

AN EXPLORATORY STUDY OF BINGE DRINKING IN THE ABORIGINAL POPULATION

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There is little research available on binge drinking among the Aboriginal population. Between March and June 2004, 15 Aboriginal persons participated in a semi-structured interview related to their binge drinking behaviors. The majority of participants were women and described a family history of alcoholism and childhood abuse. Factors that contributed to a reduction in binge drinking were often related to an acute event combined with gradual life changes. Supporting influences to remain sober included positive social support networks, role models, personal development, and cultural/spiritual practices.

Introduction

The terms Aboriginal population and First Nations used in this paper refer to those people who are North American Indian, Métis, and/or Inuit. Within Canada, over 1.3 million people identified themselves as having at least some Aboriginal ancestry (Statistics Canada, 1993). This number represents approximately 4.4 % of the total population. The highest concentrations of Canada's Aboriginal population are found in the North and in the Prairie provinces. There is also continuing growth in the proportion of Aboriginal persons living in urban areas. Approximately one half of Canada's Aboriginal persons now reside in urban areas, creating implications for education, social services and health care.

Alcohol abuse has been reported as a major concern for Aboriginal communities across Canada and was identified as a key issue during a national inquiry into the needs of the country's Aboriginal peoples (Royal Commission on Aboriginal Peoples, 1996). Seventy-three percent of communities surveyed in the 1991 Aboriginal Peoples Survey felt that alcohol abuse was a major concern (Statistics Canada, 1993). A number

of community surveys also found a perceived lack of progress in reducing alcohol abuse in Aboriginal communities (Svenson & Lafontaine, 1999; BC Provincial Health Officer, 2002). Of growing concern are the high rates of injury and mortality associated with alcohol use in Aboriginal communities. In British Columbia, 170 deaths each year are alcohol related, and alcohol is a contributing factor in 4 out of every 10 accidental and violent deaths (British Columbia Provincial Health Officer, 2002). In an analysis of Saskatchewan data, alcohol was implicated in 92% of motor vehicle accidents, 46% of suicides in the 15-to-34 age group, 50% of fire and drowning deaths, 80% of exposure deaths and 48% of deaths in the 'other' category (Health Canada, 2002). There are also indications that alcohol related deaths are on the rise (British Columbia Provincial Health Officer, 2002).

Adult Aboriginal persons dwelling on reserve have higher weekly binge drinking rates than the rest of Canadians (Wardman & Quantz, 2005). For comparison, 79.3% of Canadians consumed alcohol and 6.2% binge drank on a weekly basis during the previous year (Wardman & Quantz, 2005). In a small survey in Saskatchewan, binge/chronic/problem drinking was reported by 37.7% of the adult population; a Northwest Territories survey reported that a third of Aboriginal persons surveyed were heavy drinkers, compared to 16.7% of the non-Aboriginal population (Health Canada, 2002). Males have also been found to have higher rates of heavy drinking in a number of studies (May & Gossage, 2001). Epidemiology from studies of American Indians have found greater amounts of alcohol consumed during drinking episodes, indicating that binge drinking disproportionately impacts this population (May & Gossage, 2001; O'Connell, Novins, Beals, Spicer, & AI-SUPERPPF Team, 2005). Heavy drinking is also associated with an increased likelihood of both health problems and injury (Robin, Long, Rasmuseen, Albaugh, & Goldman, 1998; Curry et al., 2000). In summary, binge drinking is of significant public health concern to Aboriginal communities.

For the purposes of this study, we use the definition of binge drinking from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) National Advisory Council.¹ Binge drinking behavior may or may not be reflective of chronic/heavy drinking. The current study provides an opportunity to develop an understanding of the etiology and impact of binge drinking among Aboriginal persons. Reported in this paper are the results of an exploratory qualitative investigation into the behaviors and perceptions of binge drinking in a sample of Aboriginal adults. Although the current study is exploratory in nature, the results are valuable as this issue has not received attention in the literature. The results of this work also have implications for a larger study and may help in the planning of community programs to address the needs of those at risk. Two objectives

were outlined for this work: 1) identify and describe risk factors that exacerbate/trigger binge drinking episodes, and 2) identify protective factors against binge drinking.

