



Aionkwatakari:teke

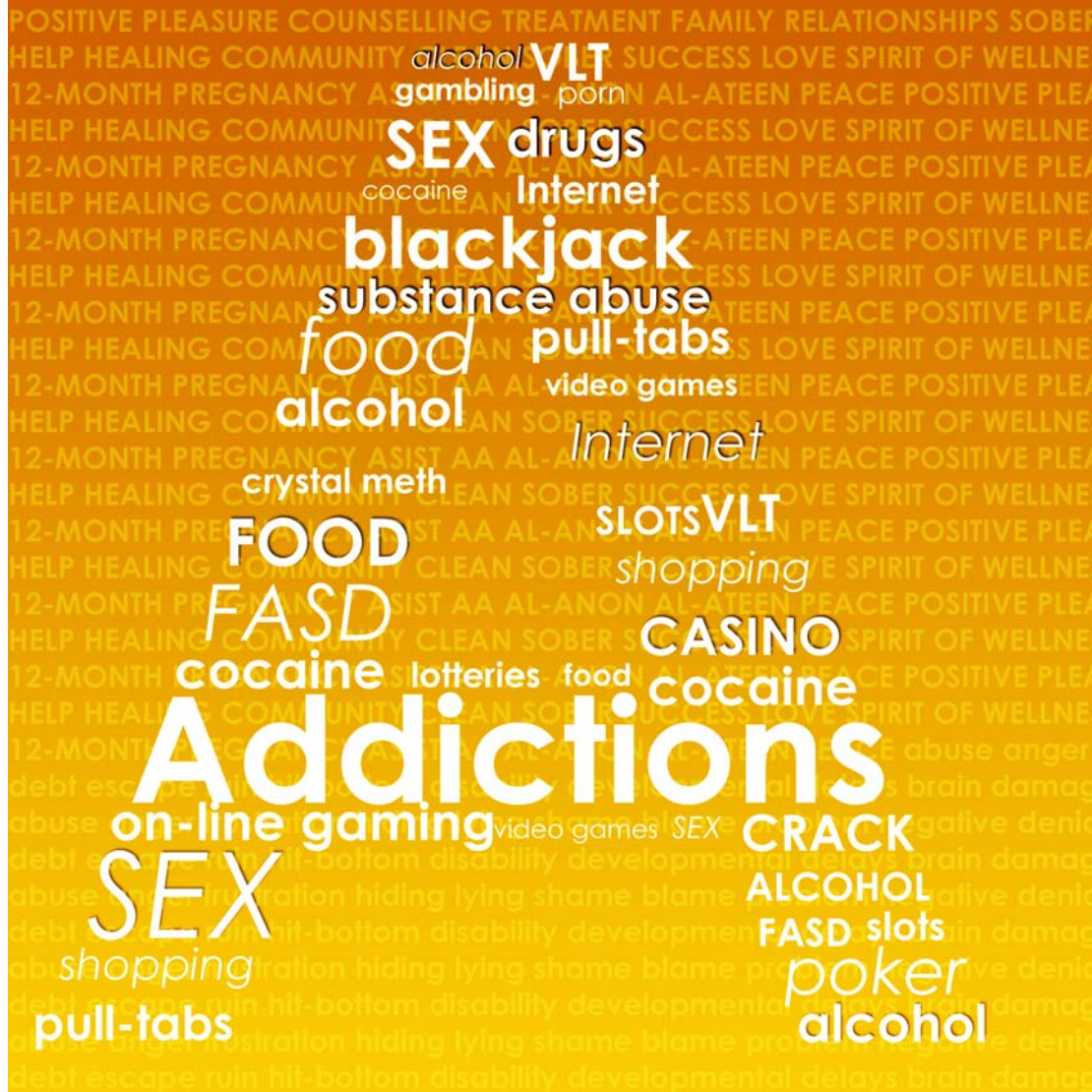
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“For Us To Be Healthy”

Vol. 14, No. 4

Kahnawake's Only Health and Wellness Newsletter

Kenténha / October 2009



Don't let
the big A
get in the
way of
turning
your life
around

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Aionkwatakari:teke

Aionkwatakari:teke is a newsletter published six times a year by Communications Services of Kahnawake Shakotiaa'takehnas Community Services (KSCS). Our purpose is to provide information on health and wellness issues that affect Kahnawa'kehró:non. All community members are welcomed & encouraged to submit articles provided that they are comprehensive to the general public, informative & educational. Slanderous material will not be accepted. **Views expressed in the articles may not necessarily reflect those of KSCS.** We reserve the right to edit all articles. All questions concerning this newsletter should be directed to:

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This newsletter is intended to complement, not replace the advice of your health care provider. Before starting any new health regimen, please see your doctor.



