

# TOWARDS A BETTER UNDERSTANDING OF FIRST NATIONS COMMUNITIES AND DRINKING AND DRIVING

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## ABSTRACT

**Objectives.** First Nations young people are over-represented in fatal alcohol-related crashes, necessitating culturally sensitive data that sheds light on this major health issue. The objective of this study was to understand why young First Nations drivers, aged 18 to 29 years old, become involved in drinking and driving as normal behavior displayed through socio-cultural patterns.

**Study Design and Methods.** Sixty-five First Nations respondents were individually interviewed in nine Alberta locations. Semi-structured interviews, focusing on socio-cultural patterns, norms and community ethos affecting alcohol consumption, drinking and driving, and drinking and driving interventions, were used.

**Results.** Community norms play a significant role in the drinking and driving behaviors of First Nations people. First Nations communities experience reckless driving, neighbors with alcohol and drug abuse problems, violence, economic disparity, boredom and racism, all of which contribute to responses of alcohol abuse and drinking and driving. Both are considered to be normal, community-endorsed behaviors, reflecting situational needs and ready-at-hand usage. Furthermore, the grid of rural roadways is an important contributor to drinking and driving and a community sense of practical living. Also of importance was the finding that young people embraced their parents' alcohol-related problem behaviors on the basis that "what is okay for the parents is okay for me." Finally, First Nations young people believe in personally stopping a drunken person from driving, but the risk of community censure, social discomfort and risk of physical and verbal abuse mitigate against them taking action.

**Conclusions.** Living in First Nations communities is socially complex, highly emotionally charged, and peer-pressured. Drinking and driving and alcohol abuse amongst First Nations people reflect the community social structure, daily pressures and norms of behavior. Hence, to reduce drinking and driving casualties amongst First Nations young people, intervention strategies must address systemic issues, namely local people's social realities, norms, as well as local and peer relationships. (*Int J Circumpolar Health* 2005;64(3):336-345.)

**Keywords:** drinking and driving, First Nations, youth, normative behavior, community, Canada

## INTRODUCTION

Excessive alcohol use associated with driving by 18- 29-year-olds is a serious public health problem (1, 2). For the year 2003, drinking and driving was involved in 25.1% of all traffic crash deaths in Alberta, Canada. Furthermore, 44.7% of drinking driver casualties were between 18 and 29 years old (3). More alarming are the First Nations drinking and driving statistics. Although First Nations People represent 4.4% of the population for the year 2001, 16% of all traffic-related deaths in Alberta were of people of Aboriginal descent (4). Impaired driving was involved in 73.2% of all Aboriginal motor vehicle fatalities, 61% of Aboriginal drivers had a blood alcohol concentration above 0.08% and, according to RCMP Traffic Services, First Nations people were 5 times more likely to be involved in fatal alcohol-related crashes (5, 6). The statistics illustrate a need for culturally sensitive data that sheds some light on the First Nations drinking and driving reality.

An important factor in the high First Nations drinking and driving rate is the community context. It includes the challenges and social construction of a First Nations community related to the risk and resilience of local drinking and driving (7). Many First Nations communities experience a level of internal collective dysfunction caused by experiencing hundreds of years of debilitating shocks and traumas. These various sources of trauma include: diseases; the destruction of traditional economies through the expropriation of traditional lands and resources; the undermining of traditional identity; the destruction of indigenous forms of governance; and the breakdown of healthy patterns of individual, family

and community life (8). They often choose health risk responses, one of which is alcohol abuse followed by drinking and driving, which contribute to a community's state of disrepair (9,10).

A study was undertaken to help understand the role of community context and First Nations drinking and driving. More specifically, the study sought to clarify why young First Nations drivers', aged 18 to 29 years old become involved in drinking and driving as normal behavior displayed through socio-cultural patterns of the community. Such a focus is pivotal for designing intervention strategies that relate to First Nations people.

