



## Illicit and prescription drug problems among urban Aboriginal adults in Canada: The role of traditional culture in protection and resilience

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### ARTICLE INFO

#### Article history:

Available online 6 April 2013

#### Keywords:

Canada  
Aboriginal  
Urban  
Enculturation  
Illicit drugs  
Prescription drugs  
Resilience

### ABSTRACT

Illicit and prescription drug use disorders are two to four times more prevalent among Aboriginal peoples in North America than the general population. Research suggests Aboriginal cultural participation may be protective against substance use problems in rural and remote Aboriginal communities. As Aboriginal peoples continue to urbanize rapidly around the globe, the role traditional Aboriginal beliefs and practices may play in reducing or even preventing substance use problems in cities is becoming increasingly relevant, and is the focus of the present study. Mainstream acculturation was also examined. Data were collected via in-person surveys with a community-based sample of Aboriginal adults living in a mid-sized city in western Canada ( $N = 381$ ) in 2010. Associations were analysed using two sets of bootstrapped linear regression models adjusted for confounders with continuous illicit and prescription drug problem scores as outcomes. Psychological mechanisms that may explain why traditional culture is protective for Aboriginal peoples were examined using the cross-products of coefficients mediation method. The extent to which culture served as a resilience factor was examined via interaction testing. Results indicate Aboriginal enculturation was a protective factor associated with reduced 12-month illicit drug problems and 12-month prescription drug problems among Aboriginal adults in an urban setting. Increased self-esteem partially explained why cultural participation was protective. Cultural participation also promoted resilience by reducing the effects of high school incompleteness on drug problems. In contrast, mainstream acculturation was not associated with illicit drug problems and served as a risk factor for prescription drug problems in this urban sample. Findings encourage the growth of programs and services that support Aboriginal peoples who strive to maintain their cultural traditions within cities, and further studies that examine how Aboriginal cultural practices and beliefs may promote and protect Aboriginal health in an urban environment.

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### Introduction

Illicit and prescription drug use disorders are two to four times more prevalent among Aboriginal peoples in North America than the general population (Crowshoe, 2003; Currie & Wild, 2012; Elton-Marshall & Leatherdale, 2011; Wardman, Khan, & el-Guebaly, 2002). To date, we do not have a common understanding of the determinants underlying these disparities. Epidemiologic studies indicate that in established market economies addictions are higher among men and those living in poverty (Hasin & Grant, 2004; Hasin, Hatzenbuehler, Smith, & Grant, 2005). Although it is well documented that Aboriginal peoples are among the poorest and most socially disadvantaged group in many developed nations

including Canada, there remains a dearth of information about factors that influence substance use disorders in this population.

While it is important to document risk factors that contribute to drug problems, overemphasis on risk also perpetuates the social stigmatization of Aboriginal peoples (O'Neil, Reading, & Leader, 1998; Valaskakis, Stout, & Guimond, 2009). Positive perspectives that direct energy, time and resources to factors of particular relevance for Aboriginal peoples are also needed (Valaskakis et al., 2009). Traditional Aboriginal culture may be a particularly important factor given it may be more easily modified than other determinants (e.g., income and educational disparities), it is a factor that can empower and foster pride among Aboriginal peoples, and it is a determinant many may be intrinsically motivated to strengthen. In Canada, there is an unprecedented level of interest in understanding how Aboriginal peoples locate themselves in today's mainstream society (Valaskakis et al., 2009). Studies suggest identification with traditional culture is an important protective

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factor associated with reduced substance abuse and suicide and improved mental health within Aboriginal communities (Bals, Turi, Skre, & Kvernmo, 2011; Colquhoun & Dockery, 2012; Dockery, 2011, 2012; Fleming & Ledogar, 2008; Mclvor & Napoleon, 2009).

A limitation of this research has been an overriding focus on rural and remote areas, effectively excluding rapidly growing urban Aboriginal populations around the globe. While a US study documented stronger antidrug norms among urban-based Native American adolescents who had a more intense sense of ethnic pride (Kulis, Napoli, & Francisco, 2001), we do not know if there are differences in drug-using behaviours between urban Aboriginal youth and adults who do and do not participate in their cultural traditions. In Canada, the proportion of Aboriginal peoples who live in cities now exceeds the proportion in rural and remote communities, and constitutes one of the fastest growing segments of Canadian society (Indian and Northern Affairs Canada, 2009; Statistics Canada 2008). The role traditional Aboriginal cultures may play in reducing or even preventing substance use problems in cities is becoming increasingly relevant both in Canada and internationally, and is the focus of the present study. This study also addresses important gaps in the literature, first, by examining the potential preventive role that Aboriginal cultural participation may play given much of the research in this area has focused on the application of cultural practices in addiction treatment (Brady, 1995; Dell et al., 2011). Second, this study provides much needed information about psychoactive prescription drug misuse, procurement, and problems in a community-based sample of Aboriginal Canadians.

