

**THE SOCIAL DETERMINANTS OF ALCOHOL ABUSE IN
CANADIAN INUIT**

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**Submitted in partial fulfillment of the
requirements for the degree of
Master of Philosophy**

**Scott Polar Research Institute
University of Cambridge**

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DECLARATION

In accordance with University of Cambridge regulations, I do hereby declare that:

This thesis represents my own original work and conforms to accepted standards of citation in those instances in which I have availed myself of the work of others; this thesis is not now being submitted nor has been submitted in the past for any other degree, diploma, or similar qualification at any university or similar institution; this thesis is greater than 10,000 words without exceeding the maximum allowable length of 20,000 words, excluding footnotes, tables, appendices, and references.



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13 June, 1996

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I have many people to thank for their assistance this year. Jack Bibby, Jeff and Mel Cheah, David Parsons, Danny Kellar, Maureen Nicholls and Julie Cruikshank have all given me a great deal of encouragement both before and after my arrival in Cambridge.

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ABSTRACT

Increased social problems among circumpolar peoples have been the subject of much academic, political and community discourse. The Inuit have been described as being overrepresented in terms of numerous psychopathologies. However, it is alcohol abuse which is considered to be the most serious concern of the Inuit in the Canadian Arctic, both by themselves and by observers. While social scientists and medical academics have discussed the connection between social conditions and health, this relationship is too often assumed, but not demonstrated. This thesis attempts such a demonstration, by inquiring into the history, socioeconomic conditions, quality of housing, education, and acculturation of the Inuit, and looking at how these factors shape perception of life chances and result in high levels of alcohol abuse. This thesis argues that strategies for eliminating alcohol abuse which focus on improving the social conditions of the Canadian Inuit are more likely to be successful than those which are acontextual, such as the medical treatment approach, and which do not address these underlying factors.

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INTRODUCTION

"If you think that it is great to [live on the reserve and] get handouts from the government, well, it's not. It's not. It's not, if you're just a teenager and [already] have kids. It's not, if you don't have an education [or a job]...It's not, if you don't have anything to do but sit around the house...That is why Native [kids] commit suicide, do drugs, become alcoholics, and waste their lives"

*(Dennis Peters, Long Plains First Nation,¹
Grade 11 Student, Crocus Plains Secondary School,
Royal Commission on Aboriginal Peoples, 1995: 28).*

The Canadian Inuit have long enjoyed a vibrant culture. They have successfully adapted to one of the world's most demanding of environments. For thousands of years, they maintained social, economic, and cultural autonomy. Historically, they controlled the education of their children, provided their own health care, and preserved economic independence through subsistence activities and trade. They retained strong cultural identity and pride, which was embodied through their connection with the land.

Traditionally, health care delivery was controlled locally, by family members, shamans, and the afflicted individual themselves. Every Inuit family owned their home, in that they made use of materials which they found in the environment. Certainly, the Inuit did not rely on an outside power to provide housing, medical services, education, or economic assistance.

Within living memory, in the space of less than 40 years, the Inuit have moved from a position of independence to one of subordination to an external force, namely, the Canadian government. Following forced settlement, every aspect of their lives was dictated by Euro-Canadian culture, including the control of education, the delivery of

¹ First Nation is a term used to refer to aboriginal persons. It is preferred to the word native or indian by aboriginal people and implies an inherent right to self-determination.

INTRODUCTION

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health care, the provision of housing, and the shape of their economy. Still further, their very sense of reality, in terms of time, space, and social order was altered. Their social conditions had been dramatically transformed.

Today, the northern region of Canada is characterized by an abundance of social problems, including suicide, alcohol abuse and violence. But it is alcohol abuse which the Inuit describe as the major social issue facing their communities.

Some authors have argued that indigenous peoples are different from their Euro-Canadian counterparts in terms of the effects of alcohol on their physiology. Folk theories suggest that the relatively recent introduction of alcohol into Inuit society has not allowed them to develop the physiological processes required to metabolize alcohol effectively, thereby leading to alcohol-related problems. More scientific versions of this perspective suggest that biological factors, in the form of genetic distinctions, account for differences in indigenous use of alcohol. In spite of the popularity of these theories, there is no compelling evidence for a biological predisposition towards alcohol abuse (Peele, 1986: 71, Zucker and Gomberg, 1986: 791, Schuckit, 1987: 306). Furthermore, theories which postulate physiological differences in the metabolism of alcohol by different ethnic groups could be viewed as racist in that they imply a biological hierarchy between those who can appropriately use alcohol and those who cannot. It is through the study of social conditions, as opposed to biological factors, that the most productive research into psychopathology is yielded.

Here, it is important not to make an assumption of homogeneity with respect to indigenous peoples. In fact, there is considerable cultural variation both between and

within various aboriginal groups. The stereotype of the 'drunken indian' is not supported by data. In fact, there are vast differences in the alcohol use patterns of indigenous groups, since some groups report high amounts of substance abuse, while others do not. Similarly, there is more variation within ethnic groups than between them (Fisher, 1987: 93). For instance, Lewonton (1972: 397) maintains that the maximum amount of human diversity determined by racial groupings is 6.3 % of the total variation. In contrast, 67.4 % to 90.7 % of human diversity is found within single ethnic populations. Most importantly, the Canadian Inuit themselves identify substance abuse as a major concern for their communities. For this reason alone, it warrants detailed attention.

This thesis begins with an examination of four health studies: the Keewatin Health Assessment, the Santé Québec Inuit Survey, the Pauktuutit Report, and the First Nations² and Inuit Community Solvent Abuse Survey. These data are supplemented by official government statistics. Such studies and government figures have never been brought together before, especially with respect to alcohol abuse.

Subsequently, this thesis provides a broad inquiry into the social determinants of alcohol abuse. Through an analysis of social variables, namely housing conditions, educational attainment, history, rapid cultural change, income, and labour force activity, an overall picture of the social conditions of the Inuit in Canada is produced. Here, the materials relied upon include: the largest housing study in the history of the Northwest Territories, as well as the Aboriginal Peoples Survey, and numerous academic studies on

² First Nations refers to persons of aboriginal ancestry. It is a politicized concept which implies the right to self-determination or self-government. In Canada, it is preferred to the term Native or Indian.

acculturation, income, and education. Again, territorial, provincial, and federal government reports are used to supplement these data.

Biological and psychological theories are not the focus here. However, while this thesis does not attempt a psychological investigation of individual cases of alcohol abuse, it does work towards a psychosocial account of the general experiences of the Inuit, aimed at revealing a link between the experience of impoverished social conditions and the abuse of alcohol.

This thesis is unusual in that it attempts to provide a general account of social conditions. While an overall picture of the health of Native Americans has been provided in the past, and health studies of particular Inuit communities have been compiled, a comprehensive illustration of the social conditions of the Inuit in general has not been attempted in recent years. Contemporary research tends to emphasize a specific analysis. This may in part reflect a change in academic culture, which has precipitated a methodological shift towards the micro-analysis of specific situations, as opposed to the macro-analysis of widespread sociological currents. While the micro-approach has its benefits, in terms of understanding a particular situation or community, it lacks a wider contextual framework. This thesis is an attempt to unfold a contextual backdrop against which alcohol abuse can be considered. The present analysis does not, however, intend to present a positivistic outlook or to imply an unconditional causal link between general social variables and extreme human behaviour, such as alcohol abuse. Instead, a more global outlook is forged, in order to contextualize more specific research projects which can follow this one. In this respect, this thesis will eventually need to be tested against

fieldwork in a particular community in order to see the general social forces being played out at the local level.

The People

There are approximately 125,000 Inuit living in circumpolar regions. Historically, they have been known as 'Eskimo', which is an Algonkian Indian word meaning "he eats it raw". Today, the word 'Eskimo' is generally considered to be unfavorable, and has been replaced by 'Inuit', which to them means "the people". The Inuit are found in Greenland, Alaska, northern Canada, and the Autonomous Republic of Chukotka (in Russia). They are known as the Kalaallit in Greenland and the Yupik and Inupiat in Alaska. In Canada, they are the Inuit in the central Arctic and Baffin Island area, and the Inuvialuit in the western Arctic. The smallest population resides in Russia and is officially termed 'Eskimosy', according to the 1989 census (Sokolovskii, 1994: 132). Their self-appellation was originally Yugyt, which was later russified to Yuity (Armstrong and Brody, 1978: 178). The largest Inuit groups live in Alaska and Greenland. There are approximately 32,000 to 34,000 individuals who identify themselves as Inuit in Canada (Indian and Northern Affairs (hereafter referred to as I.N.A.), 1993: 29, Creery, 1994: 105, Statistics Canada, 1995a: xiv).

Northern Canada is divided into three main groups of indigenous people, based on separate language families: Athapaskans (Dene) in the western Subarctic, the Algonkians of the eastern Subarctic, and the Inuit of the Arctic (Brody, 1987: 29-30). The Inuit can be classified into the Inuvialuit, the Copper, the Netsilik, the Caribou, the Iglulik, the Baffin Island, and the Ungava peoples. The three main Inuit languages are all from the

Eskaleut language family. Yupik is spoken in Siberia, both Yupik and Aleut are the languages of southwest Alaska, and Inupiaq extends from northern Alaska to Greenland. Inupiaq is referred to as Inuktitut in Canada, and Kalaallit in Greenland (Creery, 1994: 105). There are six regional dialects of Inuktitut in northern Canada, spoken in Labrador, Baffin Island, northern Quebec, Keewatin, the central Arctic, and the western Arctic (Petronne, 1988: xi).

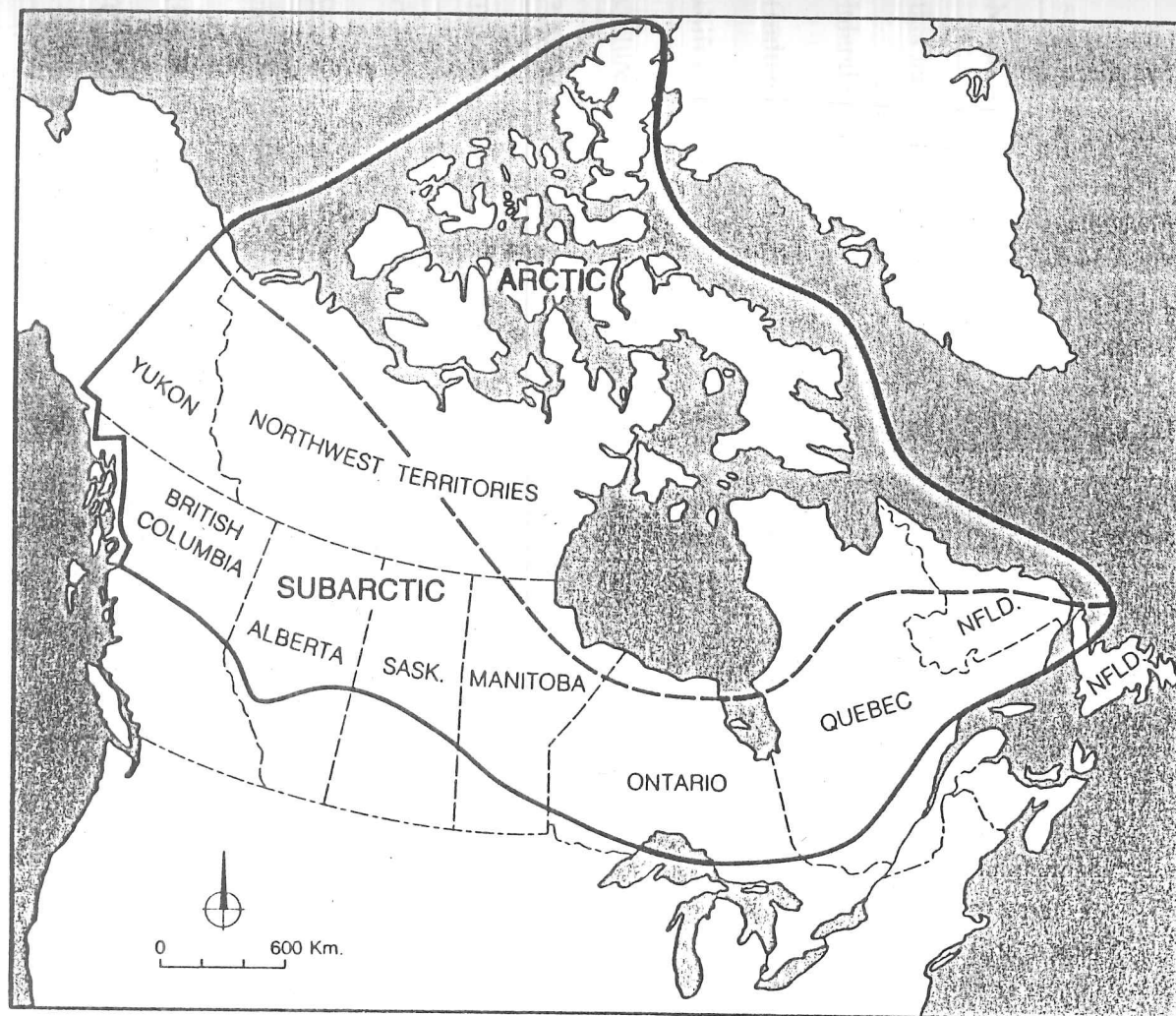
GEOGRAPHICAL AND HISTORICAL PROFILE

"The Inuit live on the edge of the inhabited and the brink of the uninhabitable"
(Birket-Smith as cited by Matthiasson, 1995: 78)

Canada is the second largest country in the world and covers nearly ten million square kilometres of territory. It accounts for approximately seven per cent of the total land area in the world. It is a federation of ten provinces and two territorial regions, the Northwest Territories and the Yukon Territory. It stretches 5000 kilometres from its eastern to western frontier and spans an equivalent distance from its southern to northern boundaries. Yet, the Canadian population is relatively sparse, accounting for only 0.5 percent of the world's total inhabitants. More than 50 percent of the country is made up of tundra, taiga and prairie, with a remarkably low population density of two people per square kilometre. Over 50 percent of the populace resides in less than five percent of the country's territory (Haraldson, 1996: 32-33).

In Canada, the Arctic region is comprised of the Northwest Territories, the Yukon Territory, northern Quebec and the eastern part of Labrador. (See Map 1.)³ The Northwest Territories (NWT) accounts for one third of Canada's land area and spans approximately 3,376,698 square kilometres (1,304, 903 square miles). It is about twice the size of Mexico and is greater in geographical size than either Europe or India (Dickerson, 1992: 11). It is an area populated by about 50,000 inhabitants, resulting in a population density of only one person per sixty square kilometres. In the Yukon, the total

³ Many of the placenames in the Canadian Arctic have changed or are in the process of being modified in order to reflect indigenous appellations. However, many of the European names still exist in the literature. Please see appendix 1 for a list of northern communities with their equivalent aboriginal designations.



Map 1. The Canadian Arctic. (Source: Bone, 1992: 5).

population is 32,000, two thirds of whom reside in the capital city, Whitehorse. The other 9000 residents are distributed over 500,000 square kilometres, setting the population density outside of Whitehorse at one person for every 50 square kilometres (Haraldson, 1996: 32-33).

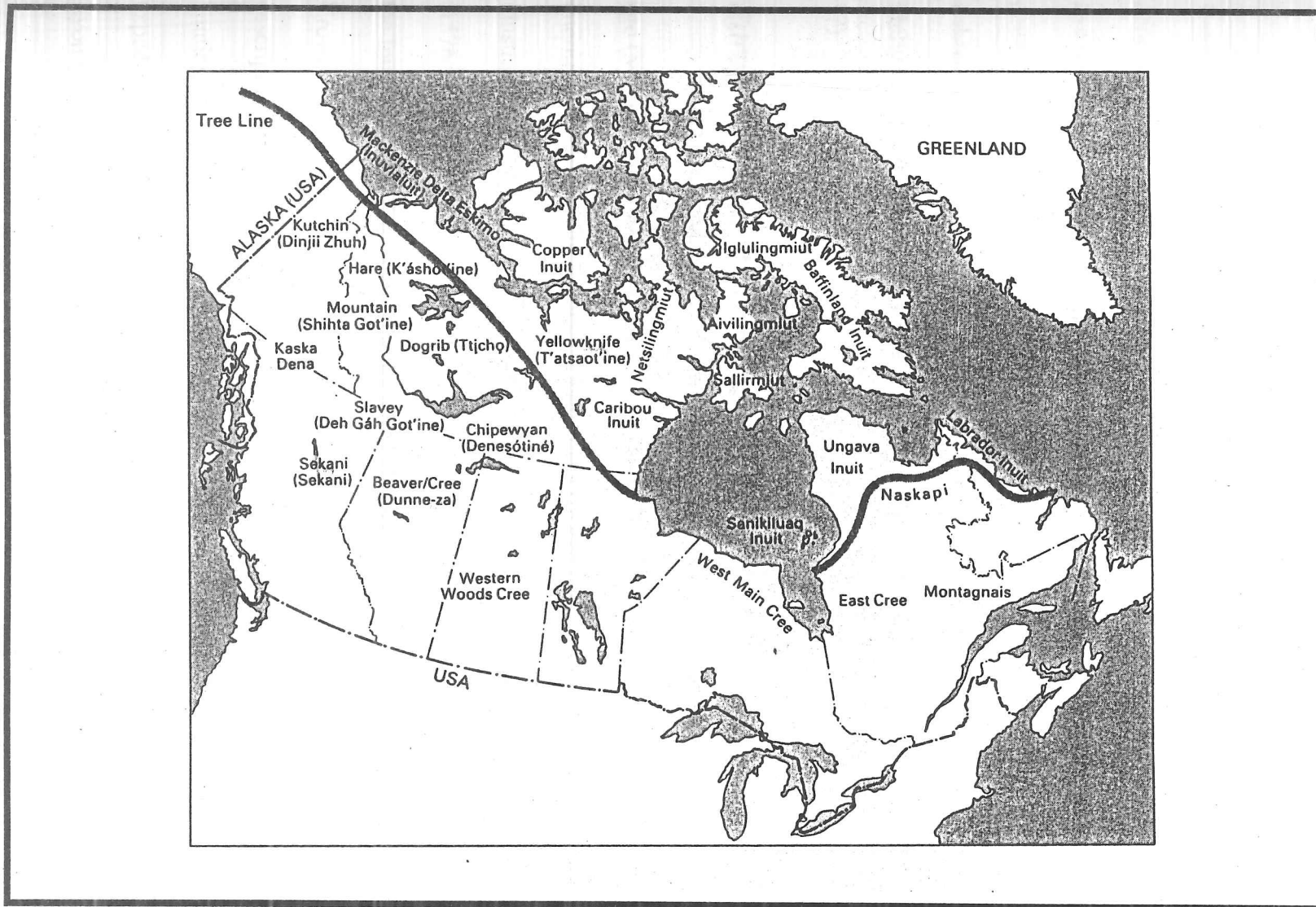
Early History

During the last ice age (the Pleistocene), a dramatic drop in sea level exposed a strip of land, the Beringia landbridge, in the Bering Strait (which connected Asia and North America) (Young, 1994: 3-8). It is believed that the ancestors of the Inuit crossed this land bridge approximately 15,000 years ago. Originally, these early ancestors were inland hunters, but they eventually developed methods for hunting walruses and seals (Indian and Northern Affairs Canada, hereafter referred to as I.N.A.C., 1990: 7). This shift to the pursuit of marine mammals is considered to mark the beginning of Inuit culture. The earliest Inuit are known as the Pre-Dorset, who lived from approximately 3000 B.C. to 500 B.C.. They hunted seals along the coast and caribou in the interior. They were replaced by the Dorset people, who existed from approximately 1000 B.C. to A.D. 1100. The Dorset culture invented the snow house, hunted both inland and marine mammals, and used weapons which were similar to those of both the Pre-Dorset and the subsequent Thule culture. The direct ancestors of the Inuit were the Thule people (Dickerson, 1992: 26). They replaced the Dorset approximately one thousand years ago (Collins, 1984: 16).

