

First Nations, Métis and Inuit National Partnership Building Roundtable Meeting Report

Key Findings

- The First Nations, Métis and Inuit National Partnership Building Roundtable is only the first step in developing partnerships between the Canadian Centre on Substance Use and Addiction (CCSA) and First Nations, Métis and Inuit (FNMI) communities and organizations. These partnerships must be led by FNMI communities and organizations. CCSA must work respectfully and closely with FNMI groups to explore how to move toward true partnership.
- For Inuit participants, potential areas for collaboration included addressing gaps in culturally specific resources and training on substance use, as well as Inuit-specific substance use data.
- For Métis participants, potential areas for collaboration included developing a shared work plan with clear objectives, projects and timelines. They suggested the relationship between Métis communities and organizations and CCSA should be evaluated over time to determine progress.
- CCSA needs to be accountable and transparent to FNMI communities and organizations in this work, and clearly demonstrate the organization's commitment to non-hierarchical distinctions-based initiatives.

Background

First Nations, Métis and Inuit (FNMI) communities are disproportionately impacted by the harms associated with substance use; this issue has become even more pressing within the context of Canada's drug toxicity crisis. Too often, FNMI communities have not been included in substance use research and policy development. National dialogue on the issue often conveys deficit-based messages on substance use health in FNMI communities. Pan-Canadian health organizations like the Canadian Centre on Substance Use and Addiction (CCSA) have a lot of work to do to establish meaningful relationships with FNMI communities and organizations. CCSA has a legislated national mandate to support solutions that address harms associated with substance use, underscoring the need for the organization to work toward reconciliation.

In an effort to understand how CCSA can support reducing the harms of substance use in communities, we brought together representatives from FNMI communities and organizations through a distinctions-based (not pan-Indigenous) roundtable. The roundtable was held on Oct. 11 and 12 in Prince Edward Island. The purpose of the meeting was to discuss the specific priorities and strengths of FNMI communities in addressing substance use harms and discuss a path forward for further engagement on this issue. CCSA aimed to create a space where open, honest discussions could occur and where CCSA staff could listen and become more informed. Discussions and actions



resulting from the meeting will inform the implementation of CCSA's Indigenous Partnerships Strategic Framework. The roundtable is just the beginning; the overall objective of coming together is to ensure CCSA's work is more meaningful and beneficial for FNMI communities.

Participants

Delegates included representatives from CCSA, the Métis National Council, the Métis Nation of British Columbia (MNBC), Inuit Tapiriit Kanatami, Nunavut Tunngavik Incorporated, Inuvialuit Regional Corporation and the Nunatsiavut Government. A representative from the Assembly of First Nations, and a First Nations physician, participated as observers and provided guidance from this perspective. There was a mix of online and in-person participation, with most delegates present in person. See Appendix A for a full list of delegates.

The Current Context

Substance Use Trends in Canada and CCSA's Priorities

CCSA provided an overview of our work to develop a shared understanding among participants on substance use trends across Canada. CCSA also shared the organization's priority areas to stimulate discussion on potential opportunities for collaboration or partnership. These areas included:

- Using data as power (e.g., Canadian Substance Use Costs and Harms project, Canadian Community Epidemiology Network on Drug Use);
- Prevention and health promotion (e.g., *Canada's Guidance on Alcohol and Health*, initiatives related to cannabis and youth);
- Quality and accountability (e.g., enhancing services to be equity-based, workforce competencies, innovation, and supporting workplaces); and
- Policy (e.g., decriminalization and diversion, involuntary care, issues of supply).

CCSA shared ongoing projects and pre-identified areas related to substance use health in FNMI communities. CCSA's Drug Checking Working Group has developed the first culturally adapted drug checking service based on connection to the land in Tia'amin Nation. Earlier meetings with Inuit Tapiriit Kanatami and Inuit regions identified interest in developing resources that focus on the relationship between alcohol and latent tuberculosis, as well as resources that support relevant conversations with youth.

Ottawa Public Health is looking to partner with CCSA on Inuit homelessness and will be collaborating with Inuit service providers in Ottawa to discuss the issue with observers from national Inuit organizations like Inuit Tapiriit Kanatami. This project is in the planning phase, and there is interest in inviting urban Inuit service providers from across Canada in the future. Related to issues of housing, the Ontario Non-Profit Housing Association is looking to collaborate with CCSA to provide guidance to property owners, as they may witness a toxicity event within their units or encounter substance use health issues. Ontario Non-Profit Housing Association has indicated that this work needs to include FNMI people who are experiencing these challenges, so that they can maintain housing.

