

ALCOHOL AND INUIT COMMUNITIES: CURRENT SERVICES AND NEW DIRECTIONS

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Session theme - Role of culture and identity in addressing addictions issues
amongst Aboriginal women, First Nations youth and Inuit people.

Canada's Inuit form a far-flung cultural group of about 45,000 people self-identifying as Inuit (although the number rises to about 55,000 when including those who report Inuit ancestry). About 90% live in communities spread across Canada's north, in Labrador, Northern Quebec (known to Inuit as Nunavik), Nunavut Territory, and Inuvialuit Region in the western part of the Northwest Territories. Inuit communities are small, ranging from the traditional hunting settlement of Bathurst Inlet with perhaps an average of 50 people, to the 'urban' centre of Iqaluit, capital of Nunavut Territory, with a current population of about 6000. Half of all Canada's Inuit live in the 27 communities spread over the almost-2 million square kilometers of Nunavut, where they form 85% of the total population.¹

Alcohol misuse has been identified by Inuit as a primary health and social concern in their communities because of the devastating consequences. Although Inuit drink less than Canadians generally, binge drinking is the most prevalent pattern among those who drink, and as is true with binge drinking around the world, this leads to violence and various kinds of abuse, accidents, self-inflicted injury and death (suicide rates among young men in the Eastern Arctic are astronomical), involvement in the justice system, neglect of children, employment problems, personal behaviours that are a later source of distress – we know the list.

Unlike groups in more temperate areas where natural fermentation of fruit or grain made knowledge of alcoholic beverages possible, Inuit had no such experience. Whereas other Aboriginal groups in the Americas had thus had the time and experience to develop rules and rituals that tightly structured their traditional use of alcohol, Inuit were simply and suddenly introduced to it by the arrival of whalers and traders. The majority of these visitors were from those parts of Europe that tended to have a temperance/binge drinking culture² and may thus have been a major influence in the development of drinking patterns among Inuit.

¹ Statistics Canada, 2001 Census.

² Engs, R.C. "Do Traditional Western European Practices Have Origins in Antiquity?" *Addiction Research*. Vol. 2, No. 3 (1995): 227-239; Heath, D.W. ed. *International Handbook on Alcohol and Culture*. Westport,

Strategies for dealing with alcohol problems have been affected by limited access to knowledge of up-to-date research and options, and by the logistical problems of providing programs and services in small and isolated communities that are separated by hundreds of miles, and mostly accessible only by air.

One attempt to control problematic use has been community imposition of restrictions on the availability of alcohol. Some communities are dry: alcohol is not allowed into the community at all. Others are restricted: individuals can apply to hamlet councils for a permit to bring in alcohol, and there may be limits on the amount or frequency of alcohol imports. A very few communities have licensed restaurants or bars. There are few actual liquor stores in Inuit areas: one in Inuvik in the NWT, six scattered around Labrador (and one part-time seasonal store), and one in Iqaluit in Nunavut. Individuals cannot buy alcohol for personal use at the Iqaluit warehouse; sales are restricted to the licensed restaurants and bars and to organizations applying for special-occasion permits.

Such restrictions have not prevented alcohol problems. Smuggling in alcohol and bootlegging happen even in dry communities, and individuals who go to places where alcohol is more readily available may see that as an opportunity to drink to excess. In restricted communities, the arrival of ordered alcohol may mean a party whose purpose is to drink off the supply as quickly as possible. While intoxication is not condoned, too often it is seen as the normal and inevitable purpose and result of drinking.

Residential treatment has been the primary approach to helping, and the major role for alcohol counsellors in many communities has been to make referral to residential treatment centres. There are, however, only 4 Inuit-specific residential programs, with limited numbers of beds: one in Labrador (which may not be fully Inuit-specific, but has programming relevant to Inuit culture), an adult program and a youth program in Nunavik, and a new residential Inuit-specific centre in Ottawa. Nunavut has not had a treatment centre for a number of years; clients are sent to centres in other provinces, including the Nunavik and Ottawa programs. NWT's treatment centre is based on First Nations culture. Friendship centres, the Salvation Army in a few communities, and an Inuvik program called Turning Point also provide help.