Editor's Notebook

Addiction. Almost anything can be addictive. There are the usual suspects: gambling, drugs, alcohol. There are also food addictions, addiction to video games, etc. Basically, anything people find pleasure in can become addictive. It's when it starts affecting your behaviour, causing you to go into debt and affecting your work and relationships that it becomes a problem.

The Kateri Memorial Hospital Centre has some information about seasonal flu and the A/H1N1 virus we all heard so much about earlier this year.

We also have an article—just in time for Halloween—about local scary stories. My community—Kanehsatake—has them too. Some of these stories have been handed down from generation to generation, perhaps even changing over time, to become community legends.

And finally, we also have an update—at the bottom of this page—on the upcoming Spirit of Wellness campaign kicking off in November. When you're done with this issue, please recycle it.

Skennen,
Marie David

Cover design: Marie David



Spirit of Wellness Campaign

NOVEMBER 2009! Look for it! A months worth of activities to bring wellness back to kahnawake. Designed to bring our families together, to bring our community together, united with a common goal and vision; Wellness for all Kahnawakero:non. You can get involved to help deliver and/or join any of the activities that are planned; Campaign launch, Lip Sync Contest and many more to come...

Contact Chad Diabo, Spirit of Wellness Coordinator at 450-632-6880 and/or at chadiabo@gmail.com.



Sex Addiction

by TARYN CONLON, PREVENTION

We all know someone who just can't seem to think of anything else but sex. But how do you know if it's just a healthy strong sex drive or bordering the line on having a sex addiction.

Sexual addiction like any addiction follows certain criteria. To be considered an addict of anything you must: 1) have recurrent failure to control the behaviour and 2) continue the behaviour despite suffering from harmful consequences.

A sex addict may be a regular at a strip club, have daily visits to the massage parlour, view porn, or engage in any other type of sexual behaviour that allows the individual to get their *fix*. Their *fix* is attained in a form where they cannot control when they want *it*, the individual needs *it* (their need may be physical, emotional, or mental), and suffers negative effects from achieving their *fix*.

There has been much debate about whether or not sex addiction is a real addiction, like a disease, or merely a by-product of cultural or other influences. The truth is "internet pornography, cyber sex chat rooms and online video sex services are on the rise. The pornography industry revenue in the United States exceeds the combined revenue of all professional football, baseball, and basket ball franchises and also surpasses the combined revenues of ABC, CBS and NBC (\$6.2 billion)" (Koo 2). Sex sells, and just like alcohol or gambling it can lead to abuse.

Our society has a significant interest in the sex industry and those who are addicted are prone to having their addiction progress to extremes such as having multiple sex partners,

reoccurring one-night stands with anonymous individuals, affairs, and obsessions with bizarre sexual practices, voyeurism and/or exhibitionism.

Sex addicts of this nature are exposing themselves to multiple risks. HIV and AIDS or other STI's like herpes, emotional scars, unplanned pregnancies, or date rape can be some of the consequences that can happen from this type of risky behaviour.

If you or someone you know engages in frequent risky sexual behaviour it's important to know that there is help. There are numerous counsellors and therapists that specialize in sexual addiction or healthy sexuality practices. There are self-help support groups, 12-step programs like AA, support forums online, hotlines, and friends and families. If you engage in any type of sexual behaviour it is important to protect yourself. Condoms are foolproof and when used properly protect against HIV infection and other STI's.

Most people might think that being addicted to sex could not be a negative thing. Having a sex addiction can be very painful and humiliating. People who suffer from this problem are often isolated and continue a cycle of self-destructive behaviour. It is important that if you, or someone you know might have a sex addiction, please ask for help.

Source: Koo, Karine. "Getting High on Sex." The Online Reporter. 6 Apr. 2005, Online. 1 Sept. 2009. <http://www.fims.uwo.ca/olr/Apr0605/sexaddiction.htm>

Kahnawake's Scary Stories

by TYSON PHILLIPS,
COMMUNICATIONS

Remember scary stories from when we were young; like the *Hoof Lady*, *The Running Legs*, *The White Monkey* and *O face*? Nowadays everyone talks about the *Monkey Dog*. Since it's Halloween season, a few community members shared their experiences about the supernatural and unexplainable. Although most are scary, one was actually comforting to the individual.

