Aboriginal People and Enabling (in a good way)

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Goals

- Discuss relevant demographics and determinants
- Discuss health status
- Discuss substance use and risk factors – not all bad news
- Discuss programming, cultural care and SDOH approaches

Demographics

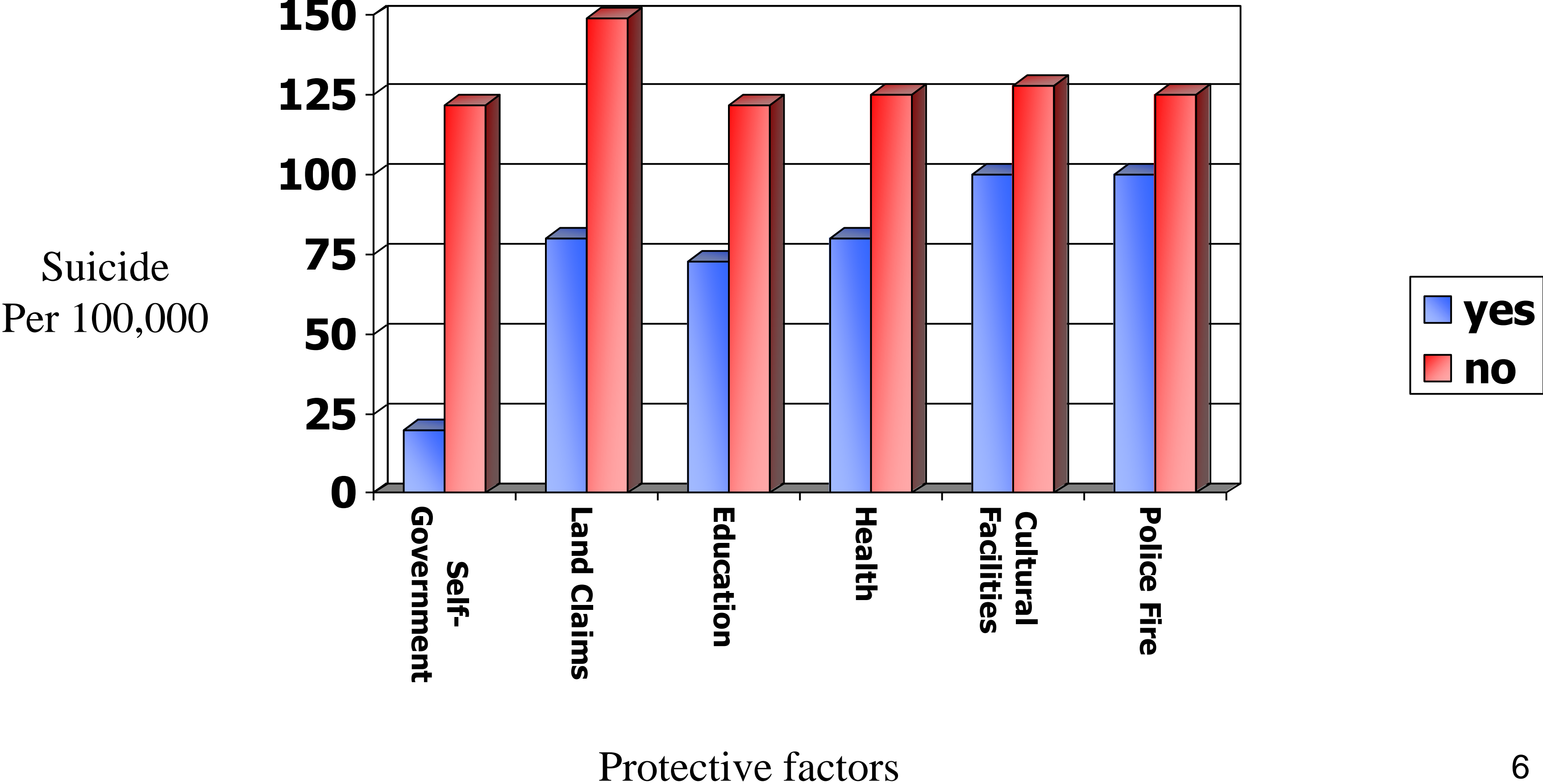
- Aboriginal people include First Nations (Status Indians), Metis, Inuit and Non-Status Indians.
- Estimated 1.2 million Aboriginal people (3.8%), approximately ½ being FN and ½ of this group living off-reserve
- Children and youth aged 24 and under 48% of Aboriginal people, compared with 31% of CAN
- 35% of Aboriginal are LPH vs. 17% of CAN (2006 Census)

