Health Canada Santé Canada

National Native Alcohol and Drug Abuse Program
Treatment Centre Outcome Study

Summary Report

June 2012

Mental Wellness Division
Inter-professional Advisory and Program Support Directorate
First Nations and Inuit Health Branch

CAVEAT: *This Outcome Study represents data drawn from select clients within a sample of ten NNADAP treatment centres. As such, any generalizations or interpretations based on these results should be made with great caution, since they may not be representative of larger or other population groups.*

National Native Alcohol and Drug Abuse Program Outcome Study: Summary Report

Introduction to the National Native Alcohol and Drug Abuse Program (NNADAP) Treatment Centres

Substance use issues continue to be a priority issue for First Nations people in Canada. The primary network in place to respond to these issues is the National Native Alcohol and Drug Abuse Program (NNADAP). NNADAP was one of the first programs developed in response to community needs. It evolved from the National Native Alcohol Abuse Program (a pilot project in 1974) to a Cabinet-approved program in 1982. Health Canada supports First Nations and Inuit communities to establish prevention and treatment programming and interventions aimed at reducing and preventing alcohol, drug, and solvent abuse among on-reserve populations and supporting overall community wellness. Through NNADAP and the National Youth Solvent Abuse Program (NYSAP), Health Canada provides direct funding to 56 First Nations addiction treatment centres and targeted funding to three additional addiction treatment centres to better serve First Nations and Inuit clients.

NNADAP and NYSAP treatment centres include a range of mainstream and culturally relevant approaches. Through these national programs, First Nations and Inuit have access to inpatient, outpatient, and day treatment services, as well as specialized services (e.g., programming for families, youth, solvent abusers, women, and people with concurrent disorders) for people with unique service needs.

Involving a traditional or cultural component is important for Aboriginal-focused healing processes. Using a number of treatment approaches that include offering life-skill and self-care techniques has also proven to be beneficial. The First Nation-specific programming offered at NNADAP treatment centres sets these facilities apart from mainstream treatment centres. When undergoing therapy, or following treatment at any facility, mental health support, and traditional community supports such as mentoring visits from Elders or traditional spiritual/cultural practices may be offered to First Nations clients.

The programs available in NNADAP treatment centres vary, depending on the location and size of the facility, as well as the regional need. The duration of a cycle in treatment is on average 29 to 42 days. In a few cases there are centres becoming long-term treatment facilities offering a program for three to six months. However, this is specialized programming in select locations. Treatment centre programs are available on an ongoing basis, or for certain clients, when needed. Given the often chronic nature of addiction issues, characterized by high risk of relapse, one treatment episode is usually not enough. Most individuals who access treatment require multiple treatment attempts and ongoing post-intervention support.

Creating an Outcome Study Pilot Project

Within the network of addiction treatment centres, the programming, size, and infrastructures of NNADAP treatment centres vary. In total, 6,598 of clients came through NNADAP Treatment centres in 2009.[1] However, current data relating to NNADAP client outcomes is limited. In 2009, Health Canada initiated its Impact Study for the National Native Alcohol and Drug Abuse Program (NNADAP) and National Youth Solvent Abuse Program (NYSAP) Pilot Testing. The intent behind collecting data from clients at the time was to help the program find ways to improve addictions treatment programming for First Nations and Inuit. Questionnaires were structured for interviews with youth or adult clients, which lasted up to an hour in length. If a client was willing to participate, these interviews took place upon admission; at completion of treatment; three months post-treatment; and six months post-treatment. The utility of the 2009 Impact study was limited by the small number of centres that participated. The time-consuming nature of the pilot testing's survey/interview appears to have been the key factors that limited feedback and responses.

Considering the shortcomings of this initial pilot testing, significant consideration was put into the structure of the 2011 NNADAP Treatment Centre Outcome Study. Creating a comprehensive but compact questionnaire was a focus in the preparation of a new pilot project. The objective of the NNADAP Treatment Centre Outcome Study was to conduct a study using retrospective file audits and post-treatment surveys of clients from a sample of NNADAP treatment centres to gather post-treatment data on health outcomes, and general information on clients seeking treatment from NNADAP Centres. Research to create and support the final approach to the outcome study included performance measurement for co-occurring mental health and substance disorders; looking at other approaches to client-reported outcomes; and utilizing the Addiction Severity Index as a reference point for the structure of the questions to be used in the study.

Process for Development and Engagement

Having completed its initial research and review of study approaches, the Mental Wellness Division[2] of the First Nations and Inuit Health Branch in Health Canada moved to a consultation stage. The creation of the process and questions for the study were the results of consultations with the National Native Addictions Partnership Foundation (NNAPF); Youth Solvent Addictions Committee (YSAC); feedback from Health Canada Regional colleagues; and recommendations from Treatment Centre Executive Directors and workers.

[1] Data is limited due to varying means of data collection. Health Canada is currently working to confirm numbers for 2010-2011

[2] Community Programs Directorate (CPD) at the time.

Health Canada Mental Wellness focussed on compiling more complete client level and treatment centre information for 2009-2011. With co-operation from the Health Information, Analysis and Research Division (HIARD), the program created an optional survey for NNADAP treatment centre staff to complete with clients up to a year after treatment. Questions were compiled in a draft survey with an accompanying instructions/guideline document. They were then distributed to key contacts internally, as well as the NNAPF, YSAC, and select NNADAP Treatment Centre Directors for review, comments, and recommendations. During this consultative stage, it was explained the study's intent was to collect post-treatment health surveillance information. The purpose of the questions in the draft voluntary survey were to find out the effectiveness of treatment (i.e. whether treatment in a centre curbs drug use/abuse); and to compare the clients' outlooks pre- and post-treatment. The final draft of questions were based on feedback from Regional Colleagues in Health Canada, recommendations from treatment centre Executive Directors and staff, and on the assessment of other Health Canada programs who recently completed studies involving surveys.[3]

In May/June 2011, the Mental Wellness Division created a list of residential adult treatment centres to approach and ask to participate in the study in order to encompass each Health Canada region under NNADAP programming. This request for participation from Treatment Centres was accepted by ten centres situated in British Columbia, Alberta, Saskatchewan, Ontario, Quebec and New Brunswick. The study involved a reimbursement component, to be paid to the participating centres through their contribution agreements with Health Canada.

Centres received the required template documents – a chart audit and survey - in PDF format and were given a three-month submission period (July 2011 to September 2011) as the timeframe within which to complete and submit the forms. They were informed that any information collected would be compiled as aggregate data from all treatment centres and used by the National Office of Health Canada to establish post-treatment health surveillance information about NNADAP clients for the purpose of program management. It was emphasized that no treatment centre will be specifically identified or singled out in the findings. It was important to emphasize any analysis of data would not affect the centre's programming or funding.[4]

To ensure Treatment Centre confidentiality in the study involved each centre to receiving a reference number to include on each submitted document. Only the project manager held the master list of treatment centre reference numbers so as to keep the names of the centres confidential. A confidential fax line was also used through a stand alone computer in the Health Canada Headquarters office.

[3] This includes the First Nations and Inuit Health Branch Diabetes in Pregnancy Teleform Project.
[4] This process of confidentiality was to quell any concerns that lower rates of completion or higher rates of relapse (etc.) could affect the perception of a specific treatment centre's programming or the overall funding it receives.

All faxes submitted were received electronically through the computer linked to the fax line.

Elements of Outcome Study Pilot Project

The NNADAP Treatment Centre Outcome Study Pilot project was constructed of two forms, a retrospective chart audit, and a post-treatment survey. A chart audit was to be completed for every client who entered treatment since January 2009 while a survey was to be filled out only for clients who completed treatment since January 2009.

The retrospective chart audit was completed by a treatment centre worker based on information available in a centre's client files and intake form(s)/chart(s). Questions posed on the chart audit included: whether client completed treatment; dates and duration of treatment; a client's addiction(s) if known; suspected or diagnosed mental health status; disabilities (e.g., suspected or diagnosed FASD); types of treatment sought (in patient, outpatient); types of programs offered at the centre whether that be specializations (concurrent disorders; clients on methadone); population-specific (gender, youth, family); or treatment with specialized treatment like couples counselling, residential school/trauma-based counselling; or on the land traditional practices. Reimbursement received for each completed retrospective chart audit was $40.00. See Annex A for the Retrospective Chart Audit.

The Post-Treatment Survey was completed by a treatment centre worker with a client by telephone or face-to-face interview. Questions in the survey placed more emphasis on post-treatment usage and well-being; whether a client had engaged/is engaging in risky behaviours post-treatment; their frequency of use (if any); frequency of use post-treatment; comparative questions on use pre- and post-treatment; a question on risky behaviour in comparison to pre-treatment; cultural components in life (attending cultural activities, engaging in spiritual practices; mental health supports; physical activity); and overall mental health and social/life perspectives post-treatment. Reimbursement received for each completed post-treatment survey was $20.00. See Annex B for the Post-Treatment Survey.

Treatment Centre Participants in the Outcome Study Pilot Project

A selection of ten centres participated with representation from across the provincial regions – British Columbia, Alberta, Saskatchewan, Ontario, Quebec and Atlantic (New Brunswick). The chart below provides a composite of the centres involved in the NNADAP Treatment Centre Outcome Study.

Figure 1 Composite of Treatment Centres participating in the NNADAP Treatment Centre Outcome Study – Pilot Project 2011

Type of Treatment Offered	In-patient Out-patient
Number of In-patient beds	<10 (4) – 36 beds
Programming offered in	English; Indigenous
Target age	19+ years (focused on adult centres)
Average treatment cycle length	28 – 56 days
Gender of Clients	Male/Female ratio
Intake frequency	Block, Fixed, and Continuous
Type of Programming Available	Concurrent disorders; Residential schools; Couples counselling; Land Based Programming; Parent/Child counselling; and/or Family Treatment.
Centres that Accept	Clients with physical disabilities; Pregnant women; Court referrals or Corrections clients; Clients taking other psychoactive medications; and/or Clients on Methadone.