Such programs are based on an abstinence goal, and the disease concept and the abstinence model of AA have generally also been the foundation of general counselling approaches in the communities. The exception is Ottawa's service, which has a day-program offering both abstinence and moderation strategies, depending on client goals and needs. The concept of teaching moderation is often an emotional and sensitive issue. Because alcohol consequences are so major, and because the disease concept is seen as the cause of all alcohol problems, moderation tends to be seen as an impossible goal, condemning individuals to greater and greater problems. So although moderation materials are known in some areas, abstinence is generally seen as the only acceptable

CT: Greenwood Press, 1995; Vallee, B. "Alcohol in the Western World: A History." *Scientific American*, June 1998, p. 80-85.

goal for counselling. Yet community counsellors often do not have the structured skills to help clients achieve sobriety.

Although residential treatment is the main source of help, aftercare for those returning from treatment centres is a problem. Labrador has a two-year aftercare service, but in most Inuit communities there is little or no structured skilled follow-up.

What has happened, therefore, is that those who do not go to residential treatment get virtually no help to change or stop problem drinking; and those who return from residential treatment get virtually no help in maintaining sobriety and the gains they made in treatment.

In 1998, a major review by the First Nations and Inuit Health Branch of its National Native Alcohol and Drug Addiction Program, showed that treatment, counselling and counsellor training programs often do not incorporate up-to-date knowledge about addictions, the range of options, and change strategies. The review also noted that lack of valid evaluation procedures makes improvement of programs difficult. In the past couple of years, that has changed, and continues to change, in First Nations programs. But new knowledge has been slow to come to Inuit communities.

A comprehensive evaluation of addictions services and programs by the NWT also showed serious gaps in services and in counsellor skills and knowledge. Inuit organizations and the Nunavut and Nunavik governments have also been examining how they can improve services. The Nunavut land claims organization, Nunavut Tunngavik Incorporated, whose mandate is to protect and advance the interests of the Inuit majority in Nunavut, is developing a plan that would see Nunavut regional treatment centres, with effective aftercare in individual communities. Overall, Inuit regions are re-evaluating their programs with a view to updating knowledge, expanding and improving service content, providing quality counsellor training, and developing effective services within communities.

An important new development in this direction is the position paper developed by Inuit Tapiriit Kanatami, which is the national Inuit political organization representing and advocating for all Canada's Inuit. Although the influence of alcohol in a wide variety of problems has been recognized in Inuit communities since alcohol's introduction, no comprehensive strategy had yet been developed for dealing with misuse. ITK has therefore now released a position paper outlining its recommendations. They are also in the process of developing a mental wellness action plan that will include attention to alcohol treatment and policies. What is needed, they say, are:

- culturally-appropriate programs based in communities, so that individuals do not have to leave home and familiar environments in order to receive help;
- services that provide both harm reduction and abstinence strategies, so that community members have a range of services for the variety of alcohol misuse problems;

- more alcohol counsellors in communities, as part of an integrated health human resources strategy;
- adequate training for alcohol counsellors;
- use of brief intervention strategies by front-line health providers and wellness counsellors, to give helpful information for those in the earlier stages of problem drinking;
- community-based aftercare for those with serious problems returning from treatment centres;
- implementation of population health measures such as alcohol education, public and policy attitudes emphasizing non-acceptance of problem drinking and early intervention and harm reduction as preventive measures, programs that develop healthy families and healthy relationships, and so on;
- residential treatment centres in all Inuit regions so that treatment remains culturally appropriate and as close to home as possible;
- valid evaluation of programs in order to develop and maintain effective services.

The issue of effective but culturally appropriate services close to home is an important one for Inuit. For most, the Inuktitut language and traditional practices and values are still a part of everyday life. There are also a number of Inuit who have not been out of northern areas, so travel away from home can be stressful. There can also be lack of knowledge by non-Inuit about what is culturally appropriate. Too often, notions of Aboriginal-appropriate services and training, when provided by non-Inuit both Aboriginal and non-Aboriginal, are based on First Nations culture, practices and rituals. Inuit, however, are linguistically, historically, politically and culturally distinct from Canada's other Aboriginal groups, the First Nations and Metis. Their languages, worldviews, traditions and ways of dealing with problems are distinctly Inuit.

