

# Alcohol Use Among Indigenous Communities The Brazilian Reality

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**INEBRIA**

International Network on  
Brief Interventions for Alcohol  
Problems

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- **Theme One:**

Some musings of a non-Aboriginal community medicine researcher on relationship between hazardous alcohol use among Aboriginal drinkers and alcohol-related harms including potential impact of SBI in reducing harms.

- **Focus: “Theme two”**

The importance of considering cultural and historical issues when conducting alcohol research within Aboriginal populations

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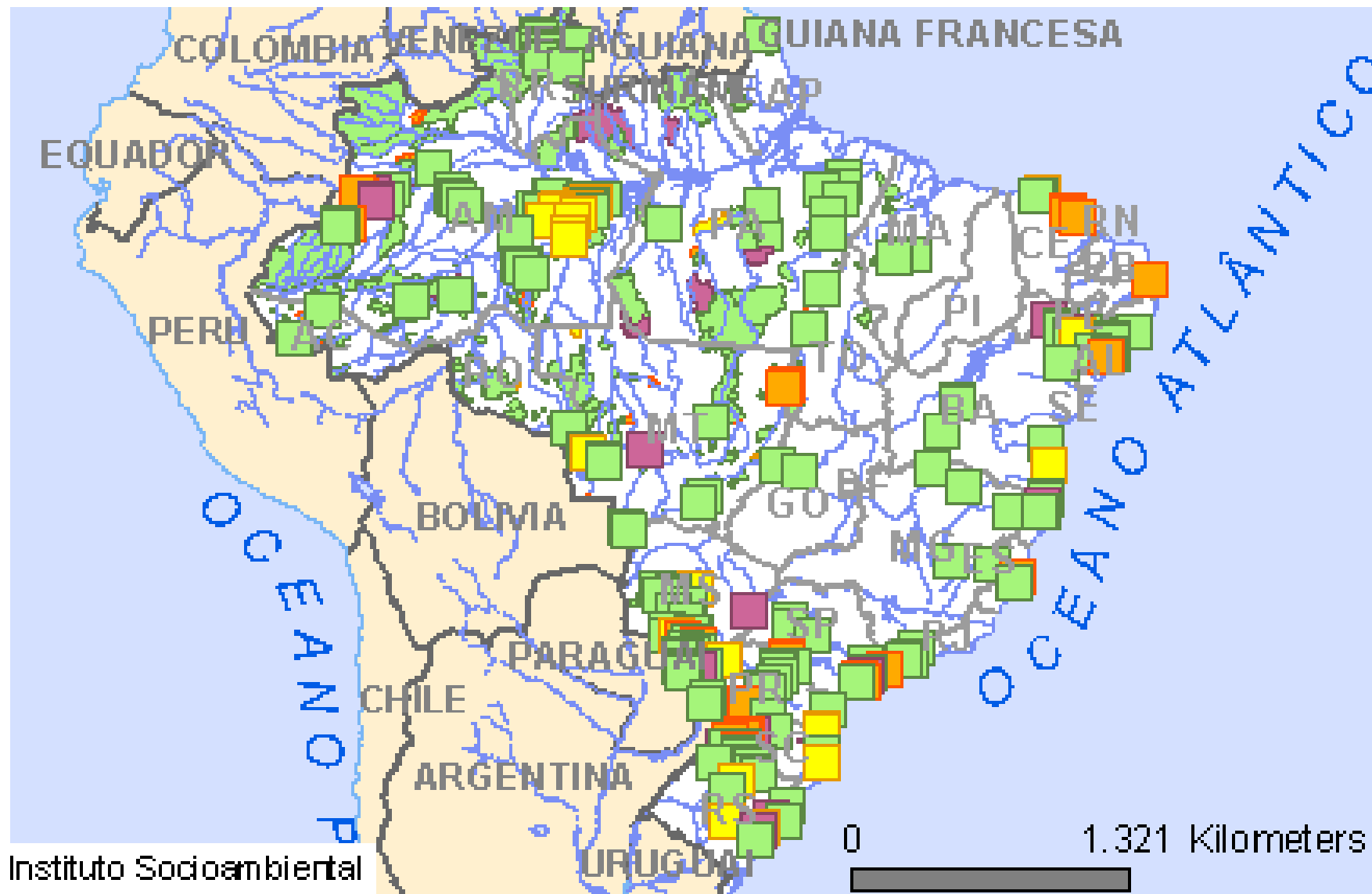
# Brazilian Indians Situation

- When the Europeans arrived in Brazil = 1000 different indigenous peoples (4 million people)
- 222 different indigenous peoples in contemporary Brazil (400,000 Indians)
- 180 different languages
- Main Indians diseases: undernourishment, respiratory-infectious, contagious-infectious, parasites, etc
- Country with continental dimensions



- What do indigenous population have in common?
  - Individual identity through the collective identity;
  - Unique society, specially different from the country society where it is located.
- The official territorial division does not match indigenous geographical occupation

**Distribution of the 222 different indigenous peoples in contemporary Brazil (400,000 Indians)**



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# Alcohol...

- **Law 6001/73 (Indigenous Regulation): prohibition to sell alcoholic beverages to Indians**
  - **The alcoholism appears as an important disease to youth above 12 years old.**
    - **Associated diseases: cirrhosis, diabetes, heart disease, undernourishment and alcohol fetal syndrome, etc.**
    - **Others: accidents and violence**
  - **Terena ethnic group: 10,1% used alcohol in the last 12 months.**
  - **Suggestion of alcoholism (people above 15 years old): 17,6% inside of the tribe and 19,7% among Indians who live in favelas near the city.**
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- Until recently - few “official” data available about alcohol use among indigenous population
- Two governmental institutions take care about Indians’ issues in Brazil: FUNAI (Indian National Foundation) and FUNASA (National Health Foundation)
  - According to them: alcohol abuse = one of the main health problems
- What we know (especially from anthropological studies)
  - There are different meanings to drinking
    - Traditionally = ritual setting (but, spirits from fruits, plants and roots fermentation)
    - Collective use
      - No case of dependence
    - After cultural contact
      - To be accepted by “white people culture”
      - To deal with new situations (loss of identity and traditional references, tribe problems, lack of future perspectives, etc)
    - Individual use





Araweté (PA). Foto: Eduardo Viveiros de Castro, 1982.

