

ALCOHOLISM AND MENTAL HEALTH TREATMENT IN CIRCUMPOLAR AREAS:  
TRADITIONAL AND NON-TRADITIONAL APPROACHES

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Throughout the circumpolar world there seems to be increasing concern by national governments and health professionals at the rising rate of accidents and preventable health problems related to alcohol and substance use and abuse. I was especially made aware of this on recent travels to Canada, Finland, Denmark, and the Soviet Union, where I had the opportunity to discuss the matter with other public health specialists in their home environment.

Numerous foundations have been established to examine this problem. In Finland, researchers have examined everything from alcohol consumption and mortality in Nordic countries to theories of set and psychological effects of alcohol (1). In Canada, the government has established a special office under the Minister of Health to review alcohol-related problems and most recently has established a special board examining alcohol abuse in Canadian Natives. In the Soviet Union, I was able to see a number of clinics devoted to the care of the worker with an alcohol problem and his program of rehabilitation back into society. Dr. Lidiya N. Lezhepekova has done some excellent work in this area and has published several books in Russian on the subject (2).

Within the United States, there are extensive studies done by a number of state and federal agencies looking at these problems. A number of statistical studies have been done in Alaska on the subject of substance abuse, including a definitive baseline study of Alaskan schools and communities by the University of Alaska Center for Alcohol and Addiction Studies, released in the summer of 1983 (3).

With all of this sophistication, the problems relating to alcoholism and mental health in the circumpolar countries seem to be worsening despite our efforts. Of special concern is the alarming rate of increase of alcoholism and mental health-related problems in Native communities. The continual concern expressed in circumpolar countries is that the established agencies overseeing these problems cannot seem to reach indigenous populations despite all their good intentions and expertise in the field.

Let us examine this problem a bit further. I have divided circumpolar inhabitants into three groups for the sake of simplicity: a) the "transient newcomer", b) the resident, and c) the Native resident. I believe that each of these groups has its own special needs and considerations that should be further explained and addressed.

The "transient newcomer" is one who has come to a circumpolar area for a job opportunity, for adventure, or quite possibly is running away from a situation and just wants to get as far away as possible from everyone. This individual has no roots or support system to fall back on. He is considered "away from home" and tends to act differently from the way he would if this were his true home community. We see this in Alaska in his carefree attitude toward the state as the "Last Frontier" where "anything goes," a subculture which seems to encourage alcohol abuse and a sense of individualism which sometimes includes breaking the law. If you ask a member of this group where he is from, he will always name another city or state as "home," never Alaska.

The "resident" group is made up of non-Native people who have adopted the circumpolar area as their home and have invested something in their place of residence either in the form of being quite involved in the community and its future or of closely identifying with it as "home." Members of the group have lived in the area for several years and intend to stay there in the future.

The Native or indigenous population is one whose members' roots extend into the area since pre-historic times. In Alaska this includes a number of groups we call "Alaska Natives" made up of Eskimo, Indian, and Aleut individuals. Alaska is further divided into 12 regions through the Alaska Native Claims Settlement Act of 1971, according to custom, language, and traditional habitation areas. Alaska Natives include two groups of Inuit (Eskimo groups), speaking Inupiaq and Yupik dialects, Athapaskan, Tlingit, Haida, and Tsimpsonian Indians and Aleut tribes. Native groups have nowhere to call home other than where they are living. With the rapid rate of change that is being experienced in the developing circumpolar areas, it is this group of individuals that I believe is most adversely affected by alcohol and to whom I plan to address the balance of this work. The first two groups seem to respond to conventional treatment but the Native group does not.

To address Native problems one must consider history and the role it has played in the lives of indigenous peoples. Natives of circumpolar regions have survived for centuries in some of the harshest environments known to man, yet they have managed to live through cold and even starvation

situations and have been able to adapt their lifestyles accordingly. There is, however, an element of change that is entering their lives that they have never had to face before. It is a result of a number of outside influences from dominant cultures seeking to bring change into the community either for the good or bad effects they might achieve.

In Alaska, the first non-Native contact was with a combination of missionaries and traders. The impact was mild to dramatic depending on the area under consideration. A change of language and customs was introduced together with alcohol and tobacco, not to mention new diseases and new genetic pools. Eventually, with the settlement of land claims and the extraction of petroleum reserves from the North Slope, a tremendous cash infusion was injected into the State. Swarms of bureaucrats and consultants covered the state selling either wares or programs to the Native people.

New homes were built according to the non-Native community's standards, and electricity and telephones were introduced into rural communities. Changes that had taken the rest of the United States decades to adjust to, were brought into rural communities in a very few years. Survival in this new world no longer meant success in subsistence ways of life (e.g. hunting and fishing), but rather success in a cash-based economy. With the introduction of all these modern appliances came a change-over from a subsistence economy to a cash economy. One had to pay for goods in cash to have them.

Local schools were built in each village, including high schools, where students literally step in and out of the twentieth century each day. They go from a high school loaded with computer technology and advanced methods of teaching right back into a subsistence-based economy in transition. Parents cannot relate to what their children are learning in school and a division begins to take place between an old way of life and a new one.

After traveling to numerous circumpolar communities and observing how many approaches have not been effective in these target groups, I was surprised and pleased that the most effective answer and approach I have seen is that being taken in the Kotzebue region of Alaska by the Northwest Alaska Native Association (NANA) known as the "Spirit Movement."