Canadian Inuit

The Inuit have lived in the Canadian north for approximately 5000 years and their territory ranges for more than 4000 kilometres. Historically, there were eight main Inuit groups in Canada: the Mackenzie, the Copper, the Caribou, the Netsilik, the Iglulik, the South Baffin Island, the Sadliq and the Ungava and Labrador Inuit. (See Map 2.) As well, these general groups are divided into sub-groups, which are identified by the suffix “-miut”, meaning “people of” in Inuktitut. For example, Aivilingmiut denotes the “people of the walrus”, which is a branch of the Iglulik Inuit (Petrone, 1988: vi).

The Mackenzie Inuit (Inuvialuit) lived in the western Arctic and maintained close ties with the Alaskan Inuit. They hunted caribou, musk oxen, moose, beaver, and muskrat in addition to seals and beluga whales. The Copper Inuit occupied a region just east of the Mackenzie Inuit. They had access to wooded areas and traded copper with other groups including the Caribou and Netsilik. They also hunted both marine and land mammals. The Netsilik (people of the seal) resided east of the Copper Inuit. They relied heavily on marine resources and used bones for tools due to a scarcity of wood in their area. The Caribou Inuit inhabited the west coast of the Hudson Bay. These people were chiefly inland hunters and they did not typically engage in sea hunting. The territory of the Iglulik Inuit stretched from that of the Caribou Inuit to the north of Baffin Island. They supplemented their land hunting activities by harvesting walrus. The South Baffin Island Inuit included numerous interrelated groups which hunted seals, caribou, and birds. The Sadliq Inuit inhabited Southampton Island and were distinct in that they wore bearskin clothing and used flint-headed weapons. The area of the Ungava and Labrador Inuit ranged from Ungava Bay to the Gulf of the St. Lawrence. They hunted both sea and land



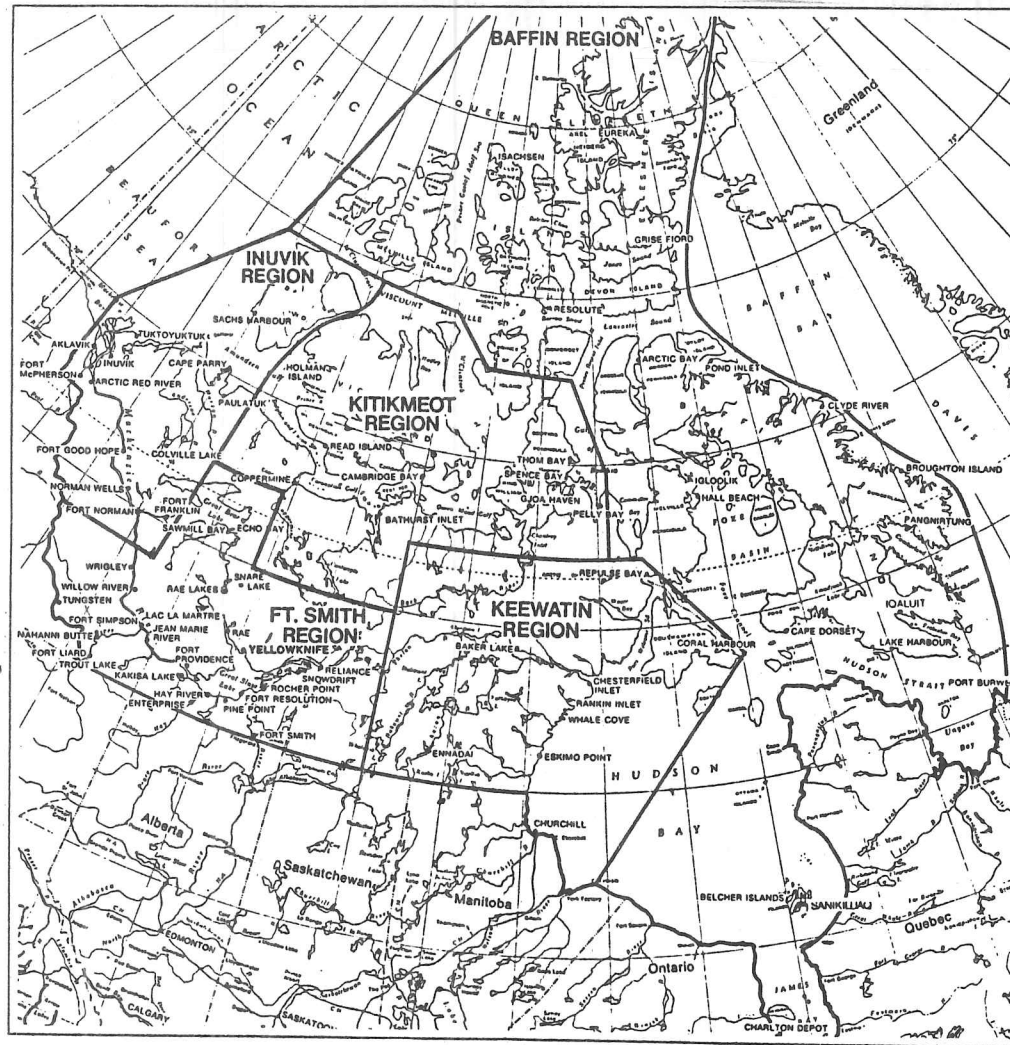
Map 2. Inuit groups in Canada. (Source: Brody, 1987: 26).

mammals and had reliable access to wood which they used to construct subterranean winter dwellings (I.N.A.C., 1990: 13-15, Crowe, 1991: 54-62).

Today, the Inuit of the Northwest Territories primarily reside in the Baffin, Keewatin, Kitikmeot and Western Arctic districts. (See Map 3.) They make up approximately 36 % of the population in the Northwest Territories. Another 7000 Inuit live in 14 communities along the coast of Hudson Bay and Ungava Bay, where their communities have between 125 to 1600 residents, of which 91 % are of Inuit ancestry. In Labrador, the Inuit occupy five main communities on the coast of Labrador and the Upper Melville lake area, where they total approximately 4000 in number (Pauktuutit, 1993: 17-37).

European Contact: from Independence to Tutelage

The Scandinavian Vikings first visited eastern Canada approximately 1000 years ago (Matthiasson, 1995: 101, Haraldson, 1996: 33). As a result, the Inuit have had intermittent contact with Europeans since the 11th century. European artists initially illustrated the Labrador Inuit in 1567 (Collins, 1984: 8). The explorers Martin Frobisher (1576-1578), John Davis (1585-1587), and Henry Hudson (1610), had early contact with the Inuit, although European fishermen had already encountered them (Neatby, 1984: 377, Crowe, 1991: 65, Williamson, 1991: 1, Burch, 1995: 74). The first detailed European descriptions of the Canadian Inuit originated with nineteenth-century British explorers hunting for the Northwest Passage and those engaged in the search for the lost Franklin expedition. Parry (1824, 1842), Lyon (1824), and Rae (1850, 1866) depicted the Iglulik. Lyon (1825) described the Sadlermiut. Back (1836) and Ross (1835)



Map 3. Regions of the Northwest Territories. (Source: Government of NWT, 1988: i).

produced accounts of the Netsilik. The most extensive information on the Mackenzie Delta Inuit (Inuvialuit) was collected by a missionary, Émile Petitot in 1876, 1886, and 1887. The first systematic work on the Canadian Inuit was produced by Franz Boas in 1888 and was based on the work of explorers, whaling captains, and missionaries in addition to his own field research during the years of 1883-1884 in the Baffin Island area. The first detailed account of the Labrador Inuit was compiled by Cartwright in 1792 (Collins, 1984: 10-11). The final part of the Canadian Arctic to be investigated was the western segment of the Northwest territories. Here, Stefansson, in the years 1913, 1914, 1919, and 1921 and Jenness, over a span of over 20 years, studied the Copper Inuit, while Rasmussen, after his Fifth Thule Expedition of 1921-1924, produced classic monographs on the Caribou Inuit, the Netsilik, the Iglulik and the Copper Inuit (Collins, 1984: 10-12).

Numerous works have been published on the history of European contact with the indigenous peoples of Canada. Of interest here is the historical relationship of tutelage between the Federal Government of Canada and indigenous peoples which resulted in a shift from aboriginal peoples being in a position of independence and dignity to one based on disempowerment and low cultural esteem. Dyck (1991: 24-25) describes the unique form of tutelage to which indigenous people in Canada have been subjected:

“...tutelage comprises a form of restraint or care exercised by one party over another as well as the condition of being subjected to such protection or guardianship. It also refers to a situation where disciplined instruction is provided to a pupil by a tutor. In both cases there is an implicit understanding of the unequal status and power of the two parties... Yet, unlike the relationship between professor and student, master and apprentice, the tutelage that Canadian Indians have experienced has been based neither upon a contractual agreement nor a negotiated understanding but upon the power of one side to regulate the behaviour of the other in accordance with a set of unilaterally selected purposes. More importantly, contrary to the relationships between parents and young children or

those which may develop later between adult children and ailing parents, the form of tutelage that has held Indians captive for so long has not been merely a temporary stage in the life cycle but a permanent condition”.

This paternalistic relationship is exemplified by a form of welfare colonialism. Paine

(1977a: 84-85) elaborates on this state of being:

“It is important to consider the distribution of government welfare in the context of tutelage relations. Many Inuit, as we have seen, draw upon government welfare. Are we to conclude, then, that along with Anglicanism and tea-drinking, this is a case of successful incorporation of a white item into Inuit culture?...Certainly, the government welfare programmes are used by many Inuit families as one economic resource among several, but whether it is a successful Inuit adaptation depends upon the whites’ response to it--given the control whites exercise over the Inuit. Generally speaking, whites deplore what they take to be the Inuit ‘dependence’ on welfare. They have this attitude at the same time as they are the dispensers of welfare--and at the same time as it is the impermanence of much wage labour that itself contributes to the dependence on social assistance”.

Williamson (1991: 5) has called this phenomenon exteriorisation, the process by which the Inuit have become “functionally dependent upon and controlled by remote systems and powers over which the client group has no control, and about which they may have only limited understanding”. This exteriorisation typically begins through the acquisition of technical and material goods which are perceived as improvements in quality of life. The acquisition of new possessions is usually made without the group realizing or anticipating the profound transformative power of these items.

Overall, the indigenous peoples in Canada number approximately one million and constitute about 3.6 % of the total population (Kirmayer, 1994: 4). Although they form a majority in their own district, the Inuit are a minority in relation to the wider Canadian society. Indigenous peoples in the Canadian Arctic have historically been characterized by political weakness, economic marginality, cultural stigmatization, and relative powerlessness in their own lands (Paine, 1977b: 7-22, Dyck, 1989: 1). The Canadian

Inuit were semi-nomadic hunters who were well-adapted to the arctic environment at the time of first contact with Europeans. Early contact between indigenous peoples and the colonizing French and British centred on the fur trade (Dyck, 1991: 45-46). Aboriginal peoples acted more as equal partners in the early relationships between themselves and the Europeans in Canada, especially in the fur trade. However, the furs required by European colonizers (such as those of the arctic fox) were fashionable, and were not prey typically hunted for subsistence by indigenous peoples. Thus, traditional economies were drastically modified by the fur trade when northern indigenous groups switched from subsistence hunting and fishing to the trapping and hunting of animals which were relatively useless for sustenance, but whose furs could be exchanged for commercial goods (Paine, 1977b: 9-10, Williamson, 1991: 5). Hence, the Inuit began to become dependent on external, in this case international, market forces.

Whilst land appropriation and colonization were common themes in Canada, there have been notable Canadian examples of indigenous control of local development such as the James Bay and Northern Quebec Agreement (Feit, 1989: 28, Dyck, 1991: 148-150). Notwithstanding, the relations between the Inuit and the federal government have been largely based on tutelage. These relations arise from the assumption of European cultural superiority whereby government administrators justifies the imposition of solutions for presumed indigenous problems. The ultimate goal of this ethos is to alter indigenous culture into conforming with the ideals of 'civilized' European society (Dyck, 1991: 24-25). Yet, even the Europeans themselves were not always able to meet the very ideals

which they set for the indigenous peoples, such as being of good moral character, literate and free of debt before being entitled to own property (ibid.: 51)

In Canada, aboriginal people became the pawns of government administrations once European settlers began to occupy indigenous territory (Dyck, 1991: 7). It is important to note that this guardianship ethos was not necessarily intended to be harmful.

Dyck (1991: 26) elaborates on this distinction:

“Tutelage has never been presented by tutors as self-interested compulsion or exploitation; they invariably define their activities as charitable benevolence. Yet their ‘gifts’ are made with an expectation of reciprocity whereby the client will eventually acknowledge the superiority of the tutor’s values and demonstrably adopt these as his or her own”.

The main administrative unit to exercise the tutelage of Canadian arctic peoples has undergone several reconstructions, but is known today as the Department of Indian Affairs and Northern Development (hereafter referred to as D.I.A.N.D.).

However, the tutelage of the Inuit did not occur until relatively late. The Family Allowance and Old Age Pension acts, passed in the 1940s, marks the point where the government bureaucracy officially recognized the citizenship of the Inuit:

“In 1945 it transferred [the federal government] the care of both Eskimo and Indian health to the Department of National Health and Welfare; and officialdom for the first time publicly recognized the Eskimos as citizens of the Dominion by distributing among them the family allowances to which a bill enacted a few months before had entitled all Canadian citizens” (Jenness, 1964: 77).

Originally, the Royal Canadian Mounted Police were charged with the responsibility for distributing these funds in isolated areas. Later, the family allowance and old age pension cheques were used in order to coerce the Inuit into settlement by insisting that individuals wishing to receive these cash payments must reside at a permanent address (Whitaker,

pers. comm.). In the 1950s, the Canadian government began to provide housing, education, and health services to the Inuit (Government of Canada, 1991: 5).

Government policies towards the indigenous peoples of Canada were predicated on underlying principles of social engineering. For instance, the federal government excluded chiefs and traditional leaders from local governing bodies in an effort to foster individualism (Dyck 1991: 89-90). Moreover, the government pursued a policy of assimilation in respect of indigenous arctic peoples. This assimilation policy continued until well into the 1960's (Creery, 1994: 131-132). The agents of this cultural colonialism were typically government officials, the Royal Canadian Mounted Police, and Christian missionaries.

Historically, the Canadian government pursued a policy of forced relocation of indigenous peoples living in the Arctic. In the 1960s, the Inuit were also forced to abandon their nomadic way of life in favour of government supervised settlements. Williamson (1991: 6) recounts the variables which influenced the Inuit to move to these abruptly created towns:

“Illness and the fear of illness has been a major acculturative force in Eskimo society everywhere. It forced people into accepting quasi-urbanization in the new Arctic sudden-’towns’ of the late 1950’s and 1960s. They moved in, hoping for medical treatment, housing, employment and a chance to keep their children at home while receiving their schooling. They favoured these moves toward modernization because of fears of physical failure to survive out on the land”.

Shortly after the Inuit moved to the settlements, their dog teams, which were a main source of transport and connection to the land, were annihilated by disuse and extermination due to safety laws in accordance with territorial dog control regulations. Prior to this period, the Inuit lived in small hunting-bands which seldom numbered more

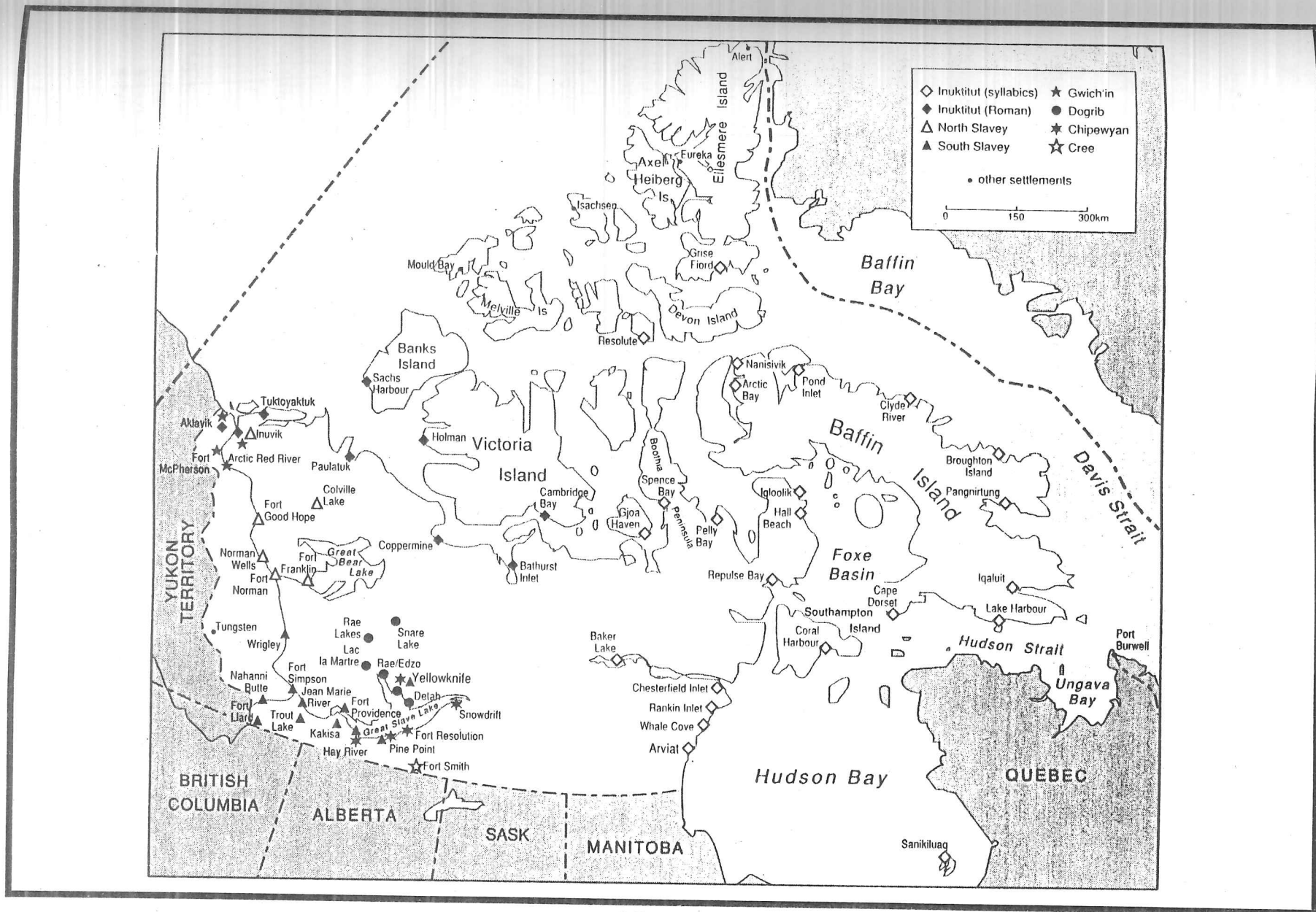
than six to ten dwelling units, and with camps dispersed widely over a predominantly coastal habitat, moving in concordance with the location of game (Williamson, 1991: 4-8). These bands were typically linked by kinship, governed by a consensual decision-making model, and informed by the guidance of elders and shamans until the influence of the missionaries became overpowering. Suddenly, the Inuit found themselves living in much larger communities, with their world almost entirely controlled by missionaries, policemen, and government officials whose only accountability was to a distant administration.

