

Guidebook supporting the Use of Natural Medicines in Culturally-Based Healing Practices for NNADAP/ NYSAP Counsellors

*Honouring our Strengths - Continuum
of Care - Cultural-Based Practice Series*

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¹ This tool kit was completed by Yvonne M. Boyer, LL.D., with the assistance from Kurtis Boyer, M.A. This workbook or any workbook in this Informational Workbook for Culturally Based Healing Practices Series is not intended to be legal or medical advice and should not be relied on as such. Please seek the advice of a qualified professional for medical or legal advice.

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Introduction and Acknowledgements

The National Native Addictions Partnership Foundation (NNAPF) acknowledges the contribution and guidance of the experts contributing to the review of this guidebook. From East to West, NNAPF is grateful for the guidance of Brian Augustine from Elsipogtog, New Brunswick, Virgil Tobias, Cultural Coordinator at Nimkee NupiGawagan Healing Centre, Ontario, Brenda Pierre-Leon, Alcohol and Drug Counsellor at Sts' ailes Health and Family Services, Stacey Nahdee, Addictions Counsellor at Walpole Island First Nation's Community Service Program, as well as NNAPF staff Linda Sullivan, Garry Carbonnell, Jenny Gardipy and Michael Martin. These guidebooks will serve to contribute to a better understanding of cultural practices and interventions being practiced nationwide.

The success of cultural-based practices and treatments continues to be demonstrated in the successful treatment and prevention outcomes of clients served in almost 50% of programming funded under the National Native Alcohol and Drug Abuse Program (NNADAP) and the Youth Solvent Abuse Program (YSAP). Whether the work of Treatment Centres, or one of the 600 plus NNADAP/NYSAP staff working at the community level, NNAPF is grateful for the ongoing feedback and support of these guidebooks, with the *Use of Natural Medicines Guidebook* as the first of five proposed under NNAPF's *Culture-based Practice Series*.

As noted by the NNAPF Cultural Practices Review Committee (CPRC), ways of traditional healing are as many and different as there are First Nations cultures. There are however many aspects that they have in common. One aspect is that the medicines used for healing came from the natural environment – Mother Earth. Traditional Healers or cultural practitioners who work with medicines are taught by other Traditional Healers, Elders, and Cultural Practitioners, and are recognized by their communities.¹ A challenge for mainstream professionals, who prefer academic and professional designations, is understanding how a cultural practitioner or traditional healer is sanctioned, and by whom they are sanctioned to practice or speak openly about cultural practices and the use of natural medicines.

A common example of 'earned' traditional knowledge is a cultural practitioner sanctioned by the community in the role of Pipe Carrier. With this role comes the responsibility to use sage or sweet grass for smudging, as well as tobacco for the pipe during ceremonies. This role can change from First Nation to First Nation. Whether cultural practitioner/traditional healers work in NNADAP or mainstream services, this workbook is to help guide programs and services that address addictions issues. It will provide a general understanding of cultural practices and the use of natural medicines, and foster respect for the integrity of First Nations knowledge.

This workbook does not propose 'recipes' or 'standards' for prescribing the use of natural medicines. Its aim is to encourage discussions between service providers and community on the role that natural medicines in culturally appropriate and effective health care. The questions and exercises will guide the discussion towards assisting you to develop culturally reflective program policy,

protocols, and guidelines and staff training methods. This will help ensure that there is consistency in understanding the use of natural medicines in cultural practices.

The relationship between traditional medicines and the treatment of addictions is presented in this workbook, not as an independent piece of traditional knowledge, but as an important and integral part of a broader system. While First Nations carry diverse cultural and healing traditions, traditional medicine plays a universal role in maintaining cultural integrity, and supporting an individual's sense of cultural meaning.

Understanding the role of traditional medicine in treating addictions requires learning of its systematic repression carried out during colonization. Colonization led to a loss of meaning for many First Nations people, who in their attempt to deal with this intergenerational pain, seek to self-medicate through alcohol and substance abuse.

As communities heal from the symptoms and illnesses of cultural disconnect, more and more First Nations are establishing programs that, by reconnecting an individual to his or her culture, aim to heal the root cause of many addictions. (see diagram one in appendix A) As will be described, many of these programs are also aided by non-Native healing methods. As traditional medicines are part of a unique place-based culture, their specific make-up, as well as the method in which they are integrated in broader healing strategies, are also place-based. This workbook adds to a discussion on the role traditional medicines have in treating addictions, both by helping an individual regain a sense of cultural meaning, and in collaboration with conventional approaches.

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Part One: Contextualizing Illness and Treatment

1.1 Contextualizing Illness

1.1.1 Historical Background to Natural Medicines

There are many places you can find out about how First Nations peoples used and mixed natural medicines.² As Olive Dickason notes, they were doctors and pharmacists. They knew about “certain herbs, which they used successfully to cure ills that seem to us incurable. The process by which Amerindians acquired their herbal lore is not clearly understood, but there is no doubt about the results. More than 500 drugs used in the medical pharmacopoeia today were originally used by Amerindians.”³ A proof of how important knowing about traditional medicine was is that when Europeans arrived in North America, the fur traders, whalers and missionaries all turned to First Nations and their medicines for help.

It is important to understand that knowledge about cultural practices and natural medicines was passed on by within the clan by traditional healers to other traditional healers. This knowledge needed to be approved off by the community and clan. Knowing about how to use plant and animals is sacred knowledge. It is not easily shared with people outside of First Nations for fear of them not using it properly or not understanding how important the knowledge is.