Tagish
Inland Tlingit
Kaska
Slavey
Taku
Tahltan
Tsetsaut
Sekani
Tsimshian
Babine-
Witsu Witen
Beaver
Haida
Haisla
Carrier
Nuxalk
Haihais
Heiltsuk
Oowekeeno
Kwakwaka'wakw
Secwepemc
Chilcotin
Okanagan
Coast Salish
Ktunaxa
Nuu-chah-nulth

SES

- Employed: 70% of Aboriginals worked during 2005 vs. 80% CAN
- Income: median total income of Aboriginal population 25-54 yrs (2005) $22,000 vs. $33,000 CAN
- Education: 31% of Aboriginals with no certificate, diploma or degree vs. 12% for CAN (2006 Census)
- Control of destiny

Suicide Rates by Protective Factor



Demographics

- FN are mobile
  - One in five Aboriginal people moved in the past year (2006 Census)
  - 7-year study period, 26% (n = 73) of Aboriginal IDUs changed their primary residence from an off-reserve to an on-reserve location. Almost all (96%, n = 23) of those living on-reserve at their first IDU-related admission had moved to an off-reserve setting at a subsequent visit…problems associated with both IDU and infectious disease are not limited to urban centres (Callaghan et al, 2007)

Mortality

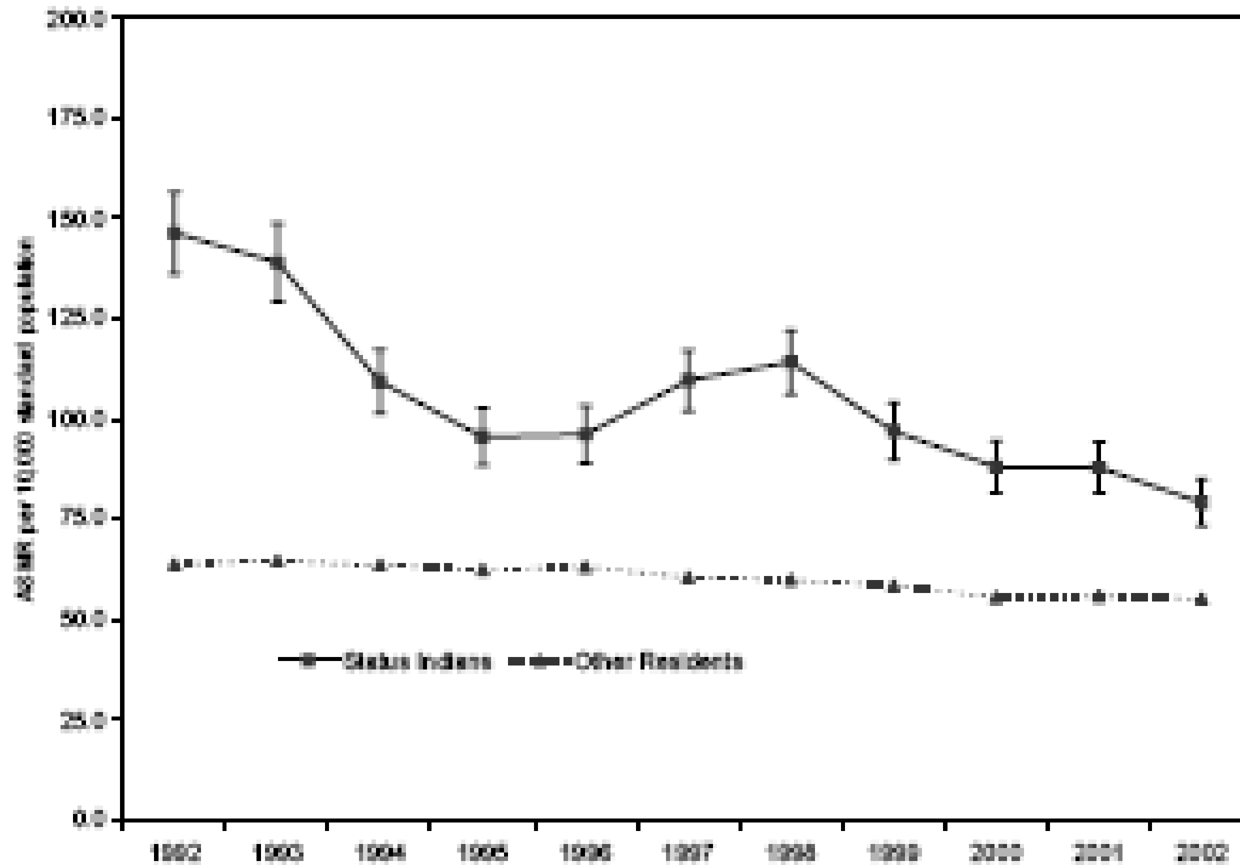
- Life Expectancy for FN is 75 years vs. 82 in BC
- FN ASMR was 1.5 times that of General Population (2007 PHO Report)