The residential school system, which began as early as the 1860s, had a deleterious effect upon aboriginal people. In conjunction with the government and church control over the lives of indigenous peoples, the residential school system resulted in the gradual erosion of their culture. As well, many individuals experienced violence and abuse in these educational institutions (Mussel, 1993: 10).

Language is a critical symbol of cultural identity for indigenous peoples, and the loss of the native language can indicate the threat of assimilation and the end of ethnic identity. While missionaries developed a roman script for translating the Bible, Canadian Inuit were forbidden from speaking their language in school (Creery, 1994: 135-137). As well, the missionaries attacked the traditional naming system, which had previously linked the name, soul, and the environment. This undermined the Inuit metaphysical and physical system of relations between the human and animal world (Williamson, 1991: 5-6). The early written forms of the Inuit language were typically religiously-based. Due to the fact that the various missions used different writing systems, the Inuit of the Hudson Bay and northern Quebec area use a different script from those of the western Arctic. As a

result, the two groups cannot read each other's dialect (Dahl, 1993: 113). The Moravian missionaries christianized the Labrador Inuit and translated the Labrador dialect of Inuktitut into a Moravian transliteration in the early eighteenth century. The rest of the Arctic was introduced to Roman orthographies by Protestant and Roman Catholic missionaries in the middle of the nineteenth century. With the exception of Labrador, where the Moravians had settled, a system of syllabic orthography was introduced in the eastern Arctic in order to spread the Christian religion in the 1890s (Petrone, 1988: xii-xiii). (See Map 4 for an illustration of the written language regions.) However, although the residential school system in Canada weakened the Inuit language, it is not in present danger of disappearance.

After the settlement period, a demoralizing period of low cultural esteem ensued, which was associated with the loss of hunting opportunities, self-sufficiency, and self-determination (Williamson, 1991: 7-8). The implementation of the residential school system, forced relocation, and the simultaneous devaluation of the native language, led to a situation where many indigenous people had become strangers to their own culture. The numerous social problems observed in many arctic communities including a higher incidence of mental illness, violence, suicide, substance abuse, and psychosocial stress, which may have in part resulted from these government strategies (Kirmayer, 1994, Stieb and Davies, 1995). In his study of the history of an anonymous Inuit village in Canada, O'Neil (1985: 340) found that alcohol use was not known in the central Arctic until communities were compelled to adopt a sedentary lifestyle. In fact, alcohol use was not



Map 4. Language regions. (Source: Abele, 1989: xxiv).

known among the Inuit prior to European contact (Williamson, 1974: 127, Brody, 1977: 32).⁴ O'Neil notes that conflict between families began after subsistence activities were shifted to wage labour economies and people had to compete for scarce resources. As a result, social problems, such as alcohol abuse, began to occur due to the undermining of self-reliance and individual autonomy, which were important attributes in Inuit society.

The Medicalization of Social Problems

Historically, the institution of medicine has fostered an ideology of dependence in aboriginal communities of the north (O'Neil, 1988: 34). During the 1940's and 1950's, missionaries and fur traders reached most parts of the Canadian Arctic. They brought with them new diseases which demanded the provision of health services, for which they traded the religious and economic faithfulness of the Inuit. In essence, early entrepreneurs and missionaries offered their rudimentary medical products as barter for conversion to Christianity or exclusive control over the fur industry. O'Neil (1988: 38) notes that early Hudson's Bay Company employees gave preferred treatment (during famine periods and disease epidemics) to those individuals who were loyal to the Company and who would give up their traditional activities in order to pursue the fur trade. In this case, health care was a commodity, and the treatment of illness became a method for modifying the religious and economic paradigms of the Inuit.

With the arrival of formal medical services in the Arctic in the 1950s, the typical routine for treating diseases such as tuberculosis was to remove Inuit from their

⁴ Only one author has been found to contradict this conclusion. Kapetanakis et al (1994:118) cites a personal communication with F. Tremblay who notes that small-scale production of alcohol did exist in Inuit society historically. However, it is otherwise undisputed that the Inuit never used alcohol or any other psychotropic substance prior to contact with Europeans.

communities and transport them to southern sanatoria and health facilities for lengthy periods. As a result, the afflicted individual was often separated from family and friends for long periods. Although people frequently attempted to avoid supply ships which carried health personnel, they were usually forcibly compelled to receive medical tests or medical treatment. O'Neil (1988: 38-39) describes the social consequences of this healthcare delivery approach for indigenous people:

“The message implicit in this treatment approach was that responsibility for decisions regarding this type and location of treatment for diseases was now entirely in the hands of the colonial power. Furthermore, medicine had the authority to disrupt family life and traditional patterns of social interaction. This demonstration of power had far reaching ramifications in shaping Inuit expectations. Instead of sickness being viewed as an event which, with the help of a healer, resulted in increased social harmony and integration, illness now facilitated intrusion of the colonial power into the intimacies of family life. Illness was to be feared not only as a threat to life but also as a threat to social continuity and autonomy. Paternalism as a fundamental characteristic of external domination of a society was reproduced continuously in the highly emotional context of medical encounters...”.

The medical institution, with its tutelary ideology, became a symbol of colonialism, and remains as such today (O'Neil, 1988: 39, 47).

In recent years, under the influence of the health sciences, alcoholism has been viewed as a medical problem which needs to be treated with medical technology (Colorado, 1988: 600). In terms of health care provision, the Inuit of Canada appear to receive some of the best services in the world. This is particularly the case when measuring per capita government expenditures on aboriginal peoples in the Arctic (O'Neil, 1986: 120). Although there has been a substantial reduction of mortality due to infectious disease, the Inuit still exhibit mortality and morbidity rates which are higher in many respects than even the most poverty-stricken of Third World countries. In

particular, suicide and alcohol abuse, which are indicators of serious mental health problems, are involved in a large proportion of aboriginal deaths. Thus, it appears that costly primary health care services, which are widely available in the North, do not provide an adequate solution for social problems in Inuit communities.

Fundamentally, health care is controlled by a southern bureaucracy and is not accountable at the community level (O'Neil, 1986: 121-126). While the health system in the North does appear to be moving towards a community-based approach, it is in fact still perpetuating institutionalized professional relationships based on tutelage:

“Colonial medical bureaucracies *appear* to have been fostering local involvement in health services through the establishment of health committees and liaison workers, and Inuit political organizations *appear* to be demanding typically a urban, high technology, doctor-dominated and hospital-based form of medical care. Since both initiatives are produced according to implicit agendas which are part of larger ideological struggles--on the one hand to maintain control over medical change, and on the other to decolonize the northern health care system--the dialectic is not yet a dialogue” (O'Neil, 1986: 126).

The Inuit are advocating community-based health care, which is a more “socialist” approach, in that it is predicated on the development of locally based interventions which are in sharp contrast with programs developed within a “capitalist” political economy. With the advent of control over health care by the Indian and Northern Health Service in the 1950s, the Inuit experienced a change from their traditional situation where each individual was involved in all aspects of health care, to a European approach whereby health services were controlled by outside officials. Certainly, insofar as health care is funded by the federal government and evaluated in accordance with conventional medical indicators, it remains primarily ‘southern’ in style.

The medicalization of social problems has become prevalent in Inuit communities since the late 1970s (O'Neil, 1986: 125). According to this approach, alcohol abuse is considered to be an essentially medical phenomenon. O'Neil (1986: 126) remarks on the hazards of separating health problems from social, economic and community development issues:

"I have addressed specifically the fundamental contradictions that exist where a very expensive primary health care system is maintained with very little input from the clients of the service, and is increasingly ineffective in the face of a changing epidemiological picture where health problems are linked to broader community development issues...the greatest danger posed by this struggle is the increasing extent to which northern social life is medicalized and health is divorced from fundamental community development issues".

The medical model, then, ignores the political and economic context of alcohol abuse. Health concerns and the social context cannot be separated; alcohol abuse is an indication of impoverished social conditions. In this regard, community development is an essential first step to dealing with social problems.

Political Power and Resistance

In recent years, Canadian indigenous leaders and groups have made use of numerous symbols and publicity-seeking techniques, in order to gain more power in relation to the government and wider society. Symbolic acts, such as evoking the powerful imagery surrounding Martin Luther King, Mahatma Gandhi, and apartheid, have been used to gain political strength in matters pertaining to the rights of land ownership, aboriginal title, and self-determination (Dyck, 1989: 15, 1991: 142-143, Jhappan, 1990: 19-39). As a result of these politics of embarrassment,⁵ indigenous groups in Canada

⁵ A full discussion of the numerous political battles between indigenous peoples and the Canadian government events does not fall within the bounds of this paper. The reader is directed to the original works cited for examination of important public conflicts including those associated with the 1969 White Paper, Neilsen task force, Alert Bay

have been highly successful in marshalling public opinion and affecting government policy (Speck, 1987, Dyck, 1991: 108-154, , Creery, 1994: 138-142). Moreover, the Canadian Inuit have formed political organizations such as the Inuit Circumpolar Conference and the Inuit Tapirisat of Canada (meaning 'Inuit brotherhood') in order to assist in their interactions with the government (Williamson, 1991: 2, Creery, 1994: 115).

Overall, the relations between indigenous arctic peoples and central government have been characterized by a struggle for power, special status, territory and cultural distinctness. Historically, a governmental undercurrent of tutelage has been established by policies of assimilation, forced relocation, the establishment of residential schools, the disruption of traditional economies, environmental colonization, and the devaluation of native languages.

One should not, however, discount the impressive level of resistance to colonialism and the remarkable resilience of the Canadian Inuit. The Canadian Inuit have been politically proactive throughout the past 25 years as illustrated by the formation of numerous official organizations, including the Committee for Original Peoples Entitlement (1970), the Northern Quebec Inuit Association (1971), and the Labrador Inuit Association (1973) (Dorais, 1991: 19). To some extent, they have been able to accomplish a kind of 'cultural commuting' whereby they moderate the amount of exposure which they have to Euro-Canadian influences (Williamson, 1991: 5). This political movement helped to bring about a shift in the control of numerous institutions to the local level. For example, some

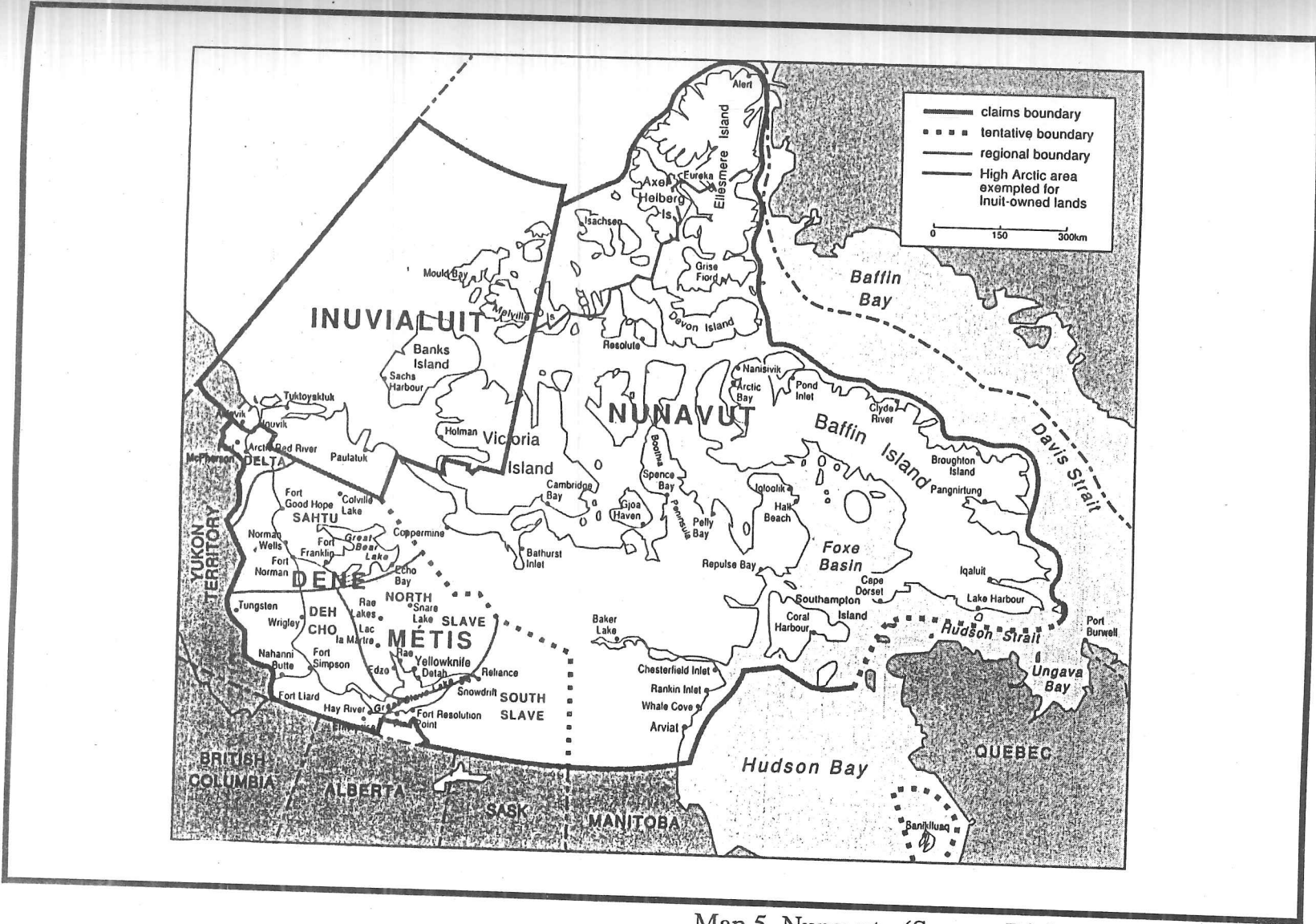
medical services, and the negotiation of the Nunavut agreement. Dyck (1989: 1-26) provides a complete discussion of the politics of embarrassment.

major institutions, such as local government, education, housing, and renewable resource development, have lost some of their colonial qualities in recent years (O'Neil, 1988: 37).

Land Claims

The settlement of land claims is central to the movement towards self-determination for the Inuit in the Northwest territories. The Inuvialuit were the first Inuit in the Northwest Territories to negotiate a land claims agreement. They arrived at a settlement with Ottawa in 1984. Subsequently, the Inuit of the Northwest Territories reached an agreement in 1993 with the Federal Government of Canada regarding the creation of a new territory, Nunavut, meaning "our land" in Inuktitut, which is scheduled for formal establishment in 1999 (Fenge, 1992: 2). (See Map 5.) The creation of this Inuit-dominated land represents the first major alteration of the Canadian political map since the joining of Confederation by Newfoundland in 1949 (Merritt, 1993: 3). As compensation for the extinguishment of their aboriginal land claims, approximately 18,000 Inuit are to receive a total of \$1,173,439,953 Canadian dollars in addition to fee simple title to 353,610 km² of their former territory. This smaller land area represents approximately 18 % of the Nunavut settlement district. These compensation funds will be invested by the Nunavut Trust, a subsidiary of Nunavut Tungavik Inc., and will be used to improve the quality of life of Inuit living in Nunavut (Dahl, 1995: 31, IWGIA, 1995: 23-24).

The Nunavut government will have similar powers to those of present territorial governments in Canada (Asch and Smith, 1992: 102). Of the district under their direct



Map 5. Nunavut. (Source: Dickerson, 1992: 13).

control, the Inuit will have subsurface rights to oil, gas and mineral deposits in 36, 257 km² of territory. Moreover, they will receive royalties from hydrocarbon and mineral development in the entire settlement area. Under the Nunavut agreement, the Canadian Inuit have also been given authority over the harvesting of animal resources, through the Nunavut Wildlife Management Board. Finally, the Inuit have preserved their right to hunt and fish anywhere in the new district, including in offshore zones (Dahl, 1995: 31, IWGIA, 1995: 17).

The creation of Nunavut has gone a long way towards ensuring the "cultural sustainability" of the Canadian Inuit (Williamson, pers. comm.). While the formation of this new territory represents a political triumph, it also gives the opportunity for younger Inuit to revive a connection to the environment. Williamson (1991: 10) describes the importance of the land for the younger generation:

"They are the people who were also encouraged to have some hope of the Inuit cultural revival that was developing over the previous decade-and-a-half. This was only made real and operational for many of those younger people by the prospects of a lifeway which included some form of land-relatedness".

The Inuit's association with their natural surroundings, then, provides a bridge to their past by helping them to revive their traditional culture. Through this re-discovery, they are able to recreate a cultural pride which was lost following the settlement period.

Although Nunavut has not been established as an ethnic territory, the Inuit will dominate the region due to their demographic majority. Importantly, the Inuit will make up 84% of the population in the new territory, thereby ensuring their democratic control over Nunavut (Cherkasov, 1993: 68-69). The region will have a parliament with elected

representatives from each of its constituencies and will be governed mostly by Inuit politicians (IWGIA, 1995: 23-24).

The Canadian Inuit have not achieved self-determination on the basis of complete economic independence (Cherkasov, 1993: 68). Limitations on Inuit political strength stem from the federal government's hold over 80% of lands and resources in Nunavut. Whilst they have received some control over natural resources, the issue of economic sustainability still remains paramount. Undoubtedly, Nunavut will remain reliant on the financial assistance of the federal government for some time (Fenge, 1992: 3). As well, there is no long-term guarantee that they will always maintain a demographic majority in their homeland (Asch and Smith, 1992: 103). The Inuit do, however, recognize the importance of economic factors in self-determination:

“They believe that their cultural survival depends on their social confidence to survive economically and as an effective society within the nation, and in the increasingly important circumpolar realm” (Williamson, 1991: 11-12).

Economic development, thus, represents the central issue for the endurance of indigenous communities in the Canadian Arctic.

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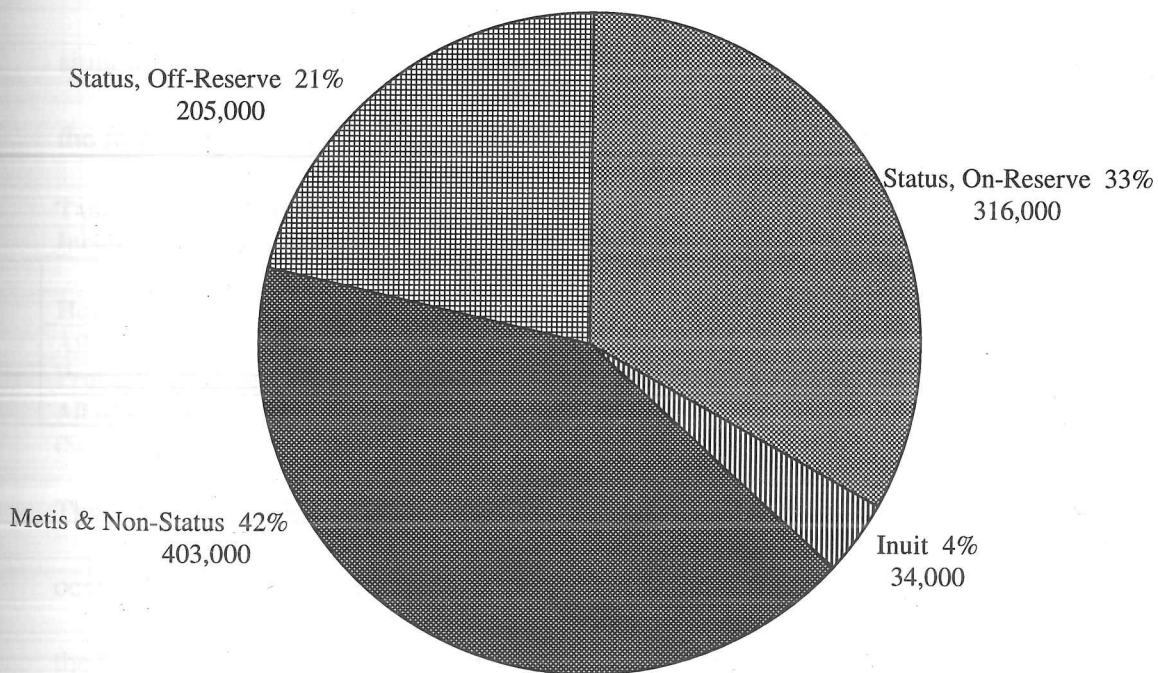
DEMOGRAPHY

"Population, when unchecked, increases in a geometrical ratio. Subsistence only increases in an arithmetical ratio"

(Thomas R. Malthus, 1798)

The demographic characteristics of the indigenous people of Canada are unique. According to the Department of Indian Affairs (1993: 29), there are an estimated 958,000 individuals of aboriginal ancestry in Canada, representing approximately 3.5 percent of the Canadian population (27, 296, 859). The aboriginal population is further broken down into 521,000 Status Indians, 34,000 Inuit, and 403,000 Metis and non-Status Indians. (See Figure 1.)

