

Helping the Women of the Past Build Better Futures:

A literature review of the substance abuse in Aboriginal women

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Abstract

Substance abuse, which includes alcohol abuse and use of illicit drugs, is a prevalent issue among women of Aboriginal status, both in Canada and around the world. This literature review discusses the impact that colonization, physical and mental abuse, lack of community support and absence of feminism has had on Aboriginal women and how these factors have caused a cycle of substance abuse through the population. Studies of substance abuse from Canadian provinces (e.g., British Columbia) and global studies (e.g., Australia) are compared. These studies show similar results regarding issues that stem the abuse, as well as have similar proposals to decrease the stereotype of the “drunk Indian”.

Introduction

Prior to contact with European colonial cultures, alcohol was not a part of native populations' cultures (Heath, 1983). Alcohol became common in trading between Aboriginals and white settlers and the adverse reactions of the indigenous groups to alcohol has led to the stereotype known today as the "drunk Indian" (Heath, 1983). In Canada, more than 1.3 million individuals have identified themselves as being of aboriginal descent, most of which living in the northern regions of British Columbia, Ontario, and the Prairie provinces (Wardman & Quantz, 2005). Although there is a lack of documentation prior to European settlement, it can be noted that before the introduction of the white men, Native groups had no experience with alcohol beverages (Heath, 1983). In 1991, 73% of Aboriginals studied in a community Survey reported that alcohol abuse is a major issue within the community (Wardman & Quantz, 2005). This startling statistic is more than suggestive that alcohol abuse is a dominant issue in Aboriginal people (Wardman & Quantz, 2005).

Alcohol however is not the only drug that contributes to the increasing number of Aboriginals experiencing substance abuse. Injection drug use has recently been linked to increasing numbers in the contraction of HIV which has also unfortunately become prevalent in Aboriginal communities (Lemstra, Rogers, Thompson, Moraros & Buckingham, 2012). A study by the Saskatoon Health Region between September 2009 and April 2010 showed that of 603 injection drug users, 88.1% were of Aboriginal descent (Lemstra et al, 2012). Further, this study noted that the Aboriginal injection users were more likely to be young females (Lemstra, 2012). While rates of injury and mortality due to alcohol abuse is increasing throughout areas which are heavily populated by Aboriginals, the progress of assistance to those experiencing addiction is lacking (Wardman & Quantz, 2005).

The issues that arise from the increasing number of aboriginals falling into the stereotypical “drunk Indian” stem from lack of assistance to indigenous groups, as well as assistance to mothers and children to ensure the cycle of addiction does not continue further down the line (Wardman & Quartz, 2005). As the number of women with drug and alcohol issues increases, the need further increases for the abuse to become recognized as a national problem and not just a reservation problem (Heath, 1983).

The purpose of this literature review is to discuss the issue of substance abuse, including alcoholism and drug use, among women of Aboriginal descent. By comparing the prevalence of abuse across Canada and in other areas of the world patterns of abuse become apparent and will also be further discussed in order to provide insight in how this problem can become managed.

Prevalence of Substance Abuse in Women

The Cedar Project

The lack of published research surrounding the issue of drug dependence in the Aboriginal population makes attempting to address the issue difficult (Miller et al, 2011). Recently however, projects such as the Cedar Project have examined young aboriginal individuals, specifically women, in Vancouver and Prince George, British Columbia who participate in injection drug use (Miller et al, 2011). Studies suggest that Aboriginal groups represent a large group of individuals who use injection drugs, and are also a part of the largest group who do not get the assistance they need to escape the addiction (Callaghan, Cull, Vettese & Taylor, 2006).

Young individuals who self-identify as Aboriginals (i.e., descendants of Metis, Aboriginal, First Nations, Inuit, and status and non- status Indian) are the subjects of the Cedar

Project (Miller et al, 2011). All participants were living in downtown areas of two B.C. cities (i.e., Vancouver and Prince George) and were recruited to the project via outreach groups, health care assistance, and word of mouth (Miller et al, 2011). The study included individuals between the ages of 14 and 30 who have injected or smoked illicit drugs in the past month, with the exclusion of marijuana use (Miller et al, 2011). In order to test the drug use among the participants, all participants completed saliva screen tests and completed questionnaires that were given to them by an aboriginal coordinator. The questionnaire requested information pertaining to drug use patterns, sexual vulnerability, and socio- demographic characteristics (Miller et al, 2011). Each participant in this study completed the questionnaires at baseline, and every six months over the course of two years, receiving twenty dollars per visit (Miller et al, 2011).

