



Research Paper

Impacts of alcohol availability on Tribal lands where alcohol is prohibited: A community-partnered qualitative investigation

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ABSTRACT

On a Northern Plains reservation where alcohol was prohibited, we investigated community members' views on the impacts of alcohol availability. Our methods combined elements of Tribal community participatory research with qualitative inquiry to elicit these perspectives. We used rapid appraisal techniques to conduct confidential interviews with 31 key leaders representing 7 relevant major community systems, and representing a variety of perspectives. Topics included respondents' understandings of the current systems of alcohol availability and use on the reservation, the impacts of these systems on reservation residents, and possible ways to measure these impacts. Respondents reported impacts on individuals, families, and the tribe overall. Alcohol-related problems shaped and were shaped by a constellation of social-ecological conditions: kinship, housing, employment, public/social service capacity, and the supply of alcohol in nearby off-reservation areas, as well as inter-governmental relationships and the spiritual life of reservation residents. A variety of social structural determinants magnified alcohol impacts, so that the problem drinking of a small number of individuals could have broad effects on their families and the entire community. Our participatory qualitative methods enabled us to directly include the voices as well as the personal experiences and expertise of community members in this presentation. These methods may be broadly applied within policy analysis to identify ways to reduce harms related to alcohol and other drugs for Indigenous communities.

Background

Control and regulation of alcohol and other intoxicating substances have been debated in the United States almost since the nation's beginning. Distilled spirits arrived with the Puritans, were soon easily obtained from the Caribbean colonies or domestic production, and production as well as consumption of alcoholic beverages were favored by influential U.S. political leaders including Washington, Jefferson, Adams, and Franklin (Okrent, 2010). Restrictions on drinking soon followed, including prohibitions for specific types of people for whom alcohol was said to have deleterious effects, e.g., enslaved Africans (Rorabaugh, 1979) and American Indians/Alaska Natives (AI/AN) (Mancall, 2004; Unrau, 1996, 2013; Weibel-Orlando, 1990).

By 1919, anti-alcohol sentiment in the U.S. had consolidated to the degree that by Constitutional amendment alcohol was banned entirely. Total prohibition of alcohol can reduce alcohol-related problems (Babor, 2010), but illegal sales may flourish when there is substantial

consumer demand. Like other illegal drug markets, illegal alcohol markets may be associated with crime and violence, and indeed violence related to organized crime was a major concern that led to the eventual repeal of National Prohibition in 1933 (Fosdick & Scott, 1933; Okrent, 2010).

However, prohibition was retained for all American Indian nations until 1953, when federal law allowed Tribes to repeal it by enacting their own alcohol policies (May, 1977, 1992). Of 334 federally recognized Tribes in the lower 48 U.S. states reviewed between 1975 and 2006, approximately 1/3 maintained complete prohibition of alcohol in their lands, while many more maintained partial restrictions on possession, consumption, and/or sales of alcoholic beverages (Kovas, McFarland, Landen, Lopez, & May, 2008). Despite a great deal of research on the prevalence and etiology of alcohol-related problems among American Indians/Alaska Natives (AI/ANs), there has been surprisingly little research on alcohol availability and regulation on Tribal lands. As a result, Tribal policymakers considering repealing

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prohibition have limited evidence with which to assess the utility and effectiveness of Tribal alcohol policy for reducing and preventing alcohol-related problems.

As with many commodities, mass production and distribution of alcoholic beverages allows manufacturers, distributors, and retailers to economize on costs and thus provide a lower cost product, which in turn broadens the consumer base for the product and allows each consumer to purchase more units of alcohol. Alcohol policies reverse-engineer this system, seeking to regulate the cost and physical availability of alcohol with the assumption that reductions in supply increase the full costs of alcohol and thereby reduce consumption (Babor, 2010; Chaloupka, Grossman, & Saffer, 2002). Alcohol policies focus on price and on limiting the circumstances within which people can obtain alcohol (Babor, 2010; Gruenewald, 2011). These policies include taxes and restrictions on the operating conditions of individual alcohol sales outlets (e.g., hours of operation; restrictions on sales of specific type products, and/or to specific type people) and on overall density and location of alcohol sales outlets within communities (Stockwell et al., 2015).

Recent evaluations of alcohol policies across U.S. states have found that stronger policy environments are associated with reduced alcohol-related harms, including binge drinking (Naimi et al., 2014), underage drinking (Xuan et al., 2015), and alcoholic cirrhosis (Hadland et al., 2015). These assessments have not included the policy conditions on Indian reservations, essentially sovereign nations, which exist in some tension with U.S. territories. Because the experiences of Indigenous people are singular among U.S. populations, it is unclear whether measures standardly used to assess alcohol policy effects in U.S. states and counties would adequately describe effects experienced on Tribal lands. In addition, Tribal lands may border on areas of high alcohol availability.

