

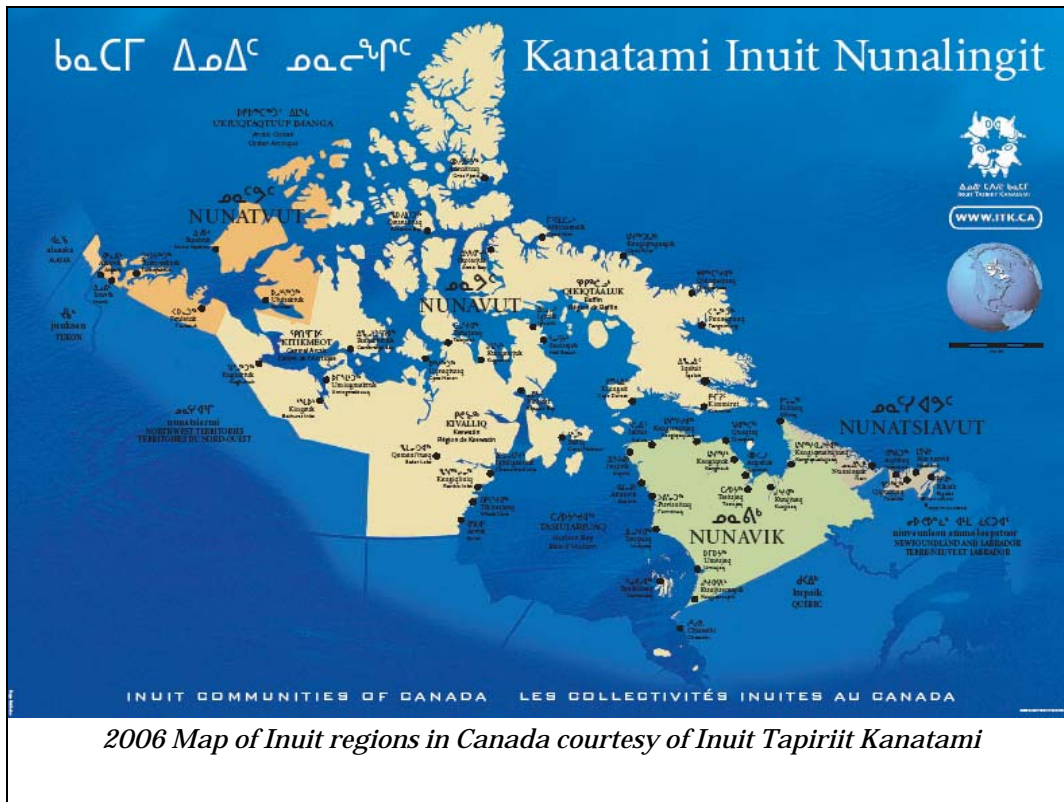
Notes:

The National Aboriginal Health Organization (NAHO) is an outcome of the 1996 recommendations from Canada’s Royal Commission on Aboriginal Peoples. NAHO was incorporated in 2000 to focus on the following five objectives:

1. To improve and promote health through knowledge-based activities;
2. To promote understanding of health issues affecting Aboriginal Peoples;
3. To facilitate and promote research and develop research partnerships;
4. To foster participation of Aboriginal Peoples in the delivery of health care;
5. To affirm and protect Aboriginal traditional healing practices.

The Ajungginic Centre implements these objectives through Inuit-specific activities.






Notes:

Inuit are one of three Aboriginal groups recognized under the Canadian Constitution (1982). In 2006 (*reference 1*), there were approximately 53,000 Inuit living in Canada. Depending on what you count as an Inuit community, there are approximately 53 small and isolated communities across the Arctic: about 50 per cent in Nunavut; 20 per cent in Nunavik; 7 per cent in the Inuvialuit region and 5 per cent in Nunatsiavut. Community size ranges from maybe 50 in one of the camps to over 6000 in Iqaluit, the capital of Nunavut. Average sizes are around 1200 and with the exception of one seasonal road, all communities are fly-in only. The remainder live in increasing numbers in southern locations and the majority of these are in large urban centres like Montreal and Ottawa. The Inuit population is growing at twice the Canadian rate (*reference 2*) and more than half of Inuit are under 25 years of age compared with 32.8 per cent of Canadians (*reference 3*). Most communities are served by nursing stations only (with fly-in doctors or fly-out medevacs). Seventy per cent (*reference 4*) of Inuit speak Inuktitut. Much of the information in this presentation has a Nunavut focus because 50 per cent of Inuit in Canada live there and Inuit represent 85 per cent of the overall Nunavut population. In general, there is an absence of information on the general health status and rate of problematic substance use among Inuit and other Aboriginal groups.







