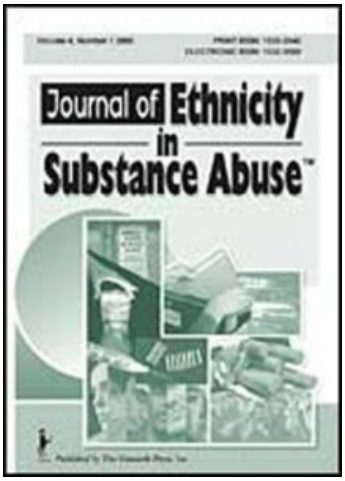

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Substance Abuse in an Urban Aboriginal Population

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Substance Abuse in an Urban Aboriginal Population: Social, Legal and Psychological Consequences

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ABSTRACT. This work is the result of a research program developed

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from a research partnership between the Native Mental Health Research Team of McGill University and the Native Friendship Centre of Montreal, a Native-run urban community-based service organization. The aims of the study were to examine substance abuse as well as physical and mental health among an urban Aboriginal population. The nature and severity of drug or alcohol problems in this population were explored. Data was collected through structured interviews with urban Aboriginal people in the greater Montreal area (n = 202). Results indicate that the majority of the sample were single, unemployed, and had lived in the urban area for a long time (mean of 9.96 ∀ .76 years). Approximately two thirds of the sample were current alcohol drinkers and cigarette smokers and one third of the sample reported having a current drug or alcohol problem. Results indicate that individuals who abused substances were more likely to live with someone who had a drug or alcohol problem. Substance abusers also had a greater history of legal problems with more convictions, time spent in jail, and were more likely to be on probation or parole. A large proportion of the sample reported having significant medical problems that required treatment, and substance abusers were less likely to have identification needed to access medical services. Results indicated high levels of psychological distress in the general sample (depression, anxiety, suicidal ideation, attempted suicide). These phenomena were augmented by substance abuse problems. In particular, substance abusers had a history of more suicide attempts, and were more likely to have been the victims of abuse.

KEYWORDS. Aboriginal, urban, substance abuse

INTRODUCTION

The number of Aboriginal peoples living in urban areas in North America is growing at a substantial rate. It has been estimated that 40-50% of Aboriginals live off-reserve, increasingly in large urban areas (e.g., LaPrairie, 1994). Based on data from the Aboriginal Peoples Survey, women were shown to outnumber men in off-reserve populations (men 44.2% and women 55.8%) (Gill, 1995). There is some evidence that urban Aboriginals have severe problems in areas related to alcohol/drug abuse, health and mental health issues, education, employment and housing (Clatworthy et al., 1987; Gill, 1995;

Kastes, 1993; LaPrairie, 1994; Petawabano et al., 1994; Secrétariat aux Affaires Autochthones 1989). Many Aboriginal people have difficulty obtaining services on first arriving in urban areas. They may be uncertain where to find them and may lack health-care cards, transportation and adequate language skills (Peters, 1987). Peters also points out that "Canadian Indians [in urban communities] under-utilize [mental health] services in relation to their numbers in the population, and [there is] an over-representation of substance abuse problems among those who seek treatment" (Peters, 1987).

It has been suggested that the medical, psychiatric and social complications resulting from substance abuse among Aboriginals are extensive, exacting an enormous toll in terms of deteriorated health as well as greater frequency of suicide, family violence and disruption, accidents and legal problems (Aboriginal Health in Canada, 1992; Petawabano et al., 1994). However, there is little systemic data on the pattern and severity of substance abuse in urban populations.

The Aboriginal Population of Montreal

Based on a 1991 Census, individuals residing in Greater Montreal who were registered under the Indian Act or reported Aboriginal origin numbered 45,230 (Statistics Canada, 1991). This figure comprised approximately 38,635 Amerindians; 5,820 Métis and 775 Inuit (Statistics Canada, 1994). In the census no effort was made to survey homeless or transient individuals (Peters, 1995). However, the 1996 census reported Montreal's Aboriginal population numbering 9,965. The Aboriginal population consisted of North American Indians (6,285), Métis (3,485), and Inuit (365) (Statistics Canada, 1996). The disparity between these two size estimates of the urban Aboriginal population has not been explained.

