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Colonization and the Introduction of Alcohol to Native Hawaiians: Why Cultural Safety?

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Introduction

The introduction of alcohol to Native Hawaiians by European explorers and settlers significantly contributed to the Native Hawaiian's current use of alcohol. Alcohol abuse is a significant health disparity among Native Hawaiians, higher than other ethnic groups in Hawaii (Dickerson et al., 2020). The high rates of alcohol use among Native Hawaiians have been posited to be the result of historical trauma experiences that began with colonization (Dickerson et al., 2020; Pokhrel & Herzog, 2014; Williams et al., 2021). There is an urgent need to reduce the gap between alcohol-related health inequities between Native Hawaiians and other ethnic groups in Hawaii (Dickerson et al., 2020). The Cultural Safety framework created by Ramsden (1992) provides an approach to address Indigenous healthcare inequities in Western healthcare systems that are not in alignment with Indigenous worldviews where power differentials result in diminished access to healthcare and less involvement in treatment (Koptie, 2009).

The history of Western alcohol treatment modalities, interventions, and research has contributed to a deep distrust among Indigenous groups, which has limited the ability to improve and sustain health outcomes effectively. Practitioners often work in health care systems that do not support Indigenous worldviews of health and wellness. Healthcare provision is typically viewed through the healthcare provider's cultural lens (Brockie et al., 2021). It is necessary to provide healthcare from a framework that allows Indigenous cultural knowledge to be integrated into effective and sustainable health and treatment interventions (Ramsden, 2003). A brief discussion on the introduction, impact, and regulation of alcohol with Native Hawaiians is discussed to illustrate the importance of using a cultural safety framework that can effectively improve and sustain health care outcomes.

The Introduction of Alcohol to Native Hawaiians

Native Hawaiians were healthy prior to colonization. Alcohol did not exist among Native Hawaiians before English explorers arrived in Hawaii in 1778. Native Hawaiians consumed a substance called awa, derived from the awa plant native to the Pacific Islands, which is non-fermented, non-alcoholic, non-hallucinogenic, and non-addicting. Awa was considered sacred and was highly regulated for ceremonial purposes (Keaulana & Whitney, 1990; Williams et al., 2021). Alcohol or grog (rum and water) was introduced by English explorers to Native Hawaiians (Williams et al., 2021). A historical account describes how an English Ship's Captain fermented and baked the root of the ti plant, native to the Pacific Islands, into Okolehao, a rudimentary beer for the sailors, introducing it to the Native Hawaiians.

Additionally, Native Hawaiians were taught to distill the Okolehao into liquor by an Australian who settled in Hawaii. The distilled spirits were sought after by colonists and Native Hawaiians who wanted a potent alcoholic beverage. The early historical accounts of colonists in Hawaii in the early 1800s were that Native Hawaiian chiefs liked drinking distilled spirits, including rum, gin, and brandy (Brown, 2003; Keaulana & Whitney, 1990; Williams et al., 2021).

Alcohol had a devastating impact on Native Hawaiians. As with American Indians, alcohol consumption by Native Hawaiians was considered a problem, but not in the same way it was for Whites. The American missionaries who had arrived and settled in Hawaii had concerns over foreign trade and commerce and the Native Hawaiian monarchy's ability to manage the use of alcohol and public disorder. The missionaries used their influence on the Native Hawaiian Queen to institute Christian laws to govern the use of alcohol in Hawaii. The laws were initially enacted as oral declarations that applied to everyone. The criticism of Native Hawaiians' use of alcohol was part of the broader colonial discussion, implying they were incapable of political

self-governance and were incapable of controlling their consumption of alcohol (Brown, 2003; Merry, 2000). With these concerns, a unitary system of laws with dual legal codes was established in Hawaii to regulate the use of alcohol, one that outlawed its use for Native Hawaiians and a second code that allowed Whites to continue drinking (Brown, 2003). A salient point to note is that the policies established to regulate alcohol in Hawaii differed from those established for American Indians in that the Native Hawaiian Monarchy had been influenced by the missionaries to adopt the same prohibition policies that the U.S government established with American Indians. The establishment of policies regulating alcohol was used to maintain political dominance over Native Hawaiians, which further eroded culture and power and paved the way for colonial expansion into Native Hawaiian lands. (Brown, 2003; Williams et al., 2021). These historical events provided the foundation of the current incidence and pervasiveness of alcohol use among Native Hawaiians today (Williams et al., 2021).

The Problem

Indigenous researchers have identified colonization and historical trauma as precipitating causes of American Indigenous peoples' current use of alcohol and substances (Brave Heart, 1998; 2003; 2011; Brave Heart & DeBruyn, 1998; Charbonneau-Dahlen et al., 2016; Dickerson et al., 2020; Sotero, 2006; Walters & Simoni, 2002; Williams et al., 2021). During the COVID-19 pandemic, 47% of Native Hawaiian adults reported current alcohol and tobacco use, while 35% reported lifetime substance use, including opioids and cannabis. Alcohol use disorder, depression, and generalized anxiety disorder prevalence were 19%, 27%, and 27%; respectively. One third reported past-year treatment needs for lifetime illicit substance abuse (Subica et al., 2022). Native Hawaiians of all age groups demonstrate a higher prevalence of alcohol, tobacco, and other substance abuse than other ethnic groups living in Hawaii (Dickerson et al., 2020).