One young man shared his story about a building in Kahnawake believed to be haunted. He was working the late shift with a friend when something happened. "I was working in one room where you can see inside a small storage area where there were paper files. All of a sudden it looked like there was a tornado; papers were flying everywhere. I ran into the other room where my friend was." His friend told him what he would say to the entity; that he was there to work and would be leaving soon. "That usually stopped the ghostly activity. I don't think it's an evil entity, just a type of poltergeist. When you are there late at night it does get very uncomfortable, like someone is watching you."

In the mid-1980s, a community member saw something she will never forget. In their early teens, she and her younger sister were on their way home on cool fall night. They decided to take a short cut through the schoolyard by climbing under a fence. "Since I was older, I went first. As I climbed through I saw this big *white thing*. This was no rabbit. It

Continued on page 9



Influenza and A/H1N1 Employee Information

by SHEILA ARNOLD & LESLIE WALKER RICE, KMHC

Why is everyone talking about the Influenza A/H1N1 (swine Flu)?

- Influenza A/H1N1 is a new or *novel* influenza virus that is spreading quickly.
- The World Health Organization (WHO) has raised the pandemic alert level to **6** – widespread human infection (June 11, 2009.)
- Flu vaccine made last year does not work against this virus.
- Humans do not have immunity to this influenza A/H1N1 illness.
- Influenza A/H1N1 may be harder to detect with standard screening.
- All travelers are advised to consult their physician, or a travel clinic before their departure, especially if you belong to a high-risk group for more severe illness related to A/H1N1, or seasonal influenza. These groups include those over 65 and under 2 years of age, pregnant women, and those individuals living with chronic illness.

What do I need to do at work?

- Watch for signs and symptoms of influenza in yourself, relatives, co-workers, and individuals in your care.

- Symptoms of 2009 influenza A/H1N1:
 - Aches and pains, headache, sore throat
 - Sudden fever, possibly sudden dizziness
 - Cough/head and lung congestion
 - Possibly diarrhea/nausea

If symptoms develop:

- Report to your supervisor immediately if you develop signs or symptoms of influenza at the workplace.
- Use respiratory hygiene: cover nose and mouth when coughing with a tissue and dispose of immediately, wear a mask if available, and wash hands frequently.
- You may need to be evaluated by your private physician or healthcare provider. Go home.
- Flu medications (Tamiflu and Relenza) are effective with this particular influenza A/H1N1, however they are not necessary in all cases-this must be determined on an individual basis by a health care provider.
- If you are sick stay home for 7 days, drink plenty of fluids and rest.

What do I need to think about for my family and myself?

- It is important to **THINK** and use common sense.
- Wash your hands often with soap and water, and frequently clean hard objects and surfaces around you that can be touched or handled by others.
- Avoid shaking hands.
- Do not work if you are sick, and do not send children to school if they are sick.
- Protect those around you. At home stay in one room to avoid contaminating others and limit contact with visitors until you are well again.
- Contact your supervisor if you or your family member becomes sick with symptoms of the flu.
- Please remember that you cannot catch influenza by eating pork or pork products.
- Refer to the **Decision Guide** to help you make the best decision for you and your family.

Stay informed, further information can be found at www.pandemiequebec.gouv.qc.ca, or at Info Sante dial 811, or at the Kateri Memorial Info line at 450-638-4112 or KMHC 450-638-3930.

INFLUENZA (H1N1) DECISION CHART

Protecting Yourself, Protecting Others

IF YOU HAVE FLU SYMPTOMS

Use the guidelines in this table to help make the best decision for you and your loved ones. Always use hygiene and prevention measures to avoid contamination:

- > Wash your hands frequently.
- > Cough or sneeze into the crook of your elbow rather than into your hands.
- > Keep your surroundings clean.

SITUATION FOR AN ADULT OR CHILD

The person does not have a fever (temperature less than 38C or 100.4F), but does have these symptoms:

- > Sore throat
- > Stuffy nose
- > Runny nose
- > Cough

DECISION

Probably a cold.
Rest is indicated.

SITUATION FOR AN ADULT OR CHILD

The person has a fever over 38C (100.4F). The fever came on suddenly and is accompanied by these symptoms:

- > Cough
- > Sore throat
- > Headache
- > Significant fatigue
- > Muscle aches

DECISION

Probably the flu.
Rest at home is indicated.
Refer to the influenza A (H1N1) pamphlet.
Call Info-Santé if needed.