The knowledge of using traditional medicines to prevent illness and promote health was common and wide-spread. When first contact was made, history recorded that the use of traditional medicines was a sign of First Nations’ great well-being. The use of traditional medicines helped First Nations peoples live long lives. It was used in many ways, such as cleansing, sports-related and other ceremonies. There were some traditional medicines used only by women or by men.

However, in early Canadian history, laws severely limited the use of these practices and in some cases, made them crimes. First Nations healing practices were called “witchcraft and idolatry,” and they were ridiculed, denounced, prohibited, suppressed, and invalidated. Western or European health care practices took over and suppressed traditional healing practices. *The Report of Royal Commission on Aboriginal People* describes how this dominance began and then took form in laws forbidding the use of traditional knowledge and health practices:

*Traditional healing methods were decried as witchcraft and idolatry by Christian missionaries and ridiculed by most others. Ceremonial activity was banned in an effort to turn hunters and trappers into agricultural labourers with a commitment to wage work. Eventually, the Indian Act prohibited those ceremonies that had survived most defiantly, the potlatch and the Sundance. Many Elders and Traditional Healers were prosecuted.*⁶

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Elders and Traditional Healers were brought to trial in places that had been colonized and had Canadian laws imposed on First Nations. Increased colonization came to North America with the intent to conquer and take possession of First Nations lands. People were forced to conform through religion, and to follow Western society’s norms, rules, institutions, and ways of living and thinking.⁷

Colonization caused traditional knowledge and healing practices to be made less important or discarded. First Nations either lost the land where healing plants grew or the land has been affected by environmental damage. The impact that the colonialism had on entire communities went well beyond the suppression of their traditional medicines. Cultural assimilation through oppression, racism, and genocide, has resulted in social marginalization and a disconnection from their culture. This has put First Nations and

Inuit Peoples at a much greater risk to social illnesses related to addictions. For many communities, the hopelessness and powerlessness that followed was often a form of self-medication. Research shows cultural breakdown is strongly linked with alcohol abuse.⁸ In fact, Pedrigo (1983) believes that substance abuse is a survival mechanism for people whose culture and values have withered due to assimilation.⁹ According to psychologist Dr. Eduardo Duran, “alcohol use and even suicide may be

functional behavioral adaptations within a hostile and hopeless social environment.”¹⁰

1.1.2 Prevalence of Drug and Alcohol Abuse

In brief, due to the impacts of colonization and the loss of traditional cultural values, there is a much higher rate of addictions among First Nations and Inuit than that of the Canada’s mainstream population, for all causes of ill health and death.¹¹ Almost three-quarters of all deaths caused by accidents and violence (e.g., suicide, homicide and fires) among First Nations have been linked to alcohol.¹² Addictions workers jobs are made difficult by the different drug trends used in client care. It is important that they are trained to be familiar with these trends. This is very important for NNADAP staff, as they work with a migratory people on-reserve as well as off-reserve people.

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Part One: Contextualizing Illness and Treatment

1.1.3 Conventional Approaches do not Work

Conventional healthcare has not been successful in helping First Nations people recover from addictions. Author Ross (1992) argues that healthcare measures taken by mainstream services are mistaken and counterproductive.¹³ In addition, as McCormick notes, First Nations tend to not use services provided by mainstream, and of those who do, approximately half drop out after the first session.¹⁴ It is thought that differences in value orientations between First Nations and mainstream health service providers has led to different beliefs concerning the causes and solutions.¹⁵

1.2 Contextualizing Treatment

1.2.1 The Link between Culture and Illness

As we now know, a disconnection from their culture creates many of the addictions-related problems experienced by First Nations people. In fact, many Elders and Traditional Healers believe that the reconnection to culture, community and spirituality is healing. This belief is also supported by the research of Duran, McCormick, York and Pedrigo, which shows a strong link between cultural breakdown and addictions. Many cultural practitioners and traditional healers know and understand that a person's well-being is connected to the well-being, and the strength, of their relationship to their family, community, and relatives.¹⁶ Values are described as collective sources of meaning, and values are the activities that provide meaning¹⁷ to families, communities, and whole cultures. McCormick affirms that:

A collectively oriented culture such as Aboriginal culture is more likely to provide sources of meaning to its members through family, community, and cultural values than is an individually oriented culture. To be disconnected from those values is to be disconnected from potential sources of meaning. In an individually oriented society such as mainstream Canada or the United States, meaning tends to be derived from individual activities and generally not from collective sources. This is because the individual is less likely to be influenced by family, community, or cultural values.¹⁸

Although some values have changed, the use of First Nations values in the treatment of addictions has increased healing. It is important to know and respect the knowledge First Nations have of their history. It is important to respect First Nations desire to tell this history in their language(s) and respect when they wish to speak or not to speak. It is not as simple as being able to name the cultural practices and values of a given First Nation – but to also know the origin and meaning of the original story. This includes its words, spirit names, ceremony, and related-activities. Spiritual values need to be taught and practiced by children. It must be taught in elementary school to ensure it is learned early enough to become part of everyday life.

1.2.2 The Link between Culture and Healing

The level or rate of addictions among First Nations can be easily found in research. However, information on successful treatment is hard to find.¹⁹ Brady (1995) believes that First Nations have a rich heritage of healing strategies in dealing with substance abuse.²⁰ In a study examining the facilitation of healing for First Nations in British Columbia, McCormick (1995) showed that reconnection to family, community, culture, nature, and spirituality was the primary source of healing. Connection to traditional Aboriginal culture and values means that a person must become connected to extended family, community, the natural world, the spirit world, and therefore all of creation.

