

Perceptions on alcohol use in a Potiguar indigenous community* **

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ABSTRACT – This work analyzes the meanings attributed to alcohol consumption and the care strategies used by an indigenous group in Rio Grande do Norte (Brazil) by means of a qualitative research involving residents and leaders. The results generated three analytical axes: determinants of alcohol consumption, health care settings, and alcohol use in the context of the COVID-19 pandemic. It was found that the use of alcohol in the community has been marked by historical movements that have altered the modes of existence and limited access to traditionally occupied lands. Alcohol consumption appeared as a naturalized phenomenon, associated with social and health problems that are aggravated by the lack of public assistance perceived by the community.

KEYWORDS: Indigenous Peoples, Alcohol Drinking, Mental Health Assistance, COVID-19

Percepções sobre o uso de álcool em uma comunidade indígena potiguar

RESUMO – Esse trabalho analisa os sentidos atribuídos ao consumo de álcool e às estratégias de cuidado acionadas por um grupo indígena do Rio Grande do Norte, através de uma pesquisa qualitativa envolvendo moradores e lideranças. Os resultados geraram três eixos analíticos: determinantes do consumo de álcool, cenário de atenção à saúde e uso de álcool no contexto da pandemia da COVID-19. Constatou-se que o uso de álcool na comunidade tem sido marcado por movimentos históricos que alteraram os modos de existência e limitaram o acesso às terras tradicionalmente ocupadas. A ingestão de álcool apareceu como fenômeno naturalizado, associado a problemas sociais e de saúde que são agravadas pela desassistência pública percebida pela comunidade.

PALAVRAS-CHAVE: Povos Indígenas, Consumo de Bebidas Alcoólicas, Assistência à Saúde Mental, COVID-19

Alcohol is one of the most consumed psychoactive substances in the world. Data from the World Health Organization (WHO) indicate that 43% of the planet's population drank alcohol in 2016, with men drinking more frequently and in larger quantities when compared to women (WHO, 2018). In Brazil, the last national survey estimated the prevalence of alcohol consumption at 43.1% in 2015, with 51.6% of men and 35% of women having consumed the substance the last year. These surveys did not investigate the prevalence of alcohol use in indigenous populations (Bastos et al., 2017). However, isolated studies have found that, in general, the prevalence and/or problems around alcohol

consumption experienced by indigenous peoples tend to be more pronounced compared to the general Brazilian population (Branco, 2018; Ferreira, 2016; Medeiros, 2011).

The impacts of the harmful use of alcoholic beverages are quite significant and worrisome. A WHO survey for the year 2016 estimated that 3 million people worldwide (5.3% of all recorded deaths) lost their lives due to alcohol use. The effects of its consumption on mortality were greater than digestive diseases (4.5%), diabetes (2.8%), traffic accidents (2.5%), tuberculosis (2.3%), HIV/AIDS (1.8%), hypertension (1.6%), and violence (0.8%). In Brazil, alcohol intake was associated with injuries from traffic accidents, with a rate

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of 36.7% among men and 23% among women, and 14,928 people lost their lives to traffic accidents caused by alcohol consumption (World Health Organization, 2018).

As for the impacts of alcohol consumption on the mental health of Brazilian indigenous populations, although the number of researches has increased in the last decades in the country, it is still a little explored theme when compared to other scenarios such as the United States, Canada and Australia, which since the 1960s have demonstrated concern in this regard (Langdon, 2013).

Thus, epidemiological data on alcohol use among Brazilian indigenous peoples are scarce and scattered in literature, being restricted to a few ethnicities and/or villages. The most comprehensive study on the subject was conducted in 2007 with 1,455 people from seven ethnic groups in geographic regions. Although the number of abstinent Indians was higher than the general Brazilian population (61.6% against 48%), the proportion of those who were dependent was significantly higher (22.9% against 12.3%) (Brazil, 2009). Similarly, research with indigenous Karipuna people in the state of Amapá (Branco, 2018) or among the Mura living in rural Amazonas (Ferreira, 2016) suggests that alcohol-related problems tend to be more intense or severe than those experienced by the Brazilian population as a whole.

It is important to consider that in Brazil, research on the subject gained momentum in 2000, in the midst of the scenario of debates on the Psychiatric Reform, the III National Conference on Indigenous Health, and the launch of the National Indigenous Health Care Policy, which established the Indigenous Health Care Subsystem based on specific provisions for basic care to this population, such as the Special Indigenous Health Districts, the Base Poles and the Indigenous Health Homes, coordinated by the Special Secretariat for Indigenous Health (SESAI).