ABORIGINAL POPULATION BY GROUP 1991



Total aboriginal Population 958,000
3.5% of Canada's Population of 27,300,000

(Source Indian and Northern Affairs, 1993: 29)

In 1991, there were 85,446 individuals living in the Yukon and Northwest Territories. This represents approximately 0.31% of the Canadian population. Over half of the Inuit (55%) live in the current Northwest Territories, with large numbers also living in Labrador (12%) and northern Quebec (31%) (Young, 1994: 18). Table 1 provides a demographic summary of aboriginal peoples in northern Canada. (See Table 1.)

TABLE 1. ABORIGINAL POPULATION
(1991)

	North	Canada
Total populations with aboriginal origins	41,780	1,002,675
aboriginal population as % of population	49.1	3.7

(Source: Symons, 1994: 16)

Essentially, two major themes emerge from data on northern Canada. These pertain to the distinctiveness of the north relative to the rest of Canada and to differences in the situations of aboriginal and non-aboriginal populations (Symons, 1994: 11-14). Consider the following table comparing crime rates in the north and south of Canada (See Table 2.):

TABLE 2. CRIME RATES
Incidents per 100,000 (1992)

	North	Canada
Homicides	18	3
All violent offences	5,124	1,139
Property offences	9,400	6,201
All offences	41,248	12,101

(Source: Symons, 1994: 22)

These data show that homicides are six times more prevalent in the north, violent offences occur over four times as frequent, and the likelihood of all offences is three times that of the figure for southern Canada. Clearly, there are sharp differences between crime rates in the North and South, which suggests a higher preponderance of social problems.

Demographically, northern Canada is unique in terms of population growth. The northern territories have the fastest growing population of any region in Canada. This increase is not the product of movement into the area in view of the fact that in-migration is exceeded each year by out-migration (Dickerson, 1992: 21-22). The annual population figures for the Northwest Territories reveal an average annual growth rate of approximately three percent (See Table 3.):

TABLE 3. POPULATION FIGURES FOR THE NORTHWEST TERRITORIES.

YEAR	POPULATION
1911	6,507
1931	9,316
1951	16,004
1961	22,998
1971	34,804
1981	45,700
1991	54,300

(Source: For 1911-1971, Government of the Northwest Territories. (no date). *NWT Data Sheets, General Information Sheet*: 4. For 1981 and 1991, GNWT, *Statistics Quarterly* (13): 3. Originally cited in Dickerson, 1992: 21-22)

The birth rate of aboriginal peoples is approximately three times that of the national average (Legislative Assembly of the NWT, 1989: 11-12). Moreover, the indigenous community has a very young population, with about 45 percent of the population being under 20, and only two percent being over 65 years of age.

Furthermore, there is a great diversity in terms of the demographic characteristics of northern communities in terms of size, culture, and economy. Dickerson (1992: 22-23) describes the vast differences between various arctic communities:

“Even though the communities are small by southern standards, they vary in many ways. In Yellowknife, for example, non-Natives have brought with them most of their cultural baggage, from bars to bowling alleys, fitness centres to restaurants. In the smaller, more isolated communities, one finds many features of traditional Native cultures, including language, hunting and fishing, the making of clothing, and close family ties. And one must remember that most of these communities are

almost inaccessible. Only about ten are served by all-weather roads; others are reached by plane, barge, or vessel when the water is open” .

There is a duality to the economy in the north insofar as the resource industry has been developed in some centres, but its successes have not been transferred to many isolated and small aboriginal communities.

CONCERN ABOUT SOCIAL CONDITIONS

"A further characteristic of fourth-world health conditions is the high prevalence (i.e., the proportion of people suffering from the problem) of socially derived problems such as domestic violence, suicide, and alcohol abuse, which reflect typically urban conditions of poverty, political alienation and racial discrimination"

(O'Neil, 1993b: 15).

The connection between socioeconomic position and social problems has long been a focus study in sociology. In 1897, Durkheim published his now famous treatise on the effects of social forces on human behaviour. More specifically, Durkheim (1952: 52) attempted to employ the methods of sociology in order to elucidate the extra-social causes of the ultimate individual and psychological act, that of suicide. In fact, he discussed alcoholism as well, but he confined his analysis to the relationship between alcohol use and suicide rates (Durkheim, 1952: 77-80). More recent work on social relationships and the sociodemographic position has established that lower-status groups tend to experience increased psychological distress and more difficulties in their social interactions (House, Landis, and Umberson, 1988, Umberson, 1993: 575-576). According to this perspective, group differences in psychological distress originate due to social inequalities, in the same way that discrepancies in group mortality rates result from variations in socioeconomic conditions (Umberson, 1993: 587).

In recent years, communities in northern Canada have become increasingly concerned about social conditions and their relationship to the health status of their citizens. For example, in 1989, the Health Research North Workshop was held in the Northwest Territories. Participants included representatives of health boards, native organizations, women's groups, cultural institutes, the Government of the Northwest

Territories Departments of Health, Education, Social Services, Municipal and Community Affairs, universities, and the Science Institute of the Northwest Territories. These representatives identified critical health research issues in the Northwest Territories. Participants made numerous recommendations, including the argument that research projects should determine the social and economic variables affecting health in northern communities, the social and mental health problems related to poor housing conditions, and the causes of alcohol and substance abuse in northern areas (Department of Health, 1989: 20-23).

Many of the health problems in northern Canada are controllable and are related to poverty and lifestyle (Department of Health and Social Services, 1994: 3). In general, aboriginal peoples experience a lower standard of living than non-aboriginal Canadians (Government of Canada, 1991: 6, Young, 1994: 19). In fact, those individuals who identify themselves as aboriginal are clearly the most disadvantaged group in society in terms of every measure of socio-economic disparity (Government of Canada, 1989: 17).

It is important to note that psychopathology in the Canadian Arctic should not be separated from its wider political context. Briggs (1985: 52) refers to the role of the dominant society in bringing about many of the problems facing the Inuit:

“Let me stress again that the latter are not ‘problems’ that Inuit ‘have’, which can be ‘cured’ by changing the Inuit. They are problems of relationship to which the dominant society’s premises, preferences, and concerns contribute substantially. Considering problems to be caused by characteristics of the sufferer is part of the problem.”

Thus, an investigation into the aetiology of social problems in the north must take into account the fact that Inuit live within a dominant and assimilative society, rather than simply seeking the answers in the northern communities themselves.

ALCOHOL ABUSE AND RELATED SOCIAL PROBLEMS

"From this seemingly random pattern of alcohol use in the North, two constant factors emerge. First, heavy use of alcohol and alcohol associated disarray have been spreading with epidemic-like speed throughout the North. Secondly, the problems with which alcohol is associated in native communities throughout North America are strikingly similar, despite dissimilarities of history and culture"

(Brody, 1977: 35)

Very little data exist which provide a detailed and comprehensive picture of the socioeconomic and health conditions of the Inuit. Often, the various researchers rely on incongruous methods in their study of indigenous peoples, which makes any comparison difficult. As well, most studies combine all aboriginal groups in Canada into one category for the purposes of comparison with the non-aboriginal population. As a result, much of the important data on the Inuit in particular is not available except in combination with other indigenous groups. Whenever possible, the present study employs results directly focusing on the Inuit. Nevertheless, it has, at times, been necessary to use information collected under the broad categories of native, aboriginal, or indigenous peoples.

The Census of Canada continues to act as one of the key sources of data on the Inuit. In addition, numerous reports by the DIAND, Health and Welfare Canada, Statistics Canada, the government of the Northwest Territories, and regional health boards all provide useful information on the health status and social conditions of aboriginal peoples. However, there are numerous problems with these data sources. For instance, many native groups more frequently refuse to participate in the census (Young, 1994: 30). Furthermore, the sensitivity of the alcohol abuse question for indigenous communities may

inhibit extensive discussion of these issues with researchers (especially when these accounts are intended for publication) which may result in what are perceived as negative portrayals of native communities. Moreover, many aboriginal groups demand control over any publication or, even, the collection of information on their communities. As a result, the problem of ownership of information on the social conditions of indigenous communities figures prominently in any attempt to provide a global picture of alcohol abuse issues in northern communities.

Much of the information upon which the present study is based originates from survey data. Survey data do not always adequately account for crucial cross-cultural differences in the native and non-native settings in terms of the supply, distribution, and consumption styles of alcohol (Young, 1994: 204). This is especially the case in communities where alcohol has been prohibited. Thus, survey questions, which measure the prevalence or frequency of alcohol consumption in self-imposed "dry" communities, may not actually address underlying difficulties with the abuse of liquor. More specifically, the researcher may simply determine statistically that individuals in a "dry" indigenous community drink less per capita than non-natives in the wider Canadian population. However, such a conclusion does not address what may amount to important differences in alcohol abuse problems as defined and experienced by aboriginal people living in northern communities.

A precise definition of alcohol abuse will not be given here. Exact delineation of this phenomenon precipitates a myriad questions, problems, and exceptions which illustrate the limitations of a rigid formalization. The medical field typically relies on

epidemiological definitions, whereas the anthropological field tends to raise contextual or relativity arguments which are predicated on the description of the varying patterns of use and varying community judgments, sanctions or interpretations of alcohol abuse.

Certainly, the term abuse already carries within it an implicit value judgment which denotes a problematic behaviour and is thereby distinguished from alcohol use. Still further, that which constitutes a drug is also an unsettled issue. Suffice it to say that alcohol will be considered to be a drug here, albeit associated with a unique set of ambient factors. As a result, the term substance abuse will also be referred to on occasion. The anthropological approach is preferred in the present discussion. In this light, the assumption will be made that where community concern exists regarding, that which is locally determined to be problematic alcohol use, then this phenomenon will be considered to be alcohol abuse. In short, an operating definition will be relied upon: alcohol abuse is that phenomenon which is described as such in Inuit communities.

In fact, attitudes towards alcohol abuse must be considered. Notably, Euro-Canadians and indigenous peoples may have different viewpoints with respect to drinking. Brody (1977: 36) discusses the divergence between the perspectives of native and non-native drinkers:

“The middle-class North American regards alcohol as potentially very dangerous. Although we use it, and often quite heavily, we feel an undercurrent of uneasiness: it might, if we’re not careful, get in the way of our work, or interfere with family life, or spoil friendships. We also feel a lurking guilt: more than the very limited use of alcohol is wicked, and drunkenness is a collaboration with the forces of evil: most talk about being drunk in a way that suggests shame and remorse, or induce a false bravado that helps us break the rules. Native drinkers experience very little of these feelings. They do not feel the same fear, nor the guilt. Their language for describing drunkenness is remarkably different from ours, and they do not make the same association between a hangover and deserved punishment...Euro-Canadian middle class, are not well placed to interpret the use of alcohol by native

peoples. They are too apt to see it through their own guilty eyes, as abuse of alcohol”.

Clearly, the description, understanding and treatment of a community problem such as alcohol abuse depends on assumptions of the audience. As a result, whenever possible, aboriginal interpretations of community concerns will be relied upon in the present analysis.

While it is improving, the health status of aboriginal peoples continues to lag behind that of the wider Canadian population. For instance, life expectancy for people of indigenous ancestry has improved by ten years since the 1950s, with the average life span reaching 63.8 years for males and 71.0 for females in the mid-1980s. However, this is in sharp contrast to the figure of 73.0 years for males and 79.7 for females in the non-native population during the same period (Government of Canada, 1991: 6).

Although the Federal Government of Canada has only kept records of aboriginal deaths since 1925, it appears that rates of morbidity and mortality in indigenous communities were actually quite low previous to European contact (O’Neil, 1993a: 30). Williamson (1991: 3) maintains that archaeological records show that the Inuit did not have avitaminosis, did not show signs of dental decay, were without heart disease, and experienced very little ill-health in general. He argues that people died of old age and the hazards associated with the harsh Arctic climate. Others, conclude that the picture is not so clear and that previous to contact, the Inuit did not likely enjoy excellent health. In fact, archaeological and anecdotal records show that prior to western contact, the Inuit experienced heart disease, dental decay, extreme tooth wear associated with chewing meat and skins, cancer, lung problems, and kidney failure. Clearly, the issue of pre-contact

health status is complex (Cruwys, pers. comm., Fortune, 1989: 77-86, Ammitzbøll et al, 1991, 94-101).

Health researchers have established alcohol abuse as the most important health issue facing the Inuit in the Canadian Arctic (Callaway and Suedfeld, 1995: 184). More importantly, the abuse of alcohol and drugs is widely acknowledged as the most urgent health problem amongst the Inuit and indigenous people living in the Northwest Territories (Health and Welfare Canada, 1987: 104). It is a key contributor to high levels of aboriginal mortality and morbidity. Further, substance abuse is associated with community strain and deterioration, in addition to a sense of hopelessness and disempowerment amongst indigenous peoples.

The Northwest Territories Data Book (Hemming, 1986: 92) documents the fact that alcohol abuse has been referred to as the number one problem in the NWT, with a per capita consumption rate which is at or close to the highest level in Canada. More recent versions of the NWT Data Book (GNWT, 1991: 101-102) make the same observation. Interestingly, many aboriginal groups in the Arctic believe that the consumption of alcohol is not the exclusive right of the individual. Instead, decisions regarding the use of alcohol are seen as public matters, and therefore fall under the jurisdiction of the community as a whole. In fact, some Inuit communities believe that the restriction of alcohol is the most effective method for reducing alcohol abuse (Callaway and Suedfeld, 1995: 187). As a result, many communities in the NWT have instituted strict measures for control over the supply, distribution, and consumption of alcohol. Unlike the situation in Canadian Indian

reserves, alcohol prohibition has not been forced onto the Inuit by Euro-Canadians (O'Neil, 1985: 340).

Alcohol abuse is also related to numerous other social problems. Notably, accidents, injuries, and violence are the leading causes of death in the Northwest Territories (Health and Welfare Canada, 1987: 18). Frequently, alcohol is a contributing factor to mortalities resulting from these causes.

Recently, there have been some key studies completed which have focused on the social and health status of various Inuit communities including: the Keewatin Health Assessment, the Santé Quebec Inuit Study, the Pauktuutit Report, and the First Nations and Inuit Solvent Abuse Survey. While none of these studies was specifically focused on alcohol abuse, they provide some of the most current information on alcohol use and social conditions in northern communities and will be examined in the forthcoming section.

Keewatin Health Assessment

In 1990-1991, the Keewatin Health Assessment Study was carried out in eight communities in the Keewatin region of the Northwest Territories (Moffat et al, 1993: 18). Seven of these communities are primarily populated by Inuit, and are located on the west coast of Hudson's Bay: Rankin Inlet, Arviat, Baker Lake, Coral Harbour, Repulse Bay, Chesterfield Inlet and Whale Cove. In addition, the community of Sanikiluaq on the Belcher Islands was included in the study. The researchers enumerated nearly 100 % of the region's inhabitants and surveyed approximately 77% of the population in terms of health and social conditions. There were 5666 residents in the Keewatin region at the time of study, of which 91 % were of Inuit ancestry (Moffat et al, 1994: 2).

The researchers asked individuals whether they had consumed alcohol (beer, wine, liquor or other drinks) in the previous 12 months. In addition, adolescents were asked about the use of illicit drugs or solvent abuse. It was discovered that only 45 % of respondents reported drinking alcohol in the past year, and amongst these people, over 50 % drank only once per month or less. This figure is considerably smaller than that reported for provinces, such as Manitoba, where 90 % of adults report having consumed alcohol in the past twelve months. As a result, the researchers concluded that alcohol and drug abuse does not appear to be excessive amongst the Inuit of the Keewatin region (Moffat et al, 1994: 43).

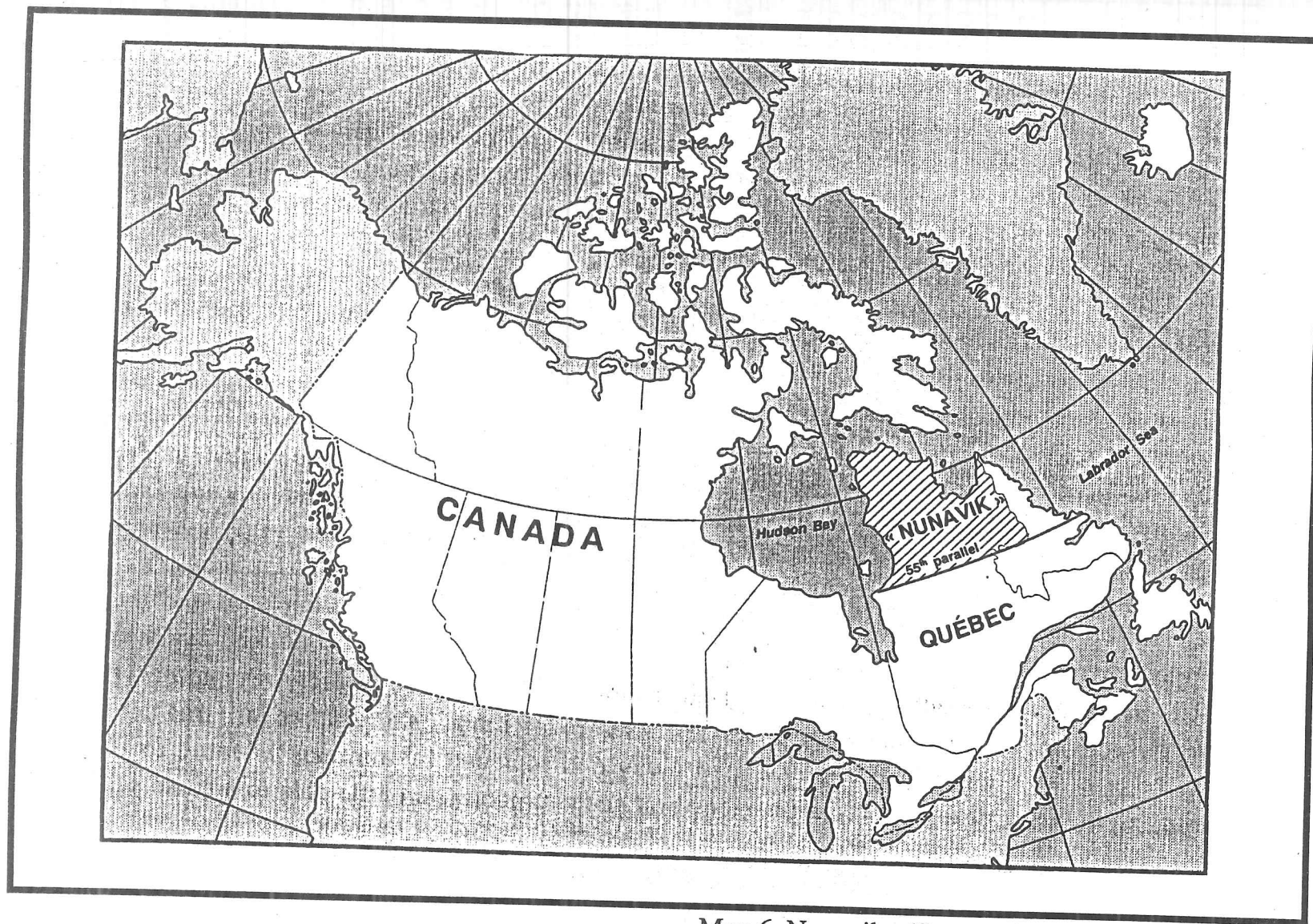
In this study, Moffat and his co-workers (1994: 43) proceed from a rudimentary survey of alcohol use to a conclusion regarding alcohol abuse in the communities. In fact, this extrapolative leap may be tenuous. Firstly, these data do not address the specific patterns of alcohol use or abuse by Canadian Inuit. Alcohol use and alcohol abuse are not equivalent phenomena. Styles of drinking (rather than quantity) may be more telling. Specifically, indigenous peoples may have a strong preference to spree drinking (Brody, 1977: 35, Young, pers. comm.). Secondly, the conclusion drawn by the researchers in this study does not account for the effects of prohibition on alcohol usage in northern communities. Basically, the residents simply could not drink as much alcohol as people in southern communities, in light of the fact that alcohol is not as available. Ultimately, investigation needs to go beyond the quantification of alcohol use in order to incorporate a contextually rooted analysis of alcohol in indigenous communities. They did, however, note that the truthfulness of the respondents' answers to these survey questions, as in all

surveys, is difficult to verify. The implication here is that the socially sensitive nature of alcohol abuse issues may have influenced responses to the survey, even though the replies were confidential.

