The university years are typically filled with a great variety of new experiences and knowledge both in a personal and academic context. However for many, myself included, a certain frustration grows in learning concepts without being able to experience applications. My time in Sweden, being immersed in the culture and as well as working with an extraordinary group of researchers, greatly aided in bridging the gap between concepts and practice. Although the answers were not always as clear as in an academic setting, the discussions highlighted the complexity of topics and the multitude of perspectives. There were many topics that were repeatedly raised throughout the workshops and our time overall that made me rethink my own views and elevate my level of reasoning. The trip was an amazing learning experience for me in both an academic and personal way.

One of the topics raised several times was research of the Swedish indigenous Sami people who share similarities in the history of colonization faced by the Canadian indigenous peoples. An interesting point often raised in workshop discussions, presentations and personal discussions was life expectancy. It appears that the Sami people have the same life expectancy as the non-indigenous population in Sweden, compared to approximately a 7 year decrease for Canadian indigenous people and a 17 year decrease in Australia when compared to the non-indigenous population. This is only one indicator of health status, but an important one, raising the question of why Sweden is superior in indigenous health equity. However, this question was left largely unanswered. Due to deep social stigma around asking race or ethnic background identifying questions or even doing research on one specific group, very little is known about indigenous health in Sweden. A seemingly positive concept of reducing segregation by not separating groups for research seems to have left a considerable gap in the known health status of indigenous peoples of Sweden. Research regarding Sami people has often been done by

foreigners however there are now some indigenous and non-indigenous Swedish researchers working to fill this gap in health research. The local researchers who are working with the Sami people on various projects highlighted the importance of conscientious and culturally appropriate research methods and discussed the use of alternative techniques such as interviews conducted during hikes or around a campfire which reflect the methods of sharing knowledge of the Sami people. I thought this was very interesting and informative. As someone interested in indigenous health and global health, thinking of the many innovative and creative ways that data can be collected outside the typical boundaries of conventional research was very eye opening. Having taken many research methods and epidemiology classes that teach research in a very cut and dry manner and focused on the academic aspects, it was very interesting to learn from researchers doing research in a way that fits the community and not only the academic context.

One of the topics that challenged my own views was immigration in Sweden. As someone who holds very strong pro-immigration beliefs, especially for those fleeing from calamity in their own country, it was a great learning experience to hear opposing views from very knowledgeable and progressive Swedes. Admittedly, I am quick to judge those who oppose immigration within my own country, attributing it to some racially motivated malice, it was very interesting to hear the very logical and reasoned opposition to the level of immigration in Sweden. This view was repeated in many personal conversations I had and seemed not to be based in prejudice but rather in the understanding that regardless of the deep suffering experienced in their home countries, Sweden was not equipped nor prepared to handle the number and needs of the refugees. Many gave examples of refugees arriving in rural areas in Sweden after experiencing severe trauma and not being offered even basic services due to a complete lack of staff and preparation on

Sweden's part. Refugees not being able to communicate needs due to lack of translators, not provided even basic medical services due to a lack of doctors and completely missing an education due to overcrowded schools. This complete lack of attention paid to refugees leads to great numbers of mental health conditions, addictions and many other implications. Individuals I had this discussion with suggested that Sweden's altruistic act of accepting many refugees was admirable, but the total neglect of refugees after settlement in the country was egregious and maybe not be benefiting the refugees in the long run. Although I cannot hold a view on the accuracy of this assessment without considerably more knowledge, the level of complexity conveyed in the arguments posed by the Swede's made me reflect on my own tendency to quickly disregard arguments falling outside of my own moral compass.

Addiction is a struggle faced by people across the globe and is very closely associated with health inequity. As the causes of substance abuse are hugely varied, the treatments and preventive measures need to be equally varied. As my research topic is rural youth addiction and services for these hard to reach youth, it was very informative being able to discuss with and learn from health professionals from another country and a different perspective. The global paradigm shift in addressing drug use which is moving from the more conservative approach of criminalization to recognizing addiction and drug use as a health issue and not a legal issue is, in my view, a very positive one. Interestingly though, Sweden has very strict drug laws which is not consistent with the progressiveness of many other policies of the country but it has some of the lowest rates of consumption of recreational drugs in Europe. However, these two facts may not be correlated but rather, a result of other policies. Sweden also provides very extensive drug education programs to all young people that are not purely based on the idea of abstinence but

rather go into detail on the physical, psychological and social effects of various drugs. Sweden also has a much more robust mental health service with less wait times and more access for young people in schools and various youth focused clinics. This suggests that these known preventative factors are having a more significant effect on rates of addiction than strict drug laws. However, alcohol which is legal and much more socially accepted is still a significant issue. Alcohol use is very high in Sweden, especially in rural areas where factors such as lack of services, boredom, and easy access contribute to very high rates of misuse.

Although rates of addiction are low in Sweden for drugs, the treatment of people with addictions is not very promising. Sweden has almost twice the European average of drug-related deaths due to factors such as a lack of harm reduction methods and the fear of legal reprisal when seeking medical services. As I had personally held Sweden is very high esteem for its progressive policies I was very surprised to learn of the archaic systems related to substance abuse. I learned that no system is perfect and research and policy is working to find the best solution that fits the many social, economic and environmental factors that affect a population. However, similar to Canada, there is very little research into addictions in rural populations especially among youth which leaves huge gaps in the essential understanding needed to help address such an important topic. Although there is huge stigma associated with drug use in Canada, this is even more dramatic in Sweden, making it very hard for medical professionals and researchers to work with populations affected by substance use. This difficulty to engage with individuals with addictions was described to me by medical professionals from both Sweden and Canada who helped direct me to several researchers who are working with these hard to reach populations. I benefitted greatly from this individual academic guidance from the experiences of researchers and health

care professionals and also from casual conversations with people working in the health field which highlighted the multitude of career paths in the health field. Spending some time at the epidemiology department with the very kind and welcoming professors there really highlighted for me how global, global health really is. The majority of graduate students in the epidemiology faculty were from countries other than Sweden. This was only part of the amazing academic learning experience gained from our time in Sweden as there were many highly enlightening and challenging workshops and presentations given by the members of the Free Range project. Not only was this experience academically beneficial, the experience of living in a small Swedish town in a dormitory of the local school was one that was unprecedented and would be hard to recreate as a tourist. I met many local Swedish people my age with whom I had interesting conversations and made connections that are usually hard to find when in a foreign country. The time spent with people from the Carleton group is also what made it a memorable and highly satisfying journey, not only the personal connections but the sharing of knowledge among everyone in the group. Overall, this travel and learning experience has helped me to further define my academic goals as well providing the opportunity for my own intellectual growth.

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