Areas of anticipated data included the following:

- Primary types of addictions
- Average:
  - Number of times client has previously entered treatment
  - Client Completion
  - Duration of Addiction
  - Age upon entering treatment
- Percentage of clients with diagnosed or suspected mental health disorders
- Intake ratio of male : female clients
- Proportion of on-reserve/off-reserve clients seeking treatment
- Percentage of clients who were former students or family members of students in Indian Residential Schools (where data is available)

- Percentage of treatment centres where clients access cultural components (sharing circles, smudging ceremonies, sweat lodges, crafting, traditional/cultural conversations, visits with Elders, etc.)

Caveats: When using what information is provided here, data from this pilot project must be used with the caveats that the following figures are drawn from a pilot project study; and that data from the selection of centres may not reflect all trends.

Results: Data received from NNADAP Outcome Study Pilot Project provides evidence base on client substance use before and after treatment in NNADAP treatment centres, as well as associated health issues.

Treatment Centre Response

Submissions received from the NNADAP treatment centres that volunteered to participate in the study surpassed the expected number of responses. In total, 2,354 retrospective chart audits were submitted for clients who had entered treatment since January 2009 in the ten centres. There were 117 clients who accepted the request to be interviewed in order that the treatment centre working could complete a post-treatment survey.

Data collected is to be used in aggregate form only (i.e. no treatment centre-specific responses will be singled out). However, as a benefit to their participation and once the data has been analysed, participating treatment centres are being provided with the findings from their own centre. Once centres receive the compilation of their data back, they may use it as they see fit.

Aggregate Data from the NNADAP Treatment Centre Outcome Study

> ***CAVEAT:*** *This Outcome Study represents data drawn from select clients within a sample of ten NNADAP treatment centres. As such, any generalizations or interpretations based on these results should be made with great caution, since they may not be representative of larger or other population groups.*

Based on aggregate data from th NNADAP Treatment Centre Outcome study, certain patterns of use, observations, and hypotheses can be made around the programming offered at NNADAP centres and the clients who use them.

The **average age for a client who successfully completed treatment** (a "completer**") is 34.8 years**. The **average age for a client who was not successful in completing treatment** (a "non-completer") **is 32.3 years.** Depending on the client entering treatment, some addictions have been a couple of years, while others have been an addiction for most of the client's life. The **average duration of a completer's addiction is 17.9 years**. The **average**

duration of addiction for a non-completer is 15.6 years. Both figures show an addiction averaging half the client's entire lifetime.

The length of a full treatment session in the centres that participated in this study varied between 28 to 56 days, based on the programs being offered. It is common for clients to enter a treatment program or session at a NNADAP Centre but not complete it. **Non-completers on average went through 19.7 days of treatment,** compared to completers finishing a full session, with an average duration of a program session being 33.3 days. Furthermore, **many NNADAP clients need more than one session before successfully completing treatment**. See **Figures 2 and 3** for the average number of times clients were in treatment

Figure 2

Average Number of Times Previously in Treatment: Completers & Non-Completers

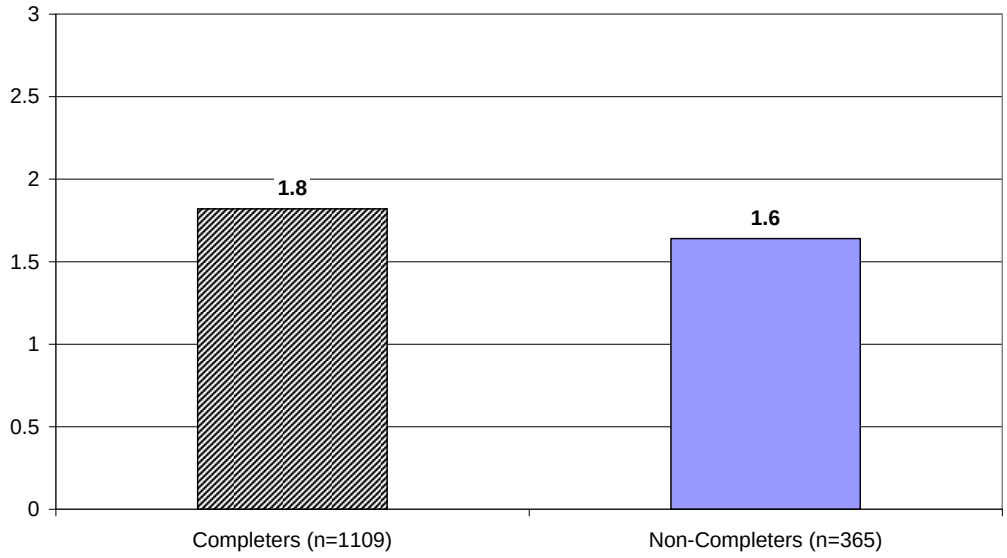
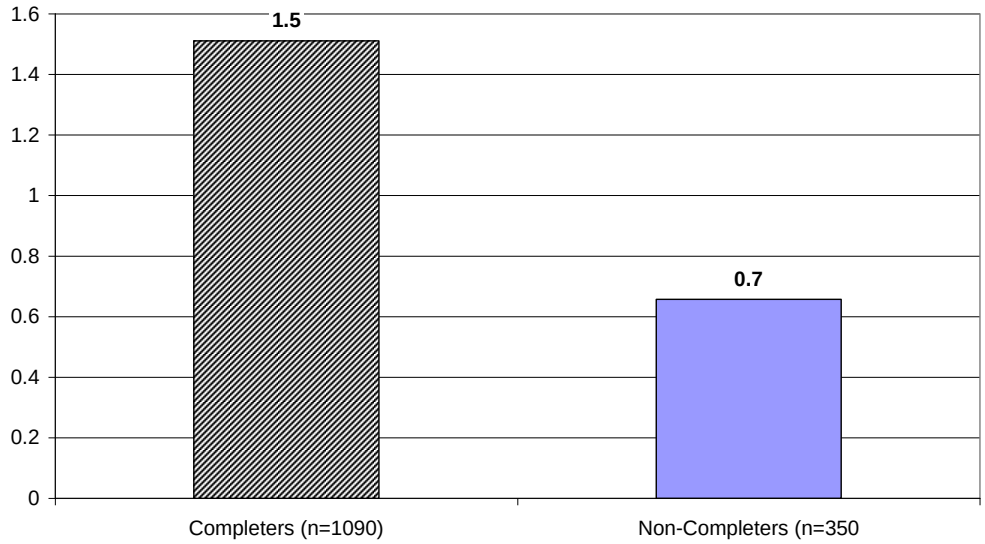


Figure 3

Average Number of Times Previously Completing Treatment: Completers & Non-Completers



The data collected in **Figures 4 and 5** can be looked at in combination as both relate to mental health disorders in the clients who both completed and did not complete treatment. The question in the retrospective chart audit identified four options – diagnosed mental health disorder; suspected mental health disorder; no diagnosed mental health disorder; and unknown. (See Annex A for full Retrospective Chart Audit). **Figure 5** of the aggregate data illustrates that where this information was available in a client's intake file or chart, 16.6% of completers had a confirmed diagnosis of a mental health disorder while 14.9% of non-completers had a confirmed diagnosis. The data in **Figure 6** covers a wider client base as the percentage of diagnosed and suspected mental health disorders in completers and non-completers. Here, clients stood almost at par with 25.5% of completers and 25.6% of non-completers having either a diagnosed or suspected mental health disorder.

Figure 4

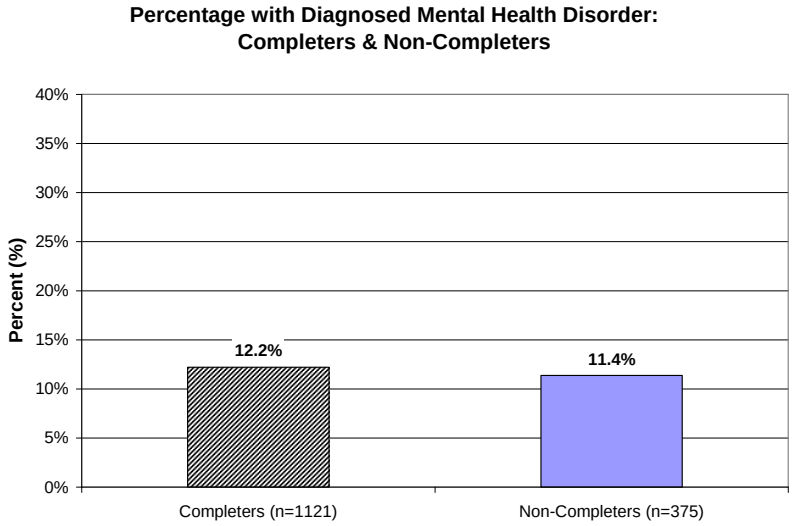


Figure 5

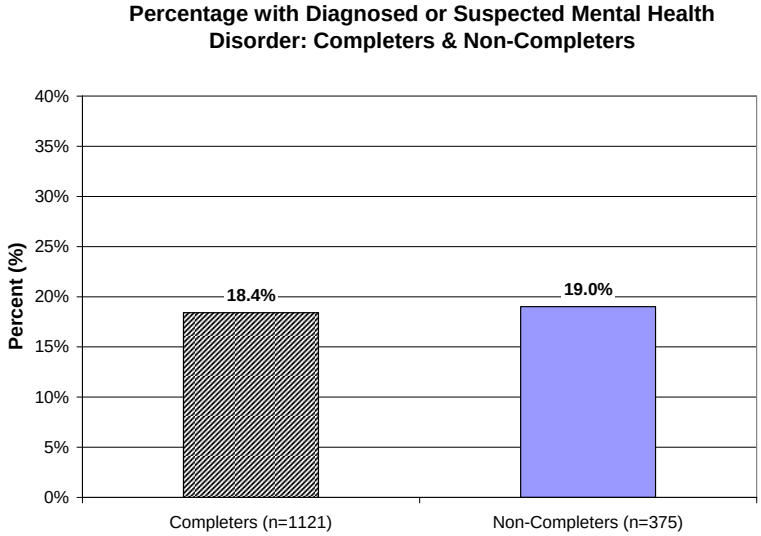


Figure 6 identifies what available treatment options were available to a client. These types of addiction programs were classified as:

Concurrent disorders	Couples counselling
Residential schools	Family treatment
Trauma-related	Gender-based
Smoking cessation	On-the-land
Gambling	Cultural Components (asked to specify).