For First Nations, the solution is based on cultural and spiritual survival.²¹ An example of this is the First Nation's community of Alkali Lake located in Central British Columbia. Families, cultural practitioners and healers work together to help community members revive traditional dances, ceremonies and spiritual practices. Cultural activities such as pow-wow dancing, sweet grass and sweatlodge ceremonies, and drumming were also re-introduced to community members. As a result, alcoholism in the community of Alkali Lake decreased from 95% to 5% in ten years.²² This was done by practicing traditional Aboriginal culture and by no longer tolerating alcoholism as acceptable behavior.²³

Other First Nations treatment programs, such as Tsow Tun Le Lum, Nenqayni, and Round Lake Treatment Centres in British Columbia, White Buffalo Treatment Centre in Saskatchewan, Nelson House Medicine Lodge in Manitoba, Nimkee NupiGawagan Healing Centre in Ontario, and Lone Eagle Treatment Centre in Atlantic Region, have used similar methods. The guiding philosophy of these treatment programs has been: "Culture is treatment, and all healing is spiritual."²⁴ The outcome of this approach has been overwhelmingly positive.

Each First Nation has a medicinal system based on their culture and their land. In each successful program, the use of traditional medicines is vital throughout the treatment of addictions. Whether herbal remedy, prayer, to aid detoxification, or in healing ceremonies, each tribal group includes natural medicines into their own system of healing. The importance that natural medicines have in this process is getting more recognition. They are being used more often in First Nations communities throughout Canada.

Leadership and support from Chiefs and Councils and governing bodies is very important to using cultural practices in communities. This support means that First Nations values are demonstrated in the lifestyle of those work in the Band's administration. Some communities such as the Oneida First Nations in Ontario have more than a dozen 'medicine societies' help and guide their people. Other First Nations such as Sts'ailes Health and Family Services located at Chehalis First Nations, British Columbia, ensures cultural practices are part of all of the band's services and administration. Specific to health, the Sts'ailes Health and Family Services has traditional healers who are familiar with the local flora, fauna and elements. The healers borrow medicines from the land following traditional cultural knowledge passed from one generation to the next.

Part Two: Examples of Appropriate Treatment

2.1 Examples of the Use of Traditional Medicines in an Addictions Context

Many First Nation, Métis, and Inuit communities provide healthcare that uses both western medicine with their own traditional²⁵ knowledge and medicine.²⁶

There are many successful examples of this approach. NNADAP treatment centers integrate First Nations and Western methods in treating addictions. For a list of best practice examples, see *“Improving Mental Health Services and Supports in NNADAP.”*²⁷ Below are some examples of communities using natural medicines for healing:

- The White Horse General Hospital (WHGH) works with local First Nations in its region. It has seven programs to address First Nations needs. These are: First Nations Health and Social Liaison Workers; Child Life Workers; Traditional Diet; Traditional Medicine; Interpretation Services; In-Service Training/Education; and Community Liaison Health Promotion.²⁸ Patients at this hospital can “choose to receive the services of a traditional healer, including traditional medicines.”²⁹
- In British Columbia, the White Haven Healing Centre uses western and traditional healing with an addictions specialist and a psychologist, who provide clinical support. Keeping culture in mind, White Haven Healing Centre provides a range of care including assessment, counseling and aftercare.³⁰
- The Noojmowin Teg Health Centre serves the people of District of Manitoulin Island, Ontario. It is provincially funded and offers a blend of traditional approaches to health and wellness along with contemporary primary health care in a culturally appropriate setting.³¹ Nurse practitioners, a dietitian, a nutritionist, and a psychologist staff the Noojmowin Teg. It has a fetal alcohol syndrome program, child nutrition program and a traditional medicine program.³² The mission statement of Noojmowin Teg states:

The Noojmowin Teg Health Centre is committed to support and promote the overall holistic health and well-being of Anishinabek individuals, families and communities within the District of Manitoulin Island. To do this, we will operate quality community-based programs, establish partnerships and promote healthier communities through both traditional and western healing methods.³³

The traditional medicine program at Noojmowin Teg is run by a traditional coordinator and is guided by a traditional advisory committee with Elders and members from all Manitoulin Island First Nations. The delivery of the program is done by referrals from health care providers or through self-requests. The program offers consultation, protocol teachings, intake assessments, and referrals to a traditional healer or another health care provider if need be. Traditional healers can provide and support ceremonial preparation, documentation, and fill herbal prescriptions. In Noojmowin Teg, patients also have access to follow-up appointments, referrals, and case management as required.³⁴

There has been much discussion about the role traditional medicines have in treating the chemical imbalances that result from opiate addiction. NNADAP research suggests that in some cases, communities are conflicted about methadone treatment.³⁵ In many communities, abstinence is seen as the only valid way to deal with addictions.³⁶ At the root of some of this disagreement are some misconceptions: Hopkins and Dumont explain:

An indigenous understanding is that medicine is curative, placed in Creation to promote wellness so that people could fulfill their responsibilities within family and community. Plants, trees and animals give themselves up to their human relatives, in whole or in part, so that the medicines they carry can help their human relatives live, but “living” is not limited to physiological functioning. Instead, it is understood to involve “living in relation to others.” As a result, methadone and other pharmacological therapies are often misunderstood, simply because there is little evidence that they promote those relational goals: while individuals are maintaining individual wellness, many remain inactive in terms of fulfilling their roles within family and community. There are many First Nations grandparents raising their grandchildren because the child welfare system has removed children from addicted parents, and parents on methadone have not returned to fulfilling their parenting roles.³⁷