Aboriginal population of Montreal includes individuals of many nations (Inuit, Mohawk, Atikamekw, Métis, Cree, Naskapi, Montagnais, Micmac, Ojibway, Malecite and Algonquin), as well as other Canadian and American and non-status Indians. To speak of "the Aboriginal population" in this context is to overlook considerable ethnic diversity. These nations differ from the larger non-Aboriginal groups and from each other in culturally fundamental ways. They are diverse in terms of languages of origin, traditional ceremonies, social customs and historical and political backgrounds.

Little of the available literature relates specifically to urban Aborig-

inals. It is of some importance that Aboriginals in Montreal include English-speaking groups (e.g., Mohawks) and French-speaking groups (e.g., Montagnais). Accordingly, Aboriginals arriving in Montreal may face problems not reflected in research done elsewhere, since appropriate health and social services are needed in both languages. A 1986 needs assessment of Montreal Aboriginal women in conflict with the law indicated that the majority of migrants to 'inner city areas' of Montreal were female Inuit who came from remote communities (Zambrowsky, 1986). Zambrowsky found that these women, including those who had been in the city for up to ten years, had "been unable to take advantage of even the presently existing social, educational and legal services available to [them]."

The Prevalence of Substance Abuse

Among other health issues, the use of alcohol has been identified as one of the major problems facing Aboriginal people. However, accurate prevalence data based on clear diagnostic criteria are not available. Prevalence has thus been based on indirect estimates for example from mortality rates due to causes that are known to be alcohol or drug related. In Canada, injury and poisoning are the leading causes of death among status Indians and Inuit, followed by heart disease and cancer (Aboriginal Health in Canada, 1992). Alcohol and other substances of abuse are considered to be major contributing factors to the high death rate due to injuries (both intentional and unintentional). Compared to the general population, Aboriginal peoples are at higher risk of death from alcoholism, homicide, suicide, and pneumonia (MacMillan, 1996).

The "Rapport du comite interministeriel sur l'abus des drogues et de l'alcool" identified alcohol and drug abuse as a serious problem for Quebec Aboriginals (Secrétariat aux Affaires Autochthones, 1989). This survey gathered information from regional organizations (social service agencies, school boards, local police, hospitals, health clinics, mayors and band chiefs) from numerous villages across Quebec. The report summarized information on the extent of abuse, causes of abuse and the concrete steps taken by the organizations to combat drug and alcohol abuse in these communities. The summary findings suggest that alcohol and drugs (primarily cannabis) constitute the most serious problems in Aboriginal communities, the use of which is related to family violence, suicide, violent crime, accidents and accidental deaths. Other cited problems in-

cluded fetal alcohol effects (FAE) and poor school performance (thought to be primarily due to the use of inhalants).

Those findings are echoed in the report produced by Le Comite de la sante mentale du Quebec (Petawabano et al., 1994). Through a review of available statistics (on reserve populations) and individual and group interviews with Aboriginals, the report indicated that conjugal violence has increased in Aboriginal communities (by 83% between the years 1987 and 1992). It was revealed that 90% of the situations that required police intervention in one community involved physical assaults and aggression, and the large majority (90%) involved the use of alcohol (Petawabano et al., 1994). Data from the Aboriginal Peoples Survey conducted in 1991 by Statistics Canada points to severe social problems due to drugs and alcohol (Statistics Canada, 1993). When respondents rated the social problems facing Aboriginals, unemployment was viewed as the most serious problem (by 62%) closely followed by alcohol abuse (60%) and drug abuse (49%). It would appear that alcohol and drug issues rank consistently high among Aboriginals in the perceptions of their own social problems (Santé Québec, 1994; Statistics Canada, 1993).