SITUATION FOR AN ADULT OR CHILD AT RISK OF COMPLICATIONS

The person has a fever over 38C (100.4F) and belongs to a group at risk of developing complications (children under 2 years of age, the elderly, pregnant women, and individuals with chronic diseases).

SITUATION FOR AN ADULT OR CHILD

The person has a fever and one of these symptoms:

- > Shortness of breath
- > Difficulty breathing
- > Painful breathing
- > Vomiting for more than four hours
- > Fever in a child who is too quiet and less active than normally or who refuses to play or is agitated.

DECISION

See a doctor today.

SITUATION FOR AN ADULT OR CHILD

The person has a fever over 38C (100.4F) and one of the following:

- > Difficulty breathing that persists or worsens
- > Blue lips
- > Difficulty moving
- > Severe neck stiffness
- > Drowsiness, confusion, disorientation, or difficulty being roused
- > Convulsions
- > No urination for 12 hours
- > Fever in an infant under 3 months

DECISION

Go to the emergency room immediately.
Call 450-632-6505.

General Information

Kahnawake Influenza Information Hotline
450-638-4112

Québec Region
418-644-4545

Montréal Region
514-644-4545

Elsewhere in Québec
1-877-644-4545 (toll free)

Health-related Questions

Info-Santé: 8-1-1
www.guidesante.gouv.qc.ca
www.msss.gouv.qc.ca



PAMPHLET

Influenza A (H1N1)
What you need to know
What you need to do

Available at various
Local businesses &
The Kateri Memorial
Hospital Centre

Stay informed visit:
www.pandemiequebec.gouv.qc.ca
for up-to-date information



Gambling: When is Too Much, Too Much to Lose?

by *CHRISSEY TAYLOR*

With the increase of gambling opportunities made available and more socially acceptable, there is also a marked increase of people having problems with gambling. This is true for the adult population but there is also an increase in problem gambling among our youth.

What constitutes gambling?

Gambling is every time you risk money or an object of value on a game with the chance of winning. That is gambling. Some of the games include lottery/scratch tickets, bingo, poker/blackjack, sports bets, money wagered on a game of pool or a game of skill, VLT's, dice, raffles and pull tabs, casino and Internet gambling. Not everyone who gambles and loses has a problem. For many people, gambling is entertainment; they can take it or leave it. When it starts to negatively affect your life, or when you become so preoccupied that you think of little else...then gambling becomes a problem.

Signs

There are some signs that could signify that you are losing control over your gambling, they include: spending more money than you intended, playing longer than you planned, wanting to gamble even if you know you should be doing something else, and not being able to stop thinking about gambling. Your gambling might be getting out of hand if you use it to escape your problems, to feel important, or you need it to feel alive.

The youth, in particular, are at high risk of developing negative gambling behaviour. While most teens start gambling for fun, some end up with serious gambling problems. 4 per cent of youth have a problem with

gambling, which means that in a typical class of 25 students, one student is likely to have a serious gambling addiction. The increased availability of online gaming—accessible on desktops, laptops, and web browsers on cell phones—has also expanded the likelihood for problem gaming among the youth. As adults, we also need to show and role model healthy habits when it comes to gambling, using the following tips on responsible gambling and knowing the signs and symptoms that there may be a problem and asking for it there is.



Tips

If you choose to gamble there are some tips you can follow in order to play responsibly. Set and maintain limits on the amount of money, time, how often you gamble and don't stray from those limits, bet only what you can afford to lose. And if you do find yourself going over those limits, ask for help! Help is available: For gambling help and referral call 514-527-0140 or 1-800-461-0140. For youth you can call the International Center for Youth Gambling Problems and High-Risk Behaviours at 514-398-1391 or online at www.youthgambling.com.

*Take the quiz at right. If you have answered YES to some of these questions **you may have a gambling problem. Gambling Help and Referral:** 514-527-0140 or 1-800-461-0140.*

Source: International Centre for Youth Gambling Problems and High Risk Behaviours, McGill University: www.youthgambling.com.

Gambling quiz

Do you often find yourself thinking about gambling activities and/or planning the next time you will play?

Yes No

Do you need to spend more and more money on gambling activities to get the same level of excitement?

Yes No

Do you become restless, tense, fed-up, or bad-tempered when trying to cut down on or stop gambling?

Yes No

Do you ever gamble to escape or forget problems?

Yes No

After losing money on gambling activities, do you ever return another day to try and win your money back?

Yes No

Have you lied to your family and friends about your gambling?

Yes No

Have you spent your lunch or transportation money on gambling activities?

