



Implementing a Moderate Alcohol Use Program for Indigenous People: *A Stakeholder Perspective*

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The authors declare that they have no
conflict of interest.

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committee in any way

BACKGROUND D



Indigenous people in Quebec (Canada)



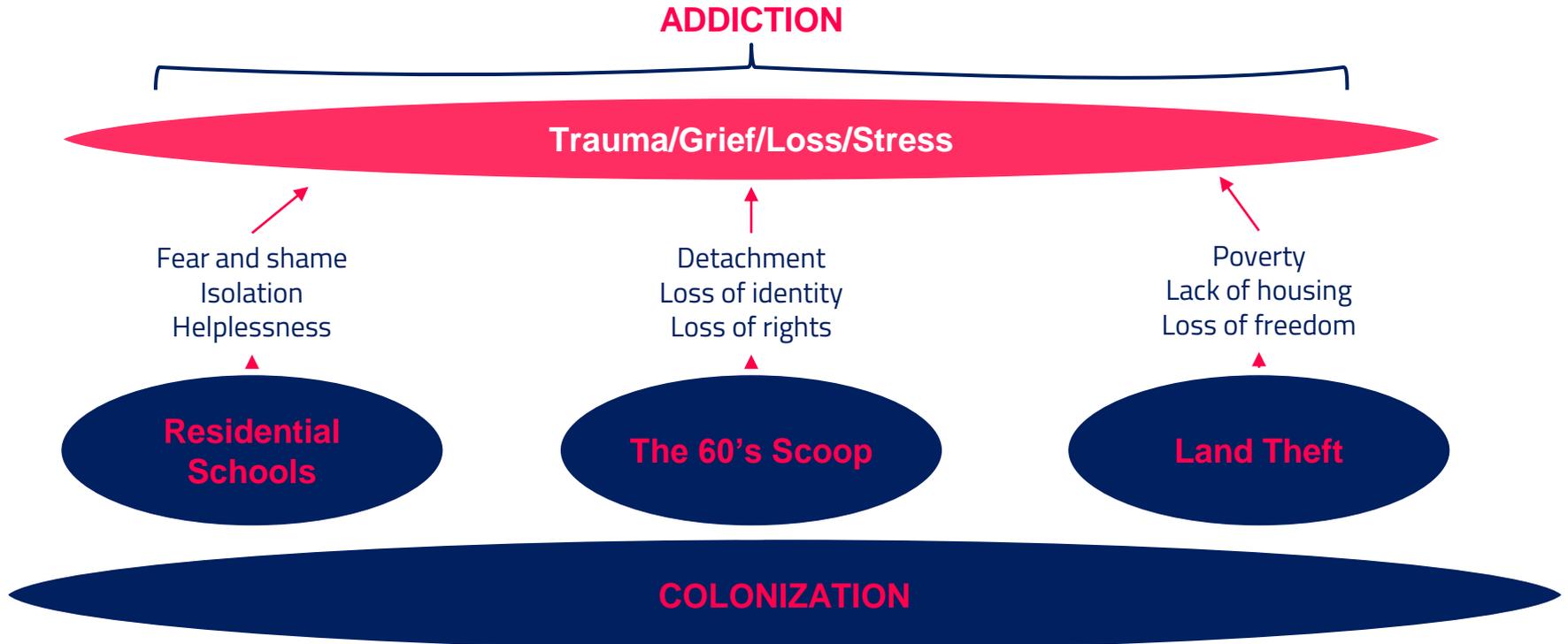
≈ 1% of the population

The Inuit people & 10 First Nations

Geographic dispersion → Culture rooted in the territory → Diversity of indigenous cultures



The Roots of Addiction Among First Nations and Inuit



Even today, First Nations and Inuit members face major inequalities in health and social services. The persistent prejudices, as well as unavailability, and cultural inadequacy of the health care offered to them are responsible for this situation.

Alcohol Use

- Variability in alcohol consumption patterns among Indigenous in Quebec
 - Higher proportion of abstainers (vs general Quebec population)
 - Binge drinking more frequent among drinkers (vs general Quebec population)
 - 20-26% report moderate or occasional use



Services Offered

- Limited service provision → abstinence-oriented models
- Continuum of risk → continuum of services



The Wise Choices Program

- Cultural adaptation process of the *Alcochoix+* program.
- Developed in co-construction with stakeholders in the field of addiction intervention in Indigenous communities.
- Inspired by the values, needs, and realities of these communities.
- Aims to support adults who wish to reflect on the impact of their alcohol use on their life balance and develop strategies to achieve and maintain moderate drinking.
- Theoretical and intervention bases :
 - Harm reduction
 - Cognitive behavioral
 - Motivational philosophy

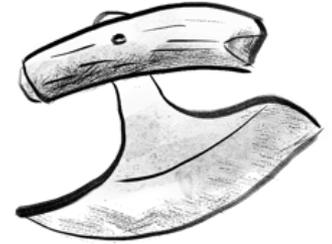


Support people in their choices regarding alcohol consumption through a non-judgmental approach

METHODS



The Wise Choices Program



- Participants = care providers who have received Wise Choices training
 - In 2020-2021, 2 waves of group interviews (n=11 and n=19)
 - Individual interviews (n=13)
 - Thematic analysis to document care providers' experience with the implementation of Wise Choices.
 - Framework for analysis: Taxonomy of implementation outcomes (Proctor et al., 2011):
 - Acceptability
 - Adoption
 - Appropriateness
 - Feasibility
 - Fidelity
 - Implementation costs
 - ~~■ Penetration~~
 - ~~■ Sustainability~~
- The program is not mature enough for these elements to be addressed

| RESULTS



Acceptability

- Approach well accepted by stakeholders interviewed
- General social acceptability remains mixed.