#### *Historical characterizations of Aboriginal culture*

The exploration of Aboriginal culture as potentially protective for health is a relatively new venture in science. At the turn of the twentieth century a 'primitivist' discourse characterized Aboriginal peoples as a homogenous and childlike race, incapable of complex thought and driven by a savage and a simplistic culture devoid of social rules and the constraints of reason (Lucas & Barrett, 1995; Waldram, 2004). This characterization was juxtaposed in a crude and dualist fashion against western culture which was assumed to be based on positivism and empiricism (Waldram, 2004). As stated by Memmi: "the distance which colonization places between him and the colonized must be accounted for, and to justify himself, he increases his distance still further by placing the two figures irretrievably in opposition; his glorious position and the despicable one of the colonized" (Memmi, 1957, p. 54–55).

These comparisons resulted in the discounting of Aboriginal cultures and ways of knowing and legitimized actions to assimilate Aboriginal peoples into colonized societies (Kirmayer, Tait, & Simpson, 2009). A primitivist discourse also pervaded scientific thought and guided a great deal of research in the area (Waldram, 2004). Such researchers were often clinicians using Freudian perspectives to interpret links between Indigenous cultural beliefs and mental health (Ackerknecht, 1943; Baker, 1959; Devereux, 1969; Waldram, 2004). These comparisons began with Freud himself, whose work opened the door to a comparison of 'primitive' Aboriginal peoples to neurotics, a view that remained influential for many decades (Freud, 1918).

Experts have since argued that despite the enormous amount of research conducted in these decades much of it has failed to see Aboriginal peoples clearly and, as noted by Kirmayer and Minas (2000), treated their cultural worlds like funhouse mirrors that held up distorted reflections of Eurocentric cultural preoccupations. A rising counter-discourse is now challenging the gross misrepresentation of Aboriginal peoples and their cultures by Euro-Canadian scientists (LaRocque, 2010; O'Neil et al., 1998). These

critiques have coincided with a growing Aboriginal cultural revitalization in Canada and other colonized societies (Mclvor & Napoleon, 2009).

#### *Measuring culture*

Given this history, an important consideration for studies that examine culture as a determinant of Aboriginal health is the operationalization of culture as a variable. A key aim of this study was to contribute to knowledge in this field using methods that respect the heterogeneous, dynamic, and complex nature of Aboriginal cultures. In addition, a measure was sought that avoided the assumption that uptake of mainstream culture is necessarily accompanied by the loss of Aboriginal culture (Waldram, 2004). The Vancouver Index was selected because it examines the degree to which Aboriginal peoples identify with mainstream culture and their heritage culture on separate subscales. The measure uses the terms *enculturation* and *acculturation* to describe these constructs, defined as the degree to which Aboriginal peoples identify with, feel a sense of pride for, and integrate the values and norms of their Aboriginal heritage culture and mainstream culture respectively (Zimmerman, Ramirez, Washienko, Walter, & Dyer, 1994). Items permit cultural heterogeneity by asking how often participants engage in the values and traditions of their heritage culture without defining what those practices should be. A limitation is that the measure does not shed light on the conceptualization of cultural participation. For this reason, the present study included open-ended questions to characterize the values and behaviours participants used to define their own level of cultural participation.

#### *Acculturation*

Like enculturation, acculturation has been found to enhance mental health in ethnic populations (Asvat & Malcarne, 2008). However, much of this work has focused on immigrant groups who do not, for the most part, have historical grievances with Canadian settler society. The idea that acculturation may be similarly protective for Indigenous populations is complicated by historical and current mistreatment by the settler societies who colonized their homeland (Currie et al., 2011). Discrimination, loss of land, forced assimilation policies, and an ongoing media emphasis on negative Aboriginal stereotypes and anecdotes have resulted in a valid distrust of Canadian settler society that can be difficult for Aboriginal peoples to surmount (Currie et al., 2011). Given this social context, associations between acculturation and drug problems were examined but specific hypotheses about the direction of associations were not generated.

#### *Research hypotheses*

We hypothesized that enculturation would be associated with reduced drug problems both directly and indirectly, by strengthening psychological well-being. Enculturation was also hypothesized to serve as a resilience factor that would reduce the likelihood of drug problems in the presence of risk producing conditions. Operating on a separate dimension to risk, a resilience factor attenuates the strength of an association between a risk and outcome (Johnson, Wood, Gooding, Taylor, & Tarrier, 2011). By definition, resilience is active in high risk producing conditions, acting to reduce the likelihood of a negative outcome (Johnson et al., 2011; Masten, 2001). When risk is low or controlled using statistical techniques, resilience is unnecessary and therefore dormant (Johnson et al., 2011; Masten, 2001). That is *not* what was hypothesized in the present study. By strengthening psychological

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