Yes No

Have you taken money from someone you live with, without their knowledge, in order to gamble?

Yes No

Have you stolen money from outside the family or shoplifted in order to gamble?

Yes No

Have you experienced problems with members of your family, or close friends, because of your gambling?

Yes No

Have you missed school or work in order to participate in gambling experiences?

Yes No

Have you ever had to ask for help because of your gambling?

Yes No

FASD Affected Individuals and Secondary Disabilities

by TARYN CONLON

Fetal Alcohol Spectrum Disorder (FASD) is a serious health problem—caused by the consumption of alcohol during pregnancy—that affects its victims and their families with tragic disabilities.

Babies born with Fetal Alcohol Syndrome (FAS) are likely to suffer from deformed facial features, retarded growth, and brain damage. Individuals with FASD suffer from a spectrum of disorders, which are displayed in various disabilities such as learning difficulties, behavioural problems and poor memory.

Being diagnosed with FASD is devastating. Unfortunately, most of the people diagnosed with FASD symptoms are also more prone to secondary disabilities such as, the use of alcohol and other drugs, out-of-control sexual activity, violence and vandalism, and disturbances with the law. People with FASD have a shocking level of secondary disabilities that severely impair their quality of life and are extremely costly to society.

Individuals with FASD suffer from secondary disabilities because they are unable to control themselves, lack the cognitive ability to understand cause and effect, and they can be at a much younger social and emotional age than their actual chronological age.

An addiction involves a reoccurring lack of control over the substance or behaviour despite harmful consequences. Secondary disabilities for FASD individuals can be considered a type of addiction because these people are not capable of controlling their behaviour and will repeat the behaviour regardless of its negative consequences.

The secondary disabilities that these individuals experience are not innate traits but are a direct result from their primary disability, FASD, and their environment. Brain damage is not visible. A person with FASD may look *normal* yet suffer from

Babies born with Fetal Alcohol Syndrome (FAS) are likely to suffer from deformed facial features, retarded growth, and brain damage.

various cognitive impairments. As a result, these individuals have experiences where others will set unrealistic expectations and put them in situations where they are more likely to be incapable of handling it; resulting in inappropriate sexual behaviours, problems with drugs and alcohol, having outbursts or breakdowns or end up in trouble with the law.

To escape these adverse secondary disabilities, individuals who are affected by FASD would benefit from an early diagnosis and a stable environment. Research has proved that secondary disabilities are greatly reduced when a nurturing home is involved that is free from abuse and the disability is approached with an understanding of the individual's specific needs.

People who suffer from the affects of FASD will be more likely to live happy, productive lives when proper strategies and supports that match the individual's specific needs are in place.

Resources:

Streissguth, Ann. *Fetal Alcohol Syndrome: A guide for Families and Communities*. Baltimore: Brookes Publishing. 1997. Print.

Streissguth, Ann, et al. "Risk Factors for Adverse Life Outcomes in Fetal Alcohol Syndrome and Fetal Alcohol Effects." *Journal of Developmental & Behavioural Pediatrics* 25 (2004): 228-238. ([tiny url: http://tiny.cc/HRgqC](http://tiny.cc/HRgqC))



Life-size models of babies from 7-12 weeks after conception. Photo: Bill Davenport.



Addictions and Our Gang's Approach

by TERRY MCCOMBER-DIABO, PREVENTION

There are many health issues confronting the community of Kahnawake, among them; drugs, abuse, diabetes and more with addictions being the number one issue. At “Our Gang”, an after school program for youth, we try to tackle this and other issues through our programming.

Our lessons follow the guidelines set out by Brighter Futures (a federally funded program through Health Canada that promotes a holistic approach to programming and services.) Still, it can be a touchy subject to approach for

many and even more so since our group members are youth between the ages of six and 12 years of age. That’s why we approach the subject in a very age appropriate and non-threatening manner.

Before jumping directly into our addictions lessons—which usually coincide with November’s Spirit of Wellness campaign—we gradually lead other lessons in that direction. We begin with lessons on self-esteem, encouraging children to feel good about themselves and not to see any weakness as a negative attribute. We support the youth in working towards turning any perceived weakness into a possible strength or positive attribute. Having positive self-esteem better

protects children from many things; including the pressures to make unhealthy choices, such as using and abusing alcohol or drugs.