Traditional medicines may also be used to lessen the tension created by the medicinal use of opiates to manage withdrawal pain. In some cases traditional medicines can work alongside, or even in place of, western drugs. The limbic brain is the center for emotional processing and “natural” painkillers.³⁸ Its releasing function however, has a level of tolerance, and the threshold of tolerance, is among other things, culturally influenced.³⁹ As Hopkins and Dumont suggest, spirituality ceremonies like the sweat lodge have been used to “facilitate withdrawal from opiates and at the same time to re-establish “spirit-designed” chemical pathways.”⁴⁰ Moreover, and in specific relation to herbal treatments, it has been noted that sea salt or cedar water can be used in foot or full-body soaks to detoxify and to manage pain. Natural medicines can also be prepared as a tea for cleansing and detoxifying the liver.⁴¹ As noted by Nimkee’s Cultural Coordinator Virgil Tobias, a gifted healer once cautioned that “when you give a person a specific medicine, these are indeed powerful medicines that have been prepared for that person’s needs and use only – it is not to be shared or used in any way that is not in accordance with the directions of the traditional healer.

Part Two: Examples of Appropriate Treatment

2.2 Traditional Medicines in a Government and Policy Context

The support of cultural-based practices is indicative of a broader acknowledgement made by governments and larger health organizations of the importance traditional healing practices have in providing effective health care for First Nations.

Many programs are also connected to larger national or regional health initiatives. For example, the Noojmowin Teg Centre is part of the Aboriginal Healing and Wellness Strategy (AHWS), which is a “policy and service initiative that brings together Aboriginal people and the Government of Ontario in a unique partnership to promote health and healing among Aboriginal people.”⁴²

Governments in Canada are not alone in acknowledging the importance traditional healing methods play in providing proper health care. The importance that researching, regulating and properly integrating traditional medicines into national health care systems has long been acknowledged by the World Health Organization (WHO). WHO has been assisting its Member States to develop national policies on integrating traditional medicine into national healthcare programs.⁴³ To support this process, the WHO drafted *Guidelines for the Assessment of Herbal Medicines*, which detailed basic criteria for the evaluation of quality, safety and efficacy of herbal medicines.⁴⁴

When adopted by the Sixth International Conference (1991) on Drug Regulatory Authorities, it was agreed upon that as a general rule, assessments of herbal medicines should take into account the medicinal, historical, and ethnological background of herbal products, as well as the traditional experience of their use.⁴⁵ The WHO further states that “traditional and complementary/alternative medicine has demonstrated efficacy in areas such as mental health, disease prevention, treatment of non-communicable diseases, and improvement of the quality of life for persons living with chronic diseases as well as for the ageing population.”⁴⁶

In New Zealand for example, the Ministry of Health has begun to emphasize the role that ‘Rongoa Maori’ (Maori traditional medicine) has in the National Health Service as part of a desire to create a health care system that respects the Maori right to self-determination. In 1993, the National Organization of Maori Traditional Practitioners was established.⁴⁷ There are over 600 Maori Traditional Healers offering services that are covered by the state health care system.

The services provided by Rongoa practitioners are covered under the state plan, but the criteria for registration and oversight of professional practice is the responsibility of traditional Maori health organizations.⁴⁸ In 2006, the New Zealand Ministry of Health released a Rongoa development plan outlining how Maori traditional healing practices would be supported within the health and disability sector.⁴⁹ In 2007, the Primary Health provider in the region of Lake Taupo signed a contract for services with the National Organization of Traditional Healers, which shows how to bridge the divide between Maori and mainstream services. The two organizations now work together to promote the benefits of Rongoa Maori, and the importance it has to an individual’s health.⁵⁰ “A key characteristic is that Elders do not seek status; instead, it flows from the people. The numerous terms used within the Native languages refer to people who have earned their title (Meili, 1992).”⁵¹

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2.3 Summary

General lessons can be seen in the above discussion. These lessons do not tell you how to use traditional medicines in treating addictions. The lessons are meant to help your community decide how to talk about how you want to use traditional medicines in your addictions programs.

2.3.1 Traditional Medicines are Placed Based

There are many First Nations in Canada and the rest of North America. This means there are many traditional medicines and many traditional ways of healing - it will be different in each First Nation. This needs to be remembered so that the traditional medicines and the healing methods chosen to help treat addictions in a community come from the culture, the land, and the plants or flora and fauna indigenous to the area and community.

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will be different in each First Nation. This needs to be remembered so that the traditional medicines and the healing methods chosen to help treat addictions in a community come from the culture, the land, and the plants or flora and fauna indigenous to the area and community.

2.3.2 Culture is Healing

To understand the use of traditional medicines in treating addictions, the historical and cultural reasons for the high rates addictions in First Nations communities must also be understood. Evidence shows when a person reconnects to his or her culture, it creates an increased sense of meaning and this lowers the risk of addictions. When traditional medicines are used in communities as the key part of a broader treatment program, these can help reestablish a sense of traditional society and cultural pride.