FIGURE 26

ASMRs FOR ALL CAUSES OF DEATH

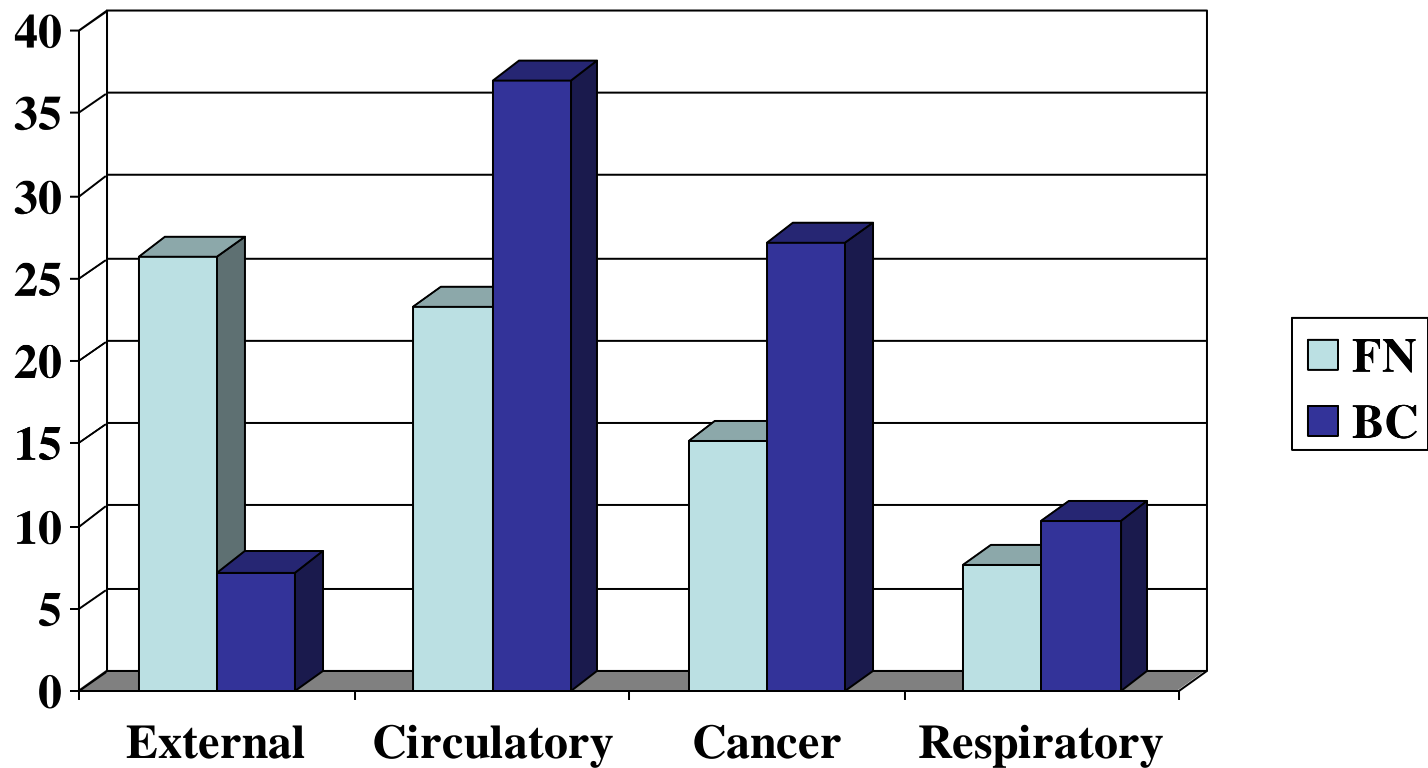
STATUS INDIAN AND OTHER RESIDENTS

BRITISH COLUMBIA, 1992-2002



Note: Status Indian rate with 95% confidence interval.