“

*I talked to my clients about it and some of them said, “That is not right, that is not right. It won't work. You either stop or you don't stop. You can't be in between”.
(Sabrina)*



“

[...] more and more we see this philosophy of moderate drinking being accepted by the people in the community. Especially with young adults... it's a more interesting alternative. (Thomas)

Adoption

- Issues related to care providers' perceived self-efficacy:
 - Stress of using the program
 - Feeling of not being ready
 - Feeling of complexity

BUT...

- Adoption by the facilitators of **new intervention practices** that are part of a **motivational approach** and have favored the **alliance** with their clients.





“

*It made me like open my blinders.
There was one person who was
using a lot [...] I was really surprised
at how much she was using [...] But
it made me [feel] open, it made me
work on myself too [...] not to be
judgmental [...] (Mary)*



“

It's given us new ways of working that have helped us to connect with our users. The users are less afraid to come and see us, because they know that we won't set them a goal that is unattainable. (Mike)

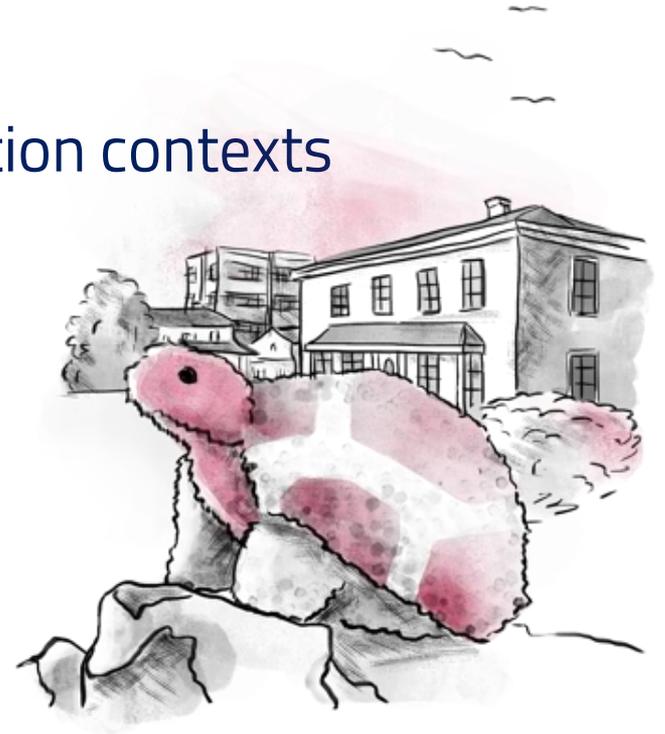
Appropriateness

- Wise Choices enhances community outreach services
- The program is generally relevant and aligned with the needs and values of Indigenous people
- Allowing couples to do the program together is seen as increasing cultural relevance by stakeholders
- Suggested improvements:
 - Reduce the amount of text
 - Include more indigenous languages
 - Take more account of polydrug use
 - Include the goal of abstinence more explicitly



Feasibility

- Complex and particular intervention contexts
- Pandemic context
- Staff turnover



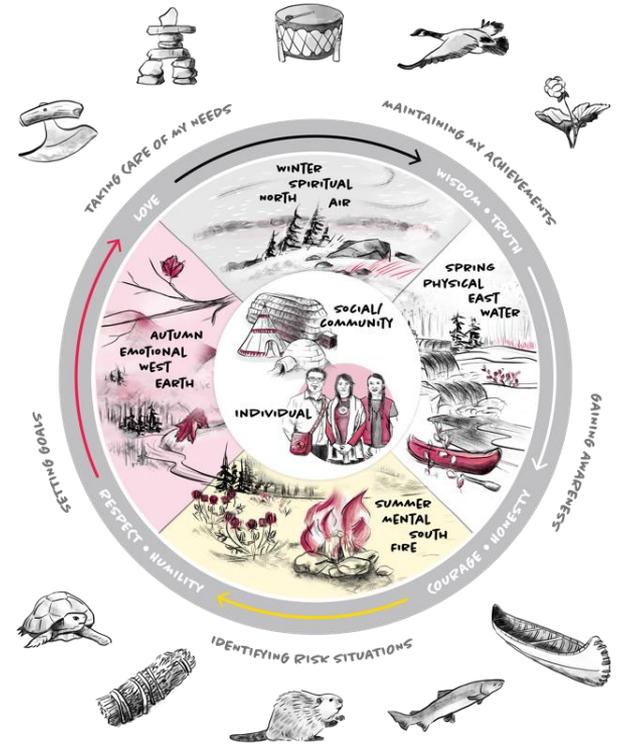


“

My colleagues... I've had so many different colleagues! [...] I stopped trying to explain [the program I was using], because there's a huge turnover here. (Thomas)

Fidelity

- Care providers interviewed mentioned that they did not follow the program to the letter and that they adapted the content of the meetings to the needs of the person they were working with.



