work to address trauma, and the adaptation of AA philosophy into a Native American perspective.<sup>55</sup>
- 8.48 The study reported that participants had a range of transformational experiences as a result of their treatment, including gaining insight into their relapse triggers, making a commitment to recovery and sobriety, reconnecting with traditional values, and healing in relation to childhood trauma.<sup>56</sup>

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51 K Sayers, 'The women's circle comes full circle', *Journal of Psychoactive Drugs*, 2003, vol. 35, no. 1, pp. 59-71.

52 K Sayers, 'The women's circle comes full circle', *Journal of Psychoactive Drugs*, 2003, vol. 35, no. 1, p. 61.

53 K Sayers, 'The women's circle comes full circle', *Journal of Psychoactive Drugs*, 2003, vol. 35, no. 1, p. 61.

54 Friendship House, *Recovery*, 2014, <<http://www.friendshiphousesf.org/what-we-do/recovery>> viewed 19 September 2014.

55 Y Edwards, 'Cultural connection and transformation: Substance abuse treatment at Friendship House', *Journal of Psychoactive Drugs*, 2003, vol. 35, no. 1, p. 57.

56 Y Edwards, 'Cultural connection and transformation: Substance abuse treatment at Friendship House', *Journal of Psychoactive Drugs*, 2003, vol. 35, no. 1, pp. 55-6.

- 8.49 Research has shown that one of the biggest issues in the treatment of alcohol problems amongst Native Americans is high rates of relapse. To minimise the likelihood of relapse, aftercare involves continued contact and service provision to clients following the conclusion of a formal treatment program. During aftercare clients are trained to anticipate and cope with high risk events and triggers so that they do not revert to pre-treatment drinking behaviours.<sup>57</sup>
- 8.50 One study examined the effectiveness of the Telephone Aftercare Project that was facilitated by Native American Connections in Phoenix. Native American Connections is a substance abuse treatment agency providing culturally-informed treatment for Native Americans. Participants in the project had successfully completed the residential substance abuse treatment program and were provided aftercare over the telephone. The study found that after six months, fewer clients reported alcohol use and, amongst those who did drink, the number of drinking days and the proportion of days drinking to intoxication were significantly reduced.<sup>58</sup>

## New Zealand

- 8.51 In New Zealand, the principles of the Treaty of Waitangi have been increasingly interpreted by Māori as providing the right to develop and deliver their own health initiatives, including culturally-informed alcohol treatment services.<sup>59</sup>
- 8.52 In a similar way that the Indigenous peoples of Canada and the United States use Indigenous concepts of health and wellbeing to frame alcohol treatment programs, many *Kaupapa Māori*<sup>60</sup> services draw on a model of holistic health called *Te Whare Tapa Wha* (holistic health/wellness). This model views health as a four-sided concept representing four, interconnected areas of life:
- *Taha Tinana* (physical health)

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57 J Chong and M Herman-Stahl, 'Substance abuse treatment outcomes among American Indians in the Telephone Aftercare Project', *Journal of Psychoactive Drugs*, 2003, vol. 35, no. 1, p.72.

58 J Chong and M Herman-Stahl, 'Substance abuse treatment outcomes among American Indians in the Telephone Aftercare Project', *Journal of Psychoactive Drugs*, 2003, vol. 35, no. 1, p.75.

59 See: T Huriwai, P Robinson, T Armstrong et al, 'Whanaungatanga - a process in the treatment of Māori with alcohol and drug-use related problems', *Substance Use and Misuse*, 2001, vol. 36, no. 8, p. 1034, pp. 1044-5.

60 *Kaupapa Māori* is a complex idiom referring to Māori knowledge and philosophy. See: Rangahau, *Principles of Kaupapa Māori*, 2013, <<http://www.rangahau.co.nz/research-idea/27/>> viewed 20 August 2014.