Canadian sources have observed that high-volume binge drinking is the most prevalent drinking pattern (accompanied by legal problems, fighting and family violence) for adults (Alcohol in Canada, 1989). However, the Aboriginal population is remarkably heterogenous and there have not been any studies on patterns of alcohol and drug use or the prevalence of heavy binge alcohol use in different regions or various Aboriginal groups of Canada. Little is known about the pattern and severity of drug and alcohol abuse or other health problems in Aboriginals living in metropolitan areas (McClure et al., 1992; Wigmore and McCue, 1991). Much of any prior research on substance use among Aboriginals has been conducted among reserve-based populations. The aims of the present study were to examine substance abuse, and physical and mental health in the urban Aboriginal population of Montreal. The pathways and barriers to accessing medical and social services were explored as well as the nature and severity of drug or alcohol problems.

METHODS

Structured interviews were conducted using the Addiction Severity Index (ASI) (McLellan, 1990) in both English and French versions.

The ASI collected a wide range of information, including socio demographics (age, gender, education, income, employment status), legal status, family and social relationships, psychological status, and drug and alcohol use. For each domain the severity of problems and the need for treatment was determined. Respondents were asked to identify any problems they were experiencing, the number of days they had problems and to rate how troubled or bothered they were by these problems in the past 30 days on a scale of 0 (not at all) to 4 (extremely). In addition, subjects were asked to indicate their perceived need for treatment or counselling using the same rating scale.

The survey was administered to 202 status and non-status Native, Métis and Inuit people. Respondents were required to be residents of the city or its surrounding areas at the time of the study. Efforts were made to interview individuals from many different socioeconomic strata and included individuals from Native-run businesses and organizations, educational institutions, drop in centres, and from the streets of Montreal. Participant recruitment was made via personal visits to the targeted areas and organizations, announcements on a Native radio station, and through printed advertisements in a number of local papers. Informed consent was obtained and respondents were remunerated for their participation with gift certificates redeemable for public transportation, food, and movies.

Statistical Analysis

All information collected during the interviews was entered into a database using the scientific software program RS/1 (version 4.3.1 [RS/1, 1991]). All subsequent statistical analyses were conducted using the microcomputer version 8.0 of the Statistical Package for the Social Sciences (SPSS, [SPSS, 1997]). Analysis of data from the entire sample was conducted using Analysis of Variance (ANOVA and MANOVA) techniques for continuous variables and Chi-square tests for categorical variables. Post-hoc tests were performed using t-tests with a Bonferroni correction.

RESULTS

Sample Characteristics

As illustrated in Table 1, the mean age of the sample was 32 years, and the gender distribution revealed a higher proportion of females.

TABLE 1. Demographic Characteristics (n = 202)

Mean Age (∀ SEM)	32.6 ∀ .69
Gender	
Male	34.5%
Female	64.5%
Nation	
Inuit	26.1%
Cree	17.2%
Mohawk	12.3%
Micmac	11.8%
Mother Tongue	
Indigenous Language	48.8%
English	43.8%
Marital Status	
Single	57.6%
Married	27.1%
Divorced	14.3%
Employment Status	
Unemployed	36.8%
Full Time	25.4%
Student	22.4%
Years of Education (∀ SEM)	11.7 ∀ .26
Years Living in Montreal (∀ SEM)	9.96 ∀ .76 *
* 19% of the sample <1 year residence	

Inuit and Cree peoples predominated and they spoke primarily their languages of origin, closely followed by English. The majority of the respondents were unemployed and living with their family. The population shows considerable variability in the duration of residence in Montreal (from 2 weeks to 48 years, with a mean length of 9.9 years).

Prevalence of Substance Use and Abuse

Overall, 64.2% of the sample reported that they were current alcohol drinkers and 67.2% were cigarette smokers. The rate of smoking in this sample was considerably higher than the national average of

27% (Statistics Canada, 1994a). When stratified for the presence of a substance abuse problem, the analysis revealed that there were more smokers among substance abusers (substance abusers 80.6%, non-abusers 60.3%; $p < 0.05$). Substance abusers also smoked more cigarettes per day (substance abusers 16.46 ∀ 1.38, non-abusers 11.76 ∀ 1.02; $p < 0.05$).