Figure 6

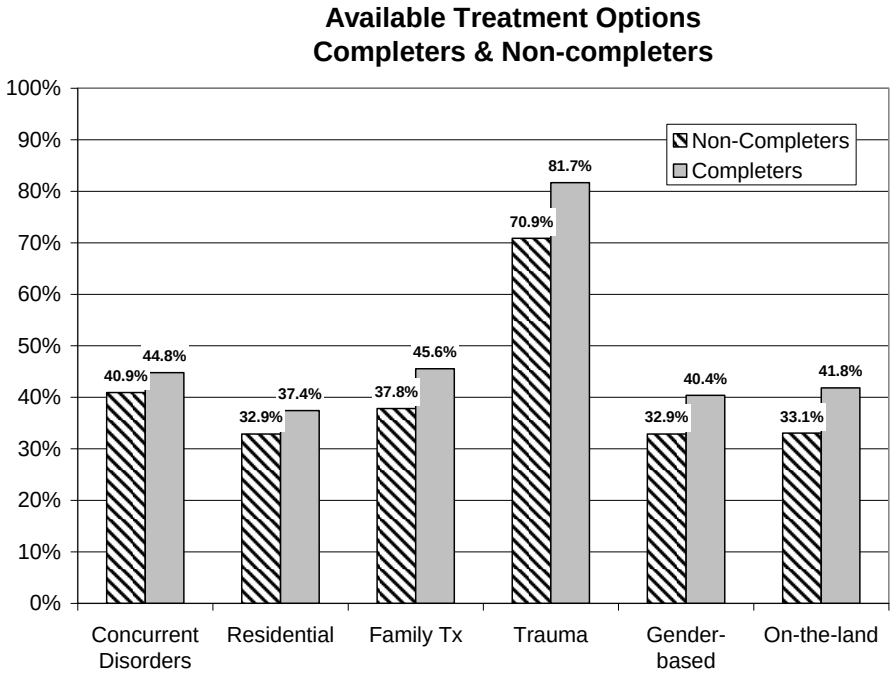
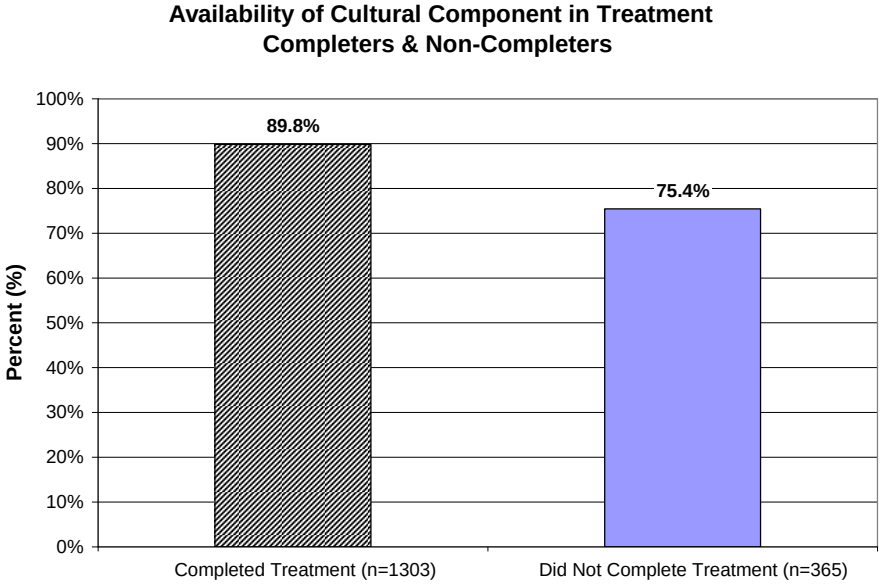


Figure 7

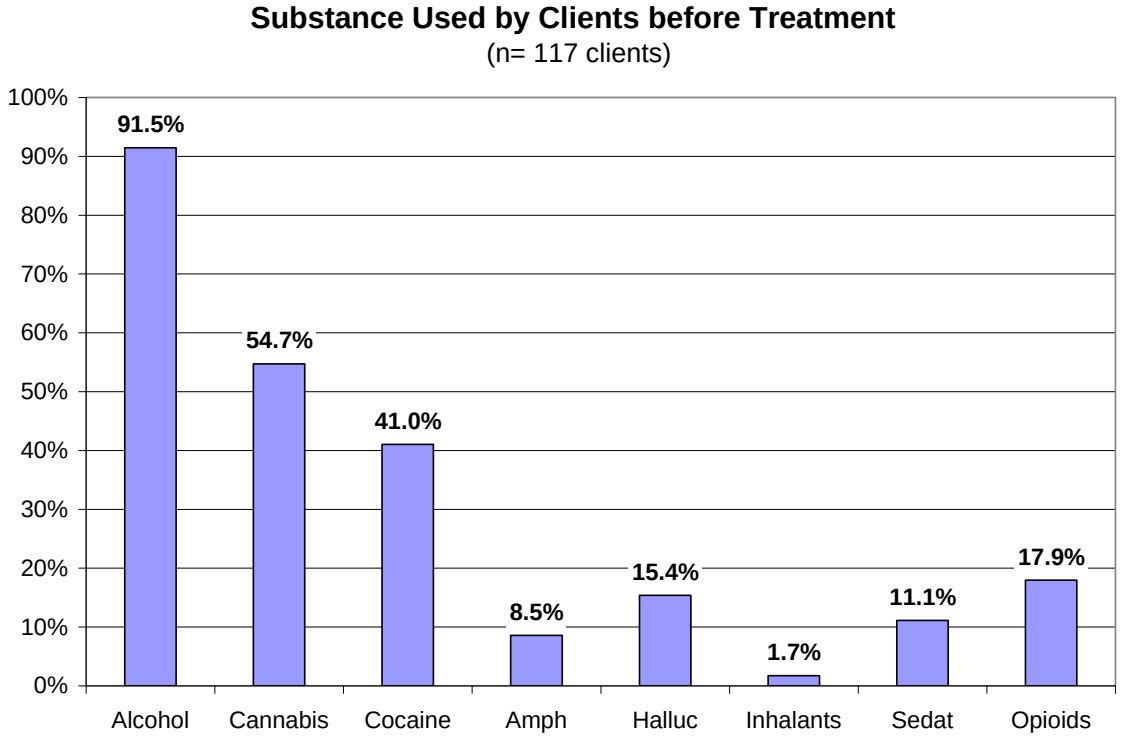


NNADAP treatment centres include a range of mainstream and culturally relevant approaches. Cultural components can be available options in treatment at a centre. The types of these components vary based on the centre but may include smudging ceremonies, daily or weekly sharing or sacred circles, sweat lodges, sacred fire, as well as traditional and cultural teachings by visiting Elders. **Figure 7** illustrates the percentage of completers and the non-completers who had diverse cultural components available to them in treatment. Of those who completed treatment, 90.5% had diverse cultural components in treatment available, while 73.2% of non-completers did. Considering the trends illustrated

in **Figures 6 and 7**, it can be seen that more completers had more diverse treatment options available to them at the NNADAP treatment centre.

Figure 8 reveals the percentage of clients surveyed who were using specific substances upon entering treatment. About nine in ten NNADAP clients entering NNADAP centres use or abuse alcohol; a little over half said they used cannabis, about one in four used cocaine and about one in five used opioids.

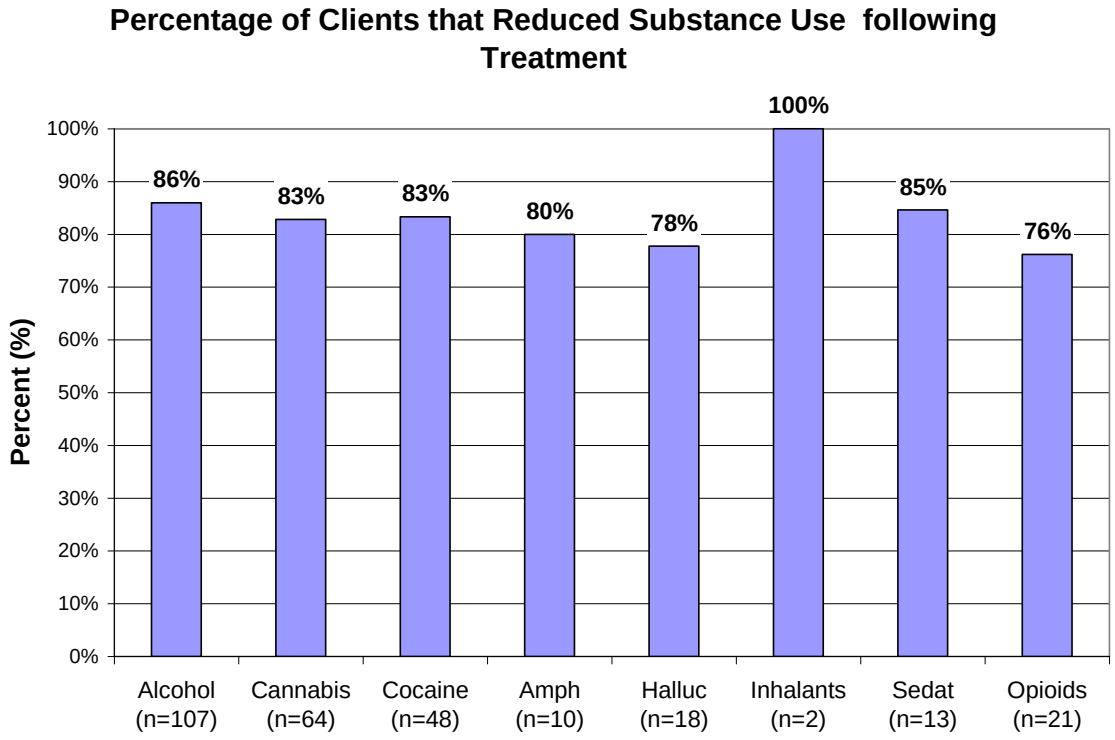
Figure 8



Data collected on the survey portion of the outcome study is from clients who completed treatment and volunteered to answer survey questions in an interview with a treatment centre worker. The majority of clients entering NNADAP Treatment centres are using more than one substance. These specific survey results are drawn only from clients who successfully completed treatment. Even after successfully completing treatment, many NNADAP centre clients say they find it difficult to stop using substances like alcohol, cannabis and sedatives.