For the purposes of the roundtable, CCSA collated existing data sources on FNMI substance use health. There were clear data gaps across FNMI groups, relative to Canadian data. These gaps were particularly pronounced for Métis and Inuit communities. Data gaps on substance use health among



FNMI communities limit evidence-based policy decisions. CCSA acknowledged that there are significant gaps in the policy realm. Specifically, policies in Canada are not strength-based, and policy development is often not led by FNMI communities. There are diverse, dispersed and distinct populations and needs, which makes policy development difficult and complex. This complexity is compounded by a politically polarized climate surrounding substance use and substance use health.

Preliminary Perspectives on CCSA Priorities and Projects

Participants were invited to share thoughts on whether some of the projects or priorities shared by CCSA were particularly relevant to their contexts.

First Nations Perspectives

As noted, the Assembly of First Nations participated as an observer. However, a First Nations participant shared their views from a public health and physician perspective:

- Data on tobacco should explicitly note that the tobacco is commercial tobacco.
- Research on Indigenous issues should be sourced with caution, especially as it relates to emerging data modelling research that has drawn inappropriate and inaccurate conclusions.
- The alcohol guidance work and linking alcohol to disease may need to be looked at from the perspectives of FNMI communities. There is emerging research from First Nations communities in Canada that suggest certain types of cancers are more prevalent among First Nations people than in other people in Canada. Drawing links between alcohol and health outcomes in these populations could therefore be beneficial. Similarly, making connections between the prevalence of sexually transmitted diseases and infections (STDIs) and substance use across regions, treaties and communities could inform interventions.
- The term “binge drinking” is problematic as it could carry stigma and can be reflected on patients’ electronic medical records for life. Using this term could lead to discrimination when a non-Indigenous physician provides care to an Indigenous person. Exploring other terms such as “heavy drinking on occasion” may be worthwhile.
- There does not seem to be a clear understanding among physicians of how to discuss the new alcohol guidelines with patients. Having targeted messaging that is developed by and for FNMI Peoples is key.
- Some First Nations communities are dealing with STDI crises. A potential area to look into is whether there is data on potential links between safe consumption sites and lower STDI prevalence.

Métis Perspectives

The delegate from the Métis National Council shared that there is a disconnect in how FNMI communities are engaged in these initiatives. For example, this is the first time these projects have been presented to these groups, and this is an ongoing issue. The delegate shared the following key perspectives from their organization:

- There is a need to be pragmatic, particularly in terms of policy areas. These conversations need to include the voices of Métis people, otherwise the relationship will not advance.



- All perspectives need to be included, and engagement is more than participating in meetings. Aspects of the collaboration process will also need to be discussed internally. It is important for CCSA to respect protocols for engagement guided by the Métis National Council. While the Métis National Council has participated in some meetings on the framework, it is only the national voice. Communities have their own needs and processes.
- A distinctions-based process is the only way advances will happen. This process can be supported through the creation of agendas to align policy priorities. Simply exchanging information or resources is not a form of meaningful engagement.

The delegate from the MNBC also provided some initial perspectives on the information shared:

- There are varying perspectives that will require different forms of consultation. British Columbia is a large province and there is a process to do internal consultations.
- It is important that partners are respectful of internal timelines and capacity. For example, in some cases there are few staff managing many contribution agreements. Too often there is an expectation that Métis groups must meet partners' timelines.
- The work done internally by the organization is very intentional. There are 39 Métis communities in British Columbia, so the process takes time. Included within this process is first determining how Métis groups want to be consulted.
- There are often requests to review documents to see how Métis perspectives fit into them. However, the resources often do not reflect Métis people and make them feel invisible as Indigenous people.
- A current gap is the issue of safe supply not addressing cultural safety. If safe supply is not culturally safe, Métis people will not access it. Across initiatives related to safe supply and other areas, there is still an issue of access. Many people choose not to access these supports for a reason, and some will not self-identify as Indigenous due to concerns about how they will be treated.
- In British Columbia, Métis people are moving away from the term “distinctions based.” The provincial government uses that terminology as it relates to land claims, which is creating tensions between First Nations and Métis communities. Therefore, “Métis-specific” is the MNBC's preferred term in the context of this province (this is not the case for the Métis National Council).

