

COMMENTARY
BY
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Dale Walker and colleagues are to be commended for contributing to the sparse literature reflecting prospective or longitudinal research on Indian peoples. Their work will join the small collection of longitudinal observations on Indians and alcohol, the first being the work of James Whittaker (1962, 1982) on the Standing Rock Sioux, followed by the treatment outcome studies of Joseph Westermeyer and colleagues (Westermeyer & Neider, 1985; Westermeyer & Peake, 1983), and, more recently, the mental health epidemiology of James Boehnlein and associates (Boehnlein et al., 1993) and the twenty-five year retrospective of Indian drinking careers by Stephen Kunitz and Jerrold Levy (1995). Thus, this longitudinal study will make a significant contribution toward understanding alcohol and other drug use in a diverse population of Indian peoples. An additional advantage to this study may be its especially rich data set, because the opportunity to conduct indepth interviews over a period of time has the potential of accumulating qualitative data which may better inform us, in Indian peoples' own words and perspectives, about alcohol and other substance use.

Additionally, this research has been conducted with urban Indian peoples, and includes the input of Indian women, both seriously understudied areas. In reviewing the urban studies available, most have concentrated on Indian men and their drinking behaviors (Beede, 1968; Dubbs, 1975; Lang, 1974; Stanbury, 1975; Waddell, 1975). Research by Burns, Daily and Moskowitz (1974), Joan Weibel-Orlando (1989), and Gutierrez, Russo, and Urbanski (1994) are exceptions, as this research included women in the study populations. Yet Indian women continue to be a seriously under-researched segment of the Indian population.

Why should Indian people participate in research about Indians? Hasn't there been enough? And doesn't it misrepresent Indians, fuel the stereotypes, and emphasize the worst about Native people rather than the best? Vine Deloria castigated anthropologists in 1969 for doing research on Indian people, and concerned Indian tribal leaders often voice skepticism and caution about giving permission to students and scholars alike to collect data in Indian communities, for fear that in the analysis, the reporting will misrepresent reality as the Indian people understand it. In this volume, Walker and colleagues describe the time, care, ethics, and responsibilities required to gain entry, access, and trust.

What's in it for Indian people? There are generations of non-Indian misperceptions and misunderstandings about Indian people and

Indian substance use. Historically, there have been a number of fallacious assumptions about Indians and alcohol, some of which, regrettably, Indians themselves have come to believe. These misperceptions and stereotypes include the conviction that Indians could not use alcohol safely. The Indian unfamiliarity with the physiological effects of alcohol, compounded by cultural differences in behavior and expression, led colonial communities and governments to pass increasingly restrictive laws prohibiting sale and trade of alcohol to Indians (Laws of the Colonial, 1832; Prucha, 1970). So powerful was the stereotype that Indians could not “hold their liquor” that when prohibition was finally rescinded in 1954, many tribal governments decided to continue prohibition as a local option (Fuller, 1975; May, 1976; May & Smith, 1988).

There are theories put forward that the reason Indians cannot drink safely is that, chronologically, their exposure to alcohol has been only a few hundred years, and thus they still have a unique susceptibility or “allergic response” to alcohol (Milam, 1974), which prevents them from being able to use alcohol safely. The presence of a “firewater gene”, an innate, inherited susceptibility to alcohol, was also hypothesized. Early research by Leland (1976) and recent research into the genetics of alcohol heritability (Brown et al., 1993; Goldman et al., 1993) have disproved this myth. Yet, sadly, many Indian people continue to believe it.

In the literature, there is rare mention of those Indian individuals who do drink, socially and safely (Mail & Johnson, 1993). Nor is there ever a discussion of teaching Indian adolescents and young adults to drink. Given the early age of onset and even earlier evidence of positive expectancies among Indian elementary school children (Mail, 1995), education for “safe and sane” use of alcohol would have to begin well before such behavior was lawful. The current prevention curricula present an Either/Or message: Either you drink, and are therefore drunk, Or you abstain. For Indian youth in today’s conflicted climate, as well as the Indian adult, there is no middle ground, nor any positive alcohol-using role models. Obviously, alcohol has caused such pain, loss, and been the source of so many negative consequences, that there is strong sentiment against any use. The suggestion of teaching “safe drinking” is an anathema. Yet, looking at the rapidly increasing use by age in Indian adolescents, both on reservation and in the cities, one can only wonder if a different message than “thus shall not” might not present a viable alternative? Especially when adolescent experimentation is known to be a norm for most youth everywhere, and the beer advertisers heavily promote the “fun” associated with beer parties (despite the industry’s protests to the contrary). Have we done Indian people a great disservice by prolonged prohibition, accompanied by marginalization, discrimination, and the declaration that alcohol was the number one health problem? When maybe it was really stigma, stress, and low self-esteem which were the major mental health problems? Coupled, of course, with unacceptably high unemployment and lack of access to