Implementation Costs

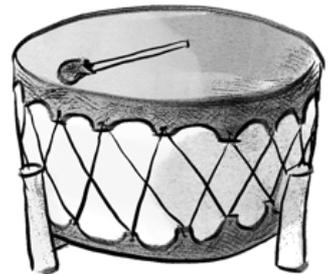
- The materials needed to deliver the program are provided free of charge
- Human resources costs are a significant barrier given the staffing issues (feasibility)



Research Process with Indigenous People

- Cumbersome research protocol hampered program delivery
- Less structured conversational style interviews seem more consistent with the relational philosophy common among many Indigenous people and more likely to make participants feel part of the process of co-constructing program development

The historical legacy of inadequate research practices with Indigenous people (Smith, 2021) calls for a rethinking of ways of doing research with them and requires sensitivity to the rhythms and reality of each community.

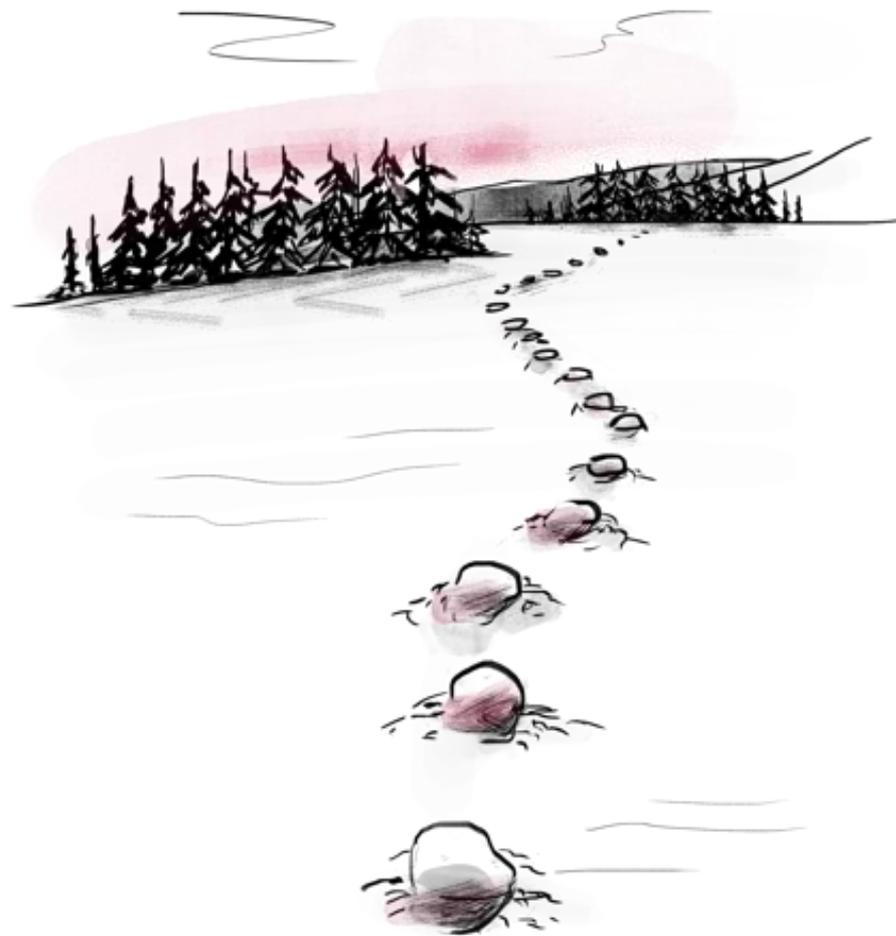




“

People, when we talk about research, say “well, we are guinea pigs again”. I feel a little reluctant about this [...] I find it annoying to always ask questions [for research] at the end. (Mary).

CONCLUSIONS



A Living Program

- Receiving the training + having the program's materials in hand → **benefits on the intervention practices** (motivational philosophy and alliance with the clientele)
- Importance of putting in place a **sustainable implementation process** (MacKinnon, 2018) that takes community contexts into account
- Need to develop new formulas for the program, and to give it **flexibility** to facilitate its adoption by care providers
- Need to continue the **co-construction** work with community members in order to make the program and its implementation more culturally appropriate



Limitations

- Convenience sampling
- Small sample size (n=31)
- Indigenous vs non-Indigenous respondents



New Avenues for Wise Choices



- Development of experiential training
- Development of an Inuit-specific version of the program
- Adapting the program to include all substances, rather than only alcohol
- Adaptation of the program to be offered as part of a retreat on the territory







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Thank You



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