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 Ajunnginiq Centre implements these objectives through Inuit-specific activities.
Presentation to the Standing Committee of the Conference of Parliamentarians of the Arctic Region

Current work

- Substance abuse information products
- Mental health and resilience
- Public health
- Maternal and child health including midwifery
- Inuit men’s health needs and priorities
- Education research and health careers
- Inuit health research compilation and data gaps

Notes:

The work of the Centre is overseen by an Inuit Governing Committee of the NAHO Board.
Our work involves partnerships and liaison with community, regional and national Inuit organizations and other national NGOs and various levels of government.
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.
Problematic substance use

- Alcohol – (heavy) binge drinking
- Illegal drugs (lack of data)
- Tobacco – legal 19 years +, but damaging to all ages
- Prescription drug abuse (lack of data)

Notes:

Substance use and alcohol misuse have been identified by Inuit as primary health and social concerns in their communities because of the devastating consequences. Alcohol and some substances can be both contributing factors in problem behaviour, and consequences - a way of coping with violence, abuse and suicidal thoughts. Substance use and alcohol misuse are downstream symptoms of societal, cultural and economic disruption and dysfunction.

There have been significant impacts on Inuit as a people and as individuals resulting from colonization, residential school abuses and multi-generational trauma and also from past and current resource extraction activities.

Consequences linked to extraction activity (and other south to north development) include: increased flow and abuse of alcohol and illegal drugs including crack cocaine; fetal alcohol spectrum disorder; homicide and other forms of violence; and increased incidents of sexually transmitted infections. (reference 5)

It is important to note that there are different drinking patterns. Binge drinking is the most prevalent pattern among Inuit who drink, and as it is true with binge drinking around the world, this leads to violence and various kinds of abuse, accidents, self-inflicted injury and death, involvement in the justice system, neglect of children, and employment problems. (reference 6) (See our publication on alcohol for a historical explanation for the prevalence of binge drinking behaviour. (reference 7))

“There is a general absence of data on prescription drug abuse in Canada, and particularly among Aboriginal peoples,” although a 1995 study says it is increasing among First Nations and Inuit. (reference 8)
Drinking Comparisons

Differences in frequency of heavy drinking:

**Nunavut:** 30% of those 12 years and over who drink, drink 5 or more drinks on 1 occasion (heavy drinking), 12 or more times a year

*Compared to:*

**NWT:** 40.5%  
**Canada:** 20.1%

Differences in frequency of regular drinking:

**Nunavut:** 37.6 per cent of those 12 and over who drink, never drink 5 or more drinks on 1 occasion.

*Compared to:*

**NWT:** 31.4%  
**Canada:** 55.6%

Notes:

Above data from Statistics Canada (*reference 9*)
The following figures give additional context:

- In 2001, 37% of Inuit adults did not drink alcohol. While 41% of Inuit women did not drink, the figure for Inuit men was 33%.
- Among those that did drink, 70% drank less than 3 times a month. (*reference 10*)

Among the consequences of increased alcohol misuse are higher rates per capita (anecdotal) of FASD-affected individuals. Inuit regions are at different places in documenting this evidence. In a Nunavik study “a large proportion of Nunavik Inuit women reported smoking, drinking alcohol and using illicit drugs, mainly marijuana, during pregnancy and the year prior to pregnancy.” (*reference 11*) This particular study was the first step in a plan to develop Inuit appropriate screening tools for FASD affected individuals and at-risk women and then to develop a culturally appropriate intervention with community members.

About 40% of women who drink heavily will give birth to alcohol-affected babies; 60 per cent of babies won’t be affected. We don’t yet understand what the protective factors are at work in those 60% of women. There is no way of knowing whose baby will/won’t be affected so no woman can drink safely during pregnancy. (*reference 12*)

Fetal Alcohol Spectrum Disorder is life-long. Prevention is possible, but because there are many interrelated reasons why pregnant women drink, the solutions are also complex.
Other Substances

- Marijuana
- Cocaine/Crack
- Heroin
- Solvents

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)
Smoking data –
Hopeful trends from Nunavut

• Current smokers decreasing: 64.9% in 2003 to 53.1% in 2005.

• Smoke-free homes increased: 54% in 2003 to 68% in 2005.

• In 2005, Nunavut had the greatest percentage of smoke-free work places at 91.6% compared to 68.2% for Canadian work places overall.

Notes:

Nicotine in the form of legal cigarettes is the most commonly used drug, as approximately 70 per cent of Inuit smoke and there are similar very high rates among pregnant women.
There was a very high percentage of smoke-free workplaces in the NWT. (reference 17)
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.
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 - Pyscho-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

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)
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

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.
Questions or Comments

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Telephone: 1-613-237-9462 ext. 237
Presentation References for

Substance use/abuse issues among Inuit in Canada


7. Ibid.


   http://www.ccsa.ca/CCSA/EN/Partnerships/Territories/


15. Canadian Centre for Substance Abuse, op .cit.

   http://www.camh.net/Publications/Cross_Currents/Summer_2005/solventabuse_crcusummer05.html


   http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20050525/alcohol_WHO_050525/20050525/

   http://isptid.globalink.org/


   http://www.statcan.ca/english/freepub/82-221-XIE/2007001/table/1hlthstat/1de/de1mbs.htm
   Note: data for Nunavut and Nunavik are for all residents (Inuit and non-Inuit). Data for the Inuvialuit region and Nunatsiavut are not available.


*All Internet sources accessed October 9, 2007.

**Additional Ajunnginiq Centre Resources**


http://www.naho.ca/inuit/e/resources/

http://www.naho.ca/inuit/e/resources/

http://www.naho.ca/inuit/e/resources/

http://www.naho.ca/inuit/e/resources/

Additional Relevant Resources


http://www.ccsa.ca/NR/rdonlyres/B7B01B16-838F-437B-82C5-63760FE577EE/0/ccsa0113262006.pdf


http://www.gov.nu.ca/NNADAP.pdf