Aboriginal young adults (n = 605) participated in the Cedar project, with 55.4% of participants admitting to use of injection drugs or other illicit drugs upon enrollment (Miller et al, 2011). Of those admitting that they participated in drug use, it was shown they were older, more likely to be women, likely to identify themselves as gay, to be sexual assault victims, and to have lived on the street for more than three nights (Miller et al, 2011). Results also showed that the individuals who stated that they have participated in injection drug use in the previous month have been denied shelter because of their drug use and have a history of mental health issues and/or have contemplated suicide (Miller et al, 2011).

Of the 270 participants who stated they did not have a history of drug use in the past, 197 completed follow-up questionnaires at least once (Miller et al, 2011). Of those participants, 39 reported that they have begun using injection drugs and of those 39 individuals, 21 were women (Miller et al, 2011). Upon questioning the choice of transition into drug use, women discussed an increase in involvement of drug use in the past six months, and also discussed participating in

drug use with clients (Miller et al, 2011). An increase in sexually transmitted infections was also noticed among this group of women, leading to the conclusion that women are being less careful during sex and sex work due to increase in carelessness during drug use (Miller et al, 2011).

In comparison to similar studies of Aboriginal youth in Vancouver and Montreal, The Cedar Project found that the rate of drug use among these groups, especially in women, is increasing significantly (Miller et al, 2011). Aboriginal women were twice as likely as men to inject drugs, and also twice as likely to become involved in sex work as opposed to their male counter parts (Miller et al, 2011). These statistics also show that women who are a part of this lifestyle are often fleeing from sexual abuse and are using prostitution as a method of increasing cash flow to escape their previous lifestyles. This also suggests a cycle in terms of mental abuse in order to escape sexual abuse (Miller et al, 2011).

It has been suggested that the cultural shame experienced by these Aboriginal women is a predictor of drug usage. Further, it is possible that the historical trauma faced by indigenous groups may cause these young women to experiment with drugs as a method for temporarily easing the shame (Miller et al, 2011). Other studies have shown that increasing the awareness of the stigmas attached to aboriginal groups has caused a decrease in abuse displayed in these groups, however the women who were studied in the Cedar Project may not be aware in the change in culture as most have already moved away from homes and residential schools (Miller et al, 2011).

These results display a need for health care services to be provided to youth and aboriginal youth who live in shelters and on the streets in order to decrease numbers of injection drug users and decrease chances of aboriginal's initiating in drug use and sex work. Mental and

sexual health care programs also need to be implemented into the streets to expand health care services across a broad range (Callaghan, Cull, Vettese & Taylor, 2006).

Global Prevalence

Canada, of course, is not the only country in which substance abuse is prevalent in the female Aboriginal population. Australia is another country in which increasing numbers of drug use and alcohol consumption is becoming a cause for concern, especially in pregnant women (Elliott, Latimer, Fitzpatrick, Oscar & Carter, 2012). Much like Canadian women, there are a number of factors that affect the decision for aboriginal women to turn to drugs, however not enough is being done to help this population (Elliott et al, 2012). Increases in Fetal Alcohol Syndrome (FAS) have led to studies attempting to determine the sources of abuse amongst the Australian female aboriginal population (Elliott et al, 2012). As expected, the various sources of problems are a match of those in North America (Elliott et al, 2012). A study by Hall, Hunter and Spargo (1993) looked at the sources of alcohol related problems among a group of Aboriginals in Australia and showed that women did not consume more alcohol than men, however it did show that discrimination, typically resulting in criminal charges, was the main reason for alcohol abuse (Hall, Hunter & Spargo, 1993). This conclusion is very similar to reasons for abuse among Canadian aboriginals, as they also felt negative effects from Caucasian neighbours due to their aboriginal status which resulted in depression and negative feelings about their culture and those around them (Hall, Hunter & Spargo, 1993). Much like Canadian studies, poverty and history of assault on various levels also contributes to increasing levels of alcoholism amongst aboriginal groups, as levels of abuse increase, so does alcoholism (Hall, Hunter & Spargo, 1993).