The characteristics of drug and alcohol abuse in the sample are presented in Table 2. When the sample was stratified by gender, it was shown that males had used alcohol for a longer period of time than women (women 7.4 ∀ .77 years, males 12.1 ∀ 1.1 years; $p < 0.05$). Significant gender differences were found in the amount of money spent on alcohol in the preceding 30 days, with males spending more

TABLE 2. Characteristics of Drug and Alcohol Use

	Non-Abusers (n = 135)	Abusers (n = 67)
Current Drug or Alcohol Problem	66.6%	33.3%
Mean Days Used Past 30 (∀ SEM)		
Alcohol	3.20 ∀ .43	8.37 ∀ 1.22**
Cannabis	1.18 ∀ .39	3.64 ∀ .95
Polydrug	0.28 ∀ .15	3.71 ∀ .95**
Mean Years Used (∀ SEM)		
Alcohol	6.68 ∀ .76	13.3 ∀ 1.02**
Cannabis	3.06 ∀ .56	7.90 ∀ 1.15**
Polydrug	1.54 ∀ .35	6.54 ∀ 1.02**
Mean Number of Days Experienced Alcohol/Drug Problems (Past 30) (∀ SEM)	.25 ∀ .21	13.27 ∀ 2.25**
Mean Amount of Money Spent on Alcohol or Drugs (Past 30 Days) (∀ SEM)	$53.66 ∀ 14.86	$193.14 ∀ 42.37**
Prior Drug or Alcohol Treatment Episodes	.26 ∀ .009	3.13 ∀ .81

** significant differences between groups $p < 0.05$, corrected for multiple comparisons

than females (females $25.28 ∀ 5.47, males $108.89 ∀ 20.34; $p < 0.05$). In addition, males used cannabis for more years than females (females 3.1 ∀ .56 years, males 8.0 ∀ 1.1 years, $p < 0.05$). Overall 31.7% of substance abusers reported being extremely bothered by their alcohol problem and 40% were extremely bothered by their drug problem. Many substance abusers also reported that treatment for their drug problem and their alcohol problem was extremely important (41.9% and 46.5% respectively).

Comparisons of Substance Abusers versus Non-Abusers

Family and Social Relationships

Characteristics of family and social relationships when stratified by substance abuse are reported in Table 3. When asked how troubled or bothered they were by their family and social problems, many substance abusers reported being extremely bothered by their family problems (abusers 44.4%, non-abusers 22.6%). A large percentage of both substance abusers and non-abusers rated counselling for these problems as extremely important (substance abusers 47.4%, non-abusers 32.3%).

Legal Status

Analysis of the entire sample showed that 6.5% were on probation or parole at the time of the interview, and 8.5% were awaiting charges. The relatively high rate of legal problems within the sample was also indicated by the mean number of convictions in lifetime (5.06 ∀ .94) and total number of months spent in jail (6.43 ∀ 1.5). When stratified for substance abuse it was shown that abusers experienced more legal problems than non-abusers (see Table 4).

Medical History and Identification

Characteristics of medical problems and help-seeking are presented in Table 5. Within the general sample, 85.1% had a significant medical problem (past year) requiring treatment. Of these individuals 38.3% did seek treatment. The most frequent reasons for not seeking treatment were (1) thought the problem would go away by itself (83.6%),

TABLE 3. Family and Social Relationships Stratified by Substance Abuse

	Non-Abusers (n = 135)	Abusers (n = 67)
Marital Status		
Single	55.7%	65.7%
Married	30.5%	19.4%
Satisfied With Marital Status	77.9%	64.2%
Living With **		
Family	60.3%	37.3%
Alone	25.2%	29.9%
Friends	6.9%	16.4%
Satisfied With Living Arrangements	71.8%	56.0%
Living With Someone With an Alcohol or Drug Problem	9.9%	30.0%**
Family History of Alcohol or Drug Problems		
Mother	36.7%	73.7%**
Father	60.0%	68.8%
Brother(s)	59.7%	86.5%
Sister(s)	40.0%	79.4%**
Have Had a Close Relationship With		
Mother	70.3%	48.4%**
Father	46.3%	39.0%
Spouse	78.2%	79.0%
Friends	85.8%	76.2%
Serious Problems Getting Along With (Past 30 days)		
Mother	10.4%	11.9%
Father	8.1%	8.8%
Spouse	17.0%	32.8%
Friends	6.9%	27.0%**