Figure 9 illustrates that based on the responses from over one hundred clients who completed treatment, the percentage who reduced substance use following treatment ranged from 76% to100%, depending on the substance used - alcohol, cannabis, cocaine, amphetamines, hallucinogens, inhalants, sedatives or opioids. Over 90% of clients had reduced their use of at least one substance since treatment.

Figure 9



Figures 10 and 11(a) reveal that of the clients surveyed, two-thirds felt like using less overall than before treatment. For those clients who felt like using; 40% never used after treatment and an additional 45% used less than before treatment. Likewise, **Figure 11 (a)** also shows that even where clients did not completely stop using after treatment, they were using less than before.

Figure 10

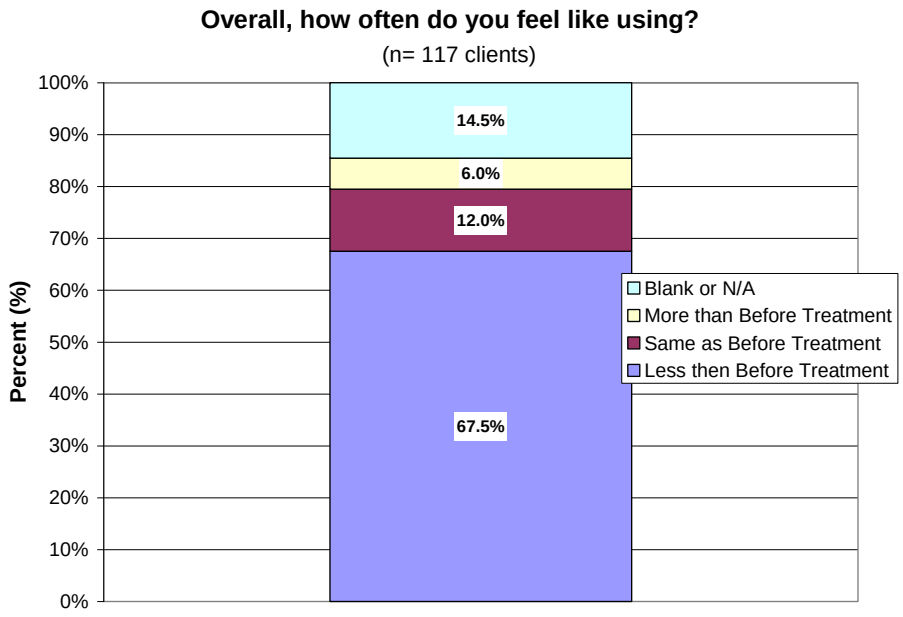


Figure 11 (a)

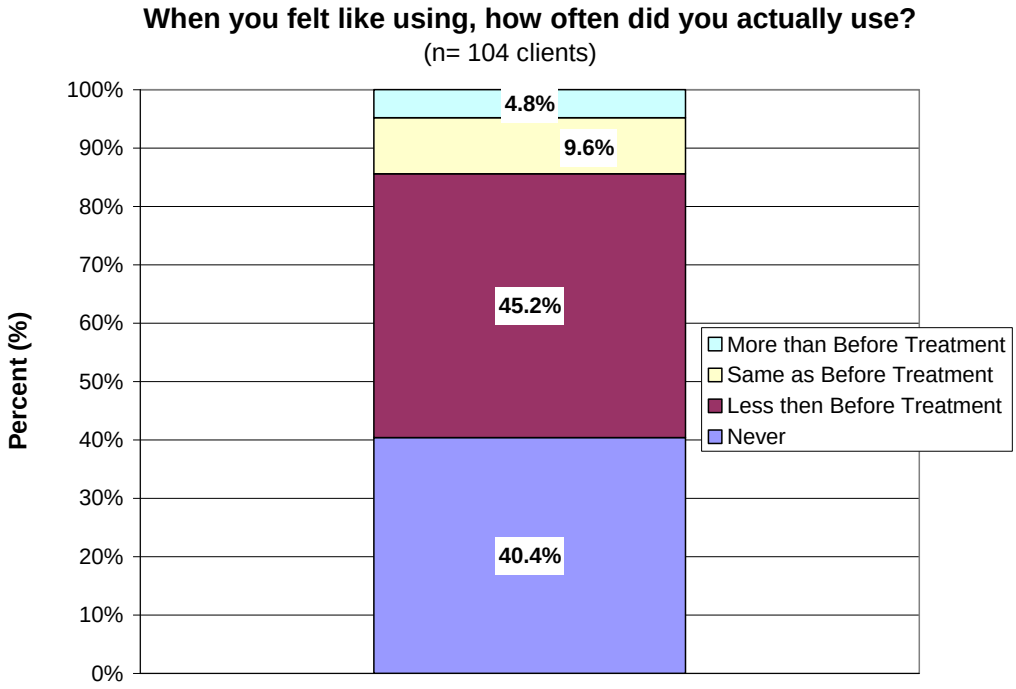


Figure 11 (b)

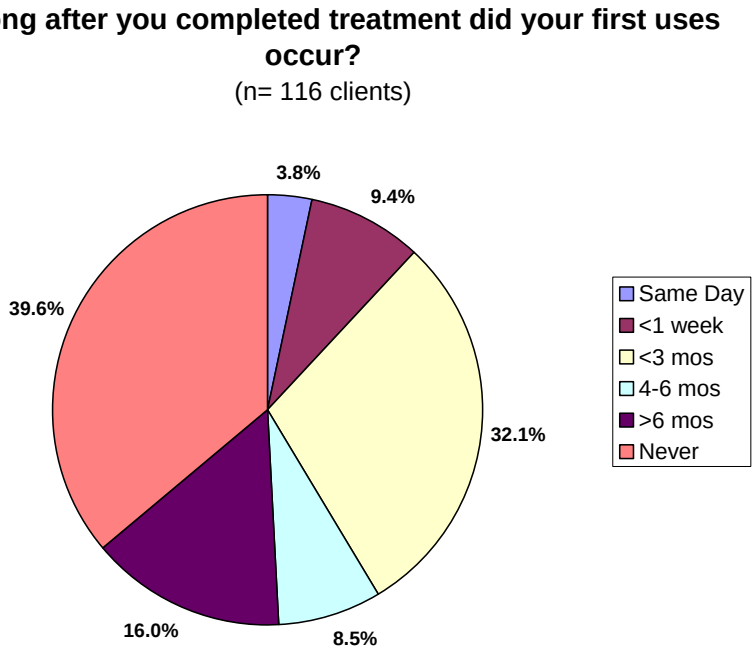
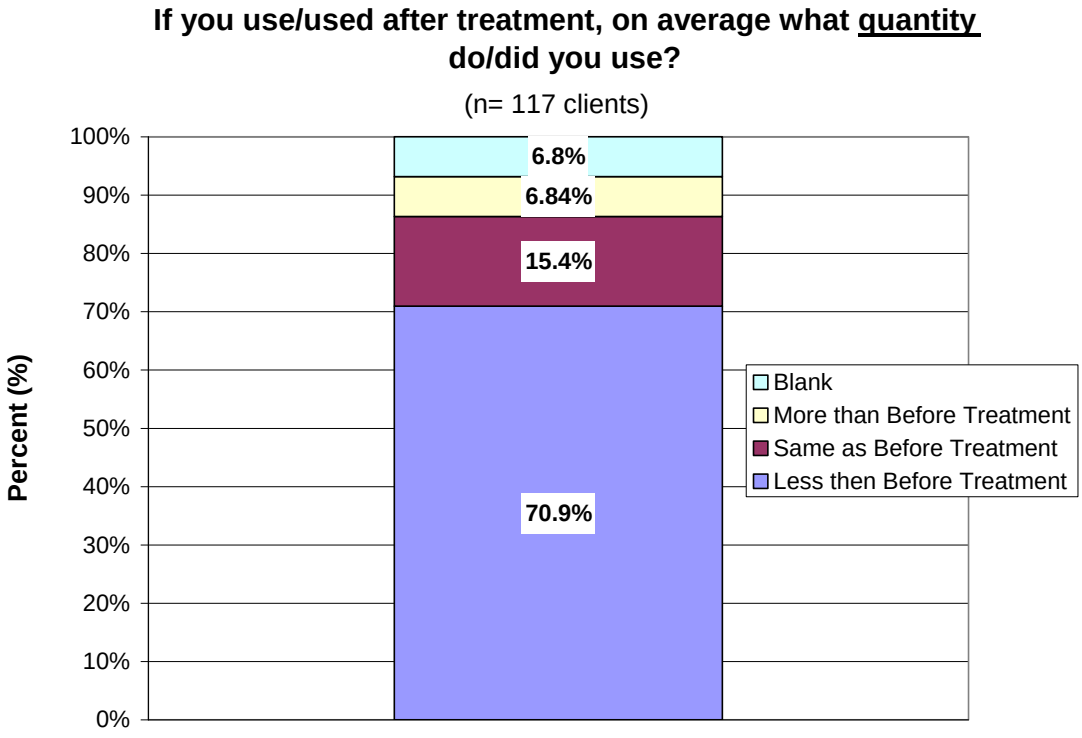


Figure 11(c)