Santé Quebec Inuit Survey

Santé Québec is an agency appointed by the Québec government to perform health research in the province (Lavallée and Guyon, 1993: 26). In 1992, Santé Québec initiated a study which measured the health of 7,078 Inuit residing in 14 communities of northern Quebec along the coasts of Hudson Bay, Hudson Strait, and Ungava Bay. (See Table 4.) The region is known as Nunavik by the Inuit of this area. (See Map 6.) Until this time, very little detailed information existed on the health conditions of the Inuit in Quebec, other than the fact that their health status was much worse than that of other Québécois (Émond and Tremblay, 1994: v).

The Santé Québec study established that 60% of the Inuit of Nunavik were occasional or regular users of alcohol, which was a lower figure than that of the provincial average in Quebec (Kapetanakis et al, 1994: 117-137). However, this discrepancy only appeared in communities where alcohol was prohibited. Regardless of precise alcohol use statistics, alcohol related problems are frequently identified by Inuit as being a serious issue in their communities. (See Table 5.)



Map 6. Nunavik. (Source: Santé Québec, 1994: 5).

TABLE 4. INUIT COMMUNITIES IN NORTHERN QUEBEC

COASTAL REGION	ESTIMATED POPULATION
HUDSON	4,214
Kuujuarapik	462
Umiujaq	278
Inukjuak	1,037
Povungnituk	1,106
Akulivik	309
Ivujivik	260
Salluit	762
UNGAVA	2,865
Kangiqsujaq	427
Quaqtaq	222
Kangirsuk	373
Aupaluk	83
Tasiujaq	151
Kuujuuaq	1,081
Kangiqsualujuaq	528
TOTAL	7,078

(Adapted from (Choinière and Chevalier, 1994: 42).

TABLE 5. ALCOHOL RELATED PROBLEMS

(related to alcohol consumption in the twelve months preceding the Santé Inuit Survey, by sex, Inuit population 15 years of age and over)

PROBLEM LINKED TO ALCOHOL CONSUMPTION	SEX	
	Males	Females
Tension or disagreement between you and your family or friends	28.2	34.0
Sustained injury or caused injury to another in a brawl or scuffle	20.3	21.0
Received a warning for driving under the influence	20.0	20.7
Sustained injury or injured another while under the influence	13.2	15.2
Experienced health problems	13.0	20.0
Experienced difficulty in workplace or at school	12.5	11.0
Hospitalized or admitted to detoxification clinic owing to problems relating to alcohol	9.1	9.3
Sent home for being found drunk in a public place	7.3	12.2
Lost job or expelled from school	5.3	5.8

(Source: Kapetanakis, Lafontaine, and Lavallée, 1994: 126).

Table 5 illustrates that a significant percentage of Inuit characterize alcohol as a problem in their personal experience. This finding is more revealing than alcohol use data.

Kapetanakis et al (1994: 119) note that many Inuit are reluctant to disclose information about alcohol use, especially when it is prohibited in their community. Thus, the fact that alcohol is perceived as socially unacceptable may result in lower estimates of its use. As well, differences in the availability of alcohol in communities likely affected the results obtained by the researchers.

Pauktuutit Report

In 1989, Pauktuutit, the Inuit women's association, initiated a study of alcohol abuse and community health in the Northwest Territories, Nunavik, Quebec, and northern Labrador. The researchers sent questionnaires focusing on substance abuse, health services, and people's perceptions of community problems to every Inuit community in Canada. An eleven-page questionnaire was distributed to 186 individuals and organizations involved in the drug abuse and health care fields and a shorter version was sent to approximately 300 individuals and Inuit organizations in the Canadian Arctic. In total, 55 questionnaires were returned: 33 from the Northwest Territories, 16 from Nunavik, and 6 from Labrador (Pauktuutit, 1993: 4).

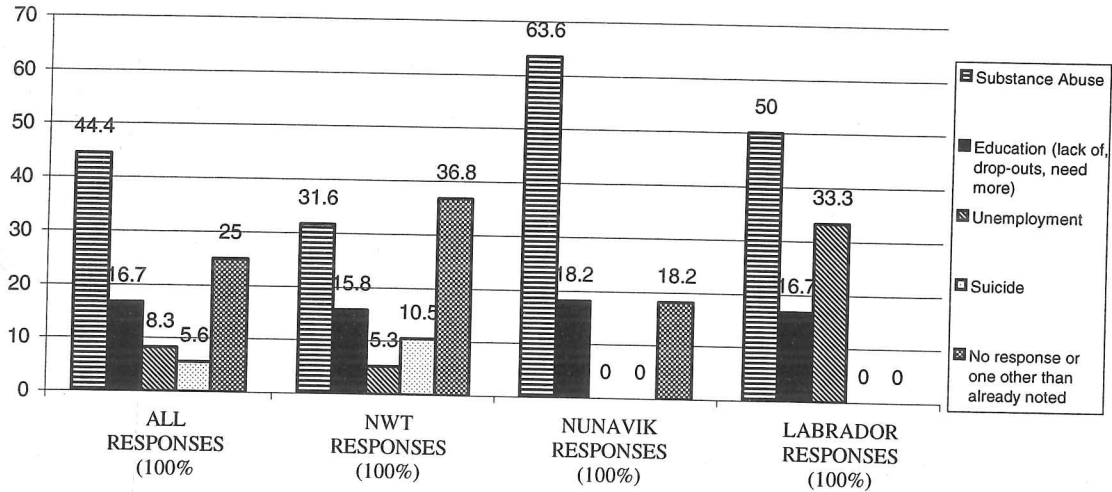
In this study, respondents were asked to rate a list of issues facing their community in terms of:

- (1) Not a problem
- (2) A problem, but not serious
- (3) A serious problem

As well, participants were asked to describe the most serious problem facing their community today. (See Graph 1.)

GRAPH 1: Most Serious Problem

Question: In your opinion what is the most serious problem facing your community today? (open ended).



(Source: Pauktuutit, 1993: 11)

Respondents isolated alcohol as a serious problem (55 %), with more people describing substance abuse⁶ as the most serious problem facing the community than any other issue (44 %) (Pauktuutit, 1993: 4-7).

There were, however, significant regional differences in responses, as demonstrated by Table 6. (See Table 6.) Notably, 63.6 % of participants from Nunavik characterized alcohol abuse as the most serious problem facing their community, in contrast to 50.0 % from Labrador and 31.6 % from the Northwest Territories.

⁶ For the purposes of this study, substance abuse was taken to include: alcohol, drug, or solvent abuse.

TABLE 6. SERIOUS COMMUNITY PROBLEMS.

Question: In your opinion what is the most serious problem facing your community today? (open ended).

MOST SERIOUS PROBLEM		
All Responses:	1st	Substance Abuse (44.4%)
	2nd	No response other than already noted (25.0%)
	3rd	Education (16.7%)
	4th	Unemployment (8.3%)
	5th	Suicide (5.6 %)
Northwest Territories	1st	Substance Abuse (31.6%)
	2nd	No response other than already noted (36.8%)
	3rd	Education (15.8%)
	4th	Suicide (10.5%)
	5th	Unemployment
Nunavik	1st	Substance Abuse (63.6%)
	2nd	Education (18.2%)
	3rd	No response other than already noted (18.2%)
Labrador	1st	Substance Abuse (50.0%)
	2nd	Unemployment (33.3%)
	3rd	Education (16.7%)

(Source: Pauktuutit, 1993: 10)

Pauktuutit (1993: 10) also asked respondents to rate issues which were seen as serious community problems. Tables 7 and 8 summarize the percentage rating of problems identified by region (See Tables 7 and 8.)

TABLE 7. PERCENTAGE RATING OF PROBLEMS IDENTIFIED IN EACH REGION

ISSUES	ALL RESPONSES	NWT RESPONSES	NUNAVIK RESPONSES	LABRADOR RESPONSES
Alcohol Abuse	35.9 %	26.3%	35.7%	66.7%
Drug Abuse	55.0 %	60.0%	64.3%	16.7%
Solvent Abuse	35.0%	35.0%	28.6%	50.0%
Suicide	44.4%	55.0%	40.0%	33.3%
Housing Inadequate	72.5%	75.0%	57.1%	100%
Unemployment	69.2%	70.0%	64.3%	80.0%
Lack of Recreation	41.1%	25.0%	53.8%	66.7%
Poverty	28.9%	15.8%	23.1%	83.3%
Family Violence	35.9%	45.0%	15.4%	50.0%
Child Sexual Abuse	36.8%	45.0%	16.7%	50.0%
Accidents	15.8%	15.0%	16.7%	16.7%

(Source: Pauktuutit, 1993: 10)

TABLE 8. SUMMARY OF TABLE 7

MAJOR COMMUNITY CONCERNS:		
All Responses:	1st	Housing
	2nd	Unemployment
	3rd	Drug Abuse
Northwest Territories	1st	Housing
	2nd	Unemployment
	3rd	Drug Abuse
Nunavik	1st	Unemployment
	2nd	Housing
	3rd	Lack of Recreation
Labrador	1st	Housing
	2nd	Poverty
	3rd	Unemployment

(Source: Pauktuutit, 1993: 10)

Inadequate housing was isolated as a serious issue by more people than was any other problem. In addition, unemployment was specified as a serious problem by a significant number of respondents. While there were clear regional differences, it is clear that all the areas identified social variables including unemployment, housing problems, poverty, and drug abuse as major community concerns.

The study provides a powerful indication of the health and social concerns faced by Inuit communities. However, given that the number of respondents was relatively small (N = 40), generalizations on the basis of these data need to be made cautiously. Nevertheless, whilst these results do not necessarily provide a statistically representative sample, they do provide an interesting heuristic device with which to examine problems in the northern community.

First Nations and Inuit Community Solvent Abuse Survey

In 1990, the Kaweionnehta Human Resource Group completed a national study of solvent abuse in First Nation and Inuit communities. The researchers contacted 634 First Nations and Inuit communities across Canada in an attempt to collect information on substance abuse, primarily that associated with solvent misuse. They received responses from 289 communities, of which 57 were from Quebec, Newfoundland/Labrador and the Northwest Territories. The principal problems identified by aboriginal communities were described as those which stemmed from the abuse of alcohol by adult males. As well, a significant proportion of indigenous communities in Quebec, Labrador, and the Northwest Territories stated that their social conditions were problematic. (See Tables 9, 10, and 11.)

TABLE 9. QUEBEC REGION % COMMUNITY PROBLEMS
(Total 28 Communities in Region)

Community Conditions and Perceived Problems	# of Communities Who Responded to Question	No Problem	Little Problem	Somewhat Problem	Moderate Problem	Big Problem
Unemployment a problem	27	0.0	18.5	29.6	22.	29.6
Youth dropping out a problem	27	3.7	22.2	11.1	18.5	44.4
Poverty/financial difficulty a problem	27	0.0	44.4	11.1	22.2	22.2
Harsh/difficult weather a problem	27	14.8	33.3	18.5	18.5	14.8
Transportation a problem	27	29.6	33.3	14.8	14.8	7.4
Adequate housing a problem	27	18.5	29.6	11.1	7.4	33.3
Isolation of community a problem	13	23.1	38.5	0.0	7.7	30.8
Overall level of education	14	7.1	14.3	71.4	7.1	0.0

(Source: Kaweionnehta, 1994: 63)

TABLE 10. NORTHWEST TERRITORIES REGION COMMUNITY PROBLEMS
(Total 24 Communities in Region)

Community Conditions and Perceived Problems	# of Communities Who Responded to Question	No Problem	Little Problem	Somewhat Problem	Moderate Problem	Big Problem
Unemployment a problem	23	0.0	4.3	21.7	30.4	43.5
Youth dropping out a problem	23	0.0	4.3	30.4	21.7	43.5
Poverty/financial difficulty a problem	22	0.0	13.6	31.8	22.7	31.8
Harsh/difficult weather a problem	20	5.0	25.0	30.0	25.0	15.0
Transportation services a problem	22	0.0	40.9	22.7	9.1	27.3
Adequate housing a problem	21	0.0	33.3	19.0	23.8	23.8
Isolation of community a problem	3	0.0	0.0	66.7	33.3	0.0
Overall level of education	20	0.0	10.0	35.0	35.0	20.0

(Source: Kaweionnehta, 1994: 81)

TABLE 11. NEWFOUNDLAND REGION: COMMUNITY PROBLEMS
(Total 5 Communities in Region)

Community Conditions and Perceived Problems	# of Communities Who Responded to Question	No Problem	Little Problem	Somewhat Problem	Moderate Problem	Big Problem
Unemployment a problem	4	25.0	0.0	0.0	50.0	25.0
Youth dropping out a problem	4	0.0	50.0	25.0	0.0	25.0
Poverty/financial difficulty a problem	4	0.0	50.0	0.0	25.0	25.0
Harsh/difficult weather a problem	4	0.0	25.0	25.0	0.0	50.0
Transportation a problem	4	0.0	25.0	50.0	0.0	25.0
Adequate housing a problem	4	0.0	25.0	0.0	25.0	50.0
Isolation of community a problem	4	0.0	50.0	50.0	0.0	0.0

(Source: Kaweionnehta, 1994: 77)

These data, from the three Canadian regions where the majority of Inuit reside, demonstrate that impoverished social conditions, such as unemployment, education levels, housing, and poverty are perceived as problematic in First Nations Communities.

Specifically, indigenous groups in the Quebec region, the Northwest Territories, and the Newfoundland area all reported big problems with unemployment, youth drop-out, poverty, and housing.

In the end, a unique picture of the Canadian north emerges when one examines the issue of alcohol abuse. Essentially, four major conclusions emerge from these data. Firstly, alcohol use is not necessarily as prevalent in the north as in the south, but this finding does not necessarily address the level of alcohol abuse or alcohol related problems in arctic communities. As well, the prevailing policy of prohibition has a profound effect on routine alcohol use in aboriginal communities. Secondly, negative social perceptions

concerning alcohol abuse are likely to have an effect on responses obtained through survey data. Thirdly, indigenous peoples frequently identified community concerns about related social problems, including widespread poverty, low education levels, and housing problems.

Most importantly, it is clear that regardless of actual alcohol use patterns, alcohol abuse is perceived as a very serious problem in Canadian Inuit communities. The following statement, offered by a woman of Inuit ancestry living in the Canadian Arctic, provides a personal perspective on alcohol abuse in the Arctic:

“Alcoholism is the single most destructive disease of the peoples of the Arctic. It affects every aspect of life, from womb to tomb. This disease is extremely widespread throughout all living generations. Abuse can't be as frequent as in the southern populations because of the fact that there is no liquor stores. But, every time a plane brings an important load of booze there is widespread suffering in any Arctic village with an airport.

For some, alcohol is perceived as some sort of medicine, for a cure against bottled up frustrations. For others, alcohol is a way to escape life in isolation, Inuit believe that intoxication is in fact an altered state of mind which unleashes evil spirits through the drinker. I don't know of any documentation which will help you with this matter. However I will give your letter to a local alcohol counselor.

Of all the early explorers misgivings; tuberculosis, venereal disease, cultural genocide and pollution, bringing alcohol was the worst. It is sad that from the outset the easiest preventable disease is still amongst us even in the computer age. Unfortunately your people were the first to introduce this malevolent liquid to the Arctic. I hope that this information is of value “
(Idlout, pers. comm., 2 February, 1996).

This account provides a powerful illustration of the concern and anguish associated with alcohol in arctic communities. In light of the clear concern by aboriginal peoples about social conditions in the Arctic, the forthcoming section provides a more detailed picture of housing, income, and educational levels for the Canadian Inuit.

SOCIOECONOMIC CONDITIONS

"But there is one group that has no clear place in the web of social classes. These are the men and women who have neither land, nor capital, nor a persistent niche among those who sell their labour. They include drifters, the chronically unemployed or unemployable, and those who are excluded from mainstream social life by virtue of their culture or race. In nineteenth century Europe there was a 'reserve army of labour'; in the United States these are parts of the black community; in urban Canada there are the Indians and Inuit on skid row. Among these groups are concentrations of persons who live by petty crime, prostitution, and occasional labour. They are the sectors of society who live on the edges of the legal and the illegal. Some are there by virtue of individual pathology, but the vast majority are there by virtue of some objective circumstance over which they have little control"

(Brody, 1977: 41)

"The greatest evil...and the worst crime is poverty. Our first obligation to ourselves is not to be poor"

(George Bernard Shaw, 1907)

The connection between social class and health status is well documented (Young, 1994: 19-21). In fact, the relationship between ill health and low socioeconomic status is beyond dispute (O'Neil, 1993b: 16, Proctor, 1993: 51, Young, 1994: 20- 21), with persons belonging to lower social strata are more likely to experience health problems including psychiatric disorders, high mortality rates, increased infant mortality, and lower life expectancies (Liberatos et al, 1988: 87). As a result, an examination of the income levels and the labour force activity of the Inuit will be useful in determining the possible influence of poverty on their health status, including its effects on social health problems such as alcohol abuse.

Income Levels

Given that earnings are sensitive, it is difficult to collect data on income levels. In fact, in the Santé Québec Survey of the health status of the Inuit of Nunavik, 52% of the population did not respond to queries regarding income, with 38 % claiming that they did

not know their income and 14 % refusing to answer this question. As a result, the researchers were not able to draw any conclusions from their data (Choinière and Chevalier, 1994: 67).