Healthcare systems and practitioners must create effective interventions to improve health outcomes and decrease alcohol use among Native Hawaiians. Both authors of this manuscript are American Indians and argue that to improve health care equity and sustainable outcomes, a Cultural Safety framework be implemented into healthcare education, treatment protocols, and interventions. Below is a brief discussion of how the concept of cultural safety evolved on the cultural competency continuum.

Cultural Competency

Cultural competency has had numerous definitions and interpretations drawn from many frameworks. The concept was introduced in the early 1980s and has been described as an approach to improving healthcare for minority populations to decrease health disparities (Curtis et al., 2019). One definition proposed by Cross et al. (1989) is that cultural competence is a collection of related policies, attitudes, and behaviors that become part of a healthcare system for professionals to guide healthcare across cultures. Cultural competence has been contextualized on a continuum that ranges from cultural destructiveness or policies and behaviors that are the most destructive to cultures - a cultural genocide, to cultural proficiency, where healthcare systems hold cultures in high regard and seek to add culturally competent practices to the knowledge base. By the 1990s, cultural competency had many different definitions and conceptual frameworks which were used interchangeably, including 1) cultural awareness, 2) cultural sensitivity, 3) cultural humility, 4) cultural security, 5) cultural respect, 6) cultural adaptation; and 7) transcultural competence (Curtis et al., 2019). The different terminology confused how policies were applied in healthcare systems. This confusion over terminology and definitions diminished the potential for a unified understanding of what cultural competency meant and what interventions were required.

Additionally, cultural competence has an individual focus where health care providers master specific knowledge and understanding of Indigenous cultures. By the 2000s, cultural competency experts had begun to express cultural competency as individual and organizational interventions within systems. Finally, cultural competency experts began to integrate self-reflection and encourage the delivery of culturally safe and effective care in collaboration with individuals, families, and communities, reflecting social and political aspects of care more in alignment with the concept of cultural safety (Curtis et al., 2019).

Cultural Safety

Ramsden (1992) introduced the concept of cultural safety to the nursing academic literature in New Zealand, which some scholars believe caused a paradigm shift in how to provide healthcare to the Māori people and became an educational requirement for nursing curriculums in New Zealand. Cultural Safety, as defined by Ramsden (1992), is a stepwise progression beginning with (1) cultural awareness and (2) cultural sensitivity toward the attainment of cultural safety. A cultural safety framework provides a strategy for healthcare providers to begin healing the distrust of the Indigenous people regarding Western medical practices. Cultural safety allows those receiving the care to define their care (Ritland et al., 2020). Like cultural competency, the concept of cultural safety has many interpretations within and between countries. The salient point is that cultural safety focuses on power imbalances within societies. A cultural safety necessity for healthcare professionals is to reflect on the power differences between themselves and the patients they are treating and how the transfer of power within healthcare milieus can facilitate appropriate and sustainable healthcare for Indigenous people. Furthermore, cultural safety acknowledges the barriers to health equity that arise from power imbalances between providers and patients. Cultural safety seeks to achieve health equity

by being aware of cultural differences considering power imbalances and allowing patients to determine whether a clinical encounter is safe (Ramsden, 1992; 2003).

The lack of attention to context-specific culturally safe interventions has led to poor healthcare outcomes for Indigenous people and has limited the ability to effectively integrate cultural and contextual knowledge and make progress toward sustainable changes to health outcomes. Healthcare delivery from a cultural safety framework can result in improved access to healthcare for individuals by involving them. Healthcare providers can practice cultural safety by being self-aware, reflecting on cultural sensitivity, recognizing how their views might impact others, and allowing healthcare to be defined by those receiving the care. Notably, Ramsden highlighted that nursing courses taught in the New Zealand nursing curriculums were designed around protocols rather than focusing on “the emotional, social, economic, and political context in which people exist (Ramsden, 1992. P. 116).

Discussion

The critical difference between cultural competency and cultural safety is the power differential. Debate continues over whether cultural safety reflects an endpoint on the cultural competency continuum or whether the concept of cultural safety reflects a paradigm shift. Ramsden (1992) described the evolution towards achieving cultural safety as a stepwise process, first through cultural awareness and cultural sensitivity, and she was clear that these were different concepts and not interchangeable with cultural safety. Whether cultural safety is on the continuum of cultural competency or is a paradigm shift, there is a consensus that cultural safety aligns with health equity, social justice, and respect for Indigenous people (Curtis et al., 2019).

Implications for Culturally Safe Practice

Cultural safety interventions allow for the recovery of traditional knowledge, identity, health beliefs, and practices that result in healing over historical losses (Brave Heart et al., 2011). This article presents a brief history of the impact of colonization and the introduction and consequences of alcohol to illustrate the importance of using the Cultural Safety framework in healthcare to improve sustainable health outcomes. Context-specific research guided by the Cultural Safety framework can determine the existence of context-specific differences in responses among Indigenous populations. Protective cultural factors and resiliency can also be revealed from a cultural safety approach to treatment. Diminishing power differences begins by acknowledging the value of integrated treatments (Curtis et al., 2019).

Conclusion

This article illustrates the historical introduction of alcohol and its impact on Native Hawaiians. Healthcare interventions can be developed and implemented by understanding the impact of alcohol from the lens of cultural safety, improving health equity and sustainable health outcomes. Using the Cultural Safety framework can empower Indigenous groups such as Native Hawaiians by fostering their involvement in their care and decreasing the power imbalances. A transformative change in healthcare is needed to reflect the history and traditions of Indigenous groups in treatment and interventions.

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