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# What are we doing in Brazil?

- Non-governmental organizations, Universities (SUPERA Project)
  - FUNASA – Public Health system is being prepared to receive this population, respecting their cultural characteristics and needs
  - FUNAI - “Educational Project of Alcohol Abuse and Drugs Prevention”
    - To prepare communities representatives and health professionals to develop preventive actions involving people from community and strengthen local networks
    - One strategy is to identify spiritual, social and cultural leaders to reinforce their role in harm reduction inside of the tribe and act as therapeutic practices agents
    - Other strategies are: sports, handcrafts, cultural values
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# Important Considerations

- Tribes effective participation in the discussion, proposal elaboration and application made for them;
- The concept of alcoholism was changed from individual focus to collective/social focus = historical and social construction of the phenomena
- The understanding that only through rescuing their individual and collective identity is it possible to strengthen social /cultural organization and therefore, effective and positive results = medium and long-term.



- Human history: indigenous communities have changed as well as other societies, recreating their cultural elements, in a permanent process. **BUT** = they are still Indians
- No extinction or cultural assimilation (as was imagined in the past) = **now**, resistance against identity loss
- Caution as regards our romantic view of the Indians (like “*Bon sauvage -Rousseau*” or the return to “First Nations”) = the contact with “white culture” is inevitable
- **Very complex theme!!!**



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- If alcohol is a symbol of a disrupted relationship between and within communities and if hazardous alcohol use is at least partially the result of dominant culture assimilation policies, then is a community intervention like screening and brief intervention for hazardous alcohol use a useful approach?
  - If the goals are to repair negative relationships, heal intergenerational dysfunction, restore Aboriginal identity in order to begin to re-build First Nation communities, then are population health interventions that improve overall rather than individual health outcomes more congruent with an Aboriginal interpretation of the past and future role of alcohol in Aboriginal society?



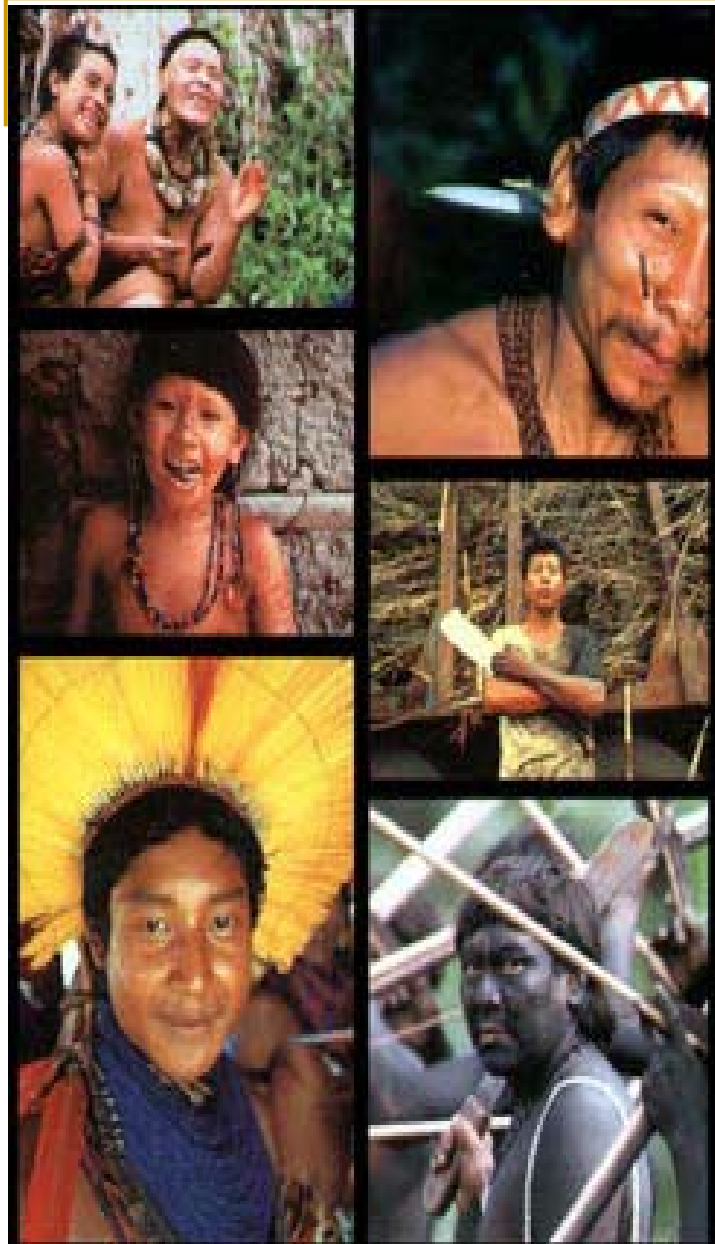
# Questions for discussion...



- Are we using adequate research methodologies?
- What is the researcher's role?
- What is the local / federal government's role?
- Are there different cultures inside of this different culture?  
Or, what are the main needs of each ethnical group?



- What is the contact like? Or, Are we, as researchers, considering the Indians point of view?



**Thank you!!!**

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