Leading Causes of Death



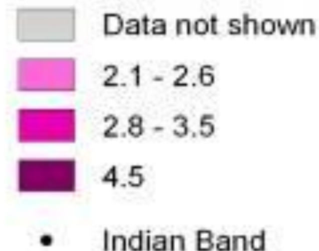
Physician Intervention

- Injuries:
  - Reduce alcohol and drug use (and tobacco)
  - Helmets and other safety equipment (seatbelts, child car seats)
  - Water and firearm safety
  - Secure household products and falls prevention
  - Screen for depression and suicide
  - Fire safety- smoke alarms, hot water temp
  - Advocate for environmental change (i.e., road, playground) (Agency for Healthcare Research and Quality, 2011)

Physician Intervention

- Giving the patient the telephone number with recommendation to call usually not successful. (*Sisson and Mallams,1981)*
- Randomly assigned newly diagnosed alcoholics to two types of referral. First group told to call AA and go to a meeting. The second group was put in direct contact with an AA member while in the physician's office.
- None of the first group attended a meeting; the entire second group did.

ASMR for Suicides of Status Indians by Health Service Delivery Area 1992 - 2002



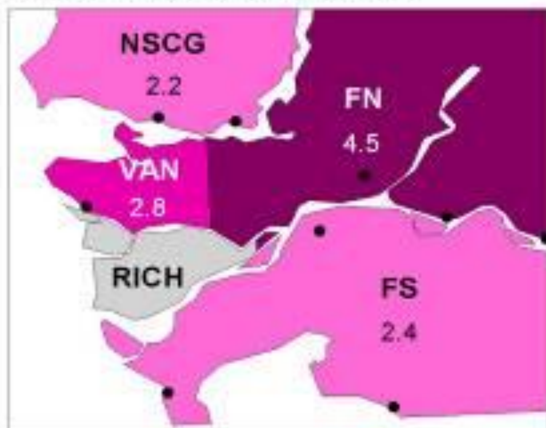
Natural breaks data classification.

Produced for FNIHB, HC. Map created February 2008.

Data source: Regional Analysis of Health Statistics for Status Indians in British Columbia, 1992-2000; BC Vital Statistics Agency.

NW 2.1
NE
NI 3.4
NSCG 2.2
NVI 2.8
TCS 2.9
OK 2.9
EK/KB 3.2
NVI 2.8
NSCG 2.2
FE 2.6
4.5
CVI
3.5
SVI

Greater Vancouver Inset Map



Total BC SI rate = 2.9
Other residents rate = 1.1

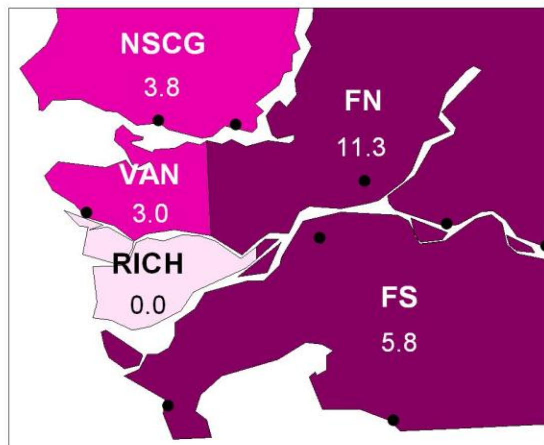
ASMR for Diabetes Deaths of Status Indians by Health Service Delivery Area 1992 - 2002

Natural breaks data classification.

Produced for FNIHB, HC. Map created February 2008.