Part Two: Examples of Appropriate Treatment

2.3.3 Fusion with Western Health Care

Mainstream techniques for treating addictions are of little use without a solid understanding and a good knowledge of the cultural context. While many of the successful programs mentioned have been developed and used in an Indigenous context, combining traditional knowledge and mainstream psychological approaches could increase success rates.⁵² For example, as shown in the New Zealand example, traditional and Western/European-based health systems can effectively co-exist. In New Zealand, the formal fusion of health care is done largely in a bicultural policy framework. This example shows that any successful formal or institutional fusion between two health systems should be based on a respect of the Indigenous right to self-determination. This does not mean that traditional-based medicines and practices should not be guided by national regulations. On the contrary, a successful partnership can be created if national state regulations are met in a way that the group in question retains the right to internally manage the classification, administration, and regulation of medicines and practitioners relevant to their placed-based healthcare.

2.4 Summary Points - Guidelines

- First Nations communities have a higher rate of addictions than other communities. Western healthcare practices have not been able to solve this problem.
- Because Western healthcare practices do not speak to the historical and cultural reasons that cause addictions, a practice more suitable for First Nations is needed.
- Some First Nations communities have started programs that have improved addictions treatments both for individuals and in the community. These programs aim to make community connections stronger by improving and making important a sense of cultural pride.
- Traditional medicines used in the treatment of addictions must come from the local area. The way the traditional medicines are used must also be rooted in community cultural traditions.
- Treatment programs for First Nations can be improved if traditional healing practices can be used with and within the Western healthcare system.
- Combining traditional and Western health systems must be done in a way that respects the Indigenous right to self-determination, as well as follow national healthcare rules.

Part Three - For More Information

1. In Saskatchewan, the Sturgeon Lake First Nation Health Centre took the initiative (from the community's wishes) to adopt a combined western and traditional holistic approach to plan the means to fight a pandemic. See Sturgeon Lake First Nation's, "Presentation on the Holistic Pilot Project against Pandemics," January 2009, Vancouver, B.C. online: <http://goo.gl/CaM5r>

2. Recently the Métis Nation of Ontario released its study on traditional knowledge of Métis plant and vegetation use in southern Ontario, which identifies medicinal practices of the Métis relative to plants and vegetation in "Southern Ontario Métis Traditional Plant Use Study," June 2010, online: <http://goo.gl/QaMQE>

3. Refer to the North American Aboriginal Plant Foods & Medicines Database, for a searchable online database of plant based foods, dyes, fibers & medicines of North American First Peoples at <http://www.herb.umd.umich.edu>

The database contains 44,691 items of interest and documents their traditional uses by 291 separate Amerindian culture groups. They represent 4,029 species from 243 different plant families, of which half are medicinal.

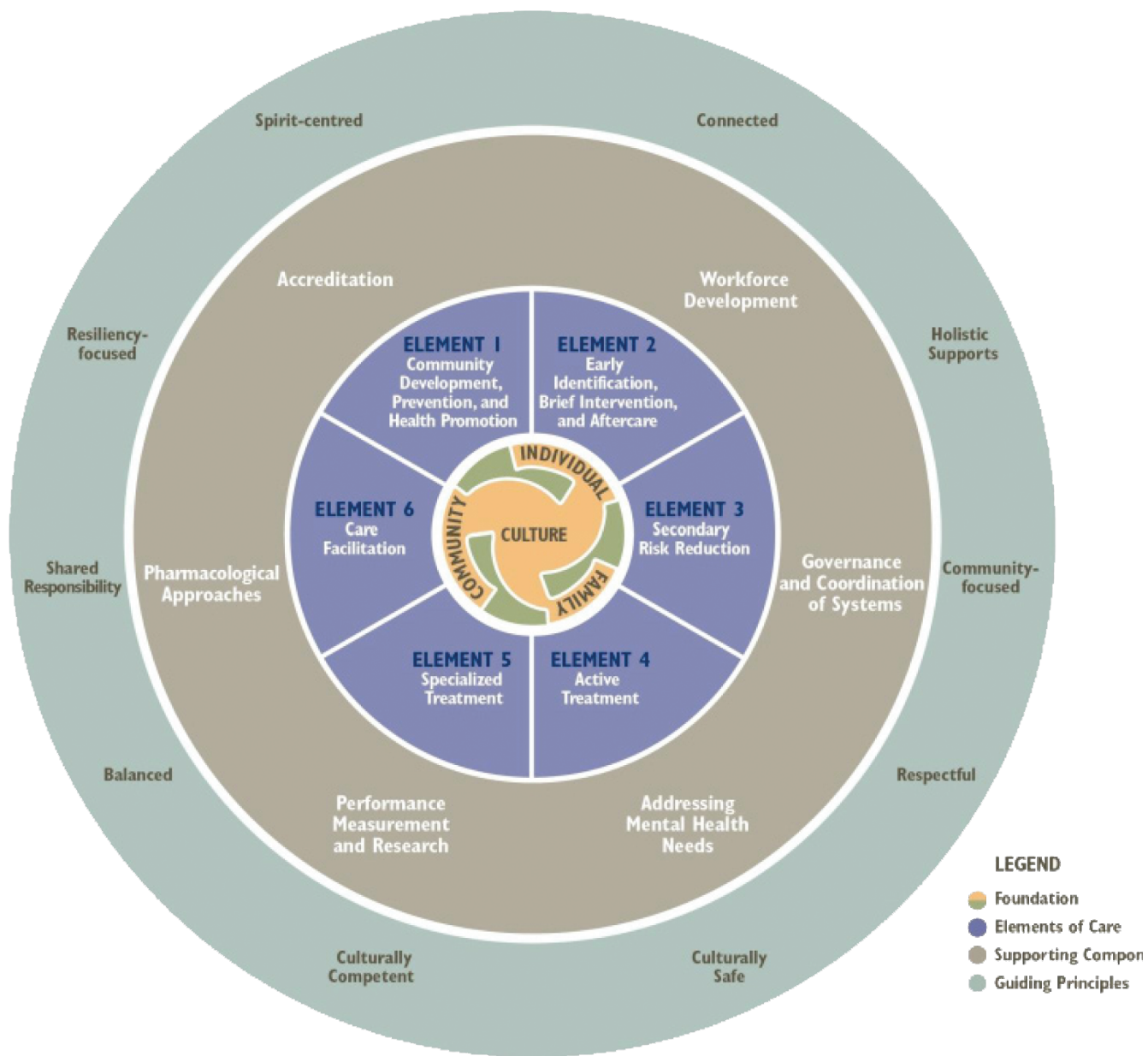
4. Raymond Obomsawin, "Traditional Medicine of Canada's First Peoples" June 2007, online: <http://goo.gl/7Kn5A>