After lessons building positive self-esteem and strategies to learning refusal skills, the children are introduced to addictions. We start with a basic question: *What is an addiction?* We often get answers such as: “something you are stuck to”

We support the youth in working towards turning any perceived weakness into a possible strength or positive attribute.

and “something that is not good for you and hurts you and your family.” Believe it or not, our children know a great deal about addictions and are willing to tell you what they see. By looking at the cycle of addiction, i.e.: the continuum, the children learn how an individual can go from *no use* to *addiction* and about all the stages in between. We help the children to understand that even once addicted, there is always hope and there is always help, and the chance to turn life around and make a fresh start. Addiction doesn’t always have to end in doom and gloom.

So what is the bottom line? Well, at “Our Gang” it is never easy to talk about addictions, and it is never too early, or too late, to start.

For more information on “Our Gang” and it’s programming, please feel free to contact us at 450-635-8089.

Our program focuses on group inclusion, self-awareness, understanding relationships, decision-making, culture awareness, the world around us as well as addressing the top 10 health issues of our community:

- 1: Drug & alcohol abuse
- 2: Violence/mental, physical & emotional
- 3: Diabetes
- 4: Mental health
- 5: Cardiovascular disease
- 6: Cancer
- 7: STIs/HIV
- 8: Prenatal/family planning & birth control
- 9: Obesity/poor eating, bulimia, anorexia
- 10: Accidents & injuries

For more information on “Our Gang” and its programming, please feel free to contact us at 450-635-8089.

Terry McComber-Diabo is a facilitator with Our Gang.

Emotional Responsibility

by SANDRA LYNN LECLAIRE

The circumstances and relationships of our formative years may not have been entirely comfortable; we learned about life and the world at large during this special childhood setting. We adjusted ourselves to this emotional atmosphere that surrounded us and learned to call it *reality*.

Growing up in alcoholic family is like growing up in an environment of madness. *Reality* was, and continues to be, *chaos*. Granted, no family is perfect; all families cross established boundaries on occasion. But in alcoholic families, the parents and children become fused. These families are made up of good people who are controlled by anger, resentment, and possibly other addictions that dictate what is possible and what happens. And what happens is chaotic.

If you are *emotionally dependent*, you may feel and respond entirely differently than those around you. The first thing you should realize is that other people's anger has nothing to do with you. Perhaps that person is feeling hurt or inadequate and they're trying to one up you by putting you down. Whatever the

reason for the other person's anger it's about them—about their own unresolved issues—than it is about you.

An *emotionally responsible* person does not take other people's behaviour personally. We have no control over the feelings and behaviours of others, and we do not cause them to feel and behave the way they do. Other people are responsible for their own feelings and behaviours just as we are for ours.

The emotionally responsible person goes inside and explores any painful feelings that might have resulted from the behaviour of others. An emotionally responsible person embraces their emotions and takes responsibility for their feelings in order to move back to a sense of peace.

Rather than being the victim of the other's behaviour, you have taken emotional responsibility for yourself. Instead of staying stuck in feeling angry, hurt, blaming, afraid, anxious or inadequate, you have moved back into feeling safe and peaceful.

Relationships thrive when each person moves out of emotional dependency and into emotional responsibility.

What does it mean to take emotional responsibility rather than be emotionally dependent?



This article was submitted by Hazel Mayo, prevention.

Kahnawake's Scary Stories

Continued from page 3

looked right at me and I froze. Within a few seconds, it was gone. My sister did not see it and wanted to go look for it. I told her there is no way I'm going after that thing, we were going straight home." A few years later, she was with her older sister (who worked a late shift) and were walking home around three a.m. "I didn't

notice anything. It was only when we got home that my sister said there were two lights, which looked like glowing eyes, following us home."

Not all experiences are scary. For one woman, it was comforting. "I was at a dead feast at the Longhouse and a few of us were spending the night. I was sleeping on the bench and woke up in the middle of the night. What I saw were people

dancing and laughing. The image was not clear; it was like they were in a grey mist. I wasn't frightened; it was actually comforting to see. There were a few women sitting on the bench across from me dressed in old-fashioned clothing. One woman noticed me and smiled. It was a very positive experience. Not all of the supernatural occurrences are meant to scare us."

Eleven Misconceptions About Chemical Dependency

by Sandra Lynn Leclair (submitted by HAZEL MAYO)

1. An alcoholic or addict must be ready for help before he can be helped?

A recent Hazelden* survey found that 70 per cent of recovering addicts received help after a friend; family member, employer or co-worker intervened.

2. You're not alcoholic if you don't drink daily or in the morning?

Patterns of alcohol and drug use can vary widely from person to person. It is not when or how much someone drinks, but what happens when they drink that determines if they have an addiction.

