

CROSSROADS

Cheers! The Northern Quebec Experience

Mahan Mathur*

My experience during the month long rotation in Chisasibi, Quebec, has been one full of contrasts: between feelings of emptiness and acceptance in this far-removed, yet warm-loving sector of Canadian soil, between stark landscapes and heavenly skies, between a timid population and their unimaginable secrets. Therein lies the problem: having spent only three weeks in this community, I have become comfortable with knowing that I'm treating my fifteen-year-old patient's six month old baby boy for a presumed viral illness. I have become complacent at enquiring about social habits because the idea of smoking, alcohol and illicit drugs seems the norm. Sexual status almost seems irrelevant in any teenager and thoughts of domestic abuse cross my mind more often when assessing a nine year old boy with jaw pain. Amongst the middle-aged and elderly population, the letters "DM 2" are almost always penned down before asking about their relevant past medical history. Speaking to the nutritionist, it seems that such stereotypes can be misleading: she had recently been consulted on a thirteen-year-old for newly diagnosed type 2 diabetes mellitus. As an outsider, observing and interacting with this community's inhabitants on a daily basis, there seems this sense of apathy about healthcare, with patients often arriving at the most irrelevant times to verify that their cough is not a life-threatening pneumonia. Better yet are patients who arrive for appointments unaware of why they made the "rendez-vous" to begin with.

To constantly write off such interactions as cultural differences is too fail to perform our tasks as family physicians (or in-training as is my case). Whereas we should savor the lovely intricacies of the Cree culture, with their rich history embedded in the language,

dances and respect for the harmony between land and animals, problems such as substance abuse will remain problems as long as they continue to become part of the everyday routine of the people of Chisasibi. To this effect, I will proceed to explore some of the data on the topics of substance abuse in this community, with particular reference to smoking and alcohol, and explore what options we have here, as well as future improvements.

The village of Chisasibi is one of nine Cree communities and encompasses an ever-thriving society of over 3,500 individuals who had been previously living on Fort George Island (1). With the advent of the hydroelectric dam project in the late 1970s, families were forced to relocate across the La Grande River to the current location several miles from James Bay (1). Since then, there has been a steady increase in the growth rate of the region averaging roughly 2.5 % per year over the past decade (1). The demographics of the region showcase a largely native population (94% Cree) with a significant slant towards the younger populace (34% of population under 15, 5% above 65 years old) (1). Despite such expansion in regional development, the Cree region has managed to hold on to old cultural traditions perhaps more than any active native community on the continent: in Chisasibi, 83% of adults still participated in traditional activities such as hunting, fishing or trapping while 93% of the community still communicated in an Aboriginal language (1). Such traditional endeavors are reflected in everyday clinical practice: patients are often absent because of "trips to the bush" and patients often come in to the clinic several days after having sustained an injury on such trips.

Surveys done in 2001 indicate a general concern in the community about several key social problems: alcohol/sexual/drug abuse, family violence, and unemployment are all issues that at least two-thirds of

* To whom correspondence should be addressed:

Mahan Mathur

Tel : 514 932-1366

E-mail: mahan.mathur@mail.mcgill.ca

the community thought were quite pertinent to their village (1). Data from the mid 1970s indicate that alcohol abuse has been a longstanding problem: Cree hospitalization rates from "alcoholism" were approximately five times the Quebec average for men and more than double the Quebec average for women during this period (1). Even so, extrapolated data from police reports indicate an increase in the extent of alcohol use after 1975, particularly in the younger population sector (1). Ironically, data from 1991 indicate that the drinking tendencies in the population are spread quite equally, with 27% being reported as habitual drinkers while 23% are non-drinkers (1). Despite such statistics being well below the Quebec provincial average during the same time period, northern communities are seemingly more notorious for their drinking problems (1).

In a land full of contrasts, perhaps this is not surprising: despite Chisasibi being a legally bound dry community, I have seen more cans of "Budweiser" beer and shattered bottles of wines scattered amid the taiga in one month than I have seen in my six years in Montreal. Perhaps the explanation lies in the way the people of this region drink their alcohol. It is reported that almost 92% of the adult drinkers "binge" drink (>5 beers at a given time) with the majority (>53%) indulging on a monthly basis (1). Such episodes have far reaching social consequences that extend beyond the immediate health of the involved person. Domestic violence, drunk driving and unemployment are but a few of the problems that I have had the misfortune of witnessing. One story in particular stands out, that of a man in his late twenties who I visited during a home care visit early in my rotation. His house was reminiscent of all my boy-hood dreams: super-hero posters, movie posters and portraits of sporting personalities. But this was no ordinary life: several years back he was involved in a tragic drunk-driving related accident (he was a drunken passenger in car driven by a drunk driver) which rendered him quadriplegic. The man in question had been previously warned by his family about the impact his drunken stupor might have one day, but such consequences are gravely unjust for anyone, let alone someone at the peak of his life.