Inuit Perspectives

A key theme for the Nunatsiavut Government delegates was the need for resources and training that reflect their region. Nunatsiavut Government representatives shared the following perspectives:

- There is a focus in Nunatsiavut on enhancing harm reduction efforts and operating from that perspective, including reducing the harms of colonialism.
- There is a need for more Inuit-specific data, as this would help inform supports for program areas.
- Polarization around substance use is a growing concern, particularly on the issue of homelessness and substance use. The Nunatsiavut Government supports a harm reduction approach to meet the needs of clients, while blending culturally safe practices with evidence-based practices.



- There is work being done on an Inuit model of care to further reduce the harms of substance use.
- Paraprofessionals often rely on information available online to make their own Inuit-specific resources. Materials that reflect Inuit culture and regions are needed.
- Alcohol use remains a pressing issue in Nunatsiavut. A potential opportunity would be for the Nunatsiavut Government and CCSA to work together to determine how CCSA's resources on alcohol could be adapted for Inuit.
- The Nunatsiavut Government is interested in knowing whether CCSA resources are being accessed from their region and whether there are web analytics that could show this.

From this discussion, CCSA raised a potential area of alignment related to upcoming summits on *Canada's Guidance on Alcohol and Health*. These summits will be starting in Atlantic Canada and then moving to Quebec. They are aimed at engaging communities with the new guidance. Representatives from the Nunatsiavut Government shared that at times there is a disconnect between Nunatsiavut and the province of Newfoundland and Labrador, and there could be an opportunity to have Nunatsiavut Government representation.

The delegate from Inuit Tapiriit Kanatami shared some additional thoughts on CCSA's presentation:

- A significant theme is the lack of Inuit data and research gaps. These gaps are significant and widespread, especially in relation to substance use. There is interest in working with CCSA to improve this issue.
- While data gaps need to be addressed, organizations and researchers need to understand that there are capacity limitations within Inuit organizations. Many of the participants at this roundtable took time away from service provision to be present.
- Inuit Tapiriit Kanatami is focused on the *National Inuit Suicide Prevention Strategy*, and substance use health is linked to that work.
- There seems to be a lot of effort underway to engage with communities and organizations and gather information, but it is not used in communities in a helpful way, or to inform policy and services.
- It would be helpful to see the overall economic costs be presented by Inuit regions.

A delegate from Nunavut Tunngavik Incorporated reiterated that it is unfortunate there is no Inuit-specific data. Inuit are either left out or grouped with First Nations and Métis communities, but Inuit have a distinct culture. Like the Nunatsiavut Government, the lack of Inuit-specific resources is an issue for Nunavut Tunngavik Incorporated. It was noted that it would be important to engage with Inuit on the training and resources CCSA develops. As direct-care workers, Nunavut Tunngavik Incorporated often must create Inuit-specific programs using limited resources available online. In Inuit culture, a value is working together; providing beneficial services to Inuit should not be so hard.

CCSA acknowledged that all Inuit regions are unique, as are the regions and communities within them. Consideration of distinctions within distinctions is key moving forward.



Distinctions-Based Discussions on Substance Use Issues and Priorities

Participants were invited to share their perspectives on substance use issues, including their priorities and needs for support through specific partnership strategies.

Métis Perspectives

The Métis National Council considers meaningful engagement as a process that establishes a shared understanding and mutual respect. These elements need to be present before partnerships are formed. The Métis National Council made several recommendations that could support further development of the relationship with CCSA. Specifically, for a partnership to occur, cultural competency is key. CCSA must develop an understanding of the unique experiences of Métis people, including historical trauma. Inclusivity must also be established to ensure that the Council is actively involved in decision-making processes. A key to working together is transparency and having open communication between Métis communities and organizations and CCSA. Discussion on these issues is just the beginning, not the end.

Métis knowledge and expertise needs to be central to policy decisions on substance use. Resources also need to be identified to ensure adequate, equitable funding at the national and provincial level.

Any collaboration needs to follow Métis protocols and reflect the needs of Métis communities. For example, data is important, but in terms of research, Métis people also need to shape the questions. A potential area for collaboration includes education and training opportunities through CCSA for community members.

The Métis National Council operates as a national voice that is driven by a community-based consensus approach. The process of working together must also consider outcome measures, and the evolution of the relationship between the Métis National Council and CCSA must be evaluated. Addressing substance use health issues is a long-term process that requires a long-term commitment.

