

Aboriginals of Canada

[Business](#), [Management](#)



Aboriginals of Canada Name: Course: Date: Aboriginals of Canada 1a)

Literature Review Substance abuse and addiction remains a major setback among the First Nations in Canada. Various literatures have given the indication that the First Nation communities comprise of the highest illicit substance abusers in Canada. According to the National Aboriginal Health Organization, Cannabis is the most used drug where 8 out of 9 males aged between 15 and 24 use it (NAHO 2011).

Intervention schemes have taken root among these communities. However, the rate of substance abuse among the Aboriginals remains double the rate of use in the whole of Canada. Recent studies have revealed that Aboriginals are employing the use of injecting drugs (Knopf 2008s). This has raised concerns of the high exposure risks to HIV and other diseases. Again, the rate of infection among the Aboriginals with HIV was double the rate of infection among the non-aboriginals (CODA 2012). b) Historical Factors

Several historical factors have been identified as being the cause for having high levels of substance abuse among the Aboriginal youth. Such factors include high unemployment rates, poverty, socioeconomic structures and a long history of family breakdowns. It is true to state that most of the issues that have made it possible to have high rates of alcohol and substance abuse among these people are generational.

The problems that have been put in motion in past years are inherited by the descendants. Therefore, it follows that emotional withdrawal, aggression, alcohol; poverty, drug abuse, and despair become expected outcomes in a vicious cycle of substance abuse and addiction (Knopf 2008). The historical chains of addiction and substance abuse have to be broken down in this

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current generation to avoid a repeat of such. c) Future Research Needs

Future research into the matter should propose methods that would be able to understand the regional disparities when it comes to substance abuse and addiction. It would be necessary to study the social and economic structure deeply to determine if the nature of the cause lies in economic structures, or social structures, such as the family unit and the community. Future research should also be concerned with the reasons why some members of these communities are not victims of substance abuse and addiction, and propose measures through which they could replicate the environments that create such successes.

d) Role of Health Care Professionals Health care professional in the fight against substance abuse should seek to educate the community against the effects of substance abuse. However, education is not enough, healthcare professionals should advocate for preventive measures. It is also vital that the community is involved in ensuring that substance abuse is eradicated among the Aboriginals. Emphasis should be laid on psychological treatments aimed at breaking the historical factors that have predisposed many youth to alcohol and drug abuse.

Many youth are victims of violence and sexual abuse. It would be important to examine the psychological effect of these factors and propose an intervention option. Education is crucial, but taking action against the cause of this problem will prove to be a better form of intervention than any other method. 2 a) Interpretations of Treaty In Treaty 6, the medicine chest clause has been given different interpretations. The Aboriginal community insists

that the treaty had declared that the government had to offer health assistance in terms of medical care to its people. When the treaty was being signed, the "medicine chest clause" was included after the Indian people insisted that every Indian should have a medicine chest in their houses to ensure they were allowed to practice their own medicine (Knopf 2008). Today, the Aboriginal communities have insisted that the clause meant medical care. In their defense, they have suggested that at the time of signing the treaty that is what they believed to be necessary for health.

However, today they have a broader sense of health care and that the medicine chest is a symbol of those needs. The government's interpretation had been direct. It understood that the people needed their own means of medical care and that they would not hope for assistance from them. The government has accepted the interpretation, and it provides several successful health programs for the First Nation and the Inuit people. Some of the programs provided include community-based health promotion and disease aversion programs. The community-based health promotion is inclusive of the Aboriginal Diabetes Initiative, the children's oral health initiative and home and community health care program among other programs. The government also offers programs for controlling communicable diseases. It also has programs that are concerned with environmental health issues and how to prevent diseases that are enhanced because of poor environmental management.

An important aspect of the government health care program is that it has offered the aboriginal community non-insured health benefits where the First

Nation and Inuit peoples have the ability to enjoy limited health services and products that include drugs, visual care, and dental care. b) Stages of Health Service Transfer The Health Service transfer agreements were aimed at transferring the control of health services of the First Nations and Inuits to the Aboriginal Canadians. The five first level agreements signed between 1990 and 1991 saw the First Nation and Inuit community being given the chance of for being given the chance of taking care of their dental needs (Health Canada 2012). In the eight first level agreements, the First Nations and Inuit communities were accorded the chance of designing their own health care programs. An example of this includes an Aboriginal diabetes initiative.

In the Nine 1st level agreements, the transfer agreements signed the treasury boards approved the Community Workload Increase System. In the eleven first levels, the health transfer agreements signed saw the complete transfer of the Whitehorse General Hospital to the Yukon government (Health Canada 2012). Between 1994 and 1995, the transfer agreements signed saw the integration of the Community-based Health Services Contribution program being initiated. Between 1996 and 1997, the transfer agreements signed ensured that the Weeneebayko Health Ahuskeywin took responsibility for the Moose Factory Hospital (Health Canada 2012). Between 1997 and 1998, the transfer agreement that was signed was the ensured that the Yukon Territory took over the delivery of the universal health programs. The Yukon council of First Nations was party to this agreement. Between 1998 and 1999, the second and third level transfer agreement established the Union of New Brunswick Indians.

The third level transfer signed also formed the British Columbia Aboriginal Network on Disability Society (Health Canada 2012). 3 a) Epistemology Epistemology refers to human understanding of knowledge. A research focusing on the problems facing the community needs the development of an understanding of the issues that are facing the community.

To identify with the problems in the community, research will also require an understanding of what the community expects to achieve from participating in the research process and how they hope it is going to change their lives.

That is the point of departure in helping the community starts by understanding what the community thinks the problem is and how they think it should be solved. b) Methodology The methodology in the research process will be meant to achieve a qualitative analysis into the situation. This will mean determining the behavioral patterns that are causing rampant teenage pregnancies in the community. It would also be beneficial to determine the health determinants that influence the health and well-being of the teenagers in the community. However, other determinants may be needed to ensure that the problem is fully diagnosed. In studying the behavioral patterns, it would be necessary to observe how environmental factors affect the behavioral changes among the youth. The factors to consider include the economic, historical and social aspects.

Where an economic study will seek to reveal how economic status influences the probability of teenage pregnancies. A social behavioral study will attempt to reveal the societal role in furthering the situation among teenagers and look at the personal motivations toward teenage pregnancies. It will also

consider the frequency of practicing safe sex among the teenagers. A historical study will seek to highlight the effects of the community's overall history on the issues.

For example, an inquiry into how Christina's teenage pregnancy influenced her daughter's early pregnancy would be sufficient. An interview process will also be beneficial for gaining an in depth insight into what the community believes the problem to be. These will be put against the assumptions made from the qualitative analysis and determining if they are close.

All these aspects will play a pivotal role for determining the problems that are affecting the community. An analysis of the data collected would provide a critical assessment into the problem and provide a background for recommendations that would be able to help the community. From the overview of the situation, the society plays a crucial role in the situation, in the number of teenage pregnancies observed in the community.

The community will have to be at the forefront of enforcing the recommendations that would have been proposed by the research. A recommendation would be to ensure that the community engages in a process of educating their teenagers about practicing safe sex and avoiding pregnancies. References Council on Drug Abuse: CODA.

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