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## Other Substances

- **Marijuana**
- **Cocaine/Crack**
- **Heroin**
- **Solvents**

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Notes:

Data on availability and prevalence of drug use in Inuit communities is not readily available. On its Nunavut Web page, the Canadian Centre for Substance Abuse states that marijuana is often cheaper and easier to bring into the Territory than alcohol. Street drugs such as cocaine or heroin are seen in Iqaluit which is the most urban of the Territory's communities – larger communities in other Inuit regions often see similar patterns. *(reference 13)*

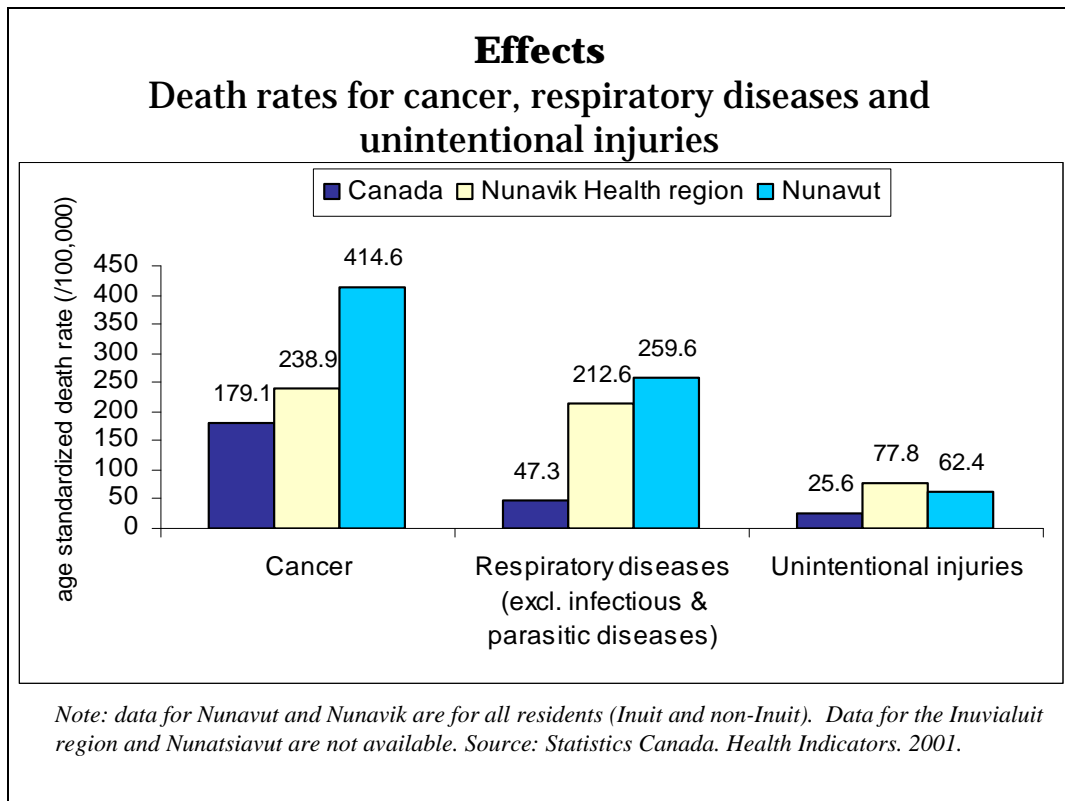
Earlier this month, the RCMP in Iqaluit seized 2000 hits of crack cocaine worth \$400,000. The same news article reported that an elder, demanding action at a municipal council meeting, said that children as young as 10 are being used to fetch drugs. *(reference 14)*

Incidents of solvent abuse appear and disappear within the communities. The Government of Nunavut and Nunavut's Inuit land claim organization have formally agreed to focus on the area of addictions. The Government provides territorial initiatives and resources (such as its tobacco control programs or its training on Crystal Meth in 2006 that focused on workers in larger centres), regional training programs and project funds for communities. *(reference 15)* Funding can be intermittent especially from federal sources and not all communities are able to benefit from the project funds every year.

