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Native American Addiction: A Response to French

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Abstract

Laurence Armand French has provided a review of the origin of Native American alcohol problems and the historical and contemporary responses to such problems. This essay summarizes and discusses seven key points made by French and expands his discussion of the sources and solutions to Native alcohol problems.

Key Words: Native American, Indian, alcohol problems, alcoholism, treatment, cultural revitalization, Wellbriety movement

Introduction

Laurence Armand French has been studying and writing about alcohol-related problems in Native American communities for more than two decades. His latest contribution in the pages of *Alcoholism Treatment Quarterly* reflects themes that have permeated his writings on this subject. This brief essay summarizes and discusses the seven key points made in French's latest article.

Native Alcohol Problems: Sources and Solutions

1. Native alcohol problems rose in the face of increased alcohol availability, the heightened potency of alcohol, and the lack of cultural norms and rituals to prevent or contain sustained alcohol intoxication.

French's article begins where all attempts to address Native alcohol problems must begin: the historical and cultural contexts out of which these problems emerged and have been sustained. Three modern historical studies (MacAndrew and Edgerton's *Drunken Comportment*, Mancall's *Deadly Medicine*, and Unrau's *White Man's Wicked Water*) document that: 1) Native intoxicants (including alcohol in some tribes) were ritualized without significant problems prior to European contact, 2) early Native contact with alcohol following European contact was not one of instantaneous drunkenness and alcoholism, and that 3) alcohol problems rose in tandem with the use of alcohol as a tool of political, economic and sexual exploitation and with the larger physical and cultural assault on Native tribes. Added to this historical data is an accumulating body of clinical literature debunking what have been christened "firewater myths"—notions that Native Americans have an atypical response to alcohol, can't "handle their liquor," and are

genetically/biologically vulnerable to alcoholism (see Westermeyer, 1974; Leland, 1976; May, 1994).

2. Alcohol problems have evolved into a major health problem threatening Native American communities.

The truth of this point is evident in any report on the health of Native American tribes, but such a declaration, without qualification and elaboration stigmatizes Native communities. Several added points are essential: 1) there is enormous variability of drinking patterns and the prevalence of alcohol problems within and across Native tribes, 2) many alcohol-related health problems are more the result of “Indian drinking” (a culturally acquired pattern of episodic, group-oriented binge drinking) than traditionally defined alcoholism, and 3) castigating whole communities and all tribes based on a minority of individuals with intractable alcohol problems constitutes a pattern of racial stereotyping that injures Native communities (May, 1994).

3. Native Americans and Euro-Americans subscribe to fundamentally different worldviews, e.g., collaboration and harmony versus competition and conflict.

French does an excellent job illustrating these differences by revealing the differences between American Indian AA meetings and traditional AA meetings. His work here can be added to others who have made such comparisons between Native and Euro-American values and worldviews within the alcohol problems arena (see Simonelli, 1993; Coyhis, 2000).

4. Due to these differing world views, the indiscriminate application of culturally dominant alcoholism treatment methods have proved ineffective in Native communities.

The value differences French identifies are crucial to understanding why Eurocentric prevention and treatment approaches have not worked well in Native communities. Such approaches, in spite of their ineffectiveness, have fueled the belief that Native tribes do not have the resources within their own cultures to resolve alcohol problems.

5. An alternative to the application of mainstream approaches has been the emergence of culturally nuanced adaptations (the “Indianization” of Alcoholics Anonymous) and alternatives (the Native American Church) to traditional alcoholism treatment.

Efforts are emerging to elicit solutions—at both cultural and clinical levels—from the very heart of Native communities. These efforts are creating treatment hybrids that blend Native and Eurocentric methods of treating alcohol problems and are also utilizing purely Native approaches to the resolution of such problems (see Jilek, 1978, 1994; Jilek-Aall, 1981; Weibel-Orlando, 1987; Womak, 1996). While this expanded variety of treatment approaches has generated considerable support, there are calls to more

rigorously evaluate both mainstream and culturally indigenous methods of treating Native alcohol problems (Weibel-Orlando, 1989; Mail & Heurtin-Roberts, 2002).

6. Renewed and new abstinence-based, Native American cultural revitalization movements are increasing in spite of sustained efforts to legally suppress them, e.g., the legal suppression of peyote within the Native American Church.

What could be added to French's discussion is that such abstinence-based cultural and religious movements have a long and rich history that includes the Delaware Prophet movements, Handsome Lake and the Longhouse Religion, the Shawnee and Kickapoo Prophet movements, Indian preachers and temperance missionaries (e.g., William Apess and George Copway) and the Indian Shaker Church. There are two important points to be made here. First, Native American "recovery circles" constitute, in this author's researches, the first recovery mutual aid societies—some 200 years before the founding of Alcoholics Anonymous (White, 2000; Coyhis & White, 2003). It is time Native communities were acknowledged for this historical innovation. Second, that historical legacy continues today through the growing and increasingly vibrant Wellbriety movement (see <http://whitebison.org>).

A Vision for the Future

The final and most important point French makes is that tribal-centric treatment and recovery support services sustained by a combination of federal, state, and tribal resources constitute a window of hope for the future prevention and resolution of Native alcohol problems.

There is a silent revolution unfolding in Indian Country. Drinking and drunkenness, historically defined via the "firewater myths" as an essence and expression of one's Indianness, are being rejected. Growing numbers of Native peoples are embracing Wellbriety (sobriety and physical, emotional and spiritual health) as an act of personal and cultural survival and resistance. This resistance movement is reflected in a recently published Native adaptation of the "Big Book" of Alcoholics Anonymous. The *Red Road to Wellbriety* declares:

To walk the Red Road is to offer a silent proclamation: Here the destruction stops. We will heal ourselves, we will heal our wounded relationships, we will heal our children, we will heal our nation. On this day, our future history begins.

The source of Native alcohol problems lies within the history of a process of cultural destruction (the decimation and domination of Native tribes); the solution to these same problems lies in the processes of cultural and religious revitalization that are rising within Native communities. Laurence Armand French has helped place these cultural revolutions in historical and clinical perspective. Readers wanting a more in-depth treatment of these issues are encouraged to explore French's book, *Addictions and Native Americans*.

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