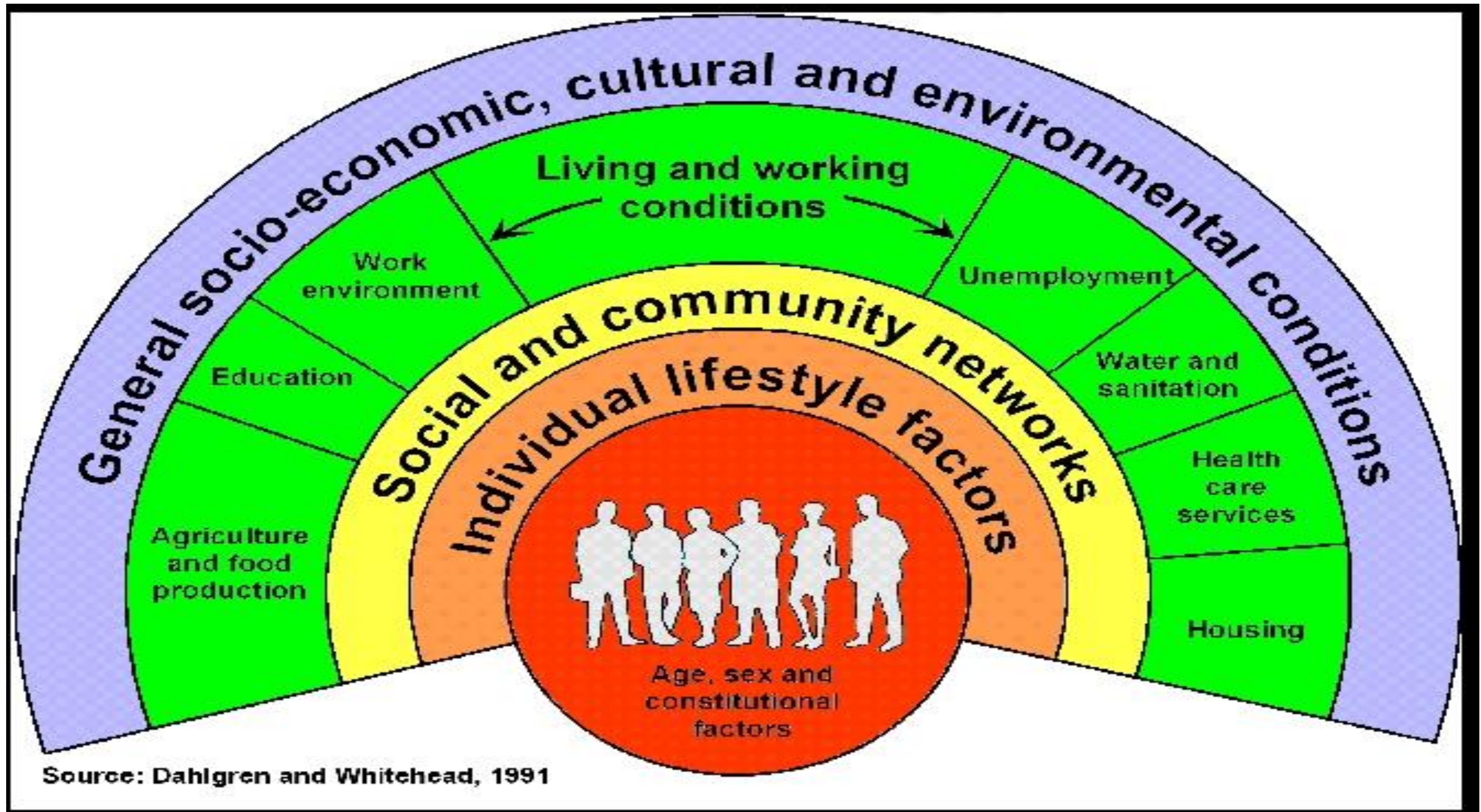
Data source: Regional Analysis of Health Statistics for Status Indians in British Columbia, 1992-2000; BC Vital Statistics Agency.

Greater Vancouver Inset Map



Total BC SI rate = 2.6
Other residents rate = 1.4

Determinants of Health



Mass Grave identified near former Catholic Indian Residential School, Alberta

Great acts are made up of small deeds.

Laozi (Lao Tzu)
Ancient Chinese philosopher

Ottawa Charter 1986

- Five areas:
  - Build healthy public policy
  - Create supportive environments
  - Strengthen community action
  - Develop personal skills
  - Reorient health services

Epidemiology

- FN Alcohol-related hospitalization rates are 1.7-9.2 times greater
- FN Alcohol-related death rates are 6.4 times greater (PHO Report, 2007)
- 86% of FN communities rate alcohol as serious or major problem
- 73% of FN residents rated alcohol abuse as problem in community (RHS, 2007)

Epidemiology

- 65% of FN used alcohol in past year vs. 76% of Canadians
  - Highest use among 18-29 year-old FN males
  - 36% FN over 60 years of age (less than half the rates of their Canadian counterparts)
  - Lower rates for transferred communities
  - Role of cultural values? Abstinence philosophy?