A study similar to the Cedar Project (Miller et al, 2011) was conducted in Sydney, Australia. It also looked at the prevalence of injection drug use among female aboriginal women (Breen, Roxburgh & Degenhardt, 2005) and, similar to the Canadian study, injection drug use in Sydney by women comprised more than one third of users, with a majority of participants being of Aboriginal descent (Breen, Roxburgh & Degenhardt, 2005). The Aboriginal women in the study also reported a higher rate of sexual deviance and sex work when involved with drug, which in turn often puts women in a male dominating situations. This in turn sets them up for higher rates of abuse and discrimination, factors which have already been seen across other studies as reasons for drug abuse (Breen, Roxburgh & Degenhardt, 2005). It is evident through these studies that the factors of discrimination and abuse are at the roots of drug abuse in Aboriginal women., Therefore any attempt to decrease rates of substance abuse needs to globally address these issues to assist women who lack access to appropriate resources. The remainder of this review will discuss the foundations of substance abuse in the aboriginal community and the implications that result for providing future assistance for women, I will discuss three: the prevalence of assault, a lack of community support, and a lack of feminism in the aboriginal community.

Prevalence of assault

Sexual and domestic assault are considered major contributors to aboriginal women's health since the highest rates of said abuse across Canada are seen in Indigenous groups (Bohn, 2003). Prior to a precolonial society, the rates of violence against women was nearly non-existent and therefore assistance for women experiencing violence was rarely or never needed (Bohn, 2003). It was after the settlement of the Europeans that began a drastic change in the way of life for these groups (Heath, 1983). Further, it is reasonable to assume that an increase in

access to alcohol, and other consciousness-altering substances, have contributed to the increase in abuse and addictions in the female, aboriginal population (Bohn, 2003). Violence against women is considered a major contributing factor within indigenous groups as the rates of violence related deaths have increased dramatically since the 1970's (Bohn, 2003). These rates of abuse and violence appear to begin, in women, at a young age largely as a result of neglect and abuse from caretakers, or lack of (Bohn, 2003).

A study by Young and Katz (1998) suggested that aboriginal women are at a much higher risk of becoming victims of sexual assault and that these women have often experienced physical and/or mental abuse prior to turning fifteen years of age (Bohn, 2003). Further, it was shown that both physical and mental abuse were related to rates of alcoholism, an earlier onset of sexual activity among aboriginal youth, and with the likelihood of entering the sex trade (Bohn, 2003). Intimate partner violence is experienced by aboriginal women more than all other minority groups. Intimate partner violence includes rape, sexual assault, aggravated assault, and homicide (Bohn, 2003). Results from how that alcohol is a factor in increasing intimate partner violence rates and rising rates of violence on reservations (Bohn, 2003). Results from studies including those collected from the National Institute on Alcohol Abuse and Alcoholism (1980) show that cases of assault on American reservations could classify drugs and or alcohol as a factor more than 77% of the time (Wahab & Olson, 2004). As alcohol use increases, it is expected that these rates will likely continue to increase, especially in regard to the lack of assistance and rehabilitation opportunities that are provided to those living in poverty, as most of the women in these studies were (Young & Katz, 1998). Alcohol and drugs are often used as coping mechanism for many individuals, however when women choose to turn to drugs and alcohol to

ease their pain it opens the door for more violence/assault, in turn perpetuating the cycle of alcohol and drugs (Bohn, 2003).

Lack of community support

As the plight of many Aboriginal women is often ignored by the community, this group often does not receive the needed support (Native Women's Association of Canada, 1996). Without consistent support from various community groups including tribe leaders and figures of authority including police officers and educators, indigenous women are at a much higher risk for addictions and mental health issues (Native Women's Association of Canada, 1996). While support for those with addictions is crucial in obtaining sobriety, proper community support should be available for all, providing assistance in education and emotional for all, most importantly those displaying signs of addictive behaviors (Native Women's Association of Canada, 1996). Childhood abuse and assault have been shown to be predictors of addictive behaviors among many studies (Koss, 2000) (Wahab & Olson, 2004). It is common for instances of sexual assault or abuse to occur without being reported among reservations due to fear of being discriminated against based on race (Koss, 2000). Studies reviewed by Koss (2000) including various studies by Frohmann (1991, 1997 & 1998) which discuss the outcomes of cases which disregard women's allegations of sexual assault, states that the outcome of a sexual assault case is often based on a number of attributions which include age, occupation, relationship and race of the victim and perpetrator. When race is a factor regarding whether or not an individual will obtain legal justice, the victim is often discouraged from coming forward with the crime for fear of being discriminated against based on racial bias (Koss, 2003). These studies show that in order to decrease rates of alcoholism and drug abuse in minority groups such as Aboriginals, this root of the problems need to be addressed (Koss, 2003). I have already