In Canada, solvent abuse is most prevalent among youth aged 12–19 who live in First Nations and Inuit communities or in areas with limited economic opportunities. *(reference 16)*








Notes:

Alcohol, illegal drugs and other substances can cause physical, emotional, spiritual and mental problems. There is a long list of health effects associated with each type of substance, depending on what is being used, how often and how much.

With reference to the diseases caused by alcohol, a 2005 article about the World Health Organization’s launch of a global study on binge drinking stated that “Alcohol can damage nearly every organ and system in the body, and is linked to more than 60 diseases and conditions -- including chronic diseases including addiction, liver cirrhosis and cardiovascular disease.” (reference 18)

It appears that research has been conducted on the effects of tobacco use on just about every body organ and system. We are most commonly aware of the cancers and pulmonary obstructive lung disease. (reference 19) Death rates from chronic obstructive pulmonary disease (COPD), for Inuit women are 10 times that of other Canadian women (reference 20) and you can see on the slide (reference 21) that the Nunavut (all population) statistic is about 5 times.

Injury is also often associated with drug and/or alcohol use.



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## **Psycho-social Causes**

- Escaping from emotional pain
- A family history of substance abuse
- Child abuse
- The loss of a relative, friend or relationship
- Peer pressure

### **Alcohol and/or drugs - Psycho-social Impacts**

- Increased risky behaviour (such as when having sex or using vehicles)
- Increased violent behaviour
- Relationship, family and work problems
- Depression
- Life-long disability in fetal-affected children
- High suicide rates

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Notes:

Some people use substances like alcohol, tobacco, illegal drugs, solvents and prescription drugs as a way to deal with difficult life conditions. (*reference 22*)

“Although the relationship is complex, alcohol has a documented role in violence, injury and suicide.” (*reference 23*) So it is important to know that suicide rates among young Inuit men in Nunavut are astronomical at 40 times the Canadian average for young men. (*reference 24*)



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## Solutions

- **Share new evidence**
- **Train and support service providers**
- **Use a range of approaches**

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Notes:

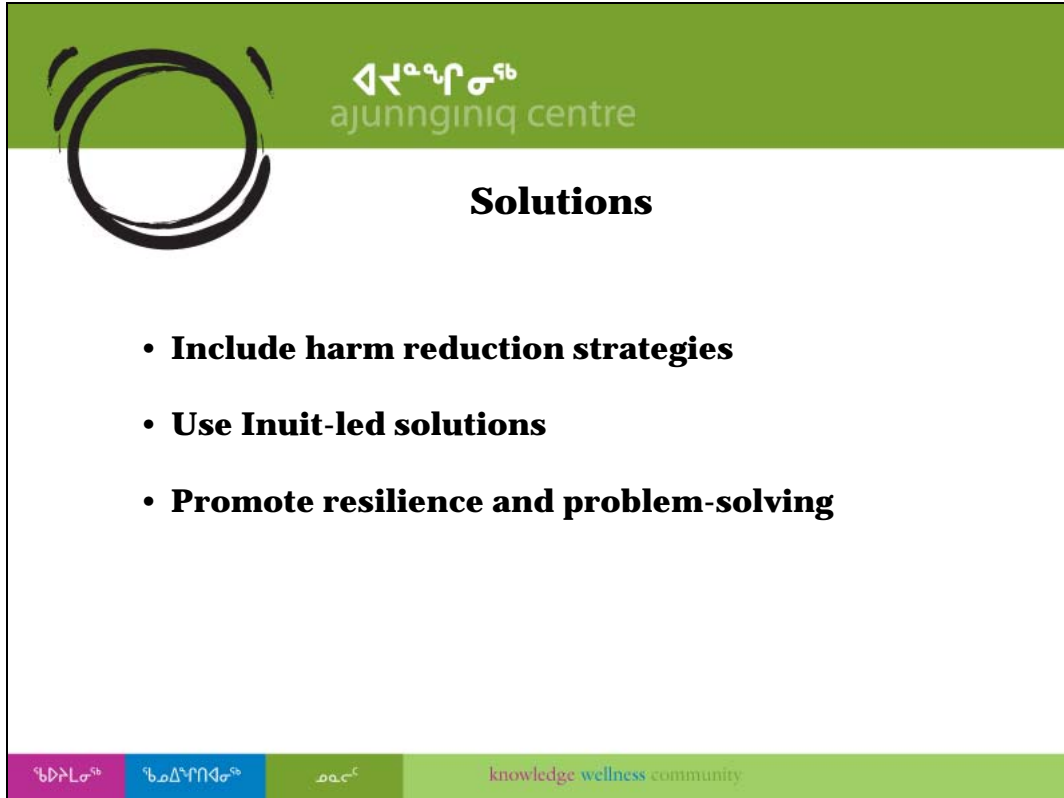
Community counselors often do not have the structured skills to help clients achieve sobriety. With a few exceptions, aftercare services in Inuit communities are minimal or lacking. A review in 1998 showed that uptake of knowledge from new evidence into practice is limited and that there was a lack of evaluation procedures making improvement of programs difficult.