Methods

Participant Recruitment

The sampling methods for this study included Aboriginal persons who have experienced or are currently experiencing episodes of binge drinking. A convenience sample was used for this study and participants were obtained via third-party recruitment. The first author is an Aboriginal person and is an addictions specialist who works with and is in contact with a number of addictions and community agencies in Western Canada's Aboriginal communities. Two of these agencies agreed to participate and were sent a letter requesting them to pass on to staff and clients an open letter of invitation to agency clients. These agencies offered an opportunity to capture a wider range of participants as they served clients from both rural and urban areas in two Canadian provinces (British Columbia and Alberta). The letter of invitation requested that clients contact the researcher directly if they were interested in being part of the study. Ethical approval for the study was obtained from the Office of Research Services at the University of British Columbia.

From this strategy, 15 Aboriginal persons were recruited to participate in a semi-structured interview between March and June 2004. The participants ranged in age from their 20's to their 60's; 13 were female and 2 were male. All participants were either part of an Aboriginal support group or were staff at an Aboriginal social service agency or Aboriginal Addiction Treatment Centre. Of the 15 participants, 10 were currently in the support group and 5 were staff members. All had received treatment for binge drinking at some point. As none of the participants were part of an addictions treatment program at the time of the interview, we did not anticipate their responses would be influenced by any particular addictions treatment approach. Unfortunately, it is not possible to determine how many individuals refused to participate, as only those who contacted the investigator to participate were known.

Data Collection and Analysis

The study adopted a qualitative approach and consisted of a series of in-depth interviews. To facilitate this process, an interview guide was developed and included questions on the characteristics of binge drinking episodes, personal perceptions of binge drinking and the risks and protective factors for binge addictions. Interviews were conducted either

face to face or by telephone over a two-month period and lasted between 30 and 60 minutes each. The first author conducted all of the interviews. Written consent was obtained from all participants and interviews were audio taped and transcribed verbatim into Microsoft WORD.

Initial analysis of the data was undertaken simultaneously with data collection. Through this review, emerging themes were sought and additional prompts and questions were identified for future interviews. The formal analysis process began with an independent review by both authors of all transcripts, during which units of data were coded by themes and issues. Codes are "tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study and are used to retrieve and organize data" (Miles & Huberman, 1994). The next stage of data analysis involved the task of categorical aggregation (Creswell, 1998). In this process, the coded data are reviewed to collect similar instances in an effort to elicit common themes and create a framework to answer the research questions. This process was facilitated through the use of various tools such as charts, matrices and memos (Miles & Huberman, 1994). Emerging themes were explored between the interviews in an effort to search for relationships, consistencies and/or inconsistencies. Both authors met regularly to compare and contrast analysis results in order to ensure that all themes and events were captured. Credibility was assessed through member checks, a technique in which the findings and interpretations of the researcher are taken to informants for verification (Creswell, 1998). In this case, a transcript of the interview and a summary of the final themes were taken back to participants for feedback and verification.

Results

This study provided an opportunity for a diverse group of individuals to share their experiences around binge drinking in a confidential and personal setting with a trained Aboriginal addiction specialist. The participants in this study identified themselves as being at various phases in their recovery and, with the exception of two participants, all had been alcohol- and drug-free for 6 months or more. We report the results of the research by the following categories: a) description of binge episodes, b) triggers/risk factors for binge episodes, and c) factors that reduce binge episodes.

Description of Binge Drinking Episodes

Participants were first asked to describe their binge drinking behaviors, including the frequency/duration of their binge episodes. For the majority of participants, individual episodes lasted 1 to 2 days with a

few participants noting that their episodes could last up to a week or longer. The frequency of binge episodes was weekly; binges primarily took place during the weekend. Participants reported that the frequency and duration of episodes steadily decreased both with age and their personal efforts to quit drinking.

Triggers/Risk Factors for Binge Drinking Episodes

Participants were asked to describe the influences and factors in their environment that they felt triggered individual bingeing episodes. As previously noted, weekends were the likeliest time for binges to occur; this finding was attributed to personal responsibilities (i.e., work, school, children, and money). As such, weekends were viewed as the only practical time to partake in binge drinking. Coupled with these constraints, other potential triggers for episodes included boredom, entertainment, and loneliness.