- *Taha Wairua* (spiritual health)
  - *Taha Whānau* (family health), and
  - *Taha Hinengaro* (mental/emotional health).<sup>61</sup>
- 8.53 Research suggests that Māori are more likely to access culturally-informed treatment services for their alcohol problems than mainstream services. A study of clients attending dedicated alcohol and other drug treatment services in New Zealand found that while services were less able to retain Māori clients, there was an improved ratio between assessment and follow-up for Kaupapa Māori services that treat a primarily Māori population, compared to the overall ratio for Māori clients.<sup>62</sup>
- 8.54 Another study examined the importance of culture amongst Māori in alcohol and drug treatment. The study reported a strong endorsement of cultural factors and cultural identity in their recovery, and found that a significant number of participants believed that a sense of belonging to an *Iwi* (tribe), identifying as a Māori and having pride in being Māori were important in the recovery process.<sup>63</sup>
- 8.55 Other researchers have found that learning about and connecting with Māori culture can be an essential element of treatment. One study reported that, for many Māori presenting at dedicated Māori treatment services, clients reconnected with their Māori identity, and learned about cultural values and practices, which increased their ability to access and participate in their Māori communities. The study further found that the inclusion of a Māori perspective on health during the treatment process provided clients with holistic values and principles for living a healthy and balanced lifestyle.<sup>64</sup>
- 8.56 While these studies show the potential of improved treatment outcomes through the incorporation of Māori culture into alcohol treatment, research on the effectiveness of specific Māori cultural interventions in treatment programs is very limited.

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61 Drug Help New Zealand, Kaupapa Maori, 2013, < <http://www.drughelp.org.nz/drug-treatment/kaupapa-maori>> viewed 17 April 2014.

62 S Adamson, D Sellman, D Deering et al, 'Alcohol and drug treatment population profile: a comparison of 1998 and 2004 data in New Zealand', *The New Zealand Medical Journal*, 2006, vol. 119, no. 1244, p. 7.

63 T Huriwai, J D Sellman, P Sullivan et al, 'Optimal treatment for Māori with alcohol and drug-use-related problems: an investigation of cultural factors in treatment', *Substance Use and Misuse*, 2000, vol. 35, no. 3, p. 281.

64 T Huriwai, 'Re-Enculturation: culturally congruent interventions for Māori with alcohol-and-drug-use-associated problems in New Zealand', *Substance Use and Misuse*, vol. 37, no. 8-10, p. 1263.

- 8.57 One study examined the impact of participation in the Moana House therapeutic community program on the functioning of, and changes in its residents. Based in Dunedin, Moana House caters for adult male offenders who may have a history of alcohol and substance abuse and includes a strong cultural component throughout the program.<sup>65</sup>
- 8.58 The study found that a key indicator of the success of Moana House was that the program achieved high retention rates among participants, which was considered particularly noteworthy given that participants had extensive criminal offending, and alcohol and substance abuse histories.<sup>66</sup>
- 8.59 The study was distinctive because it utilised measures based on the *Hua Oranga* (the fruits of health) model of Māori wellbeing to determine improvements across physical, mental, spiritual and family domains. The study found that there was a strong endorsement amongst participants that the program had a positive impact on all four aspects of health as expressed by *Hua Oranga*.<sup>67</sup>

## Australia

- 8.60 The People's Alcohol Action Coalition (PAAC) states in its submission that rigorous evaluations of interventions in the Australian context for Aboriginal and Torres Strait Islander people are still relatively rare.<sup>68</sup> PAAC comments however that there is strong evidence from overseas on effective ways to reduce alcohol-related harm and that this should be the starting point to any domestic approaches to this issue among Aboriginal and Torres Strait Islander communities.<sup>69</sup>
- 8.61 Professor Conigrave, Dr Lee and Mr Jack submit that there is a considerable international literature on best-practice treatments for alcohol-related harm and a small but growing domestic body of work on prevention among Aboriginal and Torres Strait Islander communities.<sup>70</sup>

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65 Moana House, *Our Program*, 2014, <<http://www.moanahouse.net/programme/>> viewed 26 September 2014.

66 S Adamson, D Deering, M Hinerangi et al, *An Evaluation of the Moana House Residential Therapeutic Community*, 2010, Alcohol Advisory Council of New Zealand, Wellington, p. 93.