5. NNADAP treatment centers integrate Traditional and Western methods in addressing alcoholism and drug abuse. Refer to McCormick and Quantz, "Improving Mental Health Services and Supports in the National Native Alcohol and Drug Abuse Program", (Ottawa 2010), online: <http://goo.gl/g20fc>

6. Publications (From the National Aboriginal Health Organization (NAHO) website at <http://www.naho.ca>

Appendix A: Six Elements of the Continuum of Care

The six elements of a continuum of care can be used to help persons, families, and communities with different addiction issues. They are also meant to help specific groups (e.g., women, youth, and people) who have other health issues at the same time:



Appendix B: Developing a Cultural-Based Practices Policy or Protocol

The draft policy template below can serve to kick-start discussion about what elements could be included.

DRAFT Policy Template supporting Cultural Practices

That _____, even though colonization has affected our way of life,
THE NAME OF COMMUNITY/ORGANIZATION

we reaffirm our use of traditional practices and medicines as part of our healing and wellness programs, while respecting the diversity in our community.

That in approving the use of cultural practices and medicines in the treatment of addictions, we as First Nations people will use the following medicines and practices in our traditional ceremonies and healing/health and wellness programs, including (identify the cultural practice):

In addition to our traditional resources available within our _____ we also rely on the additional resources offered through THE NAME OF COMMUNITY/ORGANIZATION, AND/OR PROGRAM, to support our use of cultural knowledge and practices in healing and wellness.

We as First Nations people also acknowledge a mutual respect and greater balance in our services to our community member and clients, in recognizing the blend/use of traditional and western medicines and healing practices in our approach to health and wellbeing.

We understand the need to better communicate about our cultural practices and programs within our own and with other communities. This includes health-related communities that use mostly Western-based practices, such as: (list other organizations you work with)

To create and offer a better understanding of our cultural practices, our community/organization will promote smudge offerings, medicine walks, and other practices in our working relationships and programs with the above-mentioned organizations.

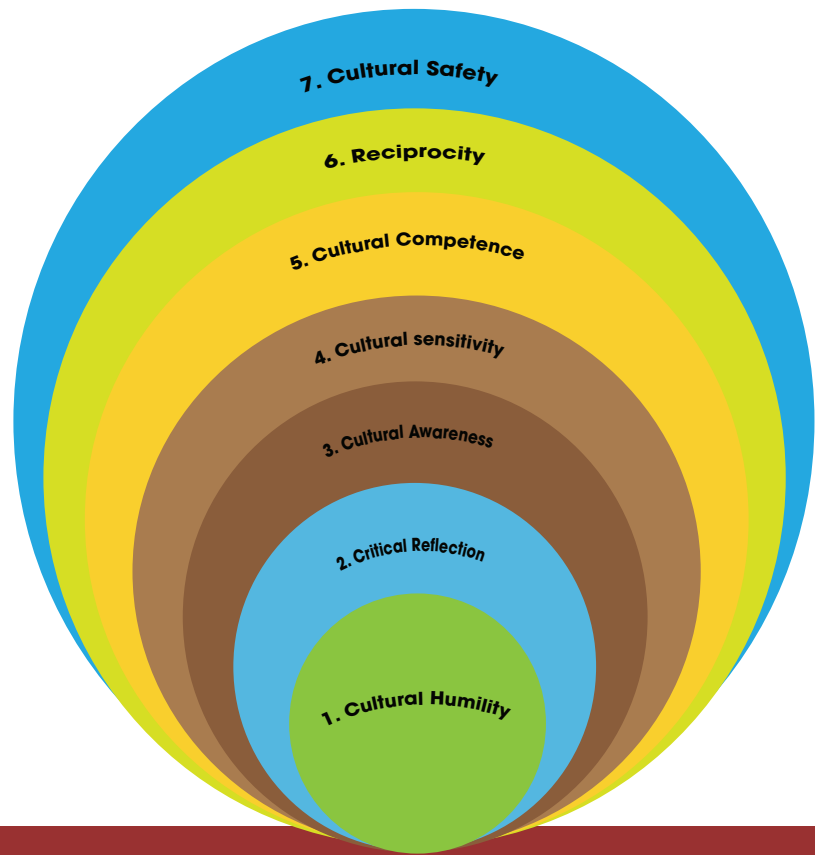
For more information on our community's cultural practices policy, please contact:

name and coordinates of contact person in community/organization.