CCSA needs to respect self-governance and be aware of process and nation-to-nation dialogue. A key priority is to ensure the Métis National Council and CCSA are communicating about initiatives and not working in silos. A priority for the Council is to have a foundation of leaders to explore the areas of data collection, research and policy development.

Relationships and partnerships need to coincide. Many partnerships are formed within colonial systems, so safe spaces need to be created for relationships to exist. Substance use needs to be approached from a whole-family perspective and shift away from individual approaches in communities. CCSA should look at data involving family and issues that impact families, such as children in care and family reunification.

CCSA needs to commit to not using the relationship as checking off a tick box. Métis communities and organizations need to determine whether and how to participate meaningfully. There can be no hierarchy in a distinctions-based approach.

The MNBC has data sharing agreements and memoranda of understanding that allow for consensus-based decision making to permit data sharing for public health surveillance. It should be noted, however, that there are gaps in the data; many people do not self-identify as Métis because there are limited benefits to doing so. The McCreary Centre Society has successfully used school data in a distinctions-based way, but further funding is required to use the data. This points out a key issue:



the Métis Nation should not have to pay to use its data. Another potential area for collaboration would be to see whether there is a way to strengthen data on opioid deaths, as it has been hard to link data in that area.

Any endeavour on substance use and mental health must have a positive impact on Métis people. If activities are co-developed, there must be trust that they will be implemented within an agreed upon timeframe. To continue the dialogue, it would be beneficial to co-develop a shared work plan. The workplan would help ensure actions are clear, there is a shared understanding of the investments required from both partners, and tangible projects are identified. Any action plan would need to be distinctions based, with priorities and timelines outlining what work will occur over the next two, three and five years. The level of investment CCSA is going to make in communities needs to be understood. Finally, it will be essential to establish a common ground on issues related to substance use and human rights (e.g., *United Nations Declaration on the Rights of Indigenous Peoples* [UNDRIP]).

CCSA's Issues of Substance conference could integrate more flexible ways of including FNMI people. CCSA should create a process that does not require abstracts, and there should be an opportunity for a collaborative session and the Métis National Council to identify attendees and presenters.

In terms of decision-making processes, the Métis National Council delegate indicated that a relationship at the national level would be the first approach to move work forward, as CCSA is also national in scope. The Council needs to lead these discussions. At some point, Métis National Council directors and subsequently leaders in the provinces will need to be involved. A bilateral meeting between the president of the Métis National Council and the CEO of CCSA should be explored. The Council indicated that it would aim to discuss steps for working with CCSA with the Métis National Council's leadership in November.

It would be helpful to invite FNMI groups to present to pan-Canadian health organizations. Funding calls often fall within policy frameworks that could be better informed by these perspectives.

Inuit Perspectives

Inuit Tapiriit Kanatami works to protect the rights of Inuit across Canada. Its scope is broad, focusing on areas such as marine work, the environment, public health and housing. Inuit Tapiriit Kanatami advocates for Inuit self-determination and looks for partners who share this vision.

Created in 2016, the *National Inuit Suicide Prevention Strategy* is a trauma- and culturally informed strategy that aims to reduce the risks associated with suicide, including substance use. The strategy also aims to enhance protective factors. It is designed to work on suicide prevention at the national, regional and community levels and unite efforts. Mobilizing knowledge and increasing Inuit-led research is a key priority under the strategy. The National Inuit Suicide Prevention Strategy Working Group comprises Inuit Tapiriit Kanatami and representatives from Inuit treaty organizations, Pauktutiit, the Inuit Circumpolar Council, and the National Inuit Youth Council.

In 2019, CCSA, Inuit Tapiriit Kanatami and the Nunatsiavut Government hosted a knowledge exchange forum on cannabis and its impacts in Inuit communities. There is interest from other regions to come together to discuss the effects of substance use. These types of projects represent small steps toward partnership.

Representatives from the Nunatsiavut Government shared that addressing the root causes of substance use health issues is addressing the ongoing effects of colonization. Colonization continues to affect communities; Inuit continue to be traumatized from systems like the child



protection system, justice system and health system. Therefore, having Inuit-specific data that also focuses on the intergenerational impacts of colonial systems would be important.