## MATERIAL AND METHODS

A phenomenological path was used to better understand the social universe of First Nations people that unrelated objective observers are unable to experience, or record. In-depth, one-on-one interviews were designed to gain perspective on their lives in terms offered by members, and to establish a convergence of shared experiences and common assumptions (11, 12). Sixty-five First Nations respondents participated, of which 60% were female. Interviews were conducted in nine northern Alberta locations. Each interview lasted about 50 minutes, and all were conducted in English.

Nine Alberta post-secondary institutions, located in strategic parts of the province and serving First Nations students' academic, socio-economic, cultural, personal and logistical educational needs, were contacted to help recruit participants. Institute staff provided a list of First Nations volunteer students aged 18 to 29 years old who possessed valid drivers

licenses. About ten names were selected from each list of names for interviews. All interviewees completed a consent form as mandated by the University of Alberta Ethics Committee.

Ordinarily, the interviews began with a question like “Do you presently drink alcohol?”, and moved to questions about drinking and driving, drinking and driving interventions, socio-cultural patterns and community ethos that impact local drinking and driving behavior. A series of probes were used to move the interviews from the general to the specific, from the public to the private, and from the least defensive to the more defensive.

Once the interviews were recorded on tape, complete, verbatim transcriptions were printed. Random monitoring (comparison of tape to transcription) helped to ensure the accuracy of the data. After several careful readings, the data were coded for themes, followed by extraction of sub-themes and social contexts within which the sub-themes were embedded (13). Interrelated themes were translated into a frame of meaning that helped explain the world of First Nations drivers’ aged 18 to 29 (14). The process was designed to preserve the richness and typicality of experiences reported, while articulating “frames of meaning.”

The research team used a two-step data verification process to help assure accurate data and relevant interpretation. Inter-respondent verification procedures were used in the course of interviewing where future respondents were asked about critical issues or anomalies that were mentioned by earlier interviewees. For example, unanticipated insights occurred when the majority of respondents answered that their first alcoholic drink happened when they were about 13 years old. Early in the

interviews, one respondent recollected that he sipped some beer as a five-year-old boy. He differentiated between family-sanctioned “sips” and researcher-defined “drinks”. The difference was subsequently confirmed in later interviews.

In qualitative inquiry, it is of first importance that respondent views be represented by accurate interpretation. Hence, a second verification procedure was introduced whereby the analysis and interpretation of meanings were cross-referenced between two First Nations student analysts, aged 18 – 29 years, and the researcher. The three-person arrangement provided insider, age-related cultural rules, intentions or assumptions that impact First Nations people’s behavior generally, and drinking and driving specifically. It provided greater understanding of actions that young First Nations people might take, and systemic reasons for those actions (15).

## RESULTS

It is a truism that drinking and driving exists in First Nation’s communities. It is a common expression of life that those interviewed considered to be a normal feature of the community. For example:

*Everybody drinks alcohol every weekend.*

*Everyone on council drinks, everyone that works at the office. I shouldn’t say everyone. The majority of people drink with kids from anywhere from 13 to people who are like 50 years old. So I gather that it’s quite accepted.*

*They’re alcoholics and a lot of them drink.*

Such pervasive descriptions suggest a collective description of “everyone”, a metaphor used to indicate a sense of total involvement. The descriptions beg the question as to why this may be so in certain First Nations communities, leaving the researchers with a desire to understand this sense of normalizing community context and drinking driving.

### Normalization patterns

Normalization is the means that are typical to a group of people’s behaviors, which are socially acceptable (16). When First Nations people observe others participating in questionable behavior without discernable consequences, or social sanctions attached to them, that behavior can easily become accepted as a norm (17, 18), as this First Nations young driver explains:

*I don't think nobody cared...As an Aboriginal person it's just like normal for Aboriginal people to drink and nobody says nothing you know.*

In some cases the rhetoric of matter-of-factness turned into an ideological statement, namely that drinking alcohol on the reserve is linked to being Aboriginal. Not much is done to stop alcohol use, or abuse on reserves. It continues on, as illustrated in this narrative:

*It's just a normal thing I guess. ...Living on a reserve is really difficult, like especially my reserve where I come from. There's not really much focus on stopping Aboriginal people and from stopping youth from the use of drugs or alcohol.*

Normalcy has become an internalized version of “Aboriginal” as defined through historical typifications and stereotypes. It has become part of the community standard.