good education and employment. One wonders if a rational dialogue will ever be possible, or have we become too polarized in our belief that Indians and alcohol never mixed — and never will?

Answers which will counteract the stereotypes and mythology are not easy to come by because the existing research continues to be episodic and lacks comprehensiveness. Such studies as this one, which follows individuals over time, and which discusses the importance of the relationships between subjects, their families, and the researchers, are all too rare. To date, there is an abundance of studies about some communities (e.g., Los Angeles) and a handful of tribes (e.g., Navajo, Sioux, Chippewa), plus the annual Indian Health Service national and regional prevalence data (Indian Health Service, 1993a, 1993b, as examples). Interested researchers continue to lack a good epidemiology and in-depth ethnographies which help to inform policy formulation and improve treatment approaches (e.g., such as Christine Lowery's 1994 history of Indian women's drinking). The long-running Indian adolescent surveys conducted by Gene Oetting and Fred Beauvais (Beauvais, Oetting, Wolf, & Edwards, 1989; Oetting & Beauvais, 1989) are a welcome exception, as are the serious policy reflections and deliberations of Phil May (1992). Yet there continue to be major, unaddressed issues around the use of alcohol by Indian people. Research into prevention and treatment have yielded little of value, demonstrate poor dissemination, and, when something appears to work, virtually no attempts at replication. Fortunately, there is hope that the renewed interest in cultural identification and participation will provide some protective factor against misuse of alcohol and other drugs. It remains to be seen if the several projects funded through the U.S. Public Health Service, Center for Substance Abuse Prevention and the Robert Wood Johnson Foundation will yield positive results which can be replicated. Indeed, the importance of prevention is paramount. When research has demonstrated that alcohol-related birth defects and fetal alcohol syndrome are *one hundred percent preventable*, every effort should be made to reach women of child bearing age, screen maternal clients in clinics, and engage the community in helping protect the pregnant woman. Effective prevention, including delayed initiation of use, can save lives, keep children in school, and produce healthier babies — the hope of the next generations. But to prevent, we have to know what works, and then put into practice what we know.

One final area of research which has not been addressed is the identification and elucidation of those attributes possessed by some Indian families which appear to afford them protection against alcohol misuse, even while these families live and work in societies and communities where serious alcohol misuse and destructive drinking patterns are the norm. Would there be value in ascertaining what protects these families from using or misusing alcohol and other drugs? What prevents their participation in the community pathology? Could it be identified? Taught to others?

Would it generalize from one tribal group to another? From reservation to urban settings? The concept is tantalizing, the promise provocative.

Walker and his associates, through their patience and commitment to unraveling this Gordian knot, have raised excellent issues in process, protocol, and procedure. The data resulting from their well-designed research will add substantially to the current body of knowledge. Through such work, we can hope that the epidemiology and etiology of Indian alcohol use will be better understood, that destructive patterns of drinking will be eliminated, and that Indian people can take pride in their heritage as sober, physically fit, spiritually whole and socially healthy individuals with their families and communities intact and growing. And this brings me back to the original question: Why should Indians participate in research? Because without informed, structured inquiry, we cannot move ahead. Change comes about because there are questions for which we have no answers, and someone or group of people go seeking the answers. Indian community frustration over the obvious destruction wrought by alcohol cannot be ameliorated until we have accumulated enough real knowledge about the antecedents, risks, and protective factors to recommend new strategies. Participation provides the essential information which, in the end, will benefit not only the participants, but all generations to come. Community members participate because it helps others, and helps to close the circle on alcohol misuse. This is, after all, the Indian way — Indian helping Indian, through transmission of knowledge, one generation to another.

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Author Note

This article was written by Patricia Mail in her private capacity. No official support or endorsement by the U.S. Public Health Service or its agencies is intended or should be inferred.

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