In addition, the prevailing attitude from participants towards binge drinking was one of normality. Many participants described binge drinking as something that everyone was doing and noted that the consumption of alcohol was the norm in their communities and/or social groups. This sense of normality was also conveyed by participants in the discussion of their own personal experiences with alcohol. Many described the cycle of alcoholism and substance abuse that took place in their own families and which subsequently became a part of their own lives.

It was a learned thing; I saw it as a child and would hopefully drink myself to death. I didn't want to see anything, it was an escape route.

Almost all participants described their binge drinking as part of a larger picture of substance abuse in their lives. Many described themselves as alcoholics and several noted concurrent substance abuse issues around IV drugs, prescription medications, and marijuana.

Participants also identified other immediate triggers for their binge drinking episodes. For example, two participants described anger as a reason behind their binge drinking and saw binge drinking as a way to release their frustration. Stress from work and relationships often pushed individuals into a binge. Several noted problems in parenting often motivated their drinking and that a binge was an escape from or numbing of this stress.

I didn't know how to be a parent and when it came to pressure and stress, that's when I would do my drinking.

In addition to these immediate triggers, participants also described broader elements in their lives that they felt contributed to their binge drinking. Foremost of these was a background of abuse including mental, physical and sexual. For some, the source of abuse was family members during childhood and adolescence. For others, the abuse continued and/or started during adulthood relationships, usually a spouse. Participants described their binge drinking as a way of escaping from, or numbing the emotional pain caused by the abuse.

I was dealing with so many issues, dealing with sexual abuse and physical and mental abuse from my family and what not. And I just had no support systems at home. I couldn't connect with my mom and dad. And the only real friends that I had were drug addicts or alcoholics so I sunk to that road.

Furthermore, many participants also described low self-esteem and a lack of identity as contributing to their binge drinking. Participants expressed shame and feelings of insecurity about themselves and a desire to be accepted by spouses and/or peer groups. Individuals provided similar descriptions of the negative self-images that they felt contributed to their drinking.

I think I was drinking because I wanted to be accepted by others, by my peers. And I drank because I was insecure.

Like I knew somewhere I didn't understand at the time who I really was. I guess I worked out what my potentials were. Like I didn't know at the time that I really wanted to find out who I was and I hated that feeling of being looked down on.

Closely related to the feelings of low self-worth expressed by participants were feelings of a loss of cultural and community identity, as well as racism. Most participants related their binge drinking to a broader perception of shame and cultural loss within their community.

The way I look at it, it was a total negation of being Indian. When I was born, nobody wanted to be Indian; there was so much drunkenness in those days. When we were children, that's when all this racial discrimination eroded our identity. We felt inferior because that whole brand of being Indian was so negative. We had to get our culture back, claim it back. And that's what I gained.

For some, the loss of culture and identity began in residential schools, where they were forbidden to practice Aboriginal culture and traditions.

I think the culture part is, when I went to residential school, I was being forced to put it aside. I was forced not to practice anything that I was taught when I was a little child.

Cessation of Binge Drinking Episodes

Individual binge episodes were usually brought to an end by practical constraints such as the end of the weekend, running out of money, or the need to take care of children. For some participants, a binge episode would only come to a close when they were no longer physically able to continue.

Factors that Prevent Binge Drinking Episodes

As described earlier, a number of causes were described that brought an end to a binge episode. These factors are different from those that can actually prevent the initiation of a binge episode. Binge prevention factors often played a role in allowing participants to remain abstinent.

Most individuals described an acute event or a personal realization of hitting rock bottom that forced them to quit drinking, such as the loss of a relationship or employment. For several participants, this came in the form of an accident or near-death experience during a binge-drinking episode. They noted that this event seemed to jolt them into seeking help and/or quitting.

I got ganged up on a couple of times, a couple of car accidents and a few work related accidents too. I wasn't in the right frame of mind...it just stuck with me that I could have died. I just wanted to turn my life around finally, not only that too but that point where you know people say you get sick and tired of being sick and tired.

I started drinking and got up the next morning and had to go the hospital with alcohol poisoning. So, that's what made me decide that it's got to come to a complete stop.