Epidemiology

- Frequency of Alcohol use
  - 18% of FN weekly use vs. 44% of Canadians
  - Highest rates of weekly use among 18-29 year-old FN males
  - FN Infrequent drinkers (drinking less than monthly) more likely to see a traditional healer vs. weekly drinkers who indicated cultural events were of less importance

Aboriginal Binge Drinking

- Weekly Binge Drinking: 16% for FN vs. 6% for the rest of Canadians
  - Highest rates among 18-29 year-old males
  - Highest rates among lower education and income?
  - Historical attitudes (gulp drinking and frontiersman)
- Prevalence of abuse and dependence?

Drug and Tobacco Use

- THC and illicit drug use (27% & 7%) rates are double the general population
  - High risk group are young males
- 49% of FN in BC are smokers vs. 18%
  - Price, traditional use
  - Smoky bingo halls provide refuge from everyday experiences of stress and trauma, as well as increased women's risk for **addiction**, marginalization, and criticism
- 17-19% of FN adult deaths related to tobacco

Prescription Medication Use

- Addictive prescription medication use 2-3 times higher (10-% vs. 3-4%).
  - Depression-Anxiety: Non-Aboriginal people had a slightly higher rate (8.5%) than did Aboriginal people (6.3%) (Thommasen, 2005)
  - 13% Off-reserve Aboriginals major depressive episode vs 7% CAN (Stat Can 2002)
  - Aboriginal chronic pain 15% vs. 9% CAN (Ramage-Morin & Gilmour, 2010)
- 1.2% prescribed excessive acetaminophen with Codeine - similar to provincial use. (Anderson & McEwan, 2000)
- 48% of participants in an Aboriginal addiction program misused medication.

Gender

- Equal men and female rates?
- Women had higher rates of cocaine or opiate detoxification diagnoses. In addition to a younger age, females reported higher rates of physical and sexual abuse, were also administered antidepressants, antibiotic medication protocols, and more medical evaluation tests. Detoxification programs…(Callaghan et al, 2007)
- Risk of OD: high in FN, esp. among women, related to IVDU in DTES. (Malloy et al, 2010)

Risk Factors

- Alcohol and other psychoactive agents played a role among First Nations (FN) people prior to European influence. Under the dictates of the harmony ethos, substance use was regulated and related to ceremonies and rituals
- Alcohol was seen as having the power to do both good and evil

Tobacco Misuse

- Use enabled contract with spirit world and smoke was means of communicating with the Creator
- Use was restricted to ceremonies and rituals and to certain individuals (Shamans)
- Reluctance to use as may encounter a tobacco-craving spirit

Risk Factors

- History of colonialism, economic and social marginalization has resulted in widespread poverty, unemployment, etc.
- Dysfunctional family systems produced by imposed social change
- Personal relief from expressive and introspective constraints of traditional culture

Risk Factors

- Early frontiersman and prohibition – gulp drinking
- Lack of appropriate social controls
- Contributes to social cohesion
- Fulfillment of expectations contained in a stigmatic label

Risk Factors for Substance Misuse

- No convincing evidence genetically prone to alcohol problems or problem drinkers.
    - Genes shown to be protective and at-risk
    - Issues of generalizability to all Aboriginal groups and intermarriage
- Aboriginal people less sensitive to alcohol effects?
    - A118G allele and Opioid response. (Chou et al, 2006) Natrexone implications? (Vocci, 2011)

Risk Factors

- Poverty
- Child neglect and abuse
- Maternal drug use in pregnancy
- Environmental tobacco smoke
- Single parent household
- Early school failure
- Low involvement in activities with adults
- Parent-adolescent conflict

Risk Factors

- Favourable parental attitudes to drug use
- Peer drug use
- Positive media portrayal of drug use
- Perceived and actual levels of community drug use
- Community disadvantaged and disorganization