67 S Adamson, D Deering, M Hinerangi et al, *An Evaluation of the Moana House Residential Therapeutic Community*, 2010, Alcohol Advisory Council of New Zealand, Wellington, p. x.

68 People's Alcohol Action Coalition (PAAC), *Submission 7.1*, p. 28.

69 PAAC, *Submission 7.1*, p. 28.

70 Professor Kate Conigrave, Dr Kylie Lee and Mr Peter Jack, University of Sydney, *Discipline of Addiction Medicine, Submission 38*, p. 12.



They emphasise however that the willingness to do further research in Australia on this issue is being stymied by a lack of funding:

Recent research has shown the willingness of Indigenous communities, and Indigenous community controlled organisations and academic organisations to work in partnership to perform quality research. However in the past funding for such evaluations has been inadequate, not available at the start of initiatives, or the research or evaluation has had to be done in an unrealistic time frame. Hence the literature has been slow to develop. Further funding is needed to perform systematic and quality research.<sup>71</sup>

8.62 The Alcohol and Drug Service at St Vincent's Hospital, Sydney also takes the view that the domestic evidence-base for best practice interventions is currently insufficient.<sup>72</sup> It submits also however that 'evaluating interventions and strategies for minimising alcohol misuse and alcohol-related harm in Aboriginal and Torres Strait Islander communities is no easy task'.<sup>73</sup>

8.63 The Royal Australasian College of Physicians (RACP) also states that further research and evaluation of initiatives to prevent and treat alcohol use disorders in Aboriginal and Torres Strait Islander people is needed and that there has been little investment in determining the effectiveness of specific interventions.<sup>74</sup>

8.64 The National Aboriginal Community Controlled Health Organisation (NACCHO) cites a recent domestic review that lists effective and ineffective practices in interventions for alcohol harm in Aboriginal and Torres Strait Islander communities.<sup>75</sup> The effective practices highlighted in that report include:

- a range of primary health care services in one place
- holistic approaches that take into account the full cultural, social, emotional and economic context of Aboriginal and Torres Strait Islander people
- community based public health and population health activities

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71 Professor Kate Conigrave, Dr Kylie Lee and Mr Peter Jack, University of Sydney, Discipline of Addiction Medicine, *Submission 38*, p. 12.

72 The Alcohol & Drug Service, St Vincent's Hospital, Sydney, *Submission 63*, p. 12.

73 The Alcohol & Drug Service, St Vincent's Hospital, Sydney, *Submission 63*, p. 12.

74 Royal Australasian College of Physicians (RACP), *Submission 28*, p. 31.

75 National Aboriginal Community Controlled Health Organisation (NACCHO), *Submission 52*, p. 9; the cited review is Alford, K (2014) Economic Value of Aboriginal Community Controlled Health Services. This report is accessible at <<http://www.naccho.org.au/resources-downloads>> viewed 22 May 2015.

- collective community governed control of health services, and
- partnerships with Aboriginal and Torres Strait Islander organisations within a framework of Aboriginal and Torres Strait Islander self-determination, control and Aboriginal and Torres Strait Islander driven priorities.

The ineffective practices encompass:

- short-term funding and not continuing to fund programs that have demonstrated success
- staff operating on assumptions about the Aboriginal and Torres Strait Islander community and failing to recognise language difference and diversity within Aboriginal and Torres Strait Islander communities
- not training and employing Aboriginal and Torres Strait Islander staff to contribute towards program implementation and delivery
- governments failing to address power inequalities, expecting Aboriginal and Torres Strait Islander people to function in western bureaucratic forms and style and favouring western over Aboriginal and Torres Strait Islander knowledge, and
- racism embedded in organisations, institutions and in individual attitudes and practices.<sup>76</sup>

8.65 The Royal Australian College of General Practitioners (RACGP) cautions that not all best practice approaches in other settings will be appropriate or readily applicable to the Australian Aboriginal and Torres Strait Islander context:

However the complex historical, cultural and socioeconomic context means that it is essential that individual local communities should lead in the planning, delivery and evaluation of strategies.<sup>77</sup>

8.66 The Foundation for Alcohol Research and Education (FARE) cites examples of domestic and international policies and programs that have been effective against alcohol-related harm. These include a program in the Northern Territory (*Living with Alcohol Program*) that seeks to foster behavioural change, implement legislative restrictions on the sale of alcohol and provide care and intervention strategies for affected individuals and their families.<sup>78</sup>

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<sup>76</sup> NACCHO, *Submission 52*, p. 10.