On a Northern Plains reservation where alcohol was prohibited but whose policymakers have been considering legalization of alcohol sales, the present study aimed to identify means by which to measure and assess the effects of the alcohol environment for reservation residents. At the time of our project, alcohol was completely prohibited on the reservation, yet known to be readily available in off-reservation “border towns,” i.e., small communities very close to the borders between the reservation and adjacent states, as well as in nearby cities. It is important to note that alcohol has played a pivotal and troubling role in relations between Indigenous and non-Indigenous people in the Americas since the earliest times of contact. Although historical records produced by and for European colonizers may be biased, nevertheless scholars have proposed that problematic alcohol use may constitute a behavior learned by Natives from contact with early colonials, whose drinking styles tended toward rapid and voluminous consumption coupled with violence (Frank, Moore, & Ames, 2000). Colonial documents report alcoholic beverages were routinely deliberately deployed in trade and diplomatic negotiations to the advantage of colonials (Hussey, 1976; Mancall, 2004; Unrau, 1996). The devastating effects of colonization in the Americas, which included brutalization, enslavement, expropriation, forced removal of children, and attempted mass deculturation, resulted in profound immeasurable losses and traumas (Brave Heart, 2004; Brave Heart & DeBruyn, 1998; Duran, Duran, Brave Heart, & Yellow Horse-Davis, 1998; Jervis, 2009; Walters, Beltran, Huh, & Evans-Campbell, 2011); recovery has been continually challenged by racism, discrimination, and community and structural violence (Emerson, Moore, & Caetano, 2017; Manson, Beals, Klein, & Croy, 2005). As with Indigenous peoples in other parts of the globe (e.g., Canada, Australia, New Zealand), in the U.S. the past and on-going mass traumas experienced by Indigenous peoples are associated with alcohol-related problems (Alexander, 2010; Johnson, 2016). Whereas alcohol regulatory systems in Canada and Australasia are established by federal, state, or local governments, which may recognize and include Indigenous concerns, including through formal consultative processes (Brady, 2015; Clough & Bird, 2015; Clough et al., 2016; d'Abbs, 2015;

d'Abbs & Togni, 2000; MacLennan, Kypri, Connor, Potiki, & Room, 2016; Marshall, 2015), sovereign Tribal nations in treaty relations with the U.S. enjoy the right to establish alcohol regulatory policies on their lands (Lujan, 1993; May, 1977; Mosher, 1975), which presents opportunities to consider unique cultural and contextual issues in efforts to reduce alcohol-related harms.

Methods

Our methods derive from our theoretical orientation, situated at the convergence of two mutually-reinforcing streams of thought: (1) recent developments in the philosophy of science (Edward, 2016; Latour, 2014; Ludwig, 2016), and (2) decolonization of research on Indigenous people (Smith, 2012). The first notes that scientific knowledge and practice may be limited by the manner in which scientific objects are constructed as empirically real (Law, 2008). For example, Law and Singleton (2005) suggest that taking “alcoholic liver disease” as an empirical object of scientific inquiry may occlude socially significant and more mutable (and from a public health perspective, actionable) relationships between alcohol, the human body, and wellbeing. This movement encourages revisiting the relationships between methods and scientific objects of study. The second movement further claims that unacknowledged biases towards Euro-American systems of knowledge reproduce social inequities which resulted from colonization (Walter & Andersen, 2013). Mainstream approaches to “alcohol problems” for Indigenous people may therefore occlude etiological considerations rooted in their lived experiences of alcohol. Indigenous scholars point to the conditions of colonial conquest, dispossession, and forced assimilation as profound etiological factors in problem drinking, which are nevertheless occluded in studies premised on alcohol problems as strictly genetic or psychopathological in origin (Duran & Duran, 1995; Gone, 2007; Walters et al., 2011). “Basic science” statistical analyses formulated on Euro-American standards may miss critical variables and interpretive frameworks important in considering alcohol problems among Indigenous people, and risk reinforcing constructions of Indigenous people as deficient and in need of rehabilitation (Walter & Andersen, 2013); subsequent intervention projects may fail to address underlying etiological factors or to recognize traditional uses of intoxicants, such as spiritual/ceremonial use (Gone & Looking, 2011; Nebelkopf et al., 2011). To reduce bias and decolonize scientific inquiry, Indigenous scholars advocate methods rooted in community engagement, in particular Community-Based Participatory Research, and qualitative approaches (Fisher & Ball, 2005; Fisher & Ball, 2003; Kovach, 2012; Smith, 2012; Wallerstein & Duran, 2010; Wendt & Gone, 2012).

Our project sought to identify culturally significant indicators of problems related to alcohol availability. Our methods therefore combined elements of Tribal Community Participatory Research with qualitative inquiry to elicit these perspectives and to identify appropriate statistical measures. We conducted confidential interviews with leaders and community members representing key sectors of reservation society relevant to community alcohol systems (Holder, 1998; Treno, Gruenewald, Wood, & Ponicki, 2006; Wood & Gruenewald, 2006), and analyzed the notes and transcripts of these interviews for thematic content. We also assessed alcohol sales conditions in communities proximal to the reservation using a brief store audit to compare products and prices.

When the study began (2014), reservation residents lived in Tribally- and federally-established housing settlements, villages, and isolated household dwellings, connected by both paved and dirt roads. The reservation met official designations of rural (“non-urban,” defined as less than 50,000 residents) (Health Resources and Services Administration, 2017) and concentrated poverty (defined as 20% or more residents below federal poverty line) (Bishaw, 2014). The majority of residents were Plains Indians and enrolled members of the Tribe governing the reservation.

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