3. You're not alcoholic if you still have a good job and never miss a day of work?

Addicts are out to prove to themselves and others that they don't have a problem. Since one of the commonly accepted signs of addiction is absenteeism from the job, alcoholics often diligently go to work every day.

4. Illegal drugs are more dangerous than alcohol?

Although illegal drugs are not safe, alcohol affects virtually every organ of the body. Although there are studies concerning the health benefits of alcohol, these benefits exist when alcohol is used in small amounts and only for certain populations. For many people, the risks outweigh the benefits.

5. Illegal drugs are the biggest addiction problem in our country?

Alcoholism far outweighs the problems associated with illegal drugs. Alcohol related deaths claim 100 thousand people per year while drug-related deaths are approximately one-fifth that amount. Alcohol abuse costs businesses \$80 billion per year compared to \$60 billion for all other drugs. Approximately 87 million people are related to or living with an alcoholic, whereas about 15 million are related to or living with a drug addict.

6. Addiction is the result of lack of willpower?

Chemical dependency is a complex disease that affects a person physically, mentally, emotionally and spiritually. Will power is not an effective therapy any more than it would be for cancer, diabetes and heart disease.

7. A recovering addict (cocaine, heroin, marijuana, speed, valium) can still drink alcohol?

Alcohol is a mood-alerting drug; therefore, no chemically dependent person can use alcohol and be in recovery from addiction. If a cocaine addict, for example uses alcohol, it may set off craving that will lead them back to cocaine use. If his use of alcohol continues, he will begin to show alcohol problems. This is called switched addiction.

8. An alcoholic can use Valium if he follows the doctor's directions?

A chemically dependent person should never use addictive, mood-altering drug even when prescribed by a doctor, unless absolutely necessary. Use of mood altering drugs on a regular basis activates addiction. Some prescribed drugs may be used if one is in acute pain or going into surgery, but no addictive drugs or drug free techniques are recommended for long-term medical needs.

9. There is no danger of becoming addicted to prescription drugs?

While prescription mood altering drugs have an important role to play in medicine, some people using these drugs become addicted to them.

10. Addiction is the addict's problem, not mine.

Addiction is a family disease. Every chemically dependent person directly affects on average, five to eight other people. Beyond the emotional and financial price paid by families and friends, addiction costs society billions of dollars.

11. Treatment doesn't work?

Treatment dollars are more effective at getting results than interdiction dollars (patrolling the borders for drugs or law enforcement.) To get the same results as from treatment, the dollar amounts work out like this: It takes \$246 million in law enforcement or \$366 million in interdiction to get the equivalent results of \$34 million in treatment.

* Hazelden is an alcohol and drug treatment facility in the United States.



Diabetic Retinopathy

The Leading Cause of Adult Blindness

by DAWN MONTOUR-LAZARE, KMHC

Diabetic retinopathy is caused by changes in the blood vessels in the retina, a light sensitive tissue lining the inner surface of the eye. If you have diabetic retinopathy, at first you may not notice changes to your vision. Over time, the disease can get worse and cause vision loss. It usually affects both eyes.

Diabetic retinopathy is a progressive disease. At its earliest stage, small areas of balloon-like swelling occur in the retina's tiny blood vessels. As it progresses, some blood vessels that nourish the retina are blocked. As more blood vessels become blocked, several areas of the retina are deprived of their blood supply. These areas send signals to the body to grow new blood vessels for nourishment. This condition is called *proliferative* retinopathy. These new blood vessels are very fragile. They grow along the retina and along the surface of the clear, vitreous gel that fills the inside of the eye. By themselves, these blood vessels do not cause symptoms or vision loss. However, they have thin, fragile walls. If they leak blood, severe vision loss and even blindness can result.

Who is at risk?

Anyone living with type 1 and type 2 diabetes are at risk.

What are the symptoms?

- There are no identifiable symptoms in the early stages.
- Blurred vision may occur when the macula, the part of the retina that provides sharp central vision, swells from leaking fluid (macular edema).

- If the small blood vessels bleed, it can block vision. At first, you will see a few specks of blood, or spots, "floating" in your vision. If spots occur, see your eye care professional as soon as possible. You may need treatment before more serious bleeding occurs.

If left untreated, *proliferative* retinopathy can cause severe vision loss and even blindness. Also, the earlier you receive treatment, the more likely treatment will be effective.



Normal vision. Photo by National Eye Institute.