Overall, Inuit regions are acutely aware of the need for capacity building in prevention and treatment in the area of substance abuse. They are re-evaluating their programs with a view to updating knowledge, expanding and improving service content, providing quality counselor training, and developing effective services within communities. In-the-field outcome studies are needed. In terms of alcohol, there are strategies used in modern alcohol counseling approaches that fit with Inuit cultural tradition. However, such new structured methods are not yet well-known in Inuit communities, nor have the traditional ones been organized in a way that is useable by counselors. (reference 25)

It is worthy of note that “across Greenland, alcohol consumption has dropped dramatically since booze bans were lifted in many communities in 1982 ... people need to learn how to handle alcohol, and residents voted to open sales up.” (reference 26) However, the Canadian Centre on Substance Abuse states that “increasing or limiting access to alcohol alone is not sufficient to fully address alcohol-related harms over the long term. Similarly, prohibition alone is not a successful public health strategy.” (Elliott, Malkin & Gold) (reference 27)

It is important to remember that alcohol abuse is different than addiction: treatment requires a range of different approaches. Treatment works: 1. only if it is appropriate to

the circumstances of the individual – stage of problem, conditions, personality characteristics, need, mode of delivery, goals and motives; and 2. if it is then delivered as designed, by trained knowledgeable staff. (*reference 28*)



**Solutions**

- **Include harm reduction strategies**
- **Use Inuit-led solutions**
- **Promote resilience and problem-solving**

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Notes:

Harm reduction strategies are a necessary part of treatment and problem-resolution. “Harm reduction includes a broad continuum of responses, from safer substance use to abstinence.” (reference 29) Harm reduction approaches are used extensively internationally; and are also now a part of Canada’s drug strategy and addictions research recommendations. (reference 30)

All efforts towards improvement “must recognize that developing effective policies and programs must be founded and directed by communities and their members” (reference 31) and they must address gender differences.

There are several treatment centres in the North and an Inuit service in Ottawa has a day program offering both abstinence and moderation strategies – it has strong cultural components. There are also plans under discussion to build another treatment centre in the North followed by others.

We know that “protective factors such as culture can combat the problematic impact of substances.” (reference 32) Knowledge of the elements of resilience and the strategies that foster resilience, as identified by Inuit themselves, may assist in the development of Inuit-specific programs to prevent and treat alcohol and other substance use problems. Awareness of the emphasis on cognitive strategies of analysing behaviour, thoughts, goals and consequences may be especially useful. For this reason, our Centre and progressively the systems throughout the North, are paying attention to incorporating traditional Inuit knowledge, practices and concepts about resilience and approaches into

the solutions. We need to gather information on shareable elements of successful community-based programs.

As in Australia, organizations in Canada need to implement programs that “ ‘aim to minimize the use of alcohol [and other substances] by improving the overall social, political and economic well-being of Aboriginal people’ through job creation and recovering land rights (Gray & Sputore, 1998). There are also many examples in Canada of tribal councils and bands adopting economic development, job creation and business entrepreneurship as part of a population health strategy.” (*reference 33*) Full implementation of land claims agreements is an imperative element of socio-economic solutions.



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## Questions or Comments

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