However, it is possible to make some general observations about the income of native groups in Canada. The percentage of indigenous peoples living on reserves who were receiving social assistance is approximately twice that of the national average (Indian and Northern Affairs, 1993: 4). Of those individuals aged 15 and older who identified as Inuit in the 1991 Census, 24 % reported that they received social assistance during 1990, and of this group, 60 % reported that they had received this assistance for longer than six months (Statistics Canada, 1995c: xlvi). In 1990, the average income in communities with majority aboriginal populations in the Northwest Territories was approximately \$18,000 in contrast to an overall figure of \$28,000 for the territories in general (Department of Health and Social Services, 1994: 3). In terms of income, non-indigenous individuals earned an average annual income of \$32,700, nearly double that of people of aboriginal ancestry who averaged only \$16,600 per year (Symons, 1994: 14).

Labour Force Activity

There are notable differences between indigenous and non-indigenous peoples in terms of labour force activity in northern Canada. Employment rates for indigenous people in remote areas can be as low as 30 %. In 1991, 82 percent of non-aboriginal individuals aged 15 and over were employed, compared to only 47 % of aboriginal people. Tables 12 and 13 provide a contrast between aboriginal and non-aboriginal levels of wage employment. (See Tables 12 and 13.)

TABLE 12. NORTHWEST TERRITORIES WAGE EMPLOYMENT
(1988)

	Employed at some point during 1988	Working more than 26 weeks during 1988
native	63%	31%
non-native	92%	78%
Metis	77%	49%
Inuvialuit	71%	36%
Dene	58%	27%
Inuit	62%	28%

(Adapted from Government of the Northwest Territories, 1989b: 6-7)

TABLE 13. NORTHWEST TERRITORIES LABOR FORCE SUMMARY

	Labour Force Participation	Unemployment Rate
native	56%	30%
non-native	88%	5%
Metis	70%	19%
Inuvialuit	59%	27%
Dene	54%	35%
Inuit	53%	31%

(Adapted from Government of the Northwest Territories, 1989b: 5)

Table 12 reveals that all aboriginal groups were employed less than non-natives during 1988. This conclusion applies for smaller amounts of work activity throughout the year, or for employment which lasted for more than 26 weeks. There existed a 30 % difference between Inuit and non-native groups in terms of work activity at some point during the year and a 50 % disparity in terms of employment lasting more than 26 weeks. Table 13 demonstrates that the unemployment rate for aboriginal groups is remarkably higher than that of non-aboriginals. With respect to Inuit, the unemployment rate was more than six times that of the non-native population in the Northwest Territories for this year.

Typical employment indices (such as rates of employment) may not be entirely appropriate for the Inuit, given that these categories may not be pertinent to Inuit society

(Choinière and Chevalier, 1994: 64). For instance, although an individual may be technically unemployed by Canadian standards, he or she in fact may be involved in productive activities such as subsistence hunting. Thus, it may be more appropriate to measure variables such as activity status, type of work, and sector of activity, as was done in the Santé Québec health survey. However, these cultural discrepancies in employment concepts make comparisons between rates in Inuit communities and national employment rates complex.

What was found, was that income levels are clearly low and unemployment rates are high for indigenous peoples of the Canadian Arctic. Coupled with the demographic realities of an extremely young population and a high population growth rate, this results in a discouraging economic picture of the North:

“The growth rate means that many northern communities are full of young people looking for jobs. The NWT will have to generate jobs at a rate three times that required in the South. At the same time, it is in the small communities where unemployment rates are highest. This problem again highlights the dual nature of the NWT economy. In the region, the viable resource industry has flourished. Alongside this success, however, are the small, isolated Native communities where incomes are low and unemployment is high. When demographics and economies are combined, conditions of the territories do not appear very encouraging” (Dickerson, 1992: 23).

The development of sustainable economic opportunities, then, which actually involve native peoples, is clearly of prime importance for northern communities.

Poverty is related to nearly all types of ill health (Moffat et al, 1994: 3). Thus, a finding of pervasively low incomes in indigenous communities should have direct impact on alcohol abuse. The high rate of unemployment, combined with a paucity of meaningful

activity in aboriginal communities, has been costly in terms of alcohol abuse, family breakup, violence, and crime (Government of Canada, 1989: 17).

HOUSING DATA

"Only in recent times have Inuit been dependent for shelter on the benevolence of a technocratic welfare state. Whale bone roof beams, ancient tent rings and the remains of stone houses lie scattered around the Arctic, reminding us that the people once sheltered themselves with structures made from materials found in the country. Even caribou-skin parkas, still worn today, provide more warmth for the body than the rigid-frame plywood houses built thirty years ago by the federal government" (Bell, 1990: 26).

Aboriginal peoples are more likely than the wider Canadian population to experience poor housing conditions. For instance, indigenous peoples living in reserves are sixteen times more likely than non-Indians to live in crowded accommodation (I.N.A., 1993: 3). Many people in Northern Canada perceive their housing situation as unsatisfactory. The 1992 Housing Needs Survey, completed by the Northwest Territories Housing Corporation, is the most comprehensive housing survey ever conducted in the Northwest Territories. Every community in the Northwest Territories (61) was visited and a total of over 14, 000 households were sampled. A total of 30,361 individuals completed the survey. If a household had a problem with suitability, affordability, or adequacy, in addition to a total household income below the Core Need Income Threshold (CNIT), then the household was considered to be in Core Need. (See Table 14.):

TABLE 14. DEFINITION OF TERMS

TERM	DEFINITION
Suitability	Shelter that is of an appropriate size for the number of individuals residing within it.
Adequacy	A household which reaches the nationally accepted standards for health, safety, and security. Adequacy problems are indicated by: lack of hot or cold water, lack of indoor toilet, or lack of installed bath or shower facilities.
Affordability	The portion of the household's income that is dedicated to paying for shelter (rented or owned) is not excessive.
Core Need	If the household had problems with suitability, adequacy, or affordability, and the total household income was below the Core Need Income Threshold, then the household was identified as having a core need. CNIT represents the cost of owning and operating a housing unit in a given community.

(Adapted from Northwest Territories Housing Corporation, 1992: 3-4)

The results of this survey are summarized in Tables 15 and 16. (See Tables 15 and 16.)

TABLE 15. NWT AND DISTRICT HOUSING NEEDS SURVEY

District	Total Surveyed	Housing Problems	In Core Need	Suitability	Adequacy	Affordability	Multiple
Baffin	2,605	1,155	937	563	181	37	156
Keewatin	1,340	698	582	308	164	5	105
Kitikmeot	1,020	515	446	206	132	1	107
North Slave	4,876	1,422	492	129	101	92	170
South Slave	2,714	1,123	559	109	311	26	113
Western Arctic	1,981	820	568	180	236	27	125
TOTAL	14,536	5,733	3,584	1,495	1,125	188	776

(Source: Northwest Territories Housing Corporation, 1992: 9)

TABLE 16. NORTHWEST TERRITORIES AND DISTRICT SUMMARY
Housing Needs Survey.

District	Total Surveyed	Housing Problems	In Core Need
Baffin	2,605	44%	35%
Keewatin	1,340	52%	43%
Kitikmeot	1,020	50%	44%
North Slave	4,876	29%	10%
South Slave	2,714	41%	21%
Western Arctic	1,981	41%	29%
TOTAL	14,536	39%	25%

(Adapted from: Northwest Territories Housing Corporation, 1992: 9)

Of the 14, 536 households surveyed, 5, 733 households reported a housing problem while 3,584 households were identified as having a core need (Northwest Territories Housing Corporation, 1992: 1-7). Thus, of all those surveyed, 39% reported housing problems, while 25% were identified to have core needs in terms of housing. Of course, the question being begged relates to how many individuals in southern Canada would report housing problems. A significantly large percentage of indigenous peoples in the North perceive their housing situation as inadequate.

Symons (1994: 20) reported similar differences between housing conditions in northern and southern Canada. (See Table 17.)

TABLE 17. HOUSING CHARACTERISTICS

	North	Canada
% of dwellings owned	41.4	62.6
% of dwellings needing major repair	17.2	8.2
% of dwellings with more than one person per room	9.9	1.3

(Source: Symons, 1994: 20)

In the north, 41 percent of homes are owned by the occupants, whereas in the south, 63 % of residents own their home. Furthermore, 17 % of homes in northern Canada require major repairs, which is twice the amount for Canada as a whole. Moreover, residents of northern communities are much more likely to live in crowded living conditions. Within Canada, only one percent of homes have more than one person living in each room, whereas this number increases to 10 % in the north of the country (Symons, 1994: 14).

A substandard housing situation has existed for some time. According to the 1981 Census of Canada, 42 % of Inuit households were crowded⁷, over 17 % required major repairs, more than 26% of homes were without central heating and more than 14 % lacked a bathroom (I.N.A.C., 1990: 51). The situation still prevails today in the Northwest Territories, where more than 15% of households have 6 or more occupants, representing a figure which is twice that of the national average (Department of Health and Social Services, 1994: 3).

Historically, the housing conditions were an obvious demonstration of the social relationships in the north, in that the residences of the Inuit were vastly inferior to those of the Euro-Canadians living in the same communities, with the former lacking interior wallboard, insulation, exterior or interior paint, running water, bathing facilities, and flush or private sanitation. The Inuit homes were typically of a single-room variety, were ten feet square, and were separated by physical distance from Euro-Canadian homes. As well, these conditions seriously inhibited the ability of Inuit children to learn, since their home environment was too crowded and filled with distractions for studying and schoolwork.

⁷ In this study, homes were defined as crowded when more than one person lived in a room.

Often, two or three children had to share a bed, while some would sleep on the floor (Williamson, 1974: 98-106).

Moffat et al (1994: 2) reported poor housing conditions in their regional sample of Canadian Inuit communities. They found that there were an average of 4.6 individuals living in each house in the Keewatin Region, which is primarily populated by Inuit (91 %). These figures are high in comparison with data collected by Statistics Canada, which estimates the national average at 2.8 people per house. As well, 13 % of dwellings accommodate more than one family. Over nine per cent of homes in this area lacked a working bathtub or shower. Furthermore, while most homes had a modern plumbing system, four to twelve per cent of homes in the eight communities surveyed still relied on 'honey buckets' for sewage.

The Santé Québec health survey reaffirmed that the Inuit live in more crowded conditions. Choinière and Chevalier (1994: 67) discovered that there were twice as many inhabitants in Inuit households in Nunavik as in non-Inuit households in Quebec. However, there was significant variation within Nunavik society. Sectors which maintained less contact with wider Québec tended to have greater percentages of family and multiple family households. Thus, it appears that the observed divergence in the number of inhabitants per dwelling may in part reflect cultural differences rather than simply socioeconomic disparities.

Problems with housing in the Arctic may stem from the fact that much of it was designed without the input of northern residents. Inuit dwellings, which had been developed over centuries, were suddenly changed by the government housing program in

1959 (Zrudlo, 1985: 193-200). Originally, the Inuit were not included in design process and the government blueprint for housing was based on the provision of the most inexpensive type of possible shelters (Dickens and Platts, 1960: 223-224).

Overall, the housing conditions of aboriginal peoples are impoverished when compared with those of other Canadians, with there is a clear difference between housing circumstances in the Arctic and the southern regions of Canada. In summary, the Inuit experience more dissatisfying housing conditions, they live in more crowded conditions, they are less likely to own their homes, and they are more likely to require major repairs on their place of residence.

EDUCATIONAL DATA

"There's a lot of unemployment within our community due to people being uneducated and not meeting requirements of employment. Our graduates level is very low. Level of income needs improvement. Food, shelter availability is due to high cost of living and housing is hard to come by..."

(anonymous person of indigenous ancestry, 1986: 7, First Nations and Inuit youth solvent abuse survey and study comments: Yukon and Northwest Territories: an overview paper).

"Two-thirds of that last generation to attend residential schools has not survived. It is not coincidence that so many fell victim to violence, accidents, addictions and suicide. Today, the children and grandchildren of those who went to residential schools also live with the same legacy of broken families, broken culture and broken spirit"

(Chief Councillor Charlie Cootes, Uchucklesaht First Nation, Port Alberni, British Columbia, Royal Commission on aboriginal Peoples, 1995: 22)

Educational achievement is directly related to vocational and economic success. In turn, economic success is linked to quality of life. As a result, levels of educational achievement can be seen to directly influence an individual's life chances. In general, aboriginal levels of education lag significantly behind the general population in Canada. For example, the percentage of Status⁸ Indians that have a less than grade nine education is twice that of the national average (Indian and Northern Affairs, 1993: 4). Further, 40 % of Inuit have not advanced beyond primary school and only 13 % have finished secondary

⁸ In 1876, the Indian Act was passed, which gave the federal government of Canada responsibility for Indians and their land. While the Inuit have never been subject to the Indian Act, they were placed under the guardianship of the federal government in 1939. In the 1982 Constitution Act, aboriginal people were classified by the federal government into three categories: Indians (Status Indians, Non-status Indians), Métis, and Inuit. Status Indians are those indigenous people who are entitled to be registered under the Indian Act. Due to the fact that they have signed a treaty with the federal government, they are entitled to treaty rights, such as: the right to hunt on reserves, access to ammunition, and annual payments to each individual member of an Indian band (these payments are usually \$5.00 per year). Non-Status are those Indians who have somehow lost their right or privilege to be registered under the Indian Act. This may have occurred for a number of reasons including: loss of status due to marriage of a non-Indian, voluntary renunciation, failure of government administrators to include an aboriginal family on the Indian registry. Status Indians and Inuit are entitled to negotiate land claims with the Canadian federal government. The non-status Indians do not have constitutional status. The Metis are descendants of both Indian and non-Indian ancestry (Boldt and Long, 1985: 3-4, Bone, 1992 58-59). For a more complete discussion of the relationship between the indigenous people of Canada and the federal government, see Dyck (1991).

school (Choinière and Chevalier, 1994: 48-49). Among those Inuit aged 15 to 49, 38 % reported less than Grade 9 as their highest level of education, or no education whatsoever. This figure rises to 76 % for those Inuit aged 50 to 64 (Statistics Canada, 1995c: xliv).

In the early 1980's, it was clear that Inuit were not reaching the same level of education as Canadians in general (Robitaille and Choinière, 1985: 35). Table 18 summarizes the level of educational achievement for Inuit in comparison to the wider population of Canada in 1981. (See Table 18.)

TABLE 18. HIGHEST LEVEL OF SCHOOLING
(Cumulative percentage for the Inuit and general population 15 years of age and over, 1981)

Highest Level of Schooling	Inuit Population					General Population
	Canada	Labrador	Northern Quebec	NWT and Yukon	Southern Canada	Canada
None	100 ⁹	100	100	100	100	100
Grade 1	76	86	67	72	97	98
Grade 5	66	80	47	64	93	96
Grade 9	39 ¹⁰	42	27	34	77	80
High School Graduation	19	21	14	15	41	52
University	4	7	3	1	13	16

(Adapted from Robitaille and Choinière, 1985: 35)

⁹ The sum of the cells may not equal the total shown due to random rounding.

¹⁰ The percentages are cumulative from the bottom to the top of the table. For instance, 39 per cent of Canadian Inuit have attended at least grade 9.

For instance, only 39 percent of Inuit had attended Grade 9, in comparison to a corresponding percentage of 80 % in the general population. Further, this disparity increases with higher education as can be seen by the fact that only 4 % of Inuit have attended a university which is in sharp contrast to 16 % for non-Inuit Canadians. It should be noted, however, that these data do not address the dynamic long-term differences in educational paths between the two populations in that these figures may change substantially over the lifetime of the respondents. In essence, many Inuit may eventually return to school at a later point thereby decreasing the imbalance with their counterparts in the wider population.

Table 19 provides a description of school attendance for Inuit and non-Inuit between the years 1971 and 1981. (See Table 19.)

TABLE 19. SCHOOL ATTENDANCE

School Attendance	Inuit Population					General Population		
	Canada		Labrador	Northern Quebec	NWT and Yukon	Southern Canada	Canada	
	1971	1981	1981				1971	1981
Full time	12	11	12 ¹¹	8	10	16	13	12
Part time	3	2	2	2	2	5	4	6
Not attending school	85	87	85	91	88	79	83	82
TOTAL	100	100	100	100	100	100	100	100

(Adapted from Robitaille and Choinière, 1985: 37)

¹¹ As a result of random rounding, the sum of cells may not total exactly 100.

These data illustrate that Inuit were less likely to attend school full-time and even less than likely to attend part-time classes (Robitaille and Choinière, 1985: 36). As well, there was a two per cent drop in Inuit school attendance between 1971 and 1981. Nevertheless, long term data for the past thirty years demonstrate an increase in level of educational attainment for the Inuit.

Table 20 reveals that those Inuit with the highest level of education (ages 15 to 29 years of age) still fall under the national average for Canada. Educational differences are especially evident in regards to university education. Of those Inuit aged 25 to 29 years of age, only 8 % have attended a university, in contrast to 16 % for the wider Canadian population. Furthermore, these data demonstrate that there are clear regional variations. For instance, with respect to university education, the Inuit residing in Southern Canada are the closest in terms of education to the general population, whilst the Northwest Territories and Yukon are clearly the most dissimilar (Robitaille and Choinière, 1985: 36-38).

Significant differences between the educational attainment levels of aboriginal people and non-aboriginal people living in the Arctic still exist in contemporary Canada. Data from the late 1980's show that a great disparity still existed between native and non-native people in the Northwest Territories. (See Table 21.) These data show a huge difference between native and non-native educational attainment, especially in regards to the completion of a university degree. In 1991, 41 % of aboriginal people aged 15 and over had not completed Grade 8, relative to only 1.2 % of non-aboriginal individuals. Furthermore, only 3.7 % of the indigenous population had completed a university degree.

Table 20:

Cumulative percentages of highest level of schooling by age groups for the Inuit population aged 15 years or older, Canada 1981.

Highest Level of Schooling	Age Group												Total	CUM %
	15-19	CUM %	20-24	CUM %	25-29	CUM %	30-34	CUM %	35-39	CUM %	40 +	CUM %		
None	50	100	60	100	60	100	245	100	380	100	2,745	100	3,530	100
Grade 1	265	98	170	98	190	97	235	85	190	68	305	34	1,360	76
Grade 5	1,530	90 ¹	855	90	490	86	395	71	195	51	420	27	3,885	66
Grade 9	1,225	44	695	55	385	58	250	47	110	35	250	17	2,920	39
High School Graduation	225	7	525	26	500	37	415	32	225	25	380	11	2,265	19
University	10	0	95	4 ²	150	8	125	8	70	6	85	2	535	4
Total	3,310		2,390		1,780		1,665		1,170		4,180		14,500	

(Source: Robitaille and Choinière, 1985: 38)

¹ The percentages are cumulative from the bottom to the top. For instance, 90 per cent of Inuit between the ages of 15 and 19 years have attended at least Grade 5 schooling.

² As a result of random rounding, the sum of the cells may not equal the total shown.