What is done to treat retinopathy?

Proliferative retinopathy is treated with scatter laser treatment in two or more sessions that helps to shrink the abnormal blood vessels. There may be some loss of side vision and slight reduction in color and night vision.

Laser treatment works better before the fragile, new blood vessels have started to bleed. That is why it is important to have regular, comprehensive dilated eye exams. If the bleeding is severe, you may need

a surgical procedure called a *vitrectomy*. During a *vitrectomy*, blood is removed from the center of your eye.

What can I do to prevent diabetic retinopathy?

- See the ophthalmologist, an eye specialist, once a year. He will put drops in your eyes to check your retina for any signs of retinopathy.
- Control your blood sugar, cholesterol and blood pressure by:
 - Eating a healthy balanced diet low in salt, fat and sugar.



Vision affected by diabetic retinopathy. Photo by NEI.

- Being physically active- up to 150 minutes of moderate activity a week.
- Taking medication as prescribed by your doctor.
- Visiting your doctor regularly.

Dawn Montour is a diabetes nurse educator with the Kateri Memorial Hospital Centre.

The Back Page...

"We're telling each other what we already know. We're telling each other that we own the land. What we need is action. And I ask all of the candidates: Are you thinking about the poorest of the poor, of our men and our women and our children who are suffering? Is your message just wait and see, while they're suffering now, tomorrow, the day after? When will we rise?"

Algonquin Chief Gilbert Whiteduck, at an AFN all candidates meeting in July 2009.

Halloween Safety Tips

by CHAD DIABO, PROMOTION & EDUCATION



Halloween is typically a time to have fun and indulge. Plan ahead and don't be caught off guard. Have a group with you at all times. Do not trick or treat alone.

- ☞ Avoid houses that don't have their lights on or are not well lit.
- ☞ Look both ways before crossing the street and driveways.
- ☞ Choose flame-retardant apparel.
- ☞ Discard opened or unwrapped candies.
- ☞ Weather is a factor in preparing for going out. A cold night out means extra padding such as a jacket worn underneath the costume and/or long underwear. You wouldn't want to have to come home early because you're cold!
- ☞ Explain the Halloween route so that there is a mutual understanding about the plans for the evening.
- ☞ Expect certain scenarios so that you can be prepared. What if someone invites you inside, what will you say? What if someone has pets?

Parents

Make sure your child has a good dinner before going out so that they're not tempted to eat candies as they receive them.

Your kids may be prepared with their costume and their bag, but what about a flashlight or reflective tape so that they're seen outside?

Candy & Diabetes

Diabetes is a disease where the body cannot regulate the amount of glucose (sugar) in the blood. The disease of diabetes is on the rise. Many cases of diabetes can be controlled with exercise and proper diet, even on Halloween.

Despite popular misconceptions, sugar is not completely off limits for kids and adults with well-controlled diabetes. Make sure the carbohydrate counts of candy are figured into your child's meal plan and covered by his or her insulin.

Candy alternatives

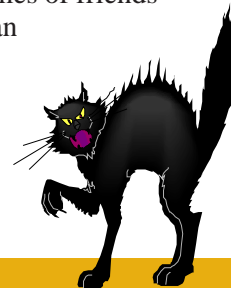
- ☞ Cheese and cracker packages
- ☞ Sugar-free gum
- ☞ Small bags of pretzels
- ☞ Small packages of nuts or raisins
- ☞ Peanuts in the shell
- ☞ Fruit-Roll Ups
- ☞ Granola bars or Rice Krispie squares

Treats don't have to be sweets. Stickers, small toys, books, rubber spiders, etc., make great goodies for little ghouls.

Fun-size it. The smaller version of the real thing is just the ticket for kids with diabetes.

Fun for the five and under set.

Smaller children may also enjoy a costume party or Halloween parade with age-appropriate activities. Put them to work pumpkin painting, bobbing for apples, or building scarecrows. Limiting trick-or-treating to the homes of friends and neighbours can keep the total amount of candy to a reasonable level.



October is...

Breast Cancer Awareness Month
Eye Health Month
Influenza Immunization Awareness Month

17-23 Fire Prevention Week
10 World Mental Health Day

November is...

CPR Awareness Month
Diabetes Month
11 Remembrance Day
6-12 Natl. Seniors Safety Week
14 World Diabetes Day
25 Intl. Day for the Elimination of Violence Against Women

Do you have questions or suggestions? Is there a topic you would like to see covered in a future issue of the newsletter? Contact us and let us know.

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