The Spirit Movement is basically a philosophy which stresses self responsibility and concern for those around us. It is a resurrection of basic human values which seem to have gone by the wayside in this period of transition. Using basic Inupiaq (Eskimo) values and having its roots in the community itself, it is a movement from within this Native society to improve itself and bring itself closer together in response

to the increasing rates of alcoholism, suicide, and mental health problems that are facing the society. This philosophy came out of a sense of frustration of these individuals that they were indeed losing control of their lives by numerous outside influences that were being introduced to their villages and way of life. They observed that if they have a problem in their village today with a child, they call a social worker. If someone has an alcohol problem they call a medical worker. If someone is not behaving, they call the police. If money or assistance is needed, they call some agency. They found themselves looking outside of the community whenever a need arose and that outside intervention slowly took the control they had over their lives away from them. In essence, each helping agency took a little bit more of the responsibility for their own lives out of their hands and put it into someone else's. What others had done in the name of religion, charity, or government (either federal or state), although it appeared helpful and good from the outside, really was harmful in the long run.

And so my proposal for the treatment of alcoholism and mental problems in Native peoples is based on the idea that "true change must come from within." Change will not occur with governments throwing money on problems and hoping that they will go away.

The Spirit Movement has a set of basic values for Native people that include sharing, caring for others, responsibility for self, knowledge of language and traditions, pride in one's heritage, respect for elders and an inclusion of them in daily lives. They feel that although persons may be biologically ready to bear children, they are not prepared enough in life to raise and teach them because the parents are too young and have not lived enough life. It is here that the elders come in, passing on traditional values and teachings to those younger so that they can pass them on in turn to their children one day. A "spirit camp" has been established where there are no telephones or modern conveniences and where young people can go back to traditional hunting and fishing methods as passed on there by the elders. Pride and knowledge of heritage and culture are stressed.

Native healers are employed to work with modern-day medical personnel. Traditional methods of healing such as body manipulation, massage, use of hot springs, Native herbs, and community support are stressed. It is in joining the modern-day approaches to medicine with the traditional values of the Spirit Movement that true change is beginning to be noticed.

I believe that this system can easily be adapted to other circumpolar countries and cultures, and deserves more examination.

Elements of this type of community response are used on American Indian Reservations in Indian Health Service Hospitals where the medicine man is used side-by-side with the modern physician in seeking holistic medical care of their target populations.

The Spirit Movement program does not support an unrealistic "going back" to an earlier time of life when satellites, television, telephones, and computers did not exist. It does advocate looking towards the elements of strength and spirituality that have sustained these peoples throughout the centuries as a way of surviving this cultural shock and combatting the trend toward cultural assimilation, by being proud of who Native peoples are and of the heritage that makes them special and unique.

There is a way of providing health and social services to Native communities without alienating them or imposing non-

traditional, threatening ways of treatment on them. It is by being aware of their historical roots and cultural differences and bringing the awareness into the type of medicine we practice.

*REFERENCES*

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Alcoholism, or alcohol dependence - chronic excessive consumption, consisting in compulsive alcoholization, growing tolerance, withdrawal symptoms. Excessive consumption of alcohol can lead to severe physical and mental problems. [1], [2], [3], [4], [5], [6], [7]. Epidemiology. About 2/3 of American adults consume alcohol. The ratio of men to women is 4: 1. The prevalence of alcohol and alcohol abuse throughout life is about 15%. People who abuse alcohol and addicted to it usually have serious social problems. Frequent intoxication is obvious and destructive, it interferes with the ability to socialize and work. o Accessibility to mental health care of people with longer-term mental disorders is much better with community-based services than with the traditional psychiatric hospitals. (Thornicroft & Tansella, 2003). housing, health, education, employment, social and legal protection, free movement of persons and non discrimination; Monitoring body: Rec (2004)10 and Rec (2009)3 Concerning the Protection of the Human Rights and Dignity of Persons with Mental Disorder; Towards the full social inclusion of persons with disabilities; Recommendation 1235 (1994) on psychiatry and human rights; Recommendation No R (83)2 of the Committee. of Ministers to member states concerning the legal protection of persons suffering from mental disorders placed as involuntary patients. Herbs have been used traditionally to treat alcoholism. An ayurvedic formula SKV " An herbal formulation (contains 1 - 2 % ethanol) obtained by fermentation of cane sugar with resins and 12 herbal ingredients brings down voluntary ethanol ingestion and increases food intake. Alcohol creates a physical dependence in the drinker, and withdrawal can be life threatening. Alcohol is metabolized by oxidative and non-oxidative pathways. Alcohol metabolism results in the generation of reactive molecule acetaldehyde and reactive oxygen species (ROS), which in turn leads to oxidative stress. In this stage the relevance of the traditional medicinal practice of the Mavilan tribe becomes as an alternative. The indigenous practices cures and detoxifies the alcoholic in natural way. Non-traditional medicine, its principles. Official medicine has common standards. In all the institutions that train future doctors, they adhere to them. Accordingly, everything that does not fall under the standards refers to non-traditional medicine. Traditional and alternative medicine is often called an alternative medicine, it deals with treatment of a person, and not specifically a disease. Alternative medicine. Trust or not. bioresonance therapy - stimulation of areas of the cortex of the brain, which are responsible for this or that organ with very small frequencies of electrical impulses; electropuncture reflexotherapy - stimulation of acupuncture points on the skin surface by electrical impulses; magnetopuncture - exposure to magnetic fields, variables or constants Psychological approaches Pharmacological approaches Self-help groups E-health interventions Physical activity Complementary and alternative therapies B6: Managing and treating specific disorders Attention deficit/hyperactivity disorder (ADHD) Clinical presentation Managing ADHD symptoms Treating ADHD Summary Psychosis Clinical presentation Managing symptoms of psychosis Treating psychotic spectrum disorders Summary Bipolar disorders Clinical presentation Managing symptoms of bipolar. These Guidelines have been developed with the assumption that the management and treatment of comorbid AOD and mental health conditions will be provided by trained practitioners. AOD workers differ in their job descriptions, education, training, and experience.