**significant differences between groups $p < 0.05$, corrected for multiple comparisons

(2) wanted to solve the problem on my own (69.6%), (3) was unsure where to go for help (23.2%), (4) did not have a medicare card (23.2%). Results also indicate that substance abusers were less likely to have the identification needed to access medical and social services (see Table 6).

TABLE 4. Legal Problems Stratified by Substance Abuse

	Non-Abusers (n = 135)	Abusers (n = 67)
Mean Number of Charges in Lifetime (∀ SEM)		
B&E	.16 ∀ .07	3.10 ∀ 1.66
Shoplifting	.22 ∀ .07	3.05 ∀ 1.59
Assault	.14 ∀ .04	1.75 ∀ .69
Disorderly Conduct	.28 ∀ .12	1.62 ∀ .44
Total Convictions (Mean ∀ SEM)	2.06 ∀ .71	7.63 ∀ 1.56**
Months Spent in Jail (Mean ∀ SEM)	3.0 ∀ 1.34	13.44 ∀ 3.56**
On Probation or Parole	2.3%	15.2%**
Awaiting Charges	5.3%	14.9%

**significant differences between groups $p < 0.05$, corrected for multiple comparisons

History of Psychological Problems and Victimization

The sample displayed a high level of psychological distress. Notably there were high rates of anxiety (54.7%), depression (51.7%), and suicidal ideation (46.3%) and attempted suicide (33.0%), as well as emotional, physical and sexual abuse (see Table 7). A significant difference in the rates of attempted suicide was observed when comparing abusers and non-abusers. In the past month substance abusers experienced significantly greater amounts of depression (28.8% vs. 7.6% for non-abusers) and trouble controlling violent behavior (22.7% vs. 5.3% for non-abusers). Substance abusers were also more likely to be extremely bothered by the presence of a psychological problem than non-abusers (substance abusers 39.0%, non-substance abusers 25.9%). Significant differences were found in rates of victimization in the past month and over their lifetimes (see Table 7). When victimization was stratified for gender, it was revealed that females had more lifetime history of sexual abuse (males 20.0%, females 47.7%; $p < 0.05$). Overall, 43.3% of the sample had experienced a significant emotional problem in the past 12 months requiring treatment. However, only 42.5% of these individuals sought treatment from a professional.

TABLE 5. Medical Problems and Help Seeking Stratified by Substance Abuse

	Non-Abusers (n = 135)	Abusers (n = 67)
Medical Problems and Symptoms (Past Year)		
Fatigue	47.3%	64.2%
Pain (limbs, stomach, chest)	48.1%	55.2%
Insomnia	37.4%	41.8%
Chronic Medical Problems		
Asthma/Emphysema	5.4%	14.9%
Diabetes	4.6%	4.5%
HIV/AIDS	0%	4.5%
Sought Medical Help		
Doctor/Health Professional (past year)	69.2%	57.8%
Time Since Last Checkup (Months) (∀ SEM)	14.65 ∀ 2.18	11.07 ∀ 2.74
Prescribed Medication on a Regular Basis for a Medical Problem	26.0%	17.9%
Number of Days Medical Problems (Past 30) (∀ SEM)	6.0 ∀ .85	9.7 ∀ 1.54
Mean Number of Hospitalizations (Lifetime) (∀ SEM)	2.29 ∀ .30	3.79 ∀ .81
Last Hospitalization (Years) (∀ SEM)	10.53 ∀ .98	7.42 ∀ 1.16
Been to Native Healer or Healing Ceremonies		
Native Healer (past year)	16.0%	21.5%
Healing Circle	10.7%	14.9%
Sweat Lodge	8.4%	3.0%