There is a high demand for Inuit-specific counselling and supports; communities are more comfortable seeking care that is tailored to Inuit. Issues related to confidentiality, consent and being sent out of community for mental health and addictions care continue to be concerns. Focusing on wellness and healing, as opposed to symptoms, is a clear priority. This focus includes ensuring healing is at the family level and not solely focused on the individual.

The involvement of Inuit in policy development cannot be an afterthought. The language used in policies and resources must also be able to reach community members and be accessible.

Nunavut Tunngavik Incorporated has a dedicated director position focused on the development of a trauma and addictions system. This work came from a feasibility study and a memorandum of understanding between Nunavut Tunngavik Incorporated, the Government of Nunavut and Indigenous Services Canada. The purpose of the partnership is to reduce barriers and ensure that Inuit have access to on-the-land programs, enhanced community services and a treatment centre (recently named Aqqusariaq).

Nunavut Tunngavik Incorporated works with wellness organizations across the three regions in Nunavut: Qikiqtaaluk, Kivalliq and Kitikmeot. Treatment needs to start in community and remain in community. There are on-the-land programs across all three regions. The substance use programming at Nunavut Tunngavik Incorporated is Inuit-led and culturally relevant, and Inuit are in control of their own healing. There has not always been an opportunity for Inuit voices to be heard within governments, and it is hoped that the ongoing partnership work in Nunavut will demonstrate that Inuit voices were heard.

Inuvialuit Regional Corporation is focusing on increasing capacity through wellness training. It has launched promising programs such as “keeping it cultural” and drum dancing workshops that support community members in engaging in healthy activities. There is also a focus on men and boys’ wellness, with a barbershop program that travelled across all communities in the region. A mural was created that focused on cultural storytelling on issues related to substance use and how the strength of Inuit culture can overcome those challenges.

A priority is to incorporate more community programs to support individuals. Inuvialuit Regional Corporation will be delivering upcoming programming in traditional canvas tents. Identified topics include cannabis and mental health first aid, but the intention is to expand. Like other regions, Inuvialuit would like to see more resources that are translatable to its communities.

A big barrier in the Inuvialuit region is the lack of supports in place to seek treatment for substance use health issues. People access treatment and then come back to many of the same barriers they faced before; adequate supports for aftercare are lacking.

Indigenous Partnerships Strategic Framework

Through CCSA’s commitment to reconciliation, we are working to support the health and wellness priorities of FNMI Peoples and address health inequities related to substance use in Indigenous communities. As part of this work, we have developed an Indigenous Partnerships Strategic Framework. A key component of the framework is to strengthen our relationships with FNMI communities and organizations to co-develop evidence that reflects FNMI priorities and experiences.

The framework uses a theory of change approach to change the culture within CCSA to ensure FNMI voices are built into our work plans and activities. The framework may also be used to seek more



funding in partnership with FNMI communities and organizations for initiatives to address issues related to substance use in these communities. Importantly, CCSA will not seek funds that are earmarked for FNMI groups, but rather provide support through collaboration and partnerships. The framework is not intended to take away existing government-to-government relationships; it supports FNMI self-determination. The framework includes four key principles, seven core priority investment areas, evaluation and implementation approaches, and a budget plan, among other elements.

The framework respects that FNMI are distinct Peoples with distinct cultures and languages. It respects that each Indigenous organization CCSA engages with has its own governance and approval processes, and their schedules and work plans may not align with ours. Priorities within the framework include:

1. Develop an Indigenous Partnership and Strategy division.
2. Building Internal Capacity for FNMI work. For example, this could mean devoting at least 10 per cent of time, core funds or projects to FNMI across the organization.
3. Hold annual partnership building roundtables. These meetings could be used to strategically address FNMI priorities, partnership planning, calls for proposals, substance use data, planning for the biennial Issues of Substance conference, and other activities.
4. Hold reconciliation gatherings. These gatherings would contribute to building cultural competency within CCSA by inviting FNMI Elders, knowledge keepers and partners to educate staff.
5. Implement internships or interchanges and partner supports for capacity development.
6. Support Indigenous businesses to promote economic growth in Indigenous communities.
7. Support a holistic continuum of care that is centred on family and community.

CCSA underscored the focus on implementation and evaluation. We are integrating more short-term, mid-term and long-term objectives into the framework based on feedback from FNMI communities and organizations. It was recommended that the evaluation be ongoing so that FNMI communities and organizations can review the framework when they wish.