mentioned sexual/physical abuse and the lack of community support but another large issue is the need to increase levels of feminism and feminine culture in minority groups.

Lack of a Feminism Culture

While more than 50% of Canada's Aboriginal population is female, feminism has seen an all-time low in the Aboriginal population as more women leave reservations each year to obtain opportunities that are rare or impossible in the aboriginal community (McNab, 2006) Feminism has been lacking among Aboriginals since colonization along with the rights of aboriginal women as they were subjected to the Indian Act (McNab, 2006). The Indian act, Bill C-31 stated that Aboriginal women who chose to marry men who were not a part of an aboriginal group would lose the rights and benefits of their Indian Status (McNab, 2006). The bill was initially passed in 1857 and women were unable to restore their rights until 1985 in the dissipation of the act (McNab, 2006).

Aboriginal women are often faced with the burden of having a double discrimination, prejudiced against due to their status of a woman and as an aboriginal (Hanson, 2009). Prior to colonialism, Aboriginal women were seen as powerful, spiritual and well respected amongst the group; the strength displayed by a women of the household was displayed through ability to raise children and run a household, qualities that were of high importance (Hanson, 2009). This description of a woman's duties can be considered sexist in today's perspective towards feminism, however because of the respect given to the woman, the roles of men and women complimented and admired each other greatly (Hanson, 2009). Upon settlement of European groups, specifically men, the respect that surrounded women of status faced a dramatic decline. Women's value was now based on European values, thus if a women did not fit Victorian standards then all levels of respect diminished (Hanson, 2009). This largely contributed to

women being forced into sexualizing themselves and their transformation into domesticated robots since failure to perform as expected resulted in severe punishment (Hanson, 2009). This type of discrimination against women of status still exists as women are forced to leave reservations in order to obtain opportunities for employment and equality which is no longer found within their groups (McNab, 2006).

The discrimination does not stop for women once they leave the reservation. Because aboriginal women are a visible minority, they are often treated with the same prejudice as people of color or with disabilities (McNab, 2006). This is often why women of aboriginal descent find themselves in situations that include sex work and drugs, a job that appears to give them a means of employment, however leads them into a negative, reoccurring spiral which imitates the discrimination faced during colonization (McNab, 2006).

Conclusion

It is evident through the studies discussed in this paper that substance abuse among Aboriginal females is an issue that needs to be addressed not only in North American but globally such as parts of Australia (Elliott et al, 2012) where aboriginal reservations are prevalent. Historically in the Aboriginal culture, the woman of a house was a figure to be admired and be given the upmost respect upon meeting (Hanson, 2009), however since the passing of the Indian act in 1857, this has not been the case (Hall, Hunter & Spargo, 1993). Discrimination based on racial and cultural background is a major contributing factor seen across a vast number of groups as a root of substance abuse, especially among women (Young & Katz, 1998). Greater emphasis needs to be placed on the importance on education both modern and cultural for young Aboriginal females so they can be informed of the risk they are handed due to their double discrimination (Hanson, 2009). Being both a female and an aboriginal calls for

increased participation by outside groups and leaders to help guide young females on the right path to ensure they do not follow the footsteps of the women before them and continue the cycle of abuse transforming into drug abuse. An increase in the awareness of feminism also needs to be implemented into programs for young women of aboriginal descent so ensure they know their rights and do not feel subjected to leaving their homes and reservations to work on the streets and fall into employment in the sex trade and drug work. As a group, society needs to make the issue of substance abuse among Aboriginal Women a public one, therefore women will not feel frightened to reach out for help and will also know they are not alone in their situations; as this is a global issue, not a personal one.

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