Protective Factors

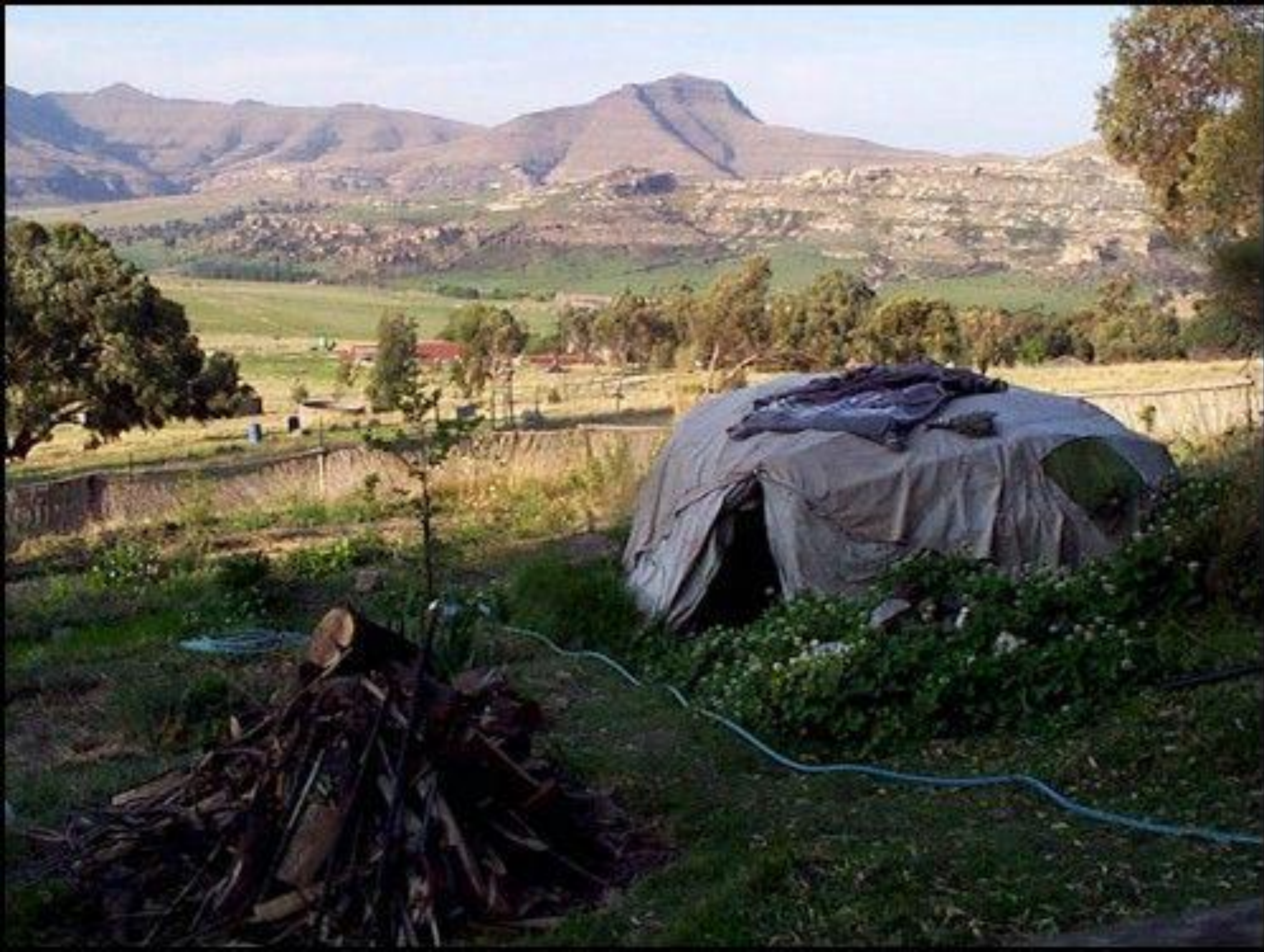
- Religious involvement – Why?
  - Link with Elder/cultural program

Guiding Principles

- Lack of outcome based Aboriginal/ethnic specific approaches research. What is?
  - Qualitative guides programming
- MET reported significantly less drinking intensity relative to those assigned to CBT or TSF. (Villanueva, 2007)
- CPG – implement in Aboriginal context
- Not necessarily Aboriginal providers
- Some prefer Aboriginal specific services/comfortable with services

Guiding Principles

- Physical, emotional, mental and spiritual – each must be nourished to live a healthy happy productive life
- Illness not necessarily a bad thing, opportunity to re-evaluate.
- Contact spirit world, restore balance
- Healer outdoors, connect with spirits; patient determines if something wrong and treatment
- Credit given to the Creator for healing (Ellerby, 2000)