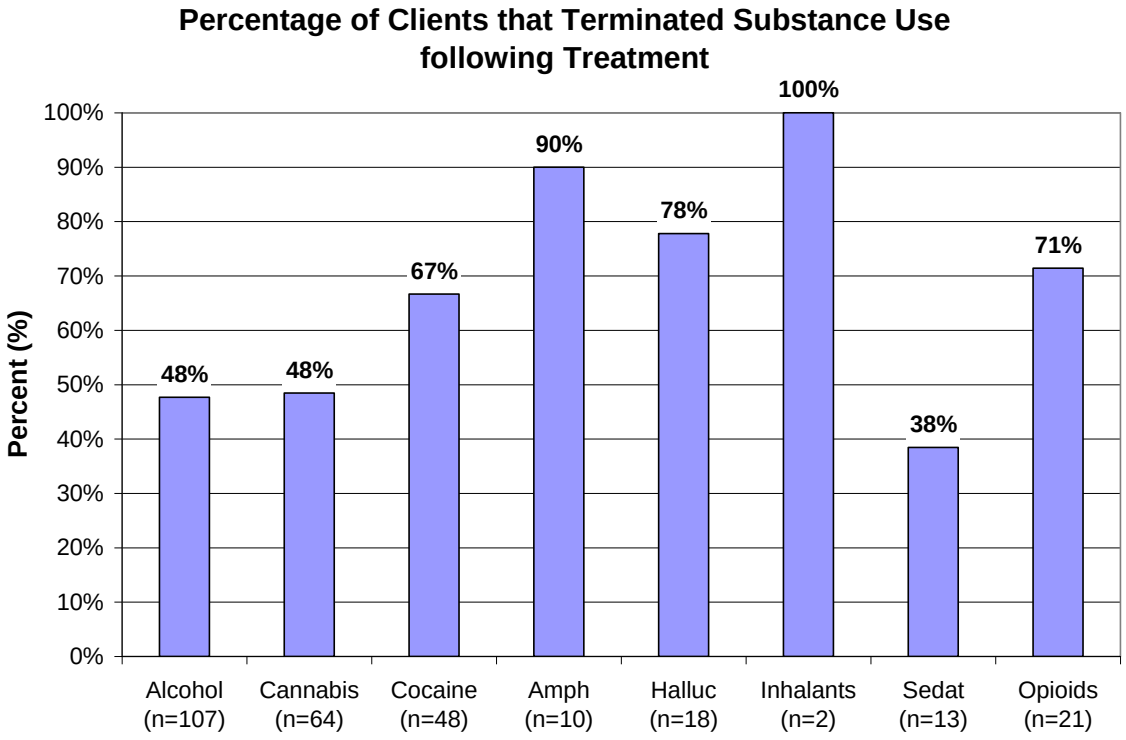
Clients interviewed for the post-treatment survey portion of the Outcome Study were asked specifically how long after their completed treatment did their first uses occur. **Figure 11 (b)** illustrates their responses.

36% responded they never used after treatment;
15% first used six months after treatment;
8% first used between four and six months after treatment;
32% first used less than three months after treatment;
8.5% first used less than a week after treatment; and
3.8% responded that their first use was the same day they completed treatment.

As shown in **Figure 11 (c),** for those clients who did use after treatment, the majority (70%) responded that on average they used a smaller quantity than before treatment.

Figure 12 identifies the percentage of clients that stopped using specific substance altogether following treatment. This varies from 42% to 100%, depending on the substance used. The amount of time since client's completed treatment ranged between two weeks and two years. Completely stopping the use of substances is the ideal results of a treatment program but it is acknowledged this can be extremely difficult. The outcomes of reduced use are seen to be great successes, with terminated use as an exceptional success.

Figure 12

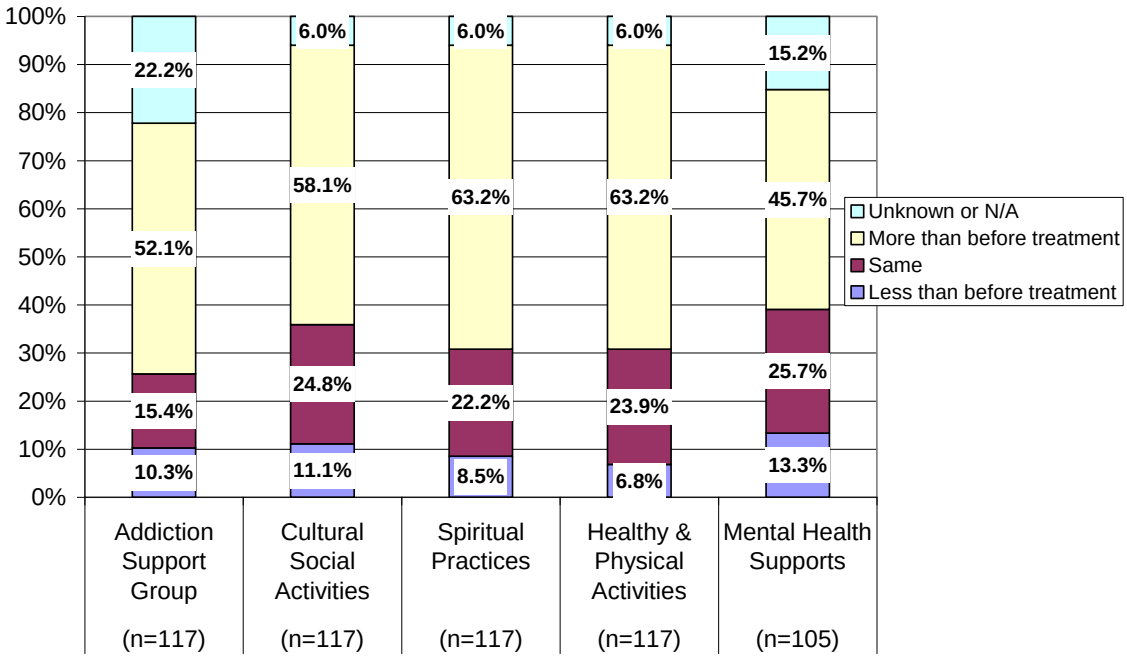


In the post-treatment survey, clients were asked to what extent they had engaged in activities that might promote health or healing. Options included addiction support group, cultural social activities, spiritual practices, health and

physical activities and mental health supports. Of those clients who provided responses to the survey, the majority were currently engaging in these activities to the same extent, or more than before treatment.

Figure 13

To what extent have you engaged in the following activities that might promote health or healing?



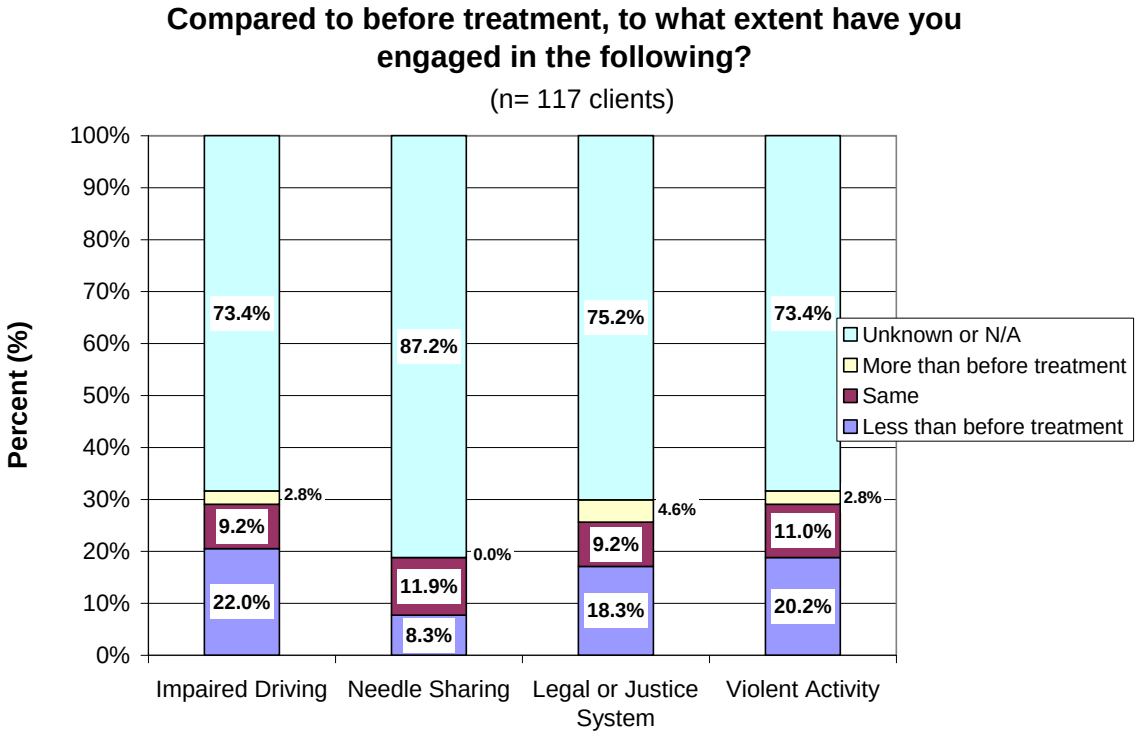
The trends in **Figure 13** suggest that engaging in certain activities following treatment may help with promoting health or healing. Half the clients surveyed for the NNADAP Treatment Centre Outcome Study engaged in an addictions support group more often than before treatment.

58% engaged more in cultural social activities following treatment;
62% engaged more in spiritual practices;
62% engaged in healthy and physical activities more than before treatment; and
45.6% engaged with mental health supports more than they had before treatment at a NNADAP centre.