*no significant group differences when corrected for multiple comparisons

DISCUSSION

This survey examined the physical and mental health of an urban Aboriginal population. Through reported use of alcohol or drugs, and reported history of victimization and psychological problems, a clearer picture of the well being of this population has emerged. The largest

TABLE 6. Possession of Personal Identification Stratified by Substance Abuse

	Non-Abusers (n = 135)	Abusers (n = 67)
Identification		
Social Insurance Number	92.4%	73.1%**
Birth Certificate	82.4%	68.7%
Medicare Card	89.3%	62.7%**
Baptismal Certificate	68.3%	42.4%**
Temporary Medicare Card	33.3%	25.0%

**p < 0.05 corrected for multiple comparisons

proportion of the sample had lived in the urban area for a long time (mean of 9.96 ∀ .76 years). Only 19% of the sample were newcomers, living in the city for one year or less. The majority of the sample consisted of single young Inuit women who were unemployed and living with members of their families. Fully one third of the sample reported having a current drug or alcohol problem, and a large proportion (85%) experienced medical problems in the past year. Most notably they reported problems with fatigue, pains in the chest or limbs and insomnia. The data also show that substance abusers were less likely than non-abusers to have the identification needed to access medical and social services.

Comparisons between substance abusers and non-abusers revealed that abusers were more likely to live with someone who had a drug or alcohol problem. More substance abusers also reported having had problems getting along with their friends than non-abusers. There were very high levels of parental problems with drugs and alcohol within the sample. The rate of maternal history of drug and alcohol problems among substance abusers was significantly higher (73.7%) than non-abusers (36.7%). No data were collected in the present study to address the issue of whether subjects had been exposed to alcohol in utero, potentially resulting in FAS (fetal alcohol syndrome) or FAE (fetal alcohol effects). The history of maternal substance use may be related to the low rate of close relationships with mothers reported by

TABLE 7. History of Psychological Problems and Victimization Stratified by Substance Abuse

	Non-Abusers (n = 135)	Abusers (n = 67)
Experienced in Lifetime		
Depression	49.6%	62.7%
Anxiety	55.7%	55.2%
Trouble Controlling Violent Behaviour	20.6%	35.8%
Suicidal Ideation	40.5%	61.2%**
Attempted Suicide	22.9%	50.7%**
Prescribed Medication for a Psychological Problem	16.8%	26.9%
Experienced Past 30 Days		
Sexual Abuse	0%	3.0%
Physical Abuse	3.1%	13.6%**
Emotional Abuse	15.3%	31.8%**
Experienced in Lifetime		
Sexual Abuse	32.8%	49.3%
Physical Abuse	40.5%	65.7%**
Emotional Abuse	57.3%	71.6%

**$p < 0.05$ corrected for multiple comparisons

substance abusers. In general, substance abusers rated counseling for their family and social problems as extremely important.

The results of the present study confirm the impressions of Aboriginal community workers within the Greater Montreal region that substance abuse problems are severe and chronic in the urban Aboriginal population (Petawabano et al., 1994). Data on the prevalence of substance abuse among urban Aboriginals compared to those on reserves or to the general urban population is not available. A proposed way of

understanding inner-city urban Native substance abuse is in terms of a ''career or lifestyle'' (e.g., Bibeau, 1995; Brody, 1971). Within this paradigm, dependence rapidly becomes a lifestyle and social networks of substance abusers become part of a survival strategy for navigating life in the city. Due to the strength of these social relationships, inner-city Aboriginal substance abusers may be resistant to even culturally-relevant treatment programs. Results from a classic ethnographic study of Aboriginal men on skid row in a Western Canadian city suggested that to drink is to be part of the community and that spree drinking is a way of solidifying community participation, involving a ''repayment of debts and building up credit'' (Brody, 1971). Those Aboriginals who have made a successful transition to city life may not be noticed as ''Native'' by the general population, while the most visible urban Aboriginals may be those in the inner city who conform to the ''drunken Indian'' stereotype (Royal Commission Report, 1993).