### Community norms

Some answers include descriptions of community norms, or standards that help govern a group of people’s conduct for excessive alcohol consumption and drinking and driving. Although the respondent’s versions of communities featured a welcoming version of communal life, further distillation of the responses show a prevailing undertone of social problems that infer the existence of troubled communities. One of them is drinking and driving.

### (Excessive) alcohol consumption

First Nations young people commonly expressed that their former communities were their “hometowns,” typically described as “little” (500-5,000 residents), “removed”, “communal-like” and “close-knit,” “historical” communities where “everyone-knows-each-other”:

*Everybody knew each other. If someone got sick, you'd know right away by word of mouth what's what. So it was pretty closely knitted.*

*Everybody knows everybody. People find out stuff fairly easy...*

Few things were kept private. People knew each other’s business, or, as one person put it, “everyone knew when you got in trouble.” However the social relations in the community could not mitigate or provide strong resilience against major social problems. Invariably, hometowns were also characterized as troubled places:

*...There was a lot of, 'bad elements' around. A lot of people driving around fast on the roads, un-policed! It was pretty fast-paced.*

*I lived in three different communities that*

*were all First Nations... For most of the Aboriginal population that were in the mid to late 20's and mid 30's with small children or teenage children, the parents were mainly big drinkers and big gamblers. Kids were left to grow up on their own. There was no order. We saw lots of accidents, lots of kids drinking and at a young age, lots of teen pregnancies and lots of substance abuse.*

*...A very small community with a lot of drinking and driving, a lot of drugs, alcohol abuse...*

*Growing up in the reserve, people drink all over the place all of the time!*

First Nations communities experience reckless driving, neighbours with alcohol and drug abuse problems, and violence. Poverty was a fact of life. First Nations reserves severely lack employment and/or recreation opportunities. A constant complaint was that young people have little to do. In response, they found troublesome ways to overcome their boredom and fill their idle times. Alcohol was a popular response:

*It's (drinking alcohol) a big thing around here. Generally it's a bad thing but there's nothing else to do here. People just look at it as something to do.*

*I think they're just doing it (drinking alcohol) out of boredom...whatever.*

It is further important to note that for some interview participants, First Nations reserves were, and still are, places of emotional, social and physical hardships, the dominant one of which is a "lived racism." Past abuses, like

residential school treatment, re-emerge as problematic behaviors in people's present-day lives, a description confirmed in the following reflection:

*When my dad was 6 he was shipped off daily to (X), from (Y) on the big yellow school bus. Just a small boy, unable to speak English, he endured racism at it's best. Daily, on the school grounds, the White and Indian kids would fight... Ironically, one generation later, I too would have to live out daily the pains of racism, stereotypes and discrimination. And you know what, every family has stories like these, and more...Alcohol became a way to numb the pain for many Aboriginal people. It provided them an outlet or distraction in which they could avoid the hardships and pain they endured. It has been these experiences that now lead us to the use of alcohol among many young people today.*

Alcohol consumption becomes an outlet for past racist actions against a group of people. It serves as a taken-for-granted, albeit temporary solution to internal conflicts First Nations people still feel today.