<sup>77</sup> Royal Australian College of General Practitioners (RACGP), *Submission 82*, p. [6].

<sup>78</sup> Foundation for Alcohol Research and Education (FARE), *Submission 83*, pp. 38-39.

8.67 FARE contends that the *Living with Alcohol Program* should be more widely implemented in Australia.<sup>79</sup>

8.68 Ms Hand cited an example of an effective collaborative research project *Beat Da Binge* which involved James Cook University and incorporated an evaluation process:

... there was a program run in Yarrabah a couple of years ago. It was funded on \$20,000. It was then done as a collaborative research project with JCU called Beat da Binge. It was incredibly well supported by the community, but, because of the fact that we had an action research practice within the program, when there was a barrier it was reviewed and the program modified in line with what community required. That is the strength of community control, and that is the strength of organisations which are built from what community wants. That particular program was focused on youth binge drinking, which continues to be a high-risk area in Yarrabah, in addition to ice.<sup>80</sup>

8.69 Mr Gillie Freeman commented that narrative therapy has been very beneficial for the programs that his organisation has been involved with:

The narrative therapy gives the clients the opportunity to tell their story either through music, through writing or through poetry; we have also had a few doing drama through our programs. We find that helps. It helps within the area of alcohol and domestic violence because the men and the women from both centres worked together on a domestic violence program. So that let the men see the women's point of view and it made the men step back and look at how they have treated women over time with their drinking and abuse. That worked really well.<sup>81</sup>

## Conclusion

8.70 The committee notes that progress is being made by the Indigenous peoples of Canada, the United States and New Zealand to incorporate their culture and healing traditions into alcohol treatment and support programs alongside mainstream treatment approaches.

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79 FARE, *Submission 83*, p. 40.

80 Ms Amanda Hand, Clinical Director, Gurriny Yealamucka Health Service, *Committee Hansard*, Cairns, 17 February 2015, p. 37.

81 Mr Gillie Freeman, Counsellor/Assistant Manager, Galiamble Men's Recovery Centre, Ngwala Willumbong Co-operative, *Committee Hansard*, Melbourne, 30 May 2014, p. 10.

- 8.71 A common theme across the three countries is that Indigenous models of health, wellbeing and healing are holistic, and stress the importance of cultural and family connections, in addition to the psychological and physiological aspects of harmful alcohol use and alcohol-related harm.
- 8.72 The committee finds a number of Indigenous culturally-informed, community-based programs have great potential to be effective in addressing the alcohol problems of both the individual and the community.
- 8.73 Other similarities between efforts to provide treatment and support for Indigenous people with alcohol problems in Canada, the United States and New Zealand is the degree to which programs are developed and instituted by Indigenous people for their communities, and the assertion of Indigenous cultural knowledge and traditions through various programs.
- 8.74 The committee notes that these similarities exist despite each of the three countries having their own distinct historical and contemporary circumstances, as well as markedly different health care systems and arrangements regarding the governance and funding of Indigenous-run services.
- 8.75 The committee recognises that there is limited research evidence on the efficacy of culturally-informed alcohol treatment for Indigenous peoples.
- 8.76 The debate around EBP highlights a range of factors that have contributed to this evidence gap, including the reluctance of some Indigenous communities to engage with researchers, and difficulties in evaluating cultural interventions using conventional approaches such as randomised, controlled trials.
- 8.77 However, the committee is optimistic that the development and utilisation of culturally-informed measures of treatment effectiveness such as *Hua Oranga* by Māori in New Zealand, is likely to contribute to improving the evidence base on best practice in alcohol treatment amongst Aboriginal and Torres Strait Islander people.