Appendix C: NNAPF's Renewal Stepping Stones' for Cultural Safety

NNAPF's Renewal Stepping Stones' for Cultural Safety

NNAPF's Stepping Stones for Cultural Safety uses the Four Elements (Earth, Water, Fire, and Air) to explain the progression to Cultural Safety. The four elements are required in the physical realm of all human beings and there are a variety of interpretations of these four elements. Below is an example of an Ojibway perspective:



Earth represents the land we live on. The teaching of the earth "is to show respect for all BEINGS and to know the importance of all beings." Thus, beginning to understand Cultural Safety from the element Earth would ensure Cultural Humility by respecting all beings not just human beings.

Water represents healing and medicines. The teaching of water is "the place of deep introspection and reflection." The second step to cultural safety would be Critical Reflection because of need for self-reflection.

Fire represents the heart of Mother Earth. The teaching of fire is "the place of knowledge and wisdom." The third step to Cultural Safety is Cultural Awareness because it is the knowledge and wisdom of self and others "distinctive spiritual, material, intellectual and emotional features and to value systems, traditions and beliefs."

Air represents new beginnings. The teaching of air is "He (Waynaboozhoo or Original Man) looked up into the sky and noticed that the clouds were fleecy white, pure, and cold just like the snow at the tops of the mountains. He knew that high above the Earth there must be layers of air and elements that he had no name for. Nonetheless, he knew that something was up there that held it all together." (Benton-Banai, 1988). Thus, Cultural Sensitivity would be the next step because developing insight and understanding what culture is and the diverse relationship is the intention of Cultural Sensitivity.

Cultural Competence is when the health care provider works within the clients cultural needs by respecting and understanding the client's culture and historical trauma.

Reciprocity is about keeping the balance with in the relationship, as well as building trusting relationships.

In conclusion, Culturally Safety is an effect of a strengthening, encouraging, and empowering the cultural identity of Indigenous peoples with NNAPF's Renewal Stepping Stones.

For addressing substance use and mental health issues, we do not use the term “patient” and instead refer to the “client” as an individual, a family, a group or a community (AFN, Health Canada, NNAPF, 2011). Cultural safety goes beyond the relationship between the health care provider and the client to ensure the health care environment is also cultural responsive by actively and continuously assessing and working to facilitate change through building cultural competency in health care structures and processes such as: service design, policy, human resources, service delivery and in achieving health outcomes that are culturally relevant and meaningful.

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ENDNOTES

¹ The terms “natural medicines” and “traditional medicines” are used interchangeably.

² See for instance, the Traditional Dene Medicine Project by Joan Ryan, Martha Johnson, Diane Romie, Marie Adele Rabesca, LaLa Martre Band, Dene Cultural Institute and the Arctic Institute of North America, 1994.

³ Olive Patricia Dickason, *Canada's First Nations: A History of Founding Peoples from Earliest Times* (Toronto: McClelland and Stewart, 1992), at 43-44.

⁴ Canada, Report of the Royal Commission on Aboriginal Peoples, Volume 3, Chapter 3: Health and Healing (Ottawa: Minister of Supply and Services Canada, 1996) at 114.

⁵ Eduardo Duran and Bonnie Duran, *Native American Postcolonial Psychology*, (Albany, NY: State University of New York Press, 1995) at 19.

⁶ Canada, Royal Commission on Aboriginal People, Report of the Royal Commission on Aboriginal Peoples: Gathering Strength Vol. 3 Appendix 3A at 1 (Ottawa: Supply and Services Canada, 1996) (RCAP).

⁷ Yvonne Boyer, *First Nations, Métis and Inuit Health and the Law*, PhD Dissertation, University of Ottawa, 2010, unpublished at Chapter 2.

⁸ Eduardo Duran and Bonnie Duran, *Native American Postcolonial Psychology*, (Albany, NY: State University of New York Press, 1995) ; Geoffrey York, *The Dispossessed: Life and Death in Native Canada*, (London: Vintage UK, 1990).

⁹ Jill Pedigo, “Finding the “meaning” of Native American Substance Abuse: Implications for Community Prevention,” *Personnel and Guidance Journal*, 1983 61(5), 273-277; quoted in Rod McCormick, “Aboriginal Traditions in the Treatment of Substance Abuse” *Canadian Journal of Counseling*, 2000, 34, 25-32.

¹⁰ Eduardo Duran and Bonnie Duran, *Native American Postcolonial Psychology*, (Albany, NY: State University of New York Press, 1995) at 193.

¹¹ Rod McCormick, “Aboriginal Traditions in the Treatment of Substance Abuse” *Canadian Journal of Counseling*, 2000, 34, 25-32.

¹² Geoffrey York, *The Dispossessed: Life and Death in Native Canada*, (London: Vintage UK, 1990) (York) as quoted in Rod McCormick, “Aboriginal Traditions in the Treatment of Substance Abuse” *Canadian Journal of Counseling*, 2000, 34.

¹³ Rupert Ross, *Dancing with a ghost: Exploring Indian reality*, (Markham: Octopus 1992); as quoted in Rod McCormick, “Aboriginal Traditions in the Treatment of Substance Abuse” *Canadian Journal of Counseling*, 2000, 34.

¹⁴ Rod McCormick, “Aboriginal Traditions in the Treatment of Substance Abuse” *Canadian Journal of Counseling*, 2000, 34, 25-32 (McCormick); Derald Wing Sue & David Sue, *Counselling the Culturally Different: Theory and Practice*, (Toronto: John Wiley & Sons, 1990).