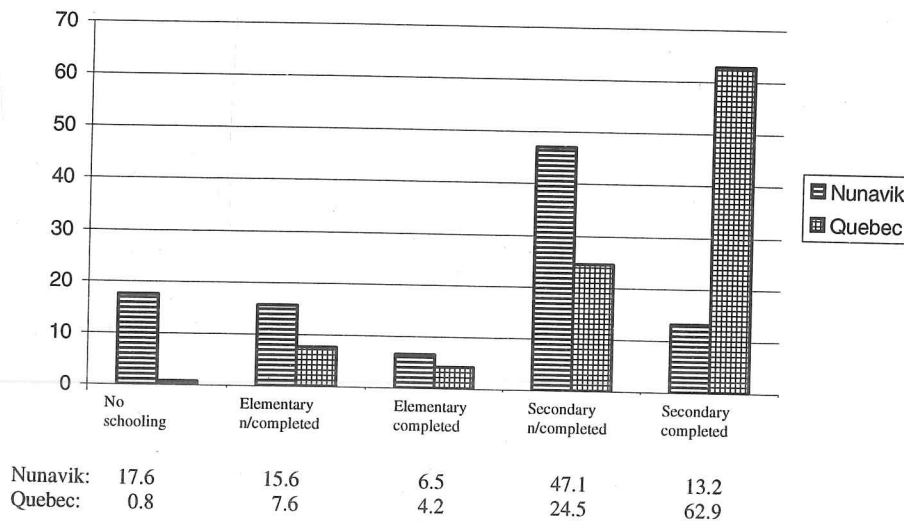
TABLE 21. NORTHWEST TERRITORIES EDUCATION SUMMARY

	Completed Grade 8 or less	Completed a University Degree
native	54%	1%
non-native	4%	23%

(Adapted from Government of the Northwest Territories, 1989a: 8)

As part of the Santé Health Survey, Choinière and Chevalier (1994: 49) compared the educational level of Inuit in Nunavik to the overall provincial rate. (See Graph 2.)

Graph 2. Level of educational achievement for individuals aged 15 years and older (%).



(Source: Choinière and Chevalier, 1994: 49).

These data illustrate the marked discrepancies between the Inuit of Nunavik and the wider population of Québec. The Inuit of Nunavik are much more likely to be without schooling than the rest of the Quebec population. Moreover, there are sharp differences between the percentage of Inuit who have completed secondary education (13.2%), and that of the wider Quebec citizenry (62.9%). The findings of Moffat and his colleagues (1994: 2-3), for the Keewatin Region, confirmed that lower education attainment is a

concern in Inuit communities. Specifically, they found lower rates of educational achievement for aboriginal adults in addition to high levels of high school drop-out for Inuit teenagers.

As well, the educational achievement of the Inuit is likely influenced by differing approaches to learning. Briggs (1985: 50) describes the difference between Inuit and Euro-Canadian learning models:

“...the Inuit preference for observation as against questioning as a mode of gathering information. Questions *are* used in the socialization of children, but it is not the children who should ask them, it is the adults...Related to different ways of learning is the question of reliance on different kinds of evidence. Inuit place far less trust in ‘experts’ than we do and are much more inclined to test what they are told against personal experience and reasoning”

Given that question-asking and expert knowledge is an elemental part of the Canadian school system, the Inuit valuation of experientially based learning over authoritative knowledge, coupled with a disinclination towards asking questions, would place them in a disadvantaged position.

Although Inuit education attainment levels have improved in the last thirty years, they are still substantially lower than that of the wider Canadian population. The Aboriginal Peoples survey, completed as part of the 1991 census, revealed that of those 25,350 that reported Inuit ancestry, only 80 have completed a university degree (Statistics Canada, 1995b: 17). With respect to the Northwest territories, only 25 people of the 18,430 who self-identified as Inuit have attained a university degree (Statistics Canada, 1995: 237b). The lower number of Inuit completing university degrees may in part reflect

the lack degree-granting educational institutions in the north. Given that education is directly tied to vocational success, this is grounds for concern.

CULTURAL FACTORS

"In the olden days, boy, things were just so beautiful. Look at today, we have TV, we have everything, lots of things. When I try to sleep sometimes at night, I think to myself, 'How did I pull through all of this?' So many changes in such a short time? Nobody else in the world has seen so many changes in such a short time like Inuit"

(Pudlat, 1990: 17).

All arctic communities have undergone forced transformation of their societies which has resulted in increased levels of stress for circumpolar peoples (Misfeldt, 1992: 68). Numerous scholars have discussed the effects of acculturation, rapid cultural change and the clashing of ethnic paradigms. Acculturation has been defined as: "a process of culture change brought about by continuous, first-hand contact between two groups" (Berry, 1985: 26). It has been argued that there is a causal link between intense cultural change and social problems including alcohol abuse, suicide, and violence. In fact, some authors have even referred to acculturation as a form of psychiatric illness:

"Acculturation has been regarded as the world's most prevalent mental disorder, striking particularly members of aboriginal and minority cultures in hundreds of places all over the world; people who - whether one likes it or not - experience a transitional phase, leaving essential parts of their traditional culture and entering into the culture of a nearby majority people. Above all an abundance of socio-mental derangements have been frequently demonstrated, and ascribed to acculturation" (Haraldson, 1996: 38).

Within Inuit society, the rapidity of social change is unique and it is this accelerated transformation of education, housing, communications, and dependence on government subsidies which has resulted in physical, mental, and social costs (Lamothe, Lemire, and Jetté (1994: xvii-xviii). However, the deleterious results of acculturation are not

inevitable, and cultural contact may also bring new opportunities and benefits (Berry, 1985: 26-27).

The precise mechanism by which rapid cultural variation results in social pathologies has not, to date, been firmly established. However, Berry (1985: 21-27) provides an elaborate discussion of the process of acculturation. The specific shape of the acculturative process is contingent upon the power relationships between the contact groups. Whilst cultural exchange can certainly occur bilaterally, the majority of modifications tend to be aimed at the less dominant group. This is especially the case when an assimilationist ethos prevails in the more powerful society. For instance, in order to gain territory, the dominate group may christianize, or convert the group through education. Changes associated with this process can be physical, biological, cultural, or psychological. Of course, not all individuals, or groups, will acculturate in the same way and the effects of acculturation will vary immensely.

In the case of the Canadian Inuit, they are a non-dominant group which has come into contact with a more powerful group. As a result, they are more likely to experience tension and stress in terms of their mental health¹² status. Berry (1985: 24) points out the distinctiveness of the aboriginal experience:

“...native peoples have largely experienced involuntary acculturation; their land and their lives have generally been taken over by others, without their seeking the culture contact. In contrast to other types, (such as immigrants and established ethnic groups), this involuntary acculturation may predispose native peoples to experience greater acculturative stress”.

¹² Mental health is defined by Berry (1985: 22) as: “more than just the absence of illness, disease or dysfunction--it is the presence of psychological well being, however that may be defined in a particular culture”.

Loss of status can be a crucial factor in the course of acculturation:

“One’s status mobility in the larger society, whether to regain one’s original status, or just to keep up with other groups, may also be a factor. In addition, some specific features of status (such as education and employment) provide one with resources to deal with the larger society, and these likely affect one’s ability to function effectively in the new circumstances” (Berry, 1985: 25).

Some authors suggest that nomadic peoples are especially prone to the negative effects of acculturation due to the enormity of the transition from a hunting, gathering, or pastoralist society to that of a sedentary lifestyle. In this case, communities which were once spread over large territories with small population densities and less structured sociopolitical systems are transformed into communities with little territory, relatively small populations, and radically different authority mechanisms (Berry, 1985: 25).

Rode and Shephard (1992) provide a comprehensive case study of the effects of rapid acculturation on Inuit adaptability, fitness and health. They focused on Iglulik, an Inuit community in Canada, and they attempted to study the relationship between the physiological characteristics and major lifestyle changes in the group by assessing them in the years 1970, 1980, and 1990. Iglulik was chosen as a prototypical Inuit community since it was considered to be relatively traditional, in that the local people relied upon hunting, trapping, and fishing as economic and subsistence activities. Traditional symbols, such as dog teams, still prevailed over the signs of the modern era, such as the snow machine (Rode and Shephard, 1992: 1-4).

In 1970, alcohol and substance abuse was relatively infrequent among the Inuit in Iglulik. Violence, theft and other crimes were uncommon. The overall physical health of the Inuit participants was unusually impressive as exemplified by exceptional aerobic

fitness, limited subcutaneous body fat and superior leg strength. By 1990, there had been a marked decline in individual fitness and strength in addition to an increase in subcutaneous fat. In short, the health of these Inuit had deteriorated considerably over a period of twenty years. Moreover, the Iglulik were encountering more frequent social problems. The community was now experiencing cases of murder, rape, suicide, and family violence. Substance abuse had proliferated, especially amongst the youth, and drug usage now included a wider range of harmful substances (ibid, 1992: 8-9).

The authors suggest that the community underwent extreme changes in lifestyle and that this may indeed account for the increase in social problems and the decrease in the health status of these Inuit. They carefully recorded significant changes in mechanization, telecommunication, recreation, housing, transportation, medical care, education, government services, private enterprise, churches, and language. For instance, in 1970, there were approximately 30-35 snow machines in the community with the majority of travel being accomplished by dog team put together from the 500 dogs kept by Inuit hunters. There were approximately 20 power boats, equipped with 10-20 horsepower engines and there were no private cars, trucks, bicycles, or all-terrain vehicles (ibid, 1992: 4-9).

In 1990, there were 160-170 snow machines, 9 privately owned automobiles and trucks, 78 all-terrain vehicles, and 216 bicycles. There were 90 boats with 40-200 horsepower engines, with the majority in the 50-90 horsepower range, and a local taxi service. Increased mechanization had resulted in a massive decrease in physical activity given that individuals preferred using motorized transportation, such as that provided by

snow machines, to walking even short distances between houses, to local stores, churches, and schools. As well, hunting became a less vigorous activity, in that trips which previously took a full day by dog team now only took a few hours by snow machine. Further, the provision of food for the dog teams, which had been a vigorous activity in itself, was eliminated due to the advent of new forms of transportation (ibid, 1992: 4-9).

Certainly, the exact nature of the relationship between acculturation and social difficulties has not been clearly elucidated to date. It is not clear to what extent alterations in the material culture of Iglulik and the resulting decrease in health status of the Inuit are unusual. Perhaps, these processes are indicative of a parallel process in the wider Canadian population. It may be the case that the average Canadian is also experiencing a deterioration in health status associated with the modernization of material culture in Canada in the last 20 years. Furthermore, the researchers placed heavy emphasis on quantifying technological changes in the community, which may have a correlated, rather than a causal, relationship with the observed increase in social problems. Increased access to technology such as mechanized transportation may improve quality of life, rather than add stress. In short, it could be argued that the Inuit, as much as any other group, have benefited from technological improvements. Technological advances in themselves, then, should not automatically increase psychopathology. Nevertheless, it is possible that it is the rapidity of change which partially accounts for the extensive social problems observed in Inuit communities. It is important to recognize that the transition of the Inuit from a semi-nomadic lifestyle to the complexities of the present-day world has taken place in the short time space of only one generation (Creery, 1983: 15). Moreover, the

indigenous experience of cultural transformation is unique in that it has been determined from outside aboriginal communities (Kirmayer, 1994: 28).

In contrast with the many other indigenous groups in Canada who have had intense interaction with European culture for centuries, the Inuit have avoided uninterrupted contact, domination and dependence until the last one hundred years. Extreme sociocultural change has been rapid for the Inuit and has occurred in the short span of the last 35 years, beginning with their forced relocation into permanent settlements. Before the mid-1950s, the Inuit had maintained a semi-nomadic lifestyle, still living in relatively small local groups, and their contact with Euro-Canadians was largely through trading posts and missionary stations a few times per year. By the mid-1960's, the majority of Inuit resided in permanent settlements and visited the land relatively infrequently (Paine, 1977b: 13, Christie and Halpern, 1990: 739).

The changes brought on by instant settlement were manifested in the Inuit social order, their sense of land-relatedness, concept of space and temporal reality. Abruptly, they found themselves in large groups, but confined to relatively small areas. Town life brought with it significant changes in the social order for the Inuit. Previously, Inuit political decisions had largely been made with a consensus model. Their conflict resolution and decision-making procedures were evolved for use in small communities, consisting of six to ten dwelling units and also determined the deployment of subsistence parties. In addition, the wisdom of elders and shamans was relied upon (Williamson, 1991: 43-4).

Inuit concepts of time traditionally had been organized around seasonal occurrences in nature and social activities. The establishment of Inuit settlements around R.C.M.P. detachments, missionary stations, administrative centres, schools and trading posts meant the restructuring of life around these institutions. In contrast to their lives being guided by the freeze-up and break-up of ice, the Inuit were now controlled by the mine siren, the school bell, and Ottawa office hours. Moreover, their concepts of the past were altered with events now being linked to when the government arrived or when the school opened. The shift to European technical time measurement, external to human activity, resulted in anxiety for the Inuit. Williamson (1974: 123-124) describes this after the settlement in Rankin Inlet:

“Even to the oldest male member of the community, who was never involved in the industrial work, every Eskimo home and person is plentifully supplied with time-pieces. The observer noted five Mine workers between the ages of twenty-four and thirty-seven who were noticeably striving to achieve maximal acculturation and occupational success--all of whom, when visiting, or standing outside talking to neighbours, consulted their watches with a frequency that amounted to a nervous tic. An illustration of how important the Eskimo felt that time is to White people--is the tendency which has been referred to of men to stay away from a shift if they seem likely to be late, indicating that they believed that the White bosses value punctuality even more than the presence of an individual to undertake a necessary job”

Indeed, some authors have argued that there may a link between the changes in mental health in the Inuit. Christie and Halpern (1990: 747) maintain:

“We have suggested that temporal disjuncture associated with the imposition of Eurocanadian technical time constructs in the organization of settlement life be regarded as broad societal and cultural factors contributing to personal and community disorganization...We suggest that an important aspect of sociocultural change for settlement Inuit has been the conflict arising out of the dissociation of traditional linear and cyclical temporal constructs from the technical time of the settlement. The consequences we argue are community and personal stress as evinced by the increasing evidence of so-called ‘lifestyle’ diseases” (747).

Settlement also redefined the social order. Government officials controlled education, healthcare, and law enforcement. Matthiasson (1995: 104) provides a forceful example of the degree to which government representatives, in this case the Royal Canadian Mounted Police, impacted on the social order of the Inuit:

“RCMP officers also kept the ubiquitous ‘disk lists.’ Because the Inuit did not have family names, each Inuk was given a number identifying him or her as an individual as well as the region of residence. While it assisted in record-keeping, it also had a depersonalizing aspect”.

The expertise of the elders no longer had relevance to the modern problems of settlement life and the shamans’ spiritual authority had been undermined through christianization. Where they had once lived in relatively small groups, with only a few families, now they lived amongst tens and even hundreds of other residents. Conflict, associated with a larger population, was more widespread. This was also apparent with respect to child-rearing, where:

“...in large and complex settled communities, where various points of view exist and where, consequently, children are exposed to various groups which both support and pressure them, the behaviour of one’s offspring is more difficult to control than it is in a small, homogenous and isolated camp” (Briggs, 1985: 44).

Here, it is clear that the settlement process also had an impact on the socialization of children.

In addition, the Inuit concept of space was changed by virtue of the alteration in the amount of territory which they covered. Traditionally, the entire community would move across the full range of their territory. In the new settlements, individuals could

range relatively long distances, especially with the advent of the snowmobile, but the whole community no longer travelled together across their complete region.

The use of the land, especially in relation to hunting activities, has a direct impact on the cultural-sustainability and cultural-esteem of the Inuit (Williamson, 1991: 1-11). The Inuit sense of place was affected not only by missionary attack on their integrated naming system which had previously linked individuals to the habitat (and to past generations), but also by the fact that their connection with the land was undermined by the cessation of subsistence activities following relocation. Later, their land-relatedness was further eroded due to the end of the sealskin market in Europe as a result of animal rights protests.

In contrast to semi-nomadic life, the settlement existence brought with it a relative powerlessness whereby every aspect of Inuit life was ordered by the Euro-Canadian administration: children had to attend to school, medical personnel reigned over the treatment of illness, people had to live in southern-style houses, individuals were quantified for government purposes. Inuit life was not only structured spatially, economically, and politically in the new communities: it was also regulated along a temporal dimension (Christie and Halpern, 1990: 740).

Regardless of the precise mechanisms of acculturation, the Inuit have lost a great deal in the past one hundred years. The Aboriginal Peoples Royal Commission provides a powerful description of the losses associated with culture stress encountered by indigenous peoples as similar to the experiences of victims of war. (See Table 22.)

TABLE 22. LOSSES AND CULTURE STRESS

loss of land, loss of control over living conditions and restricted economic opportunity
suppression of belief systems and spirituality
weakening of social institutions
displacement of political institutions
pervasive breakdown of cultural rules and values and diminished self-esteem
discrimination and institutional racism and their internalized effects
voluntary or involuntary adoption of elements of an external culture and loss of identity

(Source: Royal Commission on Aboriginal Peoples, 1995: 25)

Here, the term cultural stress acts as an umbrella concept which characterizes a collection of oppressive occurrences. It is conceivable that such experiences would make indigenous people more vulnerable to a sense of low cultural-esteem which may in turn leave them more vulnerable to self-destructive behaviours.

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ANALYSIS AND DISCUSSION

"It is not for kings, O'Lemuel, it is not for kings to drink wine; nor for princes strong drink: Lest they forget the law, and pervert the judgment of any of the afflicted. Give strong drink unto him that is ready to perish, and wine unto those that be of heavy hearts. Let him drink, and forget his poverty, and remember his misery no more"

(Proverbs, 31:4.).

That there is a connection between poverty, mental pain, and the use of alcohol has long been known. When compared with the rest of Canada, the social conditions of the Inuit are substandard. Generally, their housing conditions are substandard, their levels of income and educational attainment are significantly lower, and their rates of unemployment are higher. Moreover, it has been established that Inuit communities express a great deal of worry about these social problems. This is not to say that there has not been a significant improvement in many of the aforementioned social variables in recent years. In fact, infant mortality has been lowered, life expectancy extended, and education levels have been increased. It still remains however, that the Inuit are underprivileged and their disadvantages have a direct impact on the increased occurrence of related social problems, such as alcohol abuse.

The task which remains is to provide a theoretical explanation for the assumed connection between the experience of impoverished social conditions and the resultant psychopathological behaviours, in particular alcohol abuse. At present, there is no consensus in the anthropological or psychiatric fields about the aetiology, treatment, or prognosis of psychopathology in indigenous populations (Manson, Shore, and Bloom, 1985: 331). Indeed, such a consensus does not exist regarding *any* population. More

specifically, the association between an individual's experience of deprivation and his or her reaction to alcohol abuse needs to be elucidated.

This lack of insight into the exact root of alcohol abuse amongst Inuit is in part due to the scarcity of studies which give qualitative accounts of the health and social conditions in the north. Judson et al (1992: 283-287) contribute one of the few studies to explore the perceptions of quality of life in the Arctic. The researchers administered two questionnaires to residents of Iqaluit (Baffin Island, NWT). The first questionnaire was quantitatively-based, with closed-ended questions about satisfaction with life, housing, education, and socioeconomic conditions, while the second was qualitative, with open-ended questions about local concerns and issues. They found that people reported a strong link between their satisfaction with life and educational attainment (as a factor which affects lifestyle and aspirations), with contentment with their housing situation, and with their employment (which was believed to have an impact upon the sense of meaning in peoples' lives).

However, these authors did not focus on alcohol abuse and its aetiology. Furthermore, Judson and colleagues did not distinguish between Inuit and non-Inuit responses, which makes analysis of exclusively Inuit perceptions impossible. Callaway and Suedfeld (1995: 184-185) also used survey methods to examine an alcohol treatment initiative in a Canadian arctic community in order to discover which elements of the program appeared to reduce substance abuse. However, while this study provided valuable information on service provision at the local level, their questionnaire did not include questions about residents' perceptions of social conditions and the aetiology of

alcohol abuse. In fact, it appears as though such a questionnaire, one which is designed to document Inuit perceptions of quality of life as they relate to alcohol abuse, has never been administered (Callaway and Suedfeld, pers. comm.). This lack of qualitative analysis exposes a definite gap in present research into alcohol abuse in northern Canada.