Accountability is key. CCSA has set up reporting tables so that all directors and assistant directors report to the CEO on how they are engaging with FNMI communities and organizations and progressing in the seven priority areas. An internal merit score will be calculated to track and review individual and organizational progress.

CCSA is committed to capacity building and supporting the development of FNMI workforces. We are open to creating spaces for trainees to come and learn skills, exploring the possibility of co-hires, and considering job sharing and other approaches.

Feedback on the Framework

Nunavut Tunngavik Incorporated is focused on workforce development for their trauma and addictions system and building an Inuit workforce. Partnerships for capacity development is a potential area for collaboration. Nunavut Tunngavik Incorporated aims to have Inuit not only working in direct care, but also as senior officials within the addictions system. It can be challenging to find relevant training that combines the best of Western and Inuit culture. Inuit Tapiriit Kanatami indicated that there may be collaboration opportunities in the other Inuit regions to explore training. It will be important that CCSA's accountability measures ensure Inuit are distinctly reflected within the work.



Relationships between FNMI communities and organizations and CCSA need to be co-negotiated with trust building. There are gaps in research funding for Métis groups. Only two per cent of funding goes toward Métis groups, and many opportunities are restricted to First Nations. There is a clear priority to work with Métis groups on Métis initiatives. To engage with non-Indigenous groups on initiatives that affect Métis people, there needs to be a clear benefit for Métis communities. Currently the relationship between Métis communities and organizations and CCSA is at the level of information exchange. Clear steps need to be established to create a path toward working together. There needs to be a process before reaching true partnership and throughout the relationship, ensuring each group is aware of what the other is doing.

Co-creating proposals is not a priority for the Métis National Council, as they want to avoid having governing bodies competing for dollars. However, for the MNBC, there is less of an issue with competing with governing bodies, as most of the funding comes from the provincial government, so there may be an opportunity at the provincial level for co-created proposals.

It was noted that First Nations groups are very effective at educating and translating knowledge to their own people, but they seem to have had less success in transmitting knowledge into health systems and academia. It is a great burden to place on Indigenous Peoples. Clearer knowledge on substance use health issues such as *Canada's Guidance on Alcohol and Health* needs to permeate medical schools. It was also noted that Canadian institutions can make more of an effort to educate their staff and students in partnership with or with guidance from FNMI people. Too often, the burden of educating Canadians falls on Indigenous organizations that are already overwhelmed.

Participants around the table cautioned CCSA about who they engage with, as there are organizations and people who present as First Nations, Métis or Inuit, but are not recognized by actual governing bodies.

Recommended Actions

This report presents clear recommendations and considerations that CCSA must integrate into our process of engagement to establish meaningful partnerships with FNMI communities and organizations. Notably, participants shared many helpful ideas and perspectives that CCSA must deeply reflect on and build the capacity to implement. The following recommendations do not include all potential actions suggested by roundtable participants, but reflect key themes for action:

1. Ensure partnerships are led by FNMI communities and organizations. CCSA must respect distinct governance structures, processes, capacity and timelines when working toward partnerships. CCSA will work closely with FNMI groups to explore how to move from information sharing to true partnership.
2. Work with FNMI communities and organizations to establish a process to evaluate the relationship between CCSA and these groups. The evaluation model needs to be led by FNMI communities and organizations.
3. Establish a transparent process for sharing the accountability measures for tracking investments in this work with FNMI communities and organizations, and clearly demonstrate distinctions-based initiatives. These accountability measures must show that CCSA's distinctions-based approach does not have a hierarchy.
4. Develop a shared work plan through bilateral meetings at varying levels of leadership between CCSA and the Métis National Council. This work plan should outline clear actions so that there is a shared understanding of the investments required from both partners and identify tangible



projects. The approach needs to be distinctions based with specific timelines that outline when the work will occur.