¹⁵ W.G Darou, “Counselling the Northern Native,” *Canadian Journal of Counselling*, 1987, 21

¹⁶ In the Euro-Western field of psychotherapy, the type of therapy which best approximates this Aboriginal conceptualization of interdependent wellbeing is logotherapy. Logotherapy is an existential - humanistic approach that claims that the primary motivation for people is to obtain meaning in their lives. According to the theory, meaning can be obtained through sources such as spirituality, work, significant relationships with others, and contributing to one's community. Values are described as collective sources of meaning. Values are the activities that provide meaning to families, communities, and whole cultures. (Viktor Frankl, *Man's search for meaning: An Introduction to Logotherapy*, (Boston: Beacon Press, 1962); as quoted in Rod McCormick, “Aboriginal Traditions in the Treatment of Substance Abuse” *Canadian Journal of Counseling*, 2000, 34).

¹⁷ Joseph Fabry, *The pursuit of meaning*, (Boston: Beacon press, 1968).; as quoted in Rod McCormick, “Aboriginal Traditions in the Treatment of Substance Abuse” *Canadian Journal of Counseling*, 2000, 34.

¹⁸ McCormick, *supra* note 14 at 27.

¹⁹ McCormick, *ibid* at 34.

²⁰ M. Brady, “Culture in Treatment, Culture as Treatment. A Critical Appraisal of Developments in Addictions Programs for Indigenous North Americans and Australians,” *Social Science & Medicine*, 4(11) 1995; as quoted in Rod McCormick, “Aboriginal Traditions in the Treatment of Substance Abuse” *Canadian Journal of Counseling*, 2000, 34.

²¹ Joseph Fabry, *The pursuit of meaning* .., (Boston: Beacon press, 1968).; as quoted in Rod McCormick, “Aboriginal Traditions in the Treatment of Substance Abuse” *Canadian Journal of Counseling*, 2000, 34.

²² *Ibid*.

²³ Bonny Guillory, Willie, E., & Eduardo Duran, “Analysis of a community organizing case study: Alkali Lake,” *Journal of Rural Community Psychology*, 9(1), (1988). 27

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²⁵ See, Hill, *supra*note 1 at 6, 7.

²⁶ For a list of publications, see National Aboriginal Health Organization, online: http://www.naho.ca/english/tk_Pub.php (accessed October 25, 2010).

²⁷ Rod McCormick & Darryl Quantz, "Improving Mental Health Services and Supports in the National Native Alcohol and Drug Abuse Program", (Ottawa 2010), online: <http://www.nnadaprenewal.ca/sites/www.nnadaprenewal.ca/files/en/2010/09/improving-mental-health-services-and-supports-national-native-alcohol-and-drug-abuse-program.pdf> (accessed January 12, 2011) (Rod McCormick & Darryl

²⁸ White Horse General Hospital, (White Horse 2002), online: <http://www.whitehorsehospital.ca/content/EN/ENFirst Nations H77a4.html> (accessed September 8, 2010).

²⁹ An Overview of Traditional Knowledge and Medicine and Public Health in Canada (NAHO: January 2008), online: <http://www.naho.ca/publications/tkOverviewPublicHealth.pdf> (accessed September 8, 2010) (Traditional Knowledge) at 13. See also, National Aboriginal Health Organization, online: http://www.naho.ca/english/pub_tk.php (accessed October 25, 2010).

³⁰ Rod McCormick & Darryl Quantz, *supra* note 27.

³¹ Darrel Manitowabi, "Assessing the Institutionalization of Traditional Aboriginal Medicine," online: <http://www.noojmowin-teg.ca/UserFiles/File/Noojmowin%20Teg%20Traditional%20Medicine%20Program%20Research%20Final%20Report%20July%2016%202009.pdf> (accessed January 3, 2011).

³² *Ibid.*

³³ *Ibid.*

³⁴ *Ibid.*

³⁵ *Ibid.*

³⁶ *Ibid.*

³⁷ Carol Hopkins & James Dumont, "Cultural Healing Practice within National Native Alcohol and Drug Abuse Program/Youth Solvent Addiction Program Services," (Ottawa 2009) online: <http://www.nnadaprenewal.ca/sites/www.nnadaprenewal.ca/files/en/2010/08/cultural-healing-practicemedicine-within-nnadapysap.pdf> at 33.

³⁸ *Ibid.*

³⁹ *Ibid.*

⁴⁰ *Ibid.*

⁴¹ *Ibid* at 21.

⁴² *Ibid.*

⁴³ World Health Organization, "Traditional Medicine," online: <http://www.who.int/mediacentre/factsheets/fs134/en/index.html> (accessed January 4, 2011).

⁴⁴ Gerard Bodeker & Gemma Burford, *Traditional, complementary and alternative medicine: policy and public health perspectives*, (London: Imperial College Press, 2007) at 84 (Gerard Bodeker & Gemma Burford).

⁴⁵ *Ibid.*

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⁴⁸ Gerard Bodeker & Gemma Burford, *supra* note 43 at 22.

⁴⁹ Demystifying, *supra* note 47.

⁵⁰ *Ibid.*

⁵¹ Traditional Medicine in Contemporary Contexts: Protecting and Respecting Indigenous Knowledge and Medicine, Dawn Martin Hill, PhD, National Aboriginal Health Organization, March 19, 2003

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