Before entering a treatment in a NNADAP centre, some clients were at a high risk for negative consequences linked to substance use. Their risky behaviours may have put themselves or others at risk, and resulted in a range of negative consequences that could have included but not limited to: violence, injuries, sexual victimization, school dropout, domestic abuse, gang involvement, driving while intoxicated, suicide, needle sharing, HIV infection, having a child with FASD, job loss, family break up, child apprehension, and community crime. In the post-treatment survey, clients were asked to compare the extent to which

they were engaged in risky behaviour before, and following treatment. Not only where clients terminating or reducing use of substances (seen in Figures 9, 11(c) and 12); they were also less likely to engage in risky behaviours such as impaired driving or engaging in violent activity, as illustrated in the responses found in **Figure 14.**

Figure 14

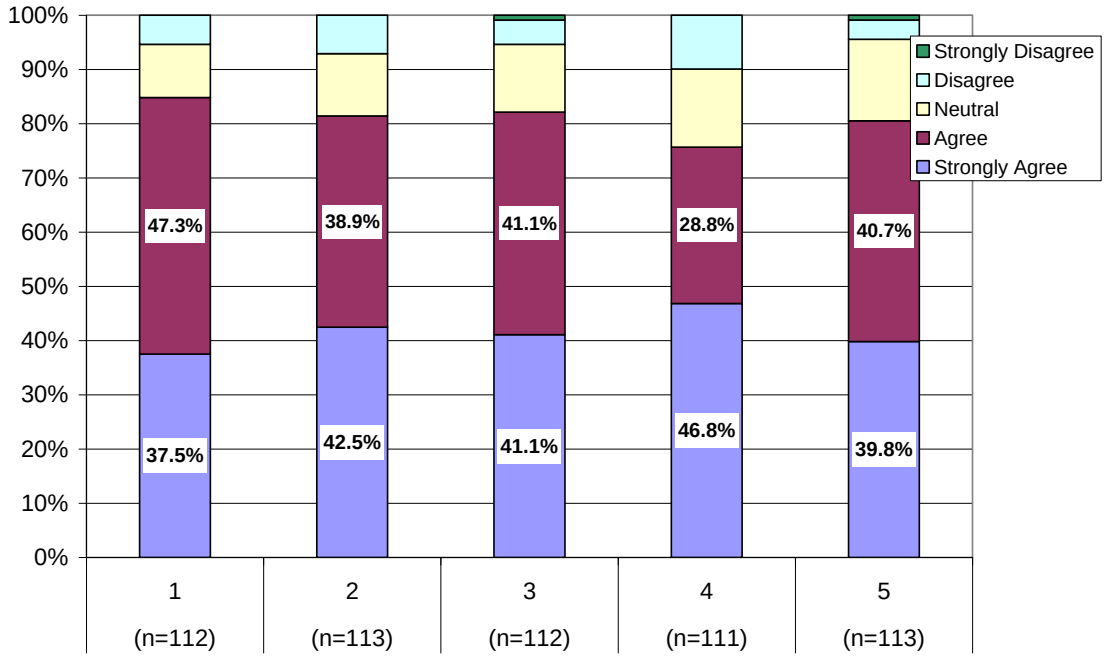


To close this section on the aggregate data, there were very positive trends found in the 2011 NNADAP Treatment Centre Outcome Study. These are seen in **Figures 15 and 16.** An overwhelming majority (80%+) of the former clients interviewed from NNADAP Treatment Centres agree or strong agree that their

overall physical health has improved. Following treatment, they feel they now have more control over their own lives, and are better able to face the challenges. In terms of looking for a network of support, they are better able to ask for help or support when they need it; and are even seeking support from at least one person currently.

Figure 15

To what extent do you agree/disagree with the following?

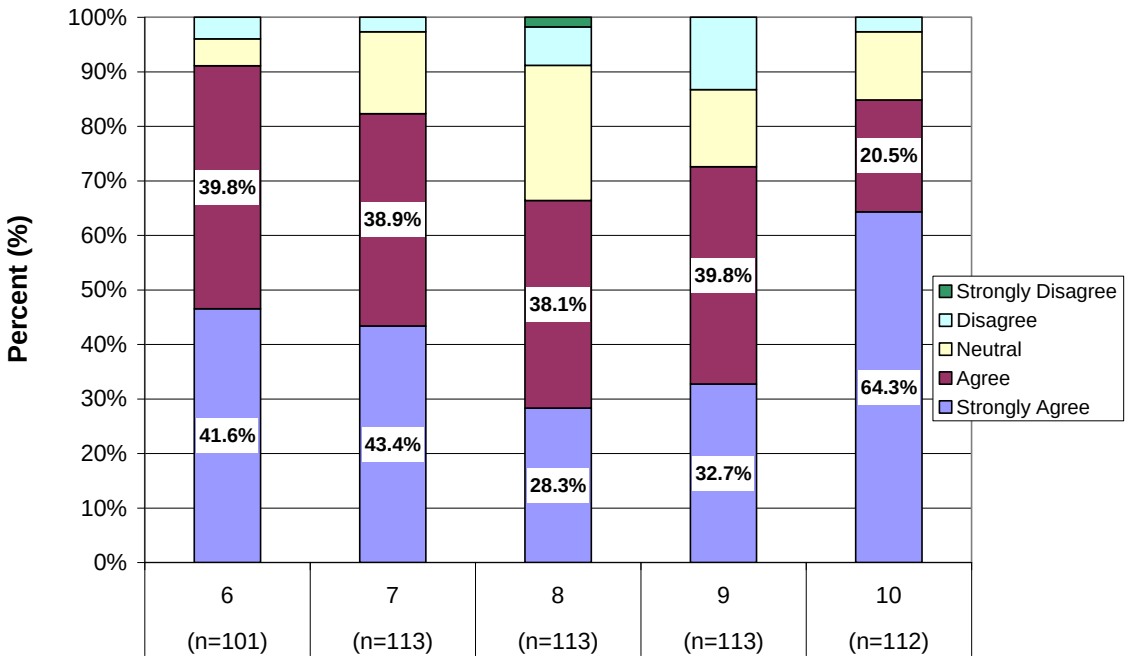


1. My overall physical health has improved
2. I am better able to face the challenges in my life
3. I have more control over my life
4. I have better or improved positive relations with the people around me
5. I am better able to ask for help or support when I need it

As further demonstration of their positive outcomes, the majority of clients surveyed strongly agreed, or agreed they now have more to contribute to society; and they are more ready to improve their education and/or employment status if opportunities are available. These percentages are displayed in **Figure 16.**

Figure 16

To what extent do you agree/disagree with the following?



6. I am seeking support from at least one person
7. I have more to contribute to society
8. I feel my community is supportive of my recovery
9. I am more comfortable with my current living situation
10. I am more ready to improve my education and/or employment status if opportunities are available

Feedback on the 2011 NNADAP Treatment Centre Outcome Study Pilot Project from Participating Treatment Centres

Upon completion of the study, treatment centre workers were asked to provide comments on identifiable gaps or difficulties found with the process of completing both the retrospective chart audit and post-treatment survey. Some of those comments are identified here. Overall, the majority of centres found the outcome study process straight-forward and noted the benefits to the centre of compiling this data for their own records, review of client intakes, and program delivery.

Some data was not available on all centre intake forms to complete the chart audit. (For example):

- Number of times in a treatment program
- Connection to Indian Residential School
- Suspected mental health status
- Suspected or diagnosed Fetal Alcohol Spectrum Disorder (FASD)

Some workers had difficulty contacting former clients for survey due to:

- Transient nature of client (no current addresses, phone number)
- Maintaining confidentiality of client having been in treatment (i.e. not calling client's home)

While completing the retrospective chart audit, which entailed a review of all client intake forms, some centres found they did not capture all the information requested in their own initial intake form for an individual entering their program. For example, not all centres would track or ask how many times a client had previously been in treatment[5] at other centres, or the duration of a client's addiction. If a treatment centre did not require an assessment of a client's mental health status or disability (such as FASD) on the client intake form, such information was not always available to be included in the form responses.

One of the Outcome Study questions asks to identify if the client was a student or family member of a student of Indian Residential Schools. This was often left blank/unanswered as many of the centres did not ask a client that question at the onset of the client entering treatment. In the post-treatment survey, one section included a list of risky behaviours (impaired driving, needle sharing, violence, etc.) where the client was asked compared to before treatment, to what extent they had engagement in these behaviours. Some centres commented that much of this section was not answered as the client did not participate in such behaviour at all. (For clarification on the survey's content, see Annex B)

The post-treatment survey portion of the Outcome Study required a treatment centre worker to get in touch with former clients and conduct an interview. Most centres noted there were difficulties in reconnecting with a former client as many have moved since completing treatment. Centres may have had an emergency

[5] Some centres noted that while they would be able to see from their own files whether and individual had previously sought treatment; they had no way in knowing whether the client had been a client at another centre.

phone number or home phone number on record for a client from the time their intake form was completed but this was often out of date. In addition, due to the confidential nature of someone being in treatment, some centres chose not to contact former clients at home.

The timing and duration of the outcome study was also commented upon. A few requests were made for a longer timeframe to complete forms. Depending on the availability of staff, a three-month period in the summer did not always suit a treatment centre as the ideal time to perform the study. In other cases, a spring/summer timeframe was seen to be ideal. Other centres commented that with a steady pace of business year-round, the timing of the study was inconsequential.

Lessons Learned from the 2011 NNADAP Treatment Centre Outcome Study

The response to the NNADAP Outcome Study surpassed expectations in terms of the number of chart audits completed and clients interviewed to complete the survey. In the likelihood of a Phase II or continuation of the NNADAP Treatment Centre Outcome Study, several points have been identified as lessons learned and aspects to consider for the next time such a study is undertaken.

1. Teleform is recommended
    a. Using the automatic Teleform system allows for responses from the treatment centres in a specified template to be automatically input to a database; making the process more time-efficient.
2. Environmental scan of treatment centre intake forms should occur
    a. Assessing what information is available on the intake forms of all treatment centres participating. Available information may not be congruent across all centres.
    b. The personal or family connection to Indian and Residential school question was posed in the chart audit but few of the treatment centres involved in the study had this information available or identified on a client's intake file.
3. Phrasing of questions should be revisited
    a. Ensure all questions are posed in a manner that is clear and concise. Use of plain language is ideal so the intention of the question is clear.
4. List substances on both the chart audit and survey documents
    a. A list of substances was initially included only on the chart audit. Considering the proportion of chart audits received over surveys, it is beneficial to capture this information on the form used for all clients (the chart audit), and not just those who completed treatment (the survey)
5. Consider the time of year for survey implementation

    a. Consider the time of year and likelihood a treatment centre would have the time and capacity to complete the study in the allotted timeframe.
6. Assess the duration of post-treatment follow up with client
    a. Consult with treatment centres to discuss the length of time after a client's treatment to follow up with a similar outcome study. Some centres already have a process in place, contacting former clients three months or six months after they have completed treatment to see how they are doing. Finding a standard time period may be desirable.