Brody (1971) states that ''Skid row life offers to the Indian the possibility of an urban milieu without the pressures of a white middle-class value system.'' In this context, treatment for a drug or alcohol problem entails not only the physical and emotional difficulties of detoxification but also the challenge of creating new social networks and a different survival strategy. Nonetheless, at some point in this ''career,'' individuals may want to stop their alcohol or drug abuse. That exact point in time is unpredictable, but there are some identifiable clues. For example, women who become pregnant may contemplate the connection of their problem abuse to their future and attempt to change. One Inuit woman surveyed in the course of the present study quit drinking when she became pregnant and stayed sober for 13 months. Her child is presently being raised by a relative and she continues in her ''career'' of alcohol abuse but remains proud of her accomplishment. An individual may seek treatment many times throughout an alcohol/drug using career before permanent change is made. Many substance abusers in this sample reported that treatment for their drug or alcohol problem was extremely important (41.9% and 46.5% respectively). Thus, in the long-term it is important that information, health care and treatment options for drug and alcohol abuse be available for Aboriginal substance abusers within the urban environment. At the present time, there are no specialized social or medical services available to urban Aboriginals in Quebec.

Congruous with the findings of previous work among Aboriginal

peoples, the overall results point to high levels of psychological distress. Rates of depression are particularly high, and it has been shown that psychological distress is augmented by substance abuse. For instance, when substance abusers and non-abusers were compared, substance abusers reported significantly more attempted suicides (50.7% of the sample). Substance abusers also experienced significantly more physical abuse in their lifetimes and more physical and emotional abuse in the preceding 30 days. Despite the severity of these psychological problems the rates of help-seeking were low.

Zambrowsky (1986) found that a large majority of Montreal Aboriginal women in conflict with the law were migrants to 'inner city areas.' The report also demonstrated that many of these women had alcohol and drug problems, and alcohol was a significant force in difficult relationships with men (Zambrowsky, 1986). Similarly, La-Prairie (1994) found that many inner-city Aboriginals had alcohol, legal, and employment problems and were more likely than others to be victimized as children. Similarly, the majority of adult Aboriginals in an urban treatment program had a reserve or rural background with recent migration to the city, low levels of education and job training, family environments involving substance abuse, and arrests involving drugs and alcohol (Guyette, 1982). In the present study substance abusers reported more legal problems than non-abusers but there were no significant differences in drug and alcohol use between newcomers (< 1 year residence) and those who had lived in the city for a longer period of time.

There is some literature to suggest that female Aboriginal substance abusers who have migrated to urban centres are the victims of multiple forms of trauma including sexual and physical abuse, social deprivation and poverty (McEvoy and Daniluk, 1995). In an American study, Gutierres et al. (1994) compared male and female urban American Indian substance abusers on a number of variables. The results of their study showed that females experienced more family dysfunctions, more family histories of substances abuse, and a much higher rate of childhood emotional, physical and sexual abuse compared to males. Of the females, 84% reported emotional abuse, 74.1% physical abuse and 51.9% sexual abuse, with males much lower in all categories (McEvoy and Daniluk, 1995). The present study had similar findings with females having experienced more emotional and physical abuse in their lifetimes than males (emotional abuse: males 51.4%, females

67.7%; physical abuse: males 47.1%, females 49.2%). A significant gender difference was found in lifetime rates of sexual abuse, with females having experienced more sexual abuse than males (males 20.0%, females 47.7%). In the present study, there was no significant gender difference found in rates of victimization within the past 30 days.

In summary, this study explored the physical and mental health of a sample of urban Aboriginal people in Canada. Clearly, these findings cannot be generalized to all urban Aboriginal populations. However, they shed light on a number of severe social, legal and psychological consequences of substance abuse that should be considered in developing health care services for the urban Aboriginal population. The number of Aboriginal peoples living in urban areas in North America is growing at a substantial rate (LaPrairie, 1994), thus these issues are likely to increase in magnitude over the coming years. There is an obvious need for further quantitative and qualitative research in order to continue to explore aspects of the urban experience, and factors which impact on wellness.

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