

THE NEED FOR COMMUNITY CONSENSUS AS A CONDITION OF POLICY IMPLEMENTATION IN THE REDUCTION OF ALCOHOL ABUSE ON INDIAN RESERVATIONS

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If I did everything I know I'd be nearly perfect.

The Complexity of Drinking Behavior

Dr. Philip May has done an excellent job of reminding us that a great deal is currently known about the conditions that moderate drinking behavior. Furthermore, while recognizing that there are certainly unique cultural considerations surrounding the use of alcohol among Indian populations, May effectively argues that much of what has been learned elsewhere can be brought to bear on alcohol policy on reservations and in bordertowns. There is no doubt need for more research and a search for creative and culture-specific solutions; however, this quest should not take the place of applying what we already know to be effective control measures.

A further important point emphasized by May is the extremely complex nature of alcohol abuse and the necessity to respond with equally complex and comprehensive policies. Indeed, May's paper lists 81 separate and specific measures that can be taken immediately to reduce the harm of alcohol abuse in Indian communities. It is quite likely that if a significant number of these interventions were implemented in a comprehensive fashion, considerable change could be effected. It is not enough to engage in limited prevention programs in the hope that somehow these will permeate the community and alter deeply entrenched patterns of behavior. This narrowness of focus is perhaps one of the shortcomings of the grant and demonstration project framework of the recent past, where programs of limited scope and minor potency are encouraged with the expectation that major reductions in substance use will ensue.

It is promising that several federal grant-making agencies are now calling for "community partnerships" that require participation by many segments of the community. There is, however, a fear that such "partner-

ships" will spend most of their time organizing and that they will only reinvent the limited programs used in the past. These community programs need to be pushed into assessing the local applicability of May's 81 measures as a first step in prevention planning.

Seeking Consensus

The call for broadly based interventions brings to the fore the question of community cohesiveness and the ability to reach consensus on the shared values that are to be reflected in policy. It is this aspect of May's paper that I found the most intriguing, yet I do not feel that it was given sufficient emphasis. He certainly recognizes that the process of finding and expressing common values is essential. At one point, he states: "the bulk of the positive changes and permanent results will eventually occur in primary social groups (e.g., family and church) and will not emanate directly or completely from formal institutions. The formal structures are there to assist, and in some cases to nudge, the primary institutions. As such, the most profound and permanent social changes in public health occur from value and behavior shifts in primary social groups."

Despite this statement, I did not get a sense of how May sees this process as coming about. How does a community elucidate and communicate common values, such as those that permeate family life? Furthermore, the text moves quickly from this discussion to a general discussion of regulations that could be adopted to alter individual behavior. It appears that the emphasis is being placed on regulatory measures with insufficient attention paid to individual and group dynamics.

We are left wondering whether change in drinking behavior is due to internal factors (i.e., newly discovered or activated knowledge, beliefs, and values) or external factors (i.e., environmental or regulatory manipulations): this is an old question that likely has a lot to do with the differing biases of sociology and psychology. It is probably best at this point to heed another piece of May's advice and not cast the issues in an either-or, black or white mold and to recognize that the real answer is that change involves a combination of both internal and external forces.

While I am sure we are in agreement on this, May's emphasis on implementation of policy and regulations leaves one-half of the equation inadequately explored. Several examples were used to demonstrate how policy changes can lead to changes in individual behavior, the strongest of which is the radical changes in smoking behavior over the past 20 years. One must ask, however, if these changes would have occurred without the massive efforts to alter individual behavior through education and promotion of changes in values and attitudes. A further important

question needing to be answered is how do individuals or communities respond to policies that are at variance with their personal beliefs and values? Alternately, can policy change lead to changes in individual behavior if there is no personal motivation to change? At a more philosophical level, how far can or should policy be pushed before there is a backlash based on infringement of individual rights? Underlying these and other similar questions is the search for barriers that prevent adherence to policy. On most reservations today there are very extensive policies regarding alcohol use, yet there is also a clear lack of compliance with these policies. We would do well to understand why past efforts to moderate drinking practices through policy means have been ineffective.

