

Children as young as six sniffing gas in Pikangikum

Twenty-one years ago this month, six Innu youth in Davis Inlet, Labrador who were known to sniff gas, horrified the nation with their suicide attempts. Today, children as young as six sniff gas and damage their brains in another remote Aboriginal community marked by suicide. But the current tragedy on the Pikangikum First Nation, a stark and beautiful corner of northwestern Ontario, is unfolding with scant attention from a seemingly indifferent Canada.

The Office of the Chief Coroner in Ontario named solvent abuse as a major contributor to 16 youth suicides in Pikangikum in 2011. Today, Ontario Provincial Police officers on the reserve say the problem of what to do with the youngest of the inhalant abusers remains deeply troubling.

Sergeant Jack McKay has pulled small children out of groups of adults and youths sniffing gas from plastic bags in houses in the community. “The youngest one was six,” says McKay, who had worked in Pikangikum for more than 25 years as one of about five Aboriginal police officers serving the community. “That’s way too young — way too young.”

Since 1986, more than 400 people have committed suicide in the Sioux Lookout health region, which includes 30 First Nations communities. Of those 400 people, 100 were from Pikangikum, a community of about 2500. Many were inhaling gas fumes.

Boys and girls alike sniff gas, often self-medicating from the stress and trauma they experience at home. Some come from generations of families who have inhaled gas fumes or abused alcohol, say mental health and addictions counsellors. Other children witness domestic violence or have been sexually abused — underlying causes for both solvent abuse and suicide that few community members openly discuss. Most of the youth who are flown out of the community because they are at high risk of suicide have disclosed sexual



Laura Eggertson

Burial sites in front yards are a constant reminder of the 100 people in Pikangikum, a community of about 2500, who have committed suicide since 1986. Many were addicted to solvents.

abuse. It’s an underlying cause that is not restricted to Pikangikum.

More than 80% of children and youth in First Nations’ residential treatment centres from across Canada have been sexually abused, says Debra Dell, executive director of the Youth Solvent Addiction Committee. Tackling that problem requires “dedicated social services, both inside and outside the community, who are willing to quit hiding it.”

Mental health counsellor Danny Peters, who grew up in Pikangikum, is one of the few local people who will acknowledge the problem. He says several of his clients who were sexually abused committed suicide. He recalls one who “was starting to open up [about] his abuse as a little boy. He was a sniffer, too. I guess that was his way of coping.”

Lasting damage

On one warm fall evening, a group of under-12s huffs gas in a small copse of trees near Juliette Turtle and Charlie Strang’s house. They reek of gas and walk brazenly around the side of the building, peering intently at the

stranger interviewing Turtle. They scatter only when a police car drives by. The officers nab one of the group, who is 10 — too young to detain or send for treatment.

The lasting brain damage that gas sniffing inflicts has far-reaching effects for every aspect of the children’s lives, including their education, says Jo-Ann Donnelly, principal of the Enochokay Birchstick School in Pikangikum up until the summer of 2013. She says there are fifth-grade children who are “extremely intellectually challenged because they have done so much damage to their brains. It doesn’t go away when you stop [abusing].” Donnelly says a community survey showed that by third grade, about 70% of the kids had at least tried sniffing gas.

None of the 11 residential treatment centres in Canada that treat First Nations youth addicted to solvents will admit children under 12. If young kids sniff gas regularly, family treatment centres are more appropriate, says Dell. Residential centres are for individuals only; family centres focus on parents and children.

However, waiting lists are often months long at Canada's four First Nations' family treatment centres. The wait time at the only one in Ontario is up to six months.

So, when police catch a child sniffing, they take him or her home and talk to the parents — many of whom are addicted to alcohol. Sometimes, the police call Tikinagan Child and Family Services, the native child-welfare agency that serves Pikangikum, and ask them to pick up the child.

"They probably just take the kid home, and the next day, you probably see the kid again at the same place [where they were sniffing], or another place. That's happened before," says McKay.