Changing responsibilities and/or perceptions about family were other reasons for quitting. One individual said it took the birth of her children to end her drinking, while for others who already had children, it was a

growing desire to be a positive role model and not expose their children to a drinking environment. Several individuals expressed deep concern that their children would continue the cycle of alcohol abuse that was passed on to them from their own parents.

Participants also identified factors that supported the continued cessation of their binge drinking after they had decided to quit. Foremost of these was the establishment of positive social support networks that assisted them in their efforts to keep away from alcohol and directed them to other supports. Friends, members of support groups, or individuals met through cultural events were all described as potential role models.

There stood a man who told his story who said he had a similar problem. He was the living proof that if he can do it, I can do it. And then it was the cultural way.

Many participants told of the personal implications of choosing Aboriginal persons as part of their support networks. Such choices provided participants an opportunity to share similar experiences and backgrounds, which were part of what several individuals described as the "Aboriginal experience."

Finally, personal development played a key role in allowing participants to continue their binge drinking cessation. Most participants described a perceived lack of personal and coping skills throughout their lives and noted that the lack of such skills was connected to their binge drinking. The recognition of the need to build these personal skills was key to stopping their binges.

It was a whole learning mode, personal development, interpersonal relationship, and problem solving skills, communication skills. There were other ways to do things that weren't a destructive way.

Cultural participation also assisted participants in their initial efforts to quit drinking and played a key role in allowing them to remain sober. Participating in cultural events such as sweats, round dances, and smudging on a regular basis was described as part of the abstinence process.

Yes, if I hang on to that then I'm gonna stay sane and sober. It's when I don't think about my culture and the belief that I have.

In conjunction with recapturing cultural traditions, participants also described a renewal of spiritual elements in their lives that they felt gave them power to remain sober. This came through in participants'

descriptions of turning to a Creator through prayer and the practice of traditions. Two participants described vivid spiritual experiences that they identified as playing an ongoing role in keeping them from binge drinking.

My culture, that's the other thing that's really helped me along the whole way, is my culture has always been there for me, and a higher power. When I straightened out, who I turned to was my creator, the ceremony, my traditions...pulled me out of where I was.

Discussion

This research is the first of its kind and represents an exploratory qualitative inquiry into the binge drinking behaviors of a sample of 15 Aboriginal persons who either were participants in an Aboriginal women's support group or were staff at an Aboriginal social service agency or an Aboriginal Addiction Treatment Centre. Typical binge episodes of participants lasted 1 to 2 days and usually took place on a weekly basis. Responsibilities and constraints due to work or family created boundaries and limitations for the frequency and duration of these episodes. Triggers and risk factors for binge episodes included social influences, boredom, a sense of normality around binge drinking, a personal history of addiction, anger management issues, life stressors, a history of abuse, low self-esteem, and a sense of cultural loss. Factors that contributed to a reduction in binge drinking were often related to an acute event combined with gradual life changes. Supporting influences to remain sober included positive social support networks, role models, personal development, and cultural/spiritual practices.

The results of this study in part reflect those found in previous research undertaken on risk factors for binge drinking. It has been suggested that binge drinking is influenced by a range of factors that encourage this kind of drinking (i.e., celebrations, social interactions) and the belief that the decision to engage in binge drinking is under the person's control (Norman, Bennett, & Lewis, 1998). Having a social network of individuals who drink relatively heavily has also been shown to be a risk factor for binge episodes (Reifman & Watson, 2003) and is reflected in the findings from our study. Most participants in our study described a family history of alcoholism, as well as childhood abuse. Past research has revealed a significant relationship between these factors and chronic/heavy drinking in later life (Hasin, Paykin, & Endicott, 2001; Jasinski, Williams, & Siegel, 2000). Similarly, participants in our study identified and discussed the negative impact of this background on their own drinking behaviors. Participants also described a broader pattern of addiction to alcohol beyond bingeing episodes, as well as other substance abuse issues.

This finding is also reflective of previous work that found higher rates of alcohol dependence and substance abuse issues among heavy/binge drinkers (Robin et al., 1998; Curry et al., 2000). The issue of self-esteem and identity as a risk factor for binge drinking was also evident in this study and again mirrors the results of previous work that describe this relationship (Blume, Schmalting, & Marlatt, 2003).