The Consensus Process

A further area needing attention is the process by which communities reach consensus regarding alcohol issues. There are several levels at which consensus must be achieved, ranging from "peer clusters" of drug users (Oetting & Beauvais, 1986) to families and tribal councils. May makes it quite clear that consensus-forming processes must occur, but also recognizes the practical impediments often encountered in Indian communities. The fact that alcohol has been the cause of such widespread illness and injury over the centuries has left a residue of very strong negative feelings and often uncompromising and rigid positions on specific issues. Add local politics, which are often rancorous, to the resistant forces, and negotiation over strategy is difficult. (It has been my experience, by the way, that these "politics" are typical of many small rural towns populated by families of long-standing residence and have little to do with Indian culture per se).

The fundamental question here is how to achieve a community "buy-in" so that community members have an investment in whatever decisions are made. Several hundred years of history have shown us that implementation of policy from the outside has not worked. We need to understand the dynamics of decision-making in Indian communities to assure ultimate compliance with chosen policies.

The Role of Indian Culture

The richness and salience of Indian culture can provide a marked advantage when community members gather to explicate what values and behaviors will be sanctioned. In fact, in these times of revitalization of Indian culture, significant gains are being made in rectifying social ills. May has mentioned the important work being done by the Four Worlds Foundation in Canada. In addition, there are many more examples of

grass-root, communitywide, regional and national groups grappling with the meaning of Indian culture and how it can be used to counter the effects of alcoholism and the use of other drugs.

It is exciting to attend conferences convened by Indian people and to realize how much of the presentations and hallway conversation is dominated by themes of Indian history, culture, values, and beliefs. In contrast, there is very little of this flavor at gatherings populated by majority culture members. Those who take their heritage for granted rarely discuss it and assume that there is some implicit cultural message in their deliberations. This lack of asking "who are we?" and "what do we stand for?" often leads to sterile discussions and solutions. Fortunately, Indian people, by historical circumstance, have been forced to ask these difficult questions; I believe that ultimately this will lead to more enduring solutions.

There is one aspect of Indian culture that also facilitates the search for creative solutions. Interactions between Indian people are marked by a high level of tolerance for the ideas and views of others. Everyone is allowed an opportunity to present his or her ideas and have them considered by the group. This has often been labeled a lack of interference with the affairs of others and has been linked to Indian child-rearing practices where children are allowed a wide range of behaviors without sanction. There is always a danger in these types of generalizations, however, and care should be taken to interpret cultural patterns within specific contexts. It is possible, for instance, that the lack of interference in child-rearing could in certain instances be a cover for inadequate parenting. Likewise, lack of criticism of certain ideas presented at meetings could simply result in sloppy thinking and poor solutions to problems. Also, overbearing individuals can monopolize deliberations, leaving others reluctant to speak up.

Prevalence Data

The analysis of Indian alcohol problems has always been hampered by lack of accurate data regarding prevalence rates and patterns of use. This lack has led to many of the misconceptions addressed by May. In his paper, May does review the available data and puts the problem in the most complete perspective that is possible at this point. Of particular import is the distinction made between "alcohol-abusive" and "alcohol-specific" morbidity and mortality rates. This has important implications for both prevention and treatment efforts in Indian communities. In part it will help direct efforts away from the old approaches designed to attack chronic alcoholism and toward more salient efforts to reduce the effects of high-risk behavior.

Still lacking, however, is an accurate picture of the extent and nature of alcohol abuse on reservations. May cites several studies that show high variation in alcohol rates and alcohol-related problems from reservation to reservation. While these are the only data available, one has to wonder about the comparability from study to study, especially in terms of methodology. The same concern exists with respect to the unevenness of the Indian Health Service data that is used to compare rates and patterns from one area of the country to the next. While these data derive from the same data-collection system, there is some suspicion that the diligence and accuracy with which information is collected from area to area are quite variable.

My colleagues and I have been collecting data on the rates and patterns of alcohol abuse among Indian adolescents for the past 15 years, and over that period of time we have surveyed youth from dozens of reservations across the country (Beauvais & LaBoueff, 1985; Beauvais, Oetting & Edwards, 1985; Beauvais, Oetting, Wolf, & Edwards, 1989; Oetting & Beauvais, 1986). We have consistently found that Indian youth have significantly higher rates of alcohol involvement than non-Indian youth, and that there is only modest variability in alcohol involvement from reservation to reservation. Since the methodology has been the same over the years and across locations, it would seem that the differences found in the studies cited by May might bear reinterpretation. One possibility that should be examined is that patterns of alcohol use change from adolescence to adulthood. It might well be that alcohol use is nearly universal among adolescents but that varying environmental factors on different reservations lead to different rates of use. If this is the case, it would be important to discern what these constraining factors are so they could be more universally applied.

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