Tikinagan officials are equally stymied by how to help, says Executive Director Ernest Beck. Tikinagan is fighting understaffing and provincial pressure to reduce the \$500 daily cost of keeping children in long-term residential treatment beds.

The paperwork involved in getting the First Nations Non-Insured Health Benefits Program to approve treatment is time-consuming and taxing, says Fred Sky, the supervisor at Tikinagan Child and Family Services.

"There's never enough resources to deal effectively with the situation," says Beck. "I've been doing this song and dance for 20-odd years, and it's frus-



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A playground donated by the Right to Play organization is well used by children in daylight hours, but at night other children, some as young as six, inhale gas-oline fumes for the mind-numbing high.

trating to find yourself continuing to voice those concerns and not having them heard."

From 2003 to 2011, Pikangikum had a community-based crisis intervention program run by psychologist Lachie Macfadden. For two-week periods, Macfadden took youth at risk of suicide — many of whom were routinely inhaling gas fumes — to a cabin where they learned traditional hunting and trapping skills. Two elders helped teach and participated in sharing circles and counseling.

"Most of the kids don't feel wanted — they don't feel loved," says Macfadden, who now lives in Dryden, Ont. "There isn't sufficient food for them. You have an intergenerational impact, in which the parents or the grandparents are still drinking."

Seeking solutions

Community leaders agree that the roots of solvent abuse lie deep within families. They believe the answer is a community-run family healing centre, which is why Pikangikum's Health Authority has submitted a proposal to Health Canada for \$600 000 to help turn a former church-run wilderness camp into a residential treatment centre. A centre was one of the key recommendations from the Ontario coroner's review.

"If you take into account the expenses that they are incurring to send these kids out to treatment centres, it would be worth it," says Billie Joe Strang, executive director of the Pikangikum Health Authority.

Strang, like Sgt. McKay, believes much of the solution to gas-sniffing and suicides in Pikangikum lies with better parenting skills. Residential schools not only eliminated the opportunity for generations of Aboriginal parents to learn from their parents and grandparents how to raise healthy children, it also introduced physical and sexual abuse into communities.

"Doing the family treatment program will really help them," says Strang.

But so far, Health Canada hasn't agreed to finance the healing centre. In response to questions from *CMAJ*, a media spokesperson said the department is awaiting more details from Pikangikum.

"The community was advised that a detailed health plan with specific programming, and salary and operating expenses, would have to be reflected in the proposal before proceeding," Sylwia Krzyszton wrote in an email. "As the revised proposal has not yet been received by Health Canada, a meeting to address the specifics of the revised proposal has not been held."

Despite a preponderance of reports that concur Pikangikum needs more addiction and mental health supports, Strang doesn't know why Pikangikum isn't getting the resources it urgently needs. He believes the rest of Canada "probably" knows about the tragedies the community lives with every day — tragedies etched in stark reality on the graves many families tend in their front yards. "They probably care — they probably just don't know how to get involved or to show their support."

Others who work in the community believe it's easier for bureaucrats and policy-makers to tackle road development and housing than to focus on seemingly intractable issues such as youth suicide and solvent abuse.

Meanwhile, Pikangikum's residents get stark reminders of those they have lost every time they step out their front doors and pass the crosses that serve as headstones.

Peters believes the weight of addiction and grief here affects the community much as it would an individual. "If Pikangikum was a person, Pikangikum would start shutting down, holding back the emotions," Peters says.

His prescription is for Pikangikum to let out the grief, so it can begin to heal.

"How do we do that? A little bit at a time. It will take a lot of years, but a little bit at a time." — Laura Eggertson, Pikangikum, Ont.

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Editor's note: This is part of an ongoing series on suicide by Inuit and First Nations youth. The other articles can be accessed at cmaj.ca. Laura Eggertson received a 2012 Canadian Institutes for Health Research grant, which supported her travel and research into this series.