Our study identified characteristics related specifically to Aboriginal binge drinking. Key unique findings from this study relate to the etiology of personal issues stemming from residential school experiences, family disconnect, loss of culture, and an expressed sense of shame. Participants described these factors as part of the "Aboriginal experience." Not surprisingly, the development of personal skills and the embracing of Aboriginal culture were key elements for participants in their successful reduction of binges. This fact highlights the need for community-based skills development and cultural programs during addictions treatment. Studies describe the importance of Aboriginal cultural/spiritual components in reducing alcohol consumption (Stewart-Sabin & Chaffin, 2003; Kunitz & Levy, 2004). Programs incorporating these components have sought to foster cultural pride, identity, and values through cultural teachings and activities (Stewart-Sabin & Chaffin, 2003).

The application of these traditional beliefs and practices may also have implications for the larger community, as well as for prevention services. Such beliefs are currently being embraced as a key component of many addictions and health promotion programs. Our study results also contribute to the understanding of the role and mechanisms of these cultural programs by providing personal descriptions of their impact on substance abuse recovery. In addition, given the apparent effectiveness of interactive websites among binge drinkers, such needs to be considered for Aboriginal people who often dwell in rural communities in which there are well-know barriers to accessing addiction services (Chiauszi, Green, Lord, Thum, & Goldstein, 2005).

The limitations of this study are reflective of the sample that was selected. First, all of the participants in this study were clients/staff from Aboriginal service agencies. Many Aboriginal people do not access Aboriginal-based services, either because of personal preference or a lack of access to these services. Further, those individuals who do choose Aboriginal services may purposely be seeking cultural approaches to their treatment. As such, their responses regarding the importance of these factors in their recovery/treatment may reflect this preference. However, it should be kept in mind that almost three quarters of Aboriginal people preferred Aboriginal oriented services (Wardman, Clement, & Quantz, 2005). Second, individuals who have not yet sought treatment for binge drinking are not included in the selected sample. Their perceptions, risk factors and behaviors related to binge drinking may differ from the selected sample. Third, although binge drinking is more often associated with

males, the majority of participants in the study were female. Gender differences are likely in binge drinking behaviors (i.e., impact of family), treatment and recovery patterns. The higher rate of participation from females may also reflect a greater willingness and comfort for women to share their stories and experiences. Finally, as a third of participants were staff members, it is possible that they may be denying drinking behaviors in spite of confidentiality assurances. Although the results are not necessarily generalizable to larger populations, the purpose of this work was to explore the impact and perceptions of binge drinking among Aboriginal persons, which have not previously been examined in the literature.

The results also highlight a number of gaps and opportunities for further research on this topic. First, the role of controlled drinking needs to be better understood in Aboriginal populations. Abstinence rates are traditionally higher among Aboriginal persons (Wardman & Quantz, 2005) and considering the role of social networks and community perceptions found in this study, further research is needed on the impact of this relationship to community levels of binge and heavy drinking. Second, the role of cultural interventions on binge drinking also warrants further work. All participants emphasized the role that culture played in reducing their binge drinking and further research should focus on describing and evaluating the pathways and impact of culturally based treatment programs. A third area of need is more rigorous study of the prevalence and impact of binge drinking. Many of the participants described their binge drinking as private and expressed the desire to hide these behaviors. This finding may impact prevalence studies by underestimating the actual numbers of binge drinkers. Further work must also attempt to identify the health and social outcomes of binge drinking behavior. Participants in this study identified a number of personal impacts including poor health, mental health issues and injuries. Future research should focus on providing community-level data on these outcomes and elicit a clearer conception of these issues. Finally, the role of health professionals as a point of intervention for identifying problem drinking should be assessed. Curry et al. (2000) note the opportunity to identify at-risk drinking behaviors during routine primary care visits. The ability of health providers serving Aboriginal clients to identify binge drinking warrants further investigation.

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Footnote

- ¹ A "binge" is a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08 gram percent or above. For the typical adult, this pattern corresponds to consuming 5 or more drinks (male), or 4 or more drinks (female), in about 2 hours.

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