Guiding Principles

- Avoidance of overt hostilities - Reluctance to voice opinions publicly
- Reluctance to refuse favors and an emphasis on generosity
- Independence, resent authority, and hesitance to command others
- Caution in interactions with other persons
- Avoidance of eye and body contact when interacting with others
- Third party for resolving altercations (Ellerby, 2000)

NNADAP

- National Native Alcohol and Drug Abuse Program (NNADAP) 52 residential treatment centres, with some 700 treatment beds. Includes National Youth Solvent Abuse Program
- NNADAP provides over 550 prevention programs with over 700 workers - almost all employed by First Nations and Inuit communities. Program activities vary, based on the size and needs of each community and the availability of skilled workers, but they generally fall into three key areas: Prevention, Intervention and Aftercare

NNADAP

- Effectiveness? Accreditation
- Curriculum – 12-step based/similar, culture, not for everyone
- Travel to nearest NNADAP Centre.
- Non-NNADAP referrals – methadone, concurrent, gender-specific, youth
- Land-based healing
- Occupancy rates – flexibility? medications? Concurrent diagnosis?

Effective Treatment

- Incomplete Treatment (con't).
  - disliking the program, interference with other activities, substance use, practical considerations, not wanting help, personal issues, finances and not finding the services helpful, unmet social service needs, more supportive staff and greater scheduling flexibility
  - "the counsellor put me down.", "help me find training or a job..help me with an apartment", "made the time for me more convenient and accessible so could have gone to work and gone to the program", "My wife and I had no babysitter for the two boys," .

Approaches

- No single treatment is appropriate for all.
  - Flexible and takes into account aspects of client (i.e., learning, limitations, withdrawal, concurrent diagnosis).
  - Accommodation does not mean giving special preferences-it does mean reducing barriers to equal participation in the program.
  - No interest in 12-step meetings.
  - Staff training.
  - Continuously updated to meet changing needs.
- Treatment needs to be readily available.
- **Need to evaluate program – client surveys?**

NNADAP

- Confidentiality – 12-steps, counsellors
- Aftercare – technology, cell phones, employment-based reinforcement
- Minimal waitlists
- Cultural appropriateness of Methadone Maintenance? (i.e., Harm Reduction, NRT)

Renewed Framework

FIGURE 1: ELEMENTS OF CARE

ELEMENT OF CARE	ELEMENT 1 Community Development, Universal Prevention, and Health Promotion	ELEMENT 2 Early Identification, Brief Intervention, and Aftercare	ELEMENT 3 Secondary Risk Reduction	ELEMENT 4 Active Treatment	ELEMENT 5 Specialized Treatment
POPULATION SERVED	Everyone	People at moderate risk	People at high risk	People with moderate issues	People with severe issues
SERVICE & SUPPORT COMPONENTS	Community Development Universal Prevention Health Promotion	Early Identification Brief Intervention Referral & Case Management Risk Assessment & Pre-Treatment Support Aftercare	Community-based Supports Outreach Risk Assessment & Management Screening, Assessment, Referral & Case Management	Screening, Assessment & Referral Withdrawal Management & Stabilization Treatment Planning & Pre-Treatment Care Case Management Specialized Treatment Programming Discharge Planning & Aftercare	Coordination of Care Cultural Competency Community-Level Capacity & Support
ELEMENT 6: Care Facilitation					

HONOURING OUR STRENGTHS:
A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada

NIHB

– Naltrexone: subsidized by NIHB
– Acamprosate – approval by exception
– Methadone – Yes
– Suboxone – limited

NIHB

- Tobacco cessation – three months (Patch, Gum, Bupropion, Varenicline) per year
- FN just as interested in stopping tobacco use.
- FN just likely to use cessation medication if receive MD advice to quit but access physicians less
- Without targeted promotion, Aboriginal smokers do call Canadian quit lines, primarily for health related reasons. (Hayward et. al.)

There's so much to learn! And just when we think, "I've got it. I really understand what's going on," we're shown a whole new stage set on which to play

Richard David Bach

Ottawa Charter 1986

- Five areas:
  - Build healthy public policy
  - Create supportive environments
  - Strengthen community action
  - Develop personal skills
  - Reorient health services