Impoverished living conditions engender feelings of depression, helplessness and hopelessness which are often associated with alcohol abuse and suicide. In a special report on suicide, the Royal Commission on Aboriginal Peoples (1995: 24) describes the psychological effects of dispiriting conditions:

“...unemployment is perhaps the key. Being without work, without adequate income or future prospects, has a profoundly negative impact on people in western industrial societies, affecting feelings of self-worth, security and optimism in the jobless person; the psychological well-being and physical safety of family members in relation to the possibility of depression or anger in the unemployed person; and the buying power, living conditions and overall economic status of family members...The socio-economic conditions of communities and the psychological states of individuals tend to reinforce one another. Substandard living conditions and limited life chances are associated with depression and feelings of helplessness and hopelessness. Conversely, depression and mental and other cognitive disorders prevent people from acting to change their life circumstances”.

While the precise nature of the relationship between alcohol abuse and social variables may not be certain, it is clear that they are inextricably linked. Indubitably, changes in the political and economic conditions of indigenous communities must come about in order to ensure long-term health development of aboriginal peoples (O’Neil, 1993b: 17).

The crucial part of the acculturative process, it is argued here, stems from the transformation in Inuit society from a state of economic independence to one which is characterized by dependency and subjugation. Plainly, this process results in the erosion

of self-esteem, which in turn leads to a rise in social problems. Briggs (1985: 46)

characterizes the interpersonal difficulties connected with this sociocultural reshaping:

“But when individuals who value their personal autonomy and their ability to set their own life course see that control of these changes that are occurring lies not in their own hands but in those of a foreign power, the disturbance must be immeasurably greater and more likely to result in frustration, resentment, alienation and depression. In such a situation, people experience themselves as inconsequentially, ineffectual, humiliatingly dependent on a society which scorns or pities their way of life, and materially deprived relative to the dominant group. Worst of all, they find that there is no way in which that situation can be changed”.

Brant (1993: 57-71), who is himself of indigenous ancestry, outlines similar psychological variables, when he isolates three causes of self-destructive behaviour: poverty, powerlessness, and anomie.

Certainly, television images shape people's expectations of the quality of life which they desire, the vocational opportunities they expect, and the material comforts which they anticipate enjoying in their society. The ideology of Canada, reinforced through the media, is based on images of democracy, equal opportunity and classlessness. However, the actual experience of the lower classes, of which the indigenous people in Canada are a part, demonstrates that nothing could be further from the truth:

“A capitalist democracy was established in North America with an allegedly classless society. This was different from the European aristocratic society, which was based on heredity, title and land ownership. North American ‘meritocracy’ promises success, wealth, fame and fortune to all who are born in the country and even to new immigrants. However, these aspirations are pie in the sky hopes when one's family is hungry and one's heating oil tank is empty. Most Indian reserves are placed in areas where economic development is impossible, thus excluding most Aboriginal people from the job market. Approximately 3 per cent of the budget of the department of Indian Affairs is spent on economic development. Television programs, via satellite, have made even the most remote Aboriginal peoples aware of the luxuries available to the citizens of Canada. We who live in more prosperous areas have come to terms with the fact that programs like *Dallas* and *The Brady Bunch* do not, in fact, represent the ordinary or normal way of living for most North American citizens, but if one is in an isolated setting, this is

held up as the norm. To take one's eyes off a television program depicting the grandeur of the residence at South Fork and to survey one's own poorly heated and insulated hovel can only have a deleterious effect on self-esteem. As far as this author knows, there has been no study relating the invasion of satellite television to the suicide rate. Aboriginal people have, however, been included in the global village of Marshall McLuhan and are daily reminded of their poverty, despair and hopelessness" (Brant, 1993: 59).

The connection between poverty and self-destructive behaviour in North America is well documented (Brant, 1993: 59). It must be painful for individual Inuit to realize the great disparity between their ability to participate in the market economy and their perceptions of what is considered normal and rightful.

Furthermore, medical-treatment approaches to alcohol abuse appear to disregard the importance of developing cultural esteem. Initially, medical models establish the individual as a client to whom a health care professional delivers services. This is in marked contrast to a more empowering approach, which is predicated on encouraging cultural pride and independence. More community-based approaches to dealing with alcohol-related problems, which are dedicated to the enhancement of cultural identity, and which are controlled by aboriginal communities, have achieved notable success in the reduction of substance abuse. For example, the Nechi Institute has been able to make great advances in eliminating alcohol abuse in the Alkalai Lake community (Colarado, 1988: 601).

The argument here has been premised on an association between social conditions and social problems, notably alcohol abuse. If so, the perceived level of quality of life must be related to social conditions, in that those individuals who are more prone to alcohol abuse should be those individuals who experience the highest amount of anxiety

due to impoverished social conditions or poor quality of life. In the Santé Québec health survey, Kapetanakis and his coworkers (1994: 11-26) included questions on perceived state of health and happiness. The results revealed that the majority of Inuit aged 15 or older reported that they were either very happy (18%) or fairly happy (68%). The authors observed gender differences in that women tended to report unhappiness more frequently (18 %) than men (10 %).¹³ However, the most interesting finding is that there were significant variations based on age. (See Table 23).

Notably, individuals 45 and over appeared to be happiest, whilst people aged 15-24 were the least happy. Interestingly, it is at this age when most individuals would be charting out their life plans vocationally. Here the reality of an increasingly complex world, combined with decreased educational success and reduced vocational opportunities would be the harshest, no doubt juxtaposed with misplaced dreams and ambitions. Williamson (1991: 10) comments on the experiences of this age group:

“Social work sources also noted that it was in this age group that unemployment was highest [ages 15 to 25]...There is a proportion of the employable population, said to be growing--who have given up. These are the people who have passed through the N.W.T. schooling system and who have entertained various hopes of useful occupation as a result, but found little actual employment opportunity beyond occasional labour” .

Thus, the angst associated with distinctly lowered life chances and impoverished social conditions would take its toll here. Not surprisingly, this is also the age group which is

¹³ It should be noted that there are gender differences in terms of the prevalence of social problems such as alcohol abuse and suicide in indigenous peoples (Kaweionnehta, 1994: 63, 79, Kirmayer, 1994: 11-13). However, the topic of gender is too vast to include in the present discussion. For an example of the complexity of this issue, and its impact on anthropological theory, the reader is directed to Bodenhorn's (1990) analysis of gender roles in Inupiat society.

Table 23. Perception of happiness amongst Inuit of Nunavik aged 15 years and over (%).

AGE GROUP - SEX	DEGREE OF PERCEIVED HAPPINESS							
	VERY HAPPY		FAIRLY HAPPY		NOT VERY HAPPY		TOTAL	
	%	n	%	n	%	n	%	n
Total	18.3	729	67.6	2,695	14.1	562	100	3,986
Males	18.6	388	71.1	1,477	10.3	213	100	2,078
Females	17.9	341	63.8	1,218	18.3	349	100	1,908
Age Group								
15-19 years / Total	17.7	143	58.6	472	23.7	191	100	806
Males	17.6	76	63.5	274	18.9	81	100	431
Females	18.0	67	52.8	198	29.2	110	100	375
20-24 years / Total	8.0	50	74.6	469	17.4	109	100	628
Males	7.6	24	85.9	268	6.5	20	100	312
Females	8.4	26	63.5	201	28.1	89	100	316
25-44 years / Total	19.8	328	72.2	1,195	8.0	133	100	1,656
Males	20.6	183	72.1	642	7.3	65	100	890
Females	18.9	145	72.2	553	8.9	68	100	766
45 years + / Total	23.2	208	62.3	559	14.4	129	100	896
Males	23.5	106	65.9	293	10.6	47	100	445
Females	23.0	103	58.9	266	18.2	82	100	451

(Source: Kapetanakis et al, 1994: 24)

most prone to increased social problems including alcohol abuse and suicide (Williamson, 1991: 10, O'Neil, 1993a: 32, Kirmayer, 1994: 11-12).

Moffat, O'Neil, and Young (1994: 21) found that a large percentage of the Inuit in the Keewatin region reported that they were under considerable amount of mental distress. The researchers suggested that the most fruitful results were obtained from analysis of specific answers given by respondents to individual questions, rather than through gross comparisons between populations. For instance, the Keewatin Health Assessment Study revealed that 34 % of adults felt that they could not overcome their present difficulties, 30 % reported that they felt depressed and unhappy, and 32 % felt that they were not playing a useful role in the world.

When searching for a psychological explanation as to why some Inuit drink to excess, the question of why they would not drink is begged. Brody (1977: 40) elaborates on this issue:

“Indeed, individuals whose drinking drastically undermines their material situation are the clinically recognizable alcoholics. Native peoples, however, often have no such link with their socio-economic base. They can no longer look to their lands for a living, are not inclined or able to depend on wage labour, and are dependent on the South--an outside and culturally remote place--for houses, essential technology, and many foods. This means that there simply do not exist the same kinds of reasons for being careful about anything, including alcohol”.

Thus, it is simply unreasonable to attempt to superimpose a middle-class Euro-Canadian set of priorities onto Inuit reality.

In essence, the Inuit have fewer options than other Canadians in terms of vocational, educational, and housing opportunities. Moreover, they experience “constant exposure through the mass media to consumerism and landscapes of manufactured desire”

(Kirmayer, 1994: 23). Yet, the dissonance between their restricted ability to participate in this materialistic realm and idealized media images which portray prosperity must precipitate psychosocial stress, resulting in an increased likelihood of social problems, such as alcohol abuse. Berry (1985: 25) describes the issue of unmet expectations as a result of acculturation:

“Finally, a recurring idea is that the congruity between expectations and actualities will affect health; individuals for whom there is a discrepancy, such that they aspire to or expect more than they actually obtain during acculturation, may have poorer health than those who achieve some reasonable match between them” (25).

In fact, Rodgers (1982: 494) discovered a common profile in the Inuit of the Northwest Territories who commit suicide. These individuals tended to be young males, under the influence of alcohol at the time, who had previously experienced feelings of hopelessness after having failed to live up to familial expectations in terms of employment. For the Canadian Inuit, there are huge disparity between their hopes, ambitions and expectations, and their actual opportunities and experiences.

In light of the foregoing discussion, it seems unreasonable to continue treating alcohol abuse in northern communities as a primarily medical problem. Historically, substantial improvements in health have come about due to improvements in social conditions, not by virtue of the medical establishment. Rather, development in the economy, housing, social infrastructure, water supply, sanitation, and nutrition account for enhanced mental and physical wellness (O’Neil, 1993b: 16, Proctor, 1993: 51). Quite simply, it is a myth to continue to credit the medical field with the marked improvements in quality of life and health in western societies:

“...at one time the development of scientific medicine was generally credited with a substantial improvement in life expectancy. More recent studies suggest that the

decline in the mortality rates actually started before the rise of modern medicine. Increases in life expectancy can be explained more accurately by improvements in nutrition, housing, contraception and sanitation. Other population studies indicate that patterns of illness and morbidity are more successfully explained by environmental facts such as occupation, socio-economic status and gender rather than by access to health care or treatment of disease. In several areas, recent studies have identified trends toward greater disparity in mortality and morbidity rates within societies. That is, there is a trend toward reduced mortality in the higher socio-economic classes and increasing mortality in the lower socio-economic or occupational groups" (Proctor, 1993: 51).

Fundamentally, the focus needs to be shifted away from biomedical compartmentalization, towards a contextual appreciation of the very real everyday experience of aboriginal people, for they live in a very different world from the average Canadian, an existence which is without the same opportunity, dignity or power. Without hope, then, extraordinary ways of surviving, such as abusing alcohol, are understandable. Resources would be wisely invested by correcting the distinct imbalances in quality of life which the Canadian Inuit experience, by first addressing the social determinants of alcohol abuse.

CONCLUSIONS

This paper has provided an analysis of the social determinants of alcohol abuse among Canadian Inuit. Examination of the housing conditions, educational attainment levels, income and employment opportunities, historical features, demographic factors and the acculturative process has revealed a discouraging set of circumstances. The recent history of the Inuit has been characterized by a relationship of tutelage with the agents of colonialism, most notably, the Federal Government of Canada. Inuit housing conditions are more frequently crowded and often in disrepair. Their educational achievement levels, closely tied to vocational opportunities, are significantly lower than those observed in the wider Canadian population. Demographically, the Inuit population is young, which results in more competition for fewer jobs. In terms of income and employment opportunities, they continue to be one of the most disadvantaged groups in Canadian society. In view of the aforementioned relationship between impoverished social conditions and ill health, it is not surprising that the most pressing community problem identified by the Inuit continues to be alcohol abuse. Alcohol abuse and the related social problems, appear to be an outcome of the inescapable perception of decreased life chances experienced by Canadian Inuit.

However, they have been remarkably resilient in battling the process of acculturation. They have maintained considerable cultural autonomy despite 1000 years of contact with European society. Their language, a powerful symbol of their culture, is in

no danger of disappearing. Their political accomplishments are noteworthy, such as a move towards the devolution of health and educational services from federal government administration to local control, and the creation of Nunavut, and bring hope for the future. Here the demographic reality of a rapidly increasing population will have a positive political effect by maintaining their majority status in their new territory. However, their future control over resources and economic development in Nunavut is of considerable importance for the improvement of their social conditions.

By combining a wide range of resources, this paper has provided a general account of the circumstances of indigenous peoples in the Canadian Arctic. In order to shed light on the issue of alcohol abuse, it has brought together health assessments, surveys, and substance abuse reports. In addition, documents from federal, provincial, and territorial governments have enabled a comprehensive description of the educational attainment, income levels, labour force activity, housing conditions, and demographics of the Inuit to be compiled. This thesis represents the first time that such a range of materials has been marshalled together for an analysis of this type.

As well, the consequences of rapid culture change were explored. With forced relocation, a striking transformation occurred in Inuit society in that their very sense of reality, in terms of their conceptions of time, space, land-relatedness, and social order, was radically re-defined. Most importantly, they were suddenly disempowered with respect their housing, education, and health care. It is not surprising that this point in their long history marked the beginning of an increase in the prevalence of social problems for the Inuit.

Still, many research problems need solving. For example, an examination of the basis for gender differences in alcohol abuse is an area which needs further investigation. There are distinctions between men and women both in terms of their perceptions of quality of life and the prevalence of self-destructive behaviour, notably alcohol abuse. It is possible that women and men adapt in different ways, or that they have divergent definitions of vocational role or personal success, and this may in turn have an impact upon the occurrence of psychopathology. But in the time available, and in light of the exigency regarding space, this issue could not be considered in this thesis. Without doubt, fieldwork would illuminate the question of gender discrepancies in substance abuse patterns.

Furthermore, fieldwork is required in order to match the large-scale account of social conditions provided by this thesis with the experience of Inuit living in a particular community. Moreover, the specific psychological mechanisms involved in Inuit alcohol abuse need to be determined. There has not been, to date, an analysis of these processes which this author has found plausible or which possesses a sufficient degree of specificity. In short, a project needs to be designed which not only describes the social determinants of substance abuse, but also delineates how these social variables bring about self-destructive behaviour. Certainly, such an undertaking would be based on field data.

What is required, then, is a qualitative study which investigates the experiences of individual Inuit in terms of their perception of life chances. No doubt, such an undertaking would offer insight into the precise mechanisms and causes underlying why some *individuals* turn to alcohol abuse. In such a study, persons who abuse alcohol could be

asked to describe what function this substance serves in their lives. It is possible that alcohol is a form of self-medication or anaesthetic which helps individuals to deal with a lack of hope and the painful experiences of their everyday lives. Conversely, it might be valuable to ask those Inuit, who do not experience problems with alcohol, to explain why they do not abuse substances. Such an inquiry would likely provide insight into the conditions which prevent alcohol abuse. Here, interviews with individuals who abuse alcohol, in combination with an ethnographic account of local circumstances, would be beneficial for blending a micro-analysis with the macro-investigation revealed by this thesis.

With some notable exceptions, approaches to alcohol abuse are dominated by a medical paradigm, whereby people with substance abuse problems are psychopathologized, treated, and rehabilitated. As a result, government departments and aboriginal groups which oversee native health services operate numerous alcohol treatment programs. Primarily, this treatment ethos does not focus on the social determinants of alcohol abuse amongst the Canadian Inuit. In fact, we have seen that the medical institution is another instrument of colonialism. The powerlessness, brought on by persistently poor social conditions in indigenous communities, which have been described here in detail, must be ameliorated in order to address large-scale alcohol abuse by Inuit. More specifically, enhanced socioeconomic development in Inuit communities, culminating in the creation of sustainable employment opportunities which bring with them a sense of dignity and autonomy, is central to the long-term mental wellness of Canadian Inuit.

ABBREVIATIONS

- DIAND** DEPARTMENT OF INDIAN AFFAIRS AND NORTHERN DEVELOPMENT
- GNWT** GOVERNMENT OF THE NORTHWEST TERRITORIES
- INAC** INDIAN AND NORTHERN AFFAIRS CANADA. THIS IS AN EARLIER NAME FOR THE D.I.A.N.D..
- NWT** NORTHWEST TERRITORIES

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APPENDIX 1

Communities in the NWT (with local Native-language equivalents):

Aklavik		Igloodik	Iglulik
Arctic Bay	Ikpiarjuk	Inuvik	Inuuviik
Arctic Red River	Tsiigehtshik	Iqaluit	
Baker Lake	Qamanittuaq	Jean Marie River	Tthedzéhk'édéli
Bathurst Inlet		Kakisa	K'ágee
Broughton Island	Qikiqtarjuaq	Lac la Martre	Tsòti
Cambridge Bay	Ikaluktutiak	Lake Harbour	Kimmirut
Cape Dorset	Kingnait	Nahanni Butte	Tthe nágó
Chesterfield Inlet	Igluligaarjuk	Nanisivik	
Clyde River	Kangiqtugaapik	Norman Wells	Legohli
Colville Lake	K'ahba Mj Tuwe	Pangnirtung	Panniqtuuq
Coppermine	Kugluktuk	Paulatuk	Paulatuuq
Coral Harbour	Salliq	Pelly Bay	Arviliqjuat
Detah	Tezehda	Pine Point	
Edzo	Edzoo	Pond Inlet	Mittimatalik
Enterprise		Rae	Bèhcho Ko
Eskimo Point	Arviat	Rae Lakes	Gameti
Fort Franklin	Deline	Rankin Inlet	Kangiqtinq
Fort Good Hope	Radili Ko	Repulse Bay	Naujat
For Liard	Echaot'j Koe	Resolute	Qausuittuq
Fort MacPherson	Teetl'it Zheh	Sachs Harbour	Ikaahuk
Fort Norman	Tulit'a	Sanikiluaq	
Fort Providence	Zhahti Koe	Snare Lakes	Wekwèti
Fort Resolution	Deninu Kue	Snowdrift	Lutselk'e
Fort Simpson	Liidli Koe	Spence Bay	Talurjuat
Fort Smith	Tthebacha	Trout Lake	Sáamba K'é
Gjoa Haven	Uqsuqtuq	Tuktoyaktuk	Tuktuujaartuq
Grise Fiord	Aujuituq	Umingmaktok	
Hall Beach	Sanirajak	Whale Cove	Tikirarjuaq
Hay River	Xat l'o Dehe	Wrigley	Tthedzéh Koe
Holman	Uluqsauqtuuq	Yellowknife	Sombak'è

(Source: Abele, 1989: xxv)

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