Perhaps the notion of "peak of vitality" is different for the people of Chisasibi; perhaps it is reached much earlier. After all, two-thirds of the population begin smoking below the age of nineteen, thus setting off potential life patterns that are difficult to correct and cumulative in its impact on society (19). While smoking rates have been steadily declining across the country (21.5% in 2001), the Cree region has had a relatively steady rate of 37.5%, with the highest rates being observed in the 15-24 age group range (equal

prevalence in men and women) (1). Thereafter, the rates seem to drop off in the 25-44 and 45-64 age groups as there seems to be some success in quitting smoking. This may conceivably be related to the cessation of smoking in the pregnant female, who tends to have her first baby at an average age of 16-18. Paradoxically (the northern contrast again!), smokers in the Cree region smoke fewer cigarettes on average when compared with the Quebec provincial averages (1). Thus far, rates of lung cancer in this community have not reflected the increased smoking incidences that are found, which is likely related to both the fewer number of cigarettes smoked and the ability of the population to quit (1). Nevertheless, with an ever increasing population consisting largely of younger individuals, smoking prevention is critical, less we feel that by being content with the declining Canadian rates for smoking, we are truly making an impact on the future incidences of lung and other tobacco related cancers.

While the hospital in Chisasibi is well-established, one gets the feelings that the auxiliary services are still trying to find their foot-hold in this community. The Community Health Center is an excellent resource for nutritional problems (diabetes in particular) as well as pre-natal and well-baby follow ups. The nurses are superbly trained and several workers are from the region thus providing a wealth of information for the community in a language they can understand. However, on researching options for patients with substance abuse problems, I was more disappointed. Interviewing with several social workers as well as the head of the developing mental health program, there seemed to be nothing officially in place in this community for the alcoholic who wants to quit. Most of the times, such patients are referred to a social worker who can then refer the patient to a rehabilitation center in the nearby city of Val D'Or. Speaking to some of the local people involved in this process, I learned that most of the Cree choose not to even go to social services. There seems to be a unilateral lack of trust which stems largely from the fact that because workers rotate so frequently in this region, long lasting professional relationships are difficult to sustain. While having an individual rehabilitation center for this small community may be well beyond what is necessary, there should be an organized method of recognizing who needs help and a way to fast track them sooner to the right professionals. Alcoholic Anonymous meetings are supposedly held at the church every Tuesday evening: I discovered this on an inconspicuous poster which most of the health workers were unaware of. Needless to say, no one attended this particular meeting.

Clearly, the community has to take responsibility for its actions. Why is it that on what is considered a "dry"

community, we continue to see teenagers drink openly, with beer cans parading over grounds near the hospital and alcoholic patients driven by ambulances because of the scuffle that their drinking led them to? I've heard stories from people in the community that dread driving on the road to the nearby town of Radisson (where many of the community purchase their alcohol), because of the frequency of drunk driving incidents. As far as I know, there exists no check-point to verify that people have not brought in alcohol into the community. While most people are aware of who such offenders are, there seems to be little done about changing this situation.

Thus, given the current situation, the burden of substance abuse falls on the dedicated physicians of the community. It is a difficult task which relates back to the beginning of this essay: the general sense of apathy. The establishment of a mental health program is an important initiative in understanding this indifference to personal healthcare. There will undoubtedly be more substance abuse based services available to the public as the community continues to develop. Given the youth biased distribution of the population in Chisasibi, educational resources will play a pivotal role in emphasizing the significance of substance abuse at an age during which such problems are most prevalent. In fact, even during our stay, the other visiting student and resident as all as myself, inspired by efforts from a group before us, set-up an educational workshop at the youth center on the dangers of smoking, drugs and alcohol abuse. Despite our best intentions (we advertised the talk on the radio, television and via posters at the shopping center and hospital) it was attended by only fifteen locals. Of significance was that they were all children, boys and girls in their early teens, and that they took interest in the talk and clearly stood out as potential leaders in this community. We were also grateful to the staff who attended the lecture, all of whom commented afterwards that they were impressed with the response shown by the children. It is our hope, that this initiative, started by the group before us, will become "mandatory" as part of rural rotations, educating the various communities about the vices of habits which have now become the norm. With the expansion of the rural medicine McGill Curriculum, such monthly talks may go a long way into driving home key concepts which will allow the locals to make healthier lifestyle choices. Further developments must involve other healthcare workers (nurses, social workers physical/occupational therapists), and an eventual interdisciplinary integration of the health care specialties will not only allow for better lectures, but will also show the locals the valuable expertise each field can bring to their healthcare.

And so, back to reminiscing in this land of contrasts, I find myself torn between the warmth and love of the land and people, and the tragedies that I foresee if we, as physicians-in-training, forget our mandate in ensuring healthy choices for the rich taiga of northern Quebec.

REFERENCES

1. Public Health Department of the Cree Territory of James Bay. (2005). *The Evolution of Health Status and Health Determinants in the Cree Region (Eeyou Istchee): Volume II*. Chisasibi, Quebec: Cree Board of Health and Social Services of James Bay.

Mahan Mathur M.D.C.M. (2007), is a fourth-year medical student at McGill University in Montreal, Quebec. He has recently completed his family medicine community health project and is planning a career in pediatric radiology.