Applying the 2011 NNADAP Treatment Centre Outcome Study

Results from this Outcome Study will be beneficial for identifying certain components or overarching observations on the results and impacts of NNADAP treatment centre programming. These are not definitive statistics since they are only from a selection of NNADAP Treatment centres but they do provide significant insight that has not been available before this study. The goal of the pilot project was to gather information on as many clients as possible from a sample of 10 centres offering addictions services. The aggregate data from all treatment centres will be used by National Office to establish post-treatment health surveillance information about NNADAP clients for the purpose of program management. In aggregate form, the completed surveys will help provide the Mental Wellness Division with information on client substance use before and after treatment, as well as associated health issues. In addition, First Nations and Inuit Health Branch of Health Canada intends on using the results of this Outcome Study as surveillance data when telling the story of NNADAP treatment centres; in standard program messaging; when assessing different approaches of data management and collection; when proposing changes to programming; or to support policy relating to NNADAP, NYSAP, mental health and addictions initiatives.

Another means of utilizing the aggregate data from the Outcome Study is looking at it in combination with other statistics gathered from complementary programs. This study focussed on adults who sought and completed treatment in NNADAP centres. The Youth Solvent Addiction Committee (YSAC) produced a report on the outcome of clients in the YSAC program. *The Emily Report* includes statistics on the duration of addictions and the outcomes of client solvent and substance use post-treatment. In addition to clients' solvent use and treatment, *The Emily Report* provides a narrative on YSAC program clients relating to education and employment; emotional, mental, and physical well-being; interactions with the legal system; and social adaptation before and after exiting the YSAC program. Considering the Outcome Study data alongside such a report, or with other parallel initiatives may be useful and important for future/further research and analysis.

Application of the data gathered with the 2011 NNADAP Treatment Centre Outcome Study may also support discussions relating to the NNADAP Renewal. In 2011 as the national partners of renewal, the Assembly of First Nations, the National Native Addictions Partnership Foundation, and Health Canada published *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada.* This national framework outlines a continuum of care in order to support strengthened community, regional, and national responses to substance use issues. When discussing discharge planning and aftercare for clients in treatment centres, the framework states that:

> After a client has completed a treatment program, it is important to build on the strong foundation set by the treatment process. This process of continuing care and support is a period of less intensive treatment usually referred to as aftercare. Aftercare is often set up during discharge planning at a treatment centre, but may also be part of care planning efforts initiated at any point during a client or family's healing journey.[6]

Honouring Our Strengths is intended to guide the delivery, design, and coordination of services at all levels of the program which includes the treatment centres that were involved in the NNADAP Outcome Study. Keeping this in mind, the post-treatment survey portion of this study has information on some of the types of services and supports clients have sought on their own following treatment such as addiction and mental health supports; as well as engagement in cultural social activities and spiritual practices. Therefore, where appropriate, data collected in this study may be beneficial in Renewed Framework discussions as they relate to treatment centres, clients, and current practices and patterns of aftercare.

Moving ahead, it would be beneficial to integrate data collected from this NNADAP treatment centre outcome study with the Substance Abuse Information Data (SAIS) internally at Health Canada. Health Canada Mental Wellness anticipates initiating another outcome study in order to amass a greater scope of data from NNADAP treatment centres. This may involve a continuation with the centres who already participated; or approaching other treatment centres in addition to the original ten that participated. There is also interest in altering the study so that the same framework may be used for a community-based approach to post-treatment survey data. In the same light, First Nations and Inuit Health Regions have shown interest in creating province-based outcome studies, thereby being able to conduct a similar pilot project with all NNADAP treatment centres within their respective jurisdictions. Finally, there is great interest in learning more about the role of cultural components integrate or being offered to

[6] *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada.* p44.

clients in NNADAP treatment centre programming. These are all elements stemming from this study to consider when moving forward.

Concluding Remarks

Overall, the NNADAP Outcome Study pilot project was a success. The goal of the pilot project was to reach as many clients as possible from the NNADAP treatment centres volunteering to participate in the study. Receiving 2,354 retrospective chart audits and 117 post-treatment surveys from ten different NNADAP Treatment Centres provides a significant landscape from which to observe patterns and characteristics of individuals utilizing the National Native Alcohol and Drug Abuse Program. The extent of responses received was well above the anticipated return. The information received for this number of clients is more collective data than the program has ever compiled before on the treatment centres and the clients who benefit from their programming.

The aggregate data from this NNADAP Treatment Centre Outcome Study provides information on client substance use before and after treatment, as well as associated health issues. The information collected in this study can now be offered as substantive data when telling the story of NNADAP treatment centres; when proposing changes to program approaches; or supporting policy relating to the program, client outcome, or addiction and treatment. This aggregate data will be used by National Office to establish post-treatment health surveillance information about NNADAP clients for the purpose of program management.

Considering the amount of data compiled from this pilot project outcome study, there is a strong desire to run a subsequent pilot project. This may include similar chart/file audits and surveys completed from a different sample of NNADAP adult residential treatment centres, or continuing to collect data from the original 10 centres that volunteered to participate. In the long run, if the pilot is successful, an ideal development would be to expand the study to collect data from all NNADAP treatment centres to help inform the program’s client outcome.

ANNEX A

INSTRUCTIONS – NNADAP Chart Audit

1. This form is to be completed by Treatment Centre staff for all clients who began treatment at your centre on January 1, 2009 or later.
2. The information to be entered on this form is to be obtained using the client's information file kept at the Treatment Centre.
3. KEEP ALL FORMS for your records. They may be necessary in the future to ensure data accuracy.
4. Use only HB pencil or black ink. Ensure that all circles are completely filled in and
that numbers are completely within the box and do not touch the lines.
5. In the box for Reference Number, please enter the 3 digit code assigned to your
Treatment Centre, followed by the form number (e.g. 100-001, 100-002, 100-003, etc.). For your Treatment Centre the first 3 numbers will be the same for every form.
6. Each client receives their own form number. If the same client is providing information for the Chart Audit and for the Survey, then THE SAME FORM NUMBER SHOULD BE USED FOR BOTH. For example, Client A will have reference number 100-001 for their Chart Audit and 100-001 for their Survey.
7. If information for a particular question is not available, leave it blank, unless there
is an option in the box for 'unknown'.
8. Once completed, return the form by fax to 1-613-960-9073. DO NOT use a fax cover page. Fax the form ONLY ONCE.
9. If you experience transmission difficulties, please contact either Laura Hay 613-
946-4893 or Mike McCauley 613-948-6364

Substance list

Cannabis: marijuana, pot, grass, hash
Cocaine: coke, crack
Amphetamine: Amphetamine type stimulants, crystal meth, speed, ecstasy, etc.
Inhalants: solvents, glue, petrol, paint thinner, etc.
Sedatives: sleeping pills, Valium, Serepax, Rohypnol, etc.
Hallucinogens: LSD, acid, mushrooms, PCP, Special K, etc.
Opioids: percs, oxy's, T3's, heroin, morphine, methadone, codeine, etc

(FOR INTERNAL USE ONLY-DO NOT FAX THIS SIDE OF PAGE)

Name of Treatment Centre staff that completed this form

Please complete the form and fax to:
613-960-9073
Do not use a cover sheet

Complete form for each client that began treatment on January 1, 2009 or later

Reference Number ☐☐☐ - ☐☐☐

1. Gender
- ○ Male
- ○ Female

2. Age ☐☐

3. Did the client complete treatment?
- ○ Yes
- ○ No

4. Date treatment began
MM ☐☐ DD ☐☐ YY ☐☐

5. Date treatment was completed (or client withdrew)
MM ☐☐ DD ☐☐ YY ☐☐

6. Total number of times in a treatment centre ☐☐ ○ *Unknown*

7. Total number of times completing addictions treatment ☐☐ ○ *Unknown*

8. Duration of client's addiction (if known)
☐☐ Days
☐☐ Months ☐☐ Years

9. Current Residence
- ○ On-Reserve
- ○ Off-Reserve

10. Mental Health Status (E.g. depression, anxiety disorder, PTSD)
- ○ Diagnosed Mental Health Disorder
- ○ Suspected Mental Health Disorder
- ○ No Diagnosed Mental Health Disorder
- ○ Unknown

11. Disabilities
- ○ Diagnosed FASD
- ○ Suspected FASD
- ○ Physical Disability
- ○ Learning Disability

12. Referred by
- ○ Community Worker *(e.g., NNADAP worker)*
- ○ Child Welfare
- ○ Justice
- ○ Self-referral
- ○ Other

13. Connection to Indian Residential School
- ○ Student
- ○ Family Member of Student

Addiction Treatment

14. Type of Addiction Treatment
- ○ Residential
- ○ Outpatient, Day or Evening Program

15. Type of Addiction
- ○ Alcohol
- ○ Cannabis
- ○ Cocaine
- ○ Amphetamines
- ○ Hallucinogens
- ○ Inhalants
- ○ Sedatives
- ○ Opioids

16. Type of Addiction Treatment Program (please check all that apply):
- ○ Concurrent Disorders
- ○ Couples Counselling
- ○ Residential Schools
- ○ Family Treatment
- ○ Trauma-related
- ○ Gender-based (different programming for men & women)
- ○ Smoking Cessation
- ○ On-the-land
- ○ Gambling
- ○ Includes Cultural Components (please specify):_____

ANNEX B

INSTRUCTIONS – NNADAP Survey

1. For each client, this survey is to be conducted by a treatment counsellor. If, for a special reason, that is not possible, the client must be made aware that a treatment counsellor will be made available during or following the survey if needed.
2. Information from this survey will be used to understand and improve the services offered at NNADAP Treatment Centres.
3. At the beginning of each survey, the client must be informed that:
a. Participation is COMPLETELY VOLUNTARY. They are under no obligation to participate, and are free to decline participation.
b. After the survey has begun, they can refuse to answer any question and can choose to discontinue or withdraw from the survey at any point.
c. No personally identifiable information will be collected or ever associated with this survey. FNIHB will never collect or use information about the identity of the client.
d. The purpose of the survey is: "to track changes in substance use habits and related health measures for clients that have completed treatment in NNADAP Treatment Centres." Individual data will be combined with the information from other survey participants and analysed as a group. Individual data will never be analyzed by itself.
4. After having been provided the information above, the client must be asked:
a. Do you understand the purpose of this survey, and the type of information that will be collected?
b. Do you have any questions at all about this survey or about participating in this survey?
c. Do you agree to participate in this survey?
The client must provide verbal consent to participate in the survey before the survey can begin. The person conducting the survey will enter their own name on the back of this form (see below), with the date of the interview, to attest that consent was given by the client.
5. KEEP ALL FORMS for your records. They may be necessary in the future to ensure data accuracy. Use only HB pencil or black ink. Ensure that all circles are completely filled in and that numbers are completely within the box and do not touch the lines.
6. Allow participants approximately 1-2 minutes to answer each item. Please see back of the 'Chart Audit' form for instructions on how to enter the reference number.