Interviews with Elders³ demonstrate that Inuit traditionally were pragmatic, empirical and adaptive. They have always been interested in obtaining and evaluating new ideas, new technology, new ways of doing things, and adapting innovations to suit their lives if the new made sense and seemed to have the potential to improve life.

'Thinking well' was, and continues to be, highly valued. An individual's ability to analyse and evaluate environment and circumstances was essential to survival, and camp leaders were those who were the best thinkers. The role of cognition was also recognized as central in problematic emotions and behaviours. "The mind is very powerful in its effects on us," the Elders say repeatedly, and cognitive strategies were therefore a major tool in helping individuals change problem feelings and behaviour. Community members whose feelings or actions created problems for themselves or others were encouraged by Elders and group leaders to analyze goals, behaviour, thoughts, feelings, and

³ See, for example, the Traditional Knowledge series published by Nunavut Arctic College, wherein Elders speak about a wide range of traditional values, practices, behaviours and beliefs: <http://www.nac.nu.ca/library/publications.htm>. The Ajuunginiq Centre of NAHO also recently completed focus groups with Elders, asking about traditional ways that could be effective in preventing suicide. The results, which emphasize resilience and positive thought, will soon be published on our website, <http://www.naho.ca/inuit/english/publications.php>.

consequences. Suggestions were made as to how to change thoughts, feelings and behaviours in order to achieve more positive consequences. Inuit never believed they were powerless. The belief that one can indeed change circumstances and self by working towards more positive thoughts and more productive actions and skills was a powerful and essential value.

Personal knowledge, personal context and personal experience were important aspects of Inuit worldview. Elders always emphasize such things as, “I can only speak for myself; I can’t speak for others,” “I only know what I’ve experienced,” and “You can’t judge others because their experiences have been different.” Personal responsibility and choice were central tenets that had arisen over generations of life in a harsh environment where individuals had to be able to make their own decisions and manage their own lives in order to survive. Sharing and helping were essential components of survival, but because Inuit were a nomadic people who lived primarily in small groups, it was also essential that each person be capable of and allowed to make decisions that seemed best for his and her family’s needs. Interference in each other’s lives was therefore generally frowned on except in cases where there were negative effects on the group or group members, and personal choice was the foundation of much individual action. If a person’s choice was to continue problem behaviour – well, he or she would then have to accept the consequences, both natural ones and group reactions such as shunning. “They could do what they wanted,” the Elders say of people who made the choice not to change, “but they would have to do it alone.” The purpose of withdrawing community interaction and support was to give the person an opportunity to think about his behaviour and come to the realization that life would be better with change.

Inuit were thus long ago emphasizing the right of individuals to make their own choices in life, but also using motivational interviewing and cognitive-behavioural strategies to promote positive change and positive choices. These are strategies that are also used in modern alcohol counselling approaches, which thus fit with Inuit cultural tradition. However, such new structured methods are not yet known in Inuit communities, nor have the traditional ones been organized in a way that is useable by counsellors. It may therefore be worthwhile for these methods, which build on traditional practice, to become part of Inuit knowledge bases, where they can be tried and evaluated as to their usefulness.

Finally, all Inuit organizations emphasize the need for government to address the core socioeconomic issues that promote substance abuse. Change has come very recently to Inuit communities. As little as fifty years ago, many Inuit were still a nomadic hunting people. With sudden change come great problems. Inuit today have high rates of inadequate housing and unemployment. Education levels are low and drop-out rates high. Support and mental wellness services are limited. Men especially seem to have fallen through the cracks in terms of opportunities for competence, purpose and direction. All are factors that have been shown to contribute to the feelings of hopelessness and lack of control for which alcohol becomes a coping tool. New knowledge that can be appropriately adapted to help those with alcohol problems is essential. Even more essential is to build the foundations necessary for wellness in today’s world. Without those foundations, alcohol will continue to be a coping tool.