5. Establish a common ground between CCSA and FNMI communities and organizations on issues related to substance use and human rights.
6. Work in partnership with Métis and Inuit groups to address the significant data gaps on substance use in FNMI communities. Métis and Inuit groups must lead this work, including defining the questions asked and determining data ownership. If CCSA works with First Nations groups to address data gaps in the future, the organization must commit to continued use of ownership, control, access and possession (OCAP) and ownership, control, access and stewardship (OCAS) principles. For example, both Métis and Inuit groups emphasized the importance of data collection focused on family. Inuit groups noted that this data should focus on the intergenerational impacts of colonial systems. Métis groups identified strengthening data on opioid-related deaths as a priority.
7. Co-develop substance use resources that reflect Inuit culture and regions. Resource development should include a process for sharing with regions how and to what extent resources are being accessed (e.g., through web analytics).
8. Consider distinctions within distinctions and incorporate diverse perspectives at the national, regional, provincial and territorial, and community levels. A key action for CCSA will be to establish a process with FNMI groups for ensuring these perspectives are reflected in work moving forward.
9. Continue the First Nations, Métis and Inuit Partnership Building Roundtable as it allows for information exchange and will help prevent silos. Participants shared that it is helpful to hear about ongoing initiatives and priorities across the groups.
10. Create a mechanism, potentially through the roundtable, to ensure CCSA is exercising caution in engaging with groups who identify as First Nations, Métis or Inuit, to ensure they are recognized as such by governing bodies.
11. Consult with FNMI groups to determine whether the term “binge drinking” needs to be adapted for *Canada’s Guidance on Alcohol and Health*. Any change in terminology should be reflected in content updates for the Mental Health First Aid Inuit course.
12. Continue CCSA’s commitment to workforce development and work with Inuit regions on training initiatives. There is momentum in this area in Nunavut, with potential interest from other regions on partnerships for training and capacity development to develop an Inuit workforce in the substance use field (from direct-care staff to senior leadership).
13. Focus on substance use from a family and community perspective and shift away from initiatives that solely focus on the individual.
14. Commit to work that will improve services (e.g., aftercare) and integration. This work needs to be undertaken from an anti-racism and cultural safety perspective. For example, work to address gaps in access to safe supply must ensure safe supply is culturally safe.
15. Establish targeted messaging on how to discuss *Canada’s Guidance on Alcohol and Health* with FNMI communities and organizations, and ensure the messaging is developed by FNMI people. Messaging and guidance need to permeate health training institutions (e.g., medical schools). Part of this work includes working with FNMI groups to determine whether and how they want to be engaged in upcoming summits on *Canada’s Guidance on Alcohol and Health*.



16. Integrate more flexible ways to include FNMI people in the Issues of Substance conference. These approaches should include removing the requirement for abstracts submission and exploring opportunities for collaborative sessions. FNMI people should be involved in selecting attendees and presenters.

Conclusion

Moving forward, this report will be used internally by the organizations and delegates who participated at the roundtable as a preliminary guiding document on partnership development between CCSA and FNMI communities and organizations. The feedback shared by participants will inform the implementation of CCSA's Indigenous Partnerships Strategic Framework, recognizing that much more feedback and relationship building is needed to fully implement the framework.

The Assembly of First Nations' participation as an observer at the roundtable is recognized. CCSA will continue to explore and take direction from the Assembly of First Nations' leadership and the Thunderbird Partnership Foundation on establishing a partnership agreement.

The First Nations, Métis and Inuit National Partnership Building Roundtable represents an important first step on CCSA's path toward more meaningful work with FNMI communities and organizations.

Appendix A

Table 1. First Nations, Métis and Inuit National Partnership Building Roundtable delegates

Name	Organization
Cheryl Rogers	Inuvialuit Regional Corporation
Kayleigh Storr	Inuvialuit Regional Corporation
Alecia Lennie	Inuvialuit Regional Corporation
Jessica Lyall	Nunatsiavut Government
Vyann Anderson	Nunatsiavut Government
Kylie Aglukark	Nunavut Tunngavik Incorporated
Ujaralaaq Karetak	Nunavut Tunngavik Incorporated
Isabella Modesto	Inuit Tapiriit Kanatami
Katelyn Garrow	Assembly of First Nations (observer)
Dr. Alex Petiquan	First Nations (independent representative)
Donald Kattler	Métis Nation of British Columbia
Eduardo Vides	Métis National Council

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CCSA was created by Parliament to provide national leadership to address substance use in Canada. A trusted counsel, we provide national guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives.

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Table 2. CCSA delegates and presenters

Name	Position
Heather Ochalski	Director of Indigenous Partnerships and Strategies
Dr. Alexander Caudarella	Chief Executive Officer
Rhowena Martin	Chief Operating Officer
Pam Kent	Director of Research
John Weekes	Director of Knowledge Mobilization
Sheena Taha	Associate Director, Quality and Accountability
Shawna Meister	Associate Director, Innovation and Evidence in Practice
Bryce Barker	Senior Knowledge Broker, Alcohol, Youth and Workplace Safety