Substance list

Cannabis: marijuana, pot, grass, hash
Cocaine: coke, crack
Amphetamine: Amphetamine type stimulants, crystal meth, speed, ecstasy, etc.
Inhalants: solvents, glue, petrol, paint thinner, etc.
Sedatives: sleeping pills, Valium, Serepax, Rohypnol, etc.
Hallucinogens: LSD, acid, mushrooms, PCP, Special K, etc.
Opioids: percs, oxy's, T3's, heroin, morphine, methadone, codeine, etc.

(FOR INTERNAL USE ONLY-DO NOT FAX THIS SIDE OF PAGE)

Date of Survey: _____
Name of Treatment Centre staff who conducted the survey

Please complete the form and fax to: 613-960-9073
Do not use a cover sheet

Before and After completing treatment, please indicate in the table below:

- The substance(s) you used
- How often you used each substance
- Method of Use

Frequency: 0=Never; 1=Once or Twice; 2=Monthly; 3=Weekly; 4=Daily or almost Daily
Method: O= Oral; N=Nasal; S=Smoking; I=IV injection; X=non-IV injection; Blank=N/A

	Before Treatment		After Treatment	
	Frequency	Method	Frequency	Method
Alcohol				
Cannabis				
Cocaine				
Amphetamines				
Hallucinogens				
Inhalants				
Sedatives				
Opioids				

Reference Number ☐☐☐ - ☐☐☐

Overall, how often do you feel like using?
- ○ Less than before treatment
- ○ Same as before treatment
- ○ More than before treatment

After you completed treatment, when you felt like using, how often did you actually use?
- ○ Never (I have not used since completing treatment)
- ○ Less than before treatment
- ○ Same as before treatment
- ○ More than before treatment

How long after you completed treatment did your first uses occur?
- ○ Never
- ○ Same day
- ○ < 1 week
- ○ <3 months
- ○ 4-6 months
- ○ > 6 months

If you use/used after treatment, on average, what quantity of the substance(s) do/did you use?
- ○ Less than before treatment
- ○ Same as before treatment
- ○ More than before treatment

Compared to BEFORE treatment, to what extent have you engaged in the following? *(Leave blank if not applicable)*

IMPAIRED DRIVING
○More than before ○Same as before ○Less then before

NEEDLE SHARING
○More than before ○Same as before ○Less then before

INVOLVEMENT IN LEGAL SYSTEM OR JUSTICE SYSTEM *(e.g., Criminal Activity)*
○More than before ○Same as before ○Less then before

VIOLENT ACTIVITY
○More than before ○Same as before ○Less then before

Other: _____
○More than before ○Same as before ○Less then before

Compared to BEFORE treatment, to what extent have you engaged in the following activities that might promote health or healing?

ADDICTION SUPPORT GROUP ○ N/A
○More than before ○ Same as before ○ Less then before

CULTURAL SOCIAL ACTIVITIES ○ N/A
○More than before ○ Same as before ○ Less then before

SPIRITUAL PRACTICES ○ N/A
○More than before ○ Same as before ○ Less then before

HEALTHY & PHYSICAL ACTIVITIES ○ N/A
○More than before ○ Same as before ○ Less then before

MENTAL HEALTH SUPPORTS *(e.g., Counselling, Trauma-treatment)* ○ N/A
○More than before ○ Same as before ○ Less then before

Since completing treatment, please indicate to what extent you agree/disagree with the following:

My overall physical health has improved
○ Strongly Agree ○ Neutral ○ Disagree
○ Agree ○ Strongly Disagree

I am better able to face the challenges in my life
○ Strongly Agree ○ Neutral ○ Disagree
○ Agree ○ Strongly Disagree

I have more control over my life
○ Strongly Agree ○ Neutral ○ Disagree
○ Agree ○ Strongly Disagree

I have better or improved positive relations with the people around me
○ Strongly Agree ○ Neutral ○ Disagree
○ Agree ○ Strongly Disagree

I am better able to ask for help or support when I need it
○ Strongly Agree ○ Neutral ○ Disagree
○ Agree ○ Strongly Disagree

I am seeking support from at least one person
○ Strongly Agree ○ Neutral ○ Disagree
○ Agree ○ Strongly Disagree

I have more to contribute to society
○ Strongly Agree ○ Neutral ○ Disagree
○ Agree ○ Strongly Disagree

I feel my community is supportive of my recovery
○ Strongly Agree ○ Neutral ○ Disagree
○ Agree ○ Strongly Disagree

I am more comfortable with my current living situation
○ Strongly Agree ○ Neutral ○ Disagree
○ Agree ○ Strongly Disagree

I am more ready to improve my education and/or employment status if opportunities are available
○ Strongly Agree ○ Neutral ○ Disagree
○ Agree ○ Strongly Disagree

ANNEX C

NNADAP Treatment Centre Outcome Study
Communication/Messaging Lines

June 2012

The following are communication/general messaging lines that may be used based on the 2011 NNADAP Treatment Centre Outcome Study. They have been written in a way so they can be used independent of each other, or in combination.

NNADAP treatment centres offer inpatient, outpatient, and day treatment services for the abuses of, and addictions to, alcohol and other drugs. NNADAP treatment centre programming also includes a combination of mainstream approaches with culturally relevant components.

Data relating to NNADAP client outcomes is limited. The objective of the NNADAP Treatment Centre Outcome Study was to use retrospective chart audits and surveys of clients from a sample of NNADAP treatment centres to gather post-treatment data on health outcomes, and general information on clients seeking treatment from NNADAP centres.

The average age of a NNADAP treatment centre client is 34 with an addiction averaging 17 years (i.e. half their lifetime) in duration. On average, clients surveyed had previously been in treatment 1.8 times before their most recent session.

The majority of clients entering NNADAP treatment centres are using more than one substance. About nine in ten NNADAP clients entering NNADAP centres use or abuse alcohol; a little over half said they used cannabis, about one in four used cocaine and about one in five used opioids.

Based on a 2011 Treatment Centre Outcome Study, over 90% of clients had reduced their use of at least one substance (such as alcohol, cannabis, cocaine, inhalants, or opioids) since treatment. The amount of time since a client's completed treatment ranged between two weeks and two years.

Based on a sample study of adult treatment centres, even where clients did not completely stop using after treatment, they were using less than before. They were also less likely to engage in risky behaviours such as impaired driving or engaging in violent activity.

It can often take more than one attempt to successfully complete a treatment program or session. NNADAP clients who successfully completed their most recent session had on average entered a treatment program or session 1.8 times before, and had actually completed treatment an average of 1.5 times before their most recent session. Even after successfully completing treatment, many

NNADAP clients say they find it difficult to stop using substances like alcohol, cannabis and sedatives altogether.

Overwhelmingly, clients who were surveyed after completing treatment at a sample of NNADAP treatment centres felt their overall physical health had improved; they saw themselves having more control over their life; they were better able to face the challenges in their life; they had better or improved positive relations with people around them; and they felt better able to ask for help or support when they needed it.

NNADAP clients who have successfully completed treatment engaged in activities that encourage health and healing more than they had before treatment. These activities include joining addictions or mental health support groups, engaging in cultural and social activities and practicing spirituality.

While comparative data is limited, client outcomes from the NNADAP Treatment Centre Outcome Study sample are the same as or higher than other provincial treatment facilities.

Of the NNADAP treatment centre clients surveyed, two-thirds felt like using less overall than before treatment. For those clients who felt like using 40% never used after treatment and an additional 45% used less than before treatment.

Clients interviewed for the NNADAP Treatment Centre Outcome Study were asked how long after their completed treatment did their first uses occur. 36% responded they never used after treatment, 15% first used six months after treatment, 8% first used between four and six months after treatment, 32% first used less than three months after treatment, 8.5% first used less than a week after treatment, and 3.8% responded that their first use was the same day they completed treatment. For those clients who did use after treatment, the majority (70%) responded that on average they used a smaller quantity than before treatment.

Engaging in certain activities following treatment may help with promoting health or healing. Half the clients surveyed for the NNADAP Treatment Centre Outcome Study engaged in an addictions support group more often than before treatment. 58% engaged more in cultural social activities following treatment, 62% engaged more in spiritual practices, 62% engaged in healthy and physical activities more than before treatment, and 45.6% engaged with mental health supports more than they had before treatment at a NNADAP centre.

An overwhelming majority (80%+) of respondents in the NNADAP Treatment Centre Outcome Study agree or strong agree that:
-their overall physical health has improved
-they are better able to face the challenges in their lives
-they have more control over their own lives

-they are better able to ask for help or support when they need it
-they are seeking support from at least one person
-they have more to contribute to society
-they are more ready to improve their education and/or employment status if opportunities are available.