Some First Nations reserves attempted to control alcohol consumption by officially declaring themselves dry communities. But it proved to be an illusive goal. Bootlegging liquor and/or distilling homemade alcohol entered the communities to meet local demand:

*It is supposed to be a dry community but people still bring it in. I don't know how. Usually it is an isolated place and they fly it in and they box it up really good and stuff it so it doesn't clang. They also make home booze and they sell it.*

### Drinking and driving

Excessive alcohol consumption serves as an indicator of drinking and driving (19), a prevailing action also considered by many interviewees as normal, community-endorsed behavior. It is predictable and tolerable – the ways of some people. For example:

*It's (drinking and driving) a norm. For sure! I mean, it's everywhere!*

*They still do it. No matter, regardless. We lost two young boys to drinking and driving and people are still doing it. They still drink. They're still drinking, still driving around like crazy.*

Getting into a vehicle after drinking alcohol, whether as a passenger, or as the driver, is a common act. It appears that getting into a vehicle as a drinking driver, or as a passenger with a drinking driver, is done routinely without much thinking. It is a matter of situational need and ready-at-hand usage. For example:

*When I was young we just got in a car and whatever. We needed a ride - that's all that mattered.*

*I have gotten into vehicles before where people were drinking.*

*Back home it was like, "Hey, lets go for a beer and run". Everybody's drinking and then the person with the vehicle with the most room and the most fuel will be the one who's driving.*

The northern Alberta landscape is a grid of primary, secondary, private (oil industry

well-site roads) and emergency access roads (e.g. forest fire) dotted by rough trails. First Nations people have intimate knowledge of them, which serves them well for drinking and driving. It is a shared knowledge that comes to play when young people start, continue within the vehicle, or finish their drinking. It reduces the chance of getting caught by the police. Local geography becomes a principle of action, a link between individual drinking and driving behavior and a community sense of practical living:

*I say about maybe 20% chance of getting caught... cause there's not many cops that drive around...and we know where to go.*

*I don't think it's like too good a chance of getting caught just because there's so many back roads you can go down... you can go out of town pretty quick and there's like so many back roads to get home or to get somewhere else.*

*Maybe a 2%, if that, chance of getting caught because you're on a reserve and it's so open and such a big place to police...We know that...*

*"We cruise around and sit in one spot and drink".*

The evidence is conclusive. Although excessive alcohol consumption and drinking and driving are negative features of the community ethos, they represent strong normative albeit troublesome community behaviors. That sense of community custom comes through strongly in collective terms like "everyone", or "everybody", is doing it.

### Role models in the home

Of all the groups that affect the lives of young people, none touches them so intimately and continuously as does the family. Psychological literature is replete with evidence that parents provide the greatest learning experiences for children. Parents teach the young right from wrong, good from bad, what to desire and what to disdain (20). Much of that teaching happens through modeling, where parents behave normally and children learn through unobtrusive observation (21,22). When children keep seeing their parents drink alcohol and then drive, they can easily internalize the prevailing behavior as being acceptable. If there is an alcoholic in the house, the only drinking pattern the children may see is “alcoholic drinking”, a theme that was well defined in First Nations communities. Research participants were not reticent to discuss the impact immediate/extended family members had on their alcohol consumption patterns. Young people embraced their parents’ problem behaviors on the basis that “what is okay for the parents, is okay for me.” Two exemplary examples in consonance with the parents as a model theme are:

*My parents did not do drugs but they drank and they did it at outings. I seen that thinking ‘ok - well they do it, so why can’t I.’*

*My Father was an alcoholic...Growing up with it, I thought it was ok to drink alcohol because I seen my father doing it since as long as I can remember. I grew up thinking that it was all right, that it was normal. I started drinking at 14...I got addicted and it got out of hand...*

*My mom was an alcoholic...I was around seven at the time and we went to live with my aunt and my uncle and he had somewhat of a moderate drinking problem... If there was a stress issue and then he would just drink... But I mean my mom was close and we still are close. I looked up to her a lot. And I didn’t think that runs in the family or anything but I’ve struggled with that. Until I’ve got older, I would just binge drink as well.*

Although questionable, or high-risk family behaviors translate to learned behavior for children, for some First Nations young people, the risky family acts created a need for self-emancipation. Witnessing their parents’ abuse of alcohol and their involvement in drinking and driving, motivated them to follow a different path. One young student, whose parents and siblings abuse alcohol decided to quit alcohol consumption:

*My dad’s an alcoholic... My mom quit drinking when I was really young, probably ten and my sister drinks a lot so she’s an alcoholic and then my oldest brother drinks... It makes me not want to drink. Seeing what my older brother, my sister goes through and then seeing how my dad would just not care sometimes...so yea it affected me.*

Another sense wherein drinking and driving reflects normalized behavior has to do with the prevalence of alcohol related traffic incidents that happen to First Nations community members. To have a member of a First Nations family become involved in a vehicle crash because of drinking and driving happened frequently:

*In my family like with my Mom and Dad didn't drink, but my brother is an alcoholic he drinks a lot he had lost his license and he still drinks quite a few, he still drinks a lot and um he, he just last year he got into another accident and he was driving with no license or anything and he wrecked his car.*

*"My mother is a paraplegic because of drinking and driving.... Before her accident she was drinking and driving a lot or she was in a vehicle in which they were drinking and the vehicle crashed and she became paraplegic. They drank quite a bit.*

With a little probing, the second respondent above, having witnessed his mother becoming paraplegic from a drinking and driving crash, still participated in drinking and driving:

*I was young and I did it. I made a bad decision. Nothing happened but it was a bad decision.*

### **Breaking norms when intervening on drinking and driving**

Whenever there is the potential for drinking and driving, there is a possibility of personal intervention, defined as a local person trying to prevent a potential drinking driver from driving, to alter the behavior of a potential drinking driver, or redesign the drinking and driving circumstances to stop the person from driving (23). Although First Nations young people are prepared to intervene, they are hesitant to engage in it, because drinking and driving intervention carries a measure of stigma, social discomfort and risk, the most dramatic of which are physical and verbal abuse. Many interviewees expressed that telling potential drinking drivers to refrain

from driving, or taking their keys, may produce aggressive retaliation:

*I've seen tons of fights that way. People saying, "What are you doing?" or "You're not going to stop me, I'm going."*

*Fighting. They might try to take their keys back. I've seen fights happen, people try to take keys.*

*...They get mad at me and try to fight me.*

*When you try to stop someone from drinking, they are more then likely to get violent in some sort of way.*

*There's always a risk there is the abusive drunk that tries to-"I'll kick your ass - give me my keys back..."*

*Depends on how he feels I guess. Like if he wants to fight you, if he wants to drive that bad, he'll want to fight you...I have done that once.*

Less extreme, but still noteworthy, is the risk of verbal abuse that a young person may receive from a potential drinking driver. By acting to reduce the risk of drinking and driving, the young person as intervener is a candidate for verbal reprisal, which is so aptly described in the following comments:

*Verbal risks more or less. They tell me to mind my own business or whatever.*

*Probably get yelled at.*

*Get chased around and get yelled at from some friends to get their keys back, but that's nothing really bad.*

Intervening on drinking and driving action is synonymous to engaging in ways that contradict local norms and, hence, create personal risks.

## DISCUSSION

In all, the findings are relatively simple. They show that living in First Nations communities is socially complex –highly emotionally charged, and peer-pressured. The communities are the matrix within which individuals behave. Drinking and driving, or for that matter, alcohol abuse amongst First Nations people, does not result only from questionable behavior assigned to autonomous selves, or to cultural values. They reflect the communities and their social structures. Hence, research and interventions on drinking and driving for First Nations people in Alberta should move beyond thinking about the character of the individual as victim or a cultural artifact and focus more on the interaction between culture, the community and the individual. The implication of this concept is far-reaching. Foremost is the recognition that, to reduce drinking and driving casualties amongst First Nations young people, intervention strategies must address systemic issues, namely local people's social realities, norms, as well as local and peer relationships. The challenge of addressing these perpetual systemic issues in First Nations communities is best stated by one of the First Nations students, "*We need to get at the root causes, but it's like the weeds keep growing in thicker and thicker*".

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