At the same time, the care for people with mental disorders was redirected, replacing an asylums-based, individual, privatized, and curative care model for one aligned with comprehensive care, psychosocial approach, and social control. In theory, the new policy guidelines recognize the cultural values and practices of each indigenous people while orienting toward a differentiated health care, integrating biomedical and traditional knowledge. Despite the advances and well-intentioned guidelines, Wayhs et al. (2019) consider that indigenous mental health care has been operationalized only in a superficial way, being restricted to prevention and health promotion. They are also limited by the low number of professionals (especially psychologists), the distance between villages and Base Poles, and the difficulty in offering a truly

differentiated attention that contemplates the sociocultural diversity of more than 300 ethnicities. These issues point to challenging scenarios for indigenous people, health professionals and managers, requiring research to understand, evaluate and find strategies to address problems related to alcohol consumption by indigenous peoples.

Since then, these studies have theoretically and methodologically guided the reading and interventions on alcohol use by indigenous people, whose behaviors should be understood as expressions manifested in the dynamics of sociocultural relations of each group. From this angle, several authors have pointed out that this is a complex phenomenon, the result of several social, historical, cultural, and economic elements. Therefore, it is related to aspects linked to tradition, to specific ritual contexts, and to contacts with the non-indigenous population, especially when considering the pacification process and the current situation of indigenous people in relation to the surrounding society. From this perspective, the loss of traditional identity references, changes in the ways of life caused by urbanization, precarious living and health conditions, migratory exodus, social marginalization, and the perception of racial discrimination are factors associated with the harmful consumption of alcoholic beverages by indigenous populations (Barreto et al. 2020; Langdon, 2001; Menéndez, 1998; Oliveira, 2001; Pan American Health Organization, 2016; Souza et al., 2003).

Thus, considering the specificities of this population, we seek to overcome the reductionist and biomedical perspectives, expanding the understanding to the various contexts, motives, and modes of alcohol use in the territory. In this sense, according to Pontes et al. (2020), alcohol consumption may be closely associated with the modes of subjectivation peculiar to traditional and collective societies due to the significant relationship with their environment, spirituality, worldviews, histories, various situations of vulnerability, adverse living conditions, among other elements that threaten the psychosocial health of this population.

Given this panorama, a qualitative study was conducted in an indigenous community in the state of Rio Grande do Norte with the aim of understanding the meanings attributed to the use of alcoholic beverages and its repercussions at the community, family and personal levels, as well as identifying the management and care strategies implemented. The interviews were conducted in July 2020 in the midst of the Covid-19 pandemic, a context that did not escape our analysis and allowed us to investigate associations of this new situation with alcohol consumption by indigenous people.

METHOD

This research was made possible due to previous work developed in the region by the Federal Institute of Education, Science, and Technology of Rio Grande do Norte (IFRN). Preliminary approaches to the research field were made in

May and June 2019. Informal conversations highlighted the concern of some indigenous people facing the harmful use of alcohol, eventually associated with situations of violence and symptoms of psychological distress. After participating in a

Toré¹ circle it was possible to explain the reasons for the visit, the research proposal, and to receive support and acceptance from the indigenous people present. Subsequently, we received formal authorization from the cacique (in writing) to conduct the interviews, which made it possible to open the process of analyzing the ethical merits of the research.

It is important to consider that this investigation is part of a larger research developed in a graduate program and that covered two distinct groups: health professionals who work directly or indirectly in the community and the local residents. However, this article focuses exclusively on the indigenous people. Thus, nine semi-structured interviews were conducted with community residents, three women and six men, including three leaders. The average age of the participants was 44, the youngest being 28 and the oldest 59 years old. In terms of occupation, there were three mid-level health professionals, three educators, one professional athlete, one housewife, and one rural worker.

Participants were selected from the non-probability sampling technique known as snowballing, and sampling was set by saturation and stopped when it no longer added significant data to the research. Health measures to prevent the spread of the new coronavirus (SARS-CoV-2) were adopted to protect the health of the community and the researcher. The interviews were recorded, transcribed, and discussed

based on the content analysis inspired by Bardin (2006) in the thematic modality, following the steps: exhaustive reading, categorization, and interpretation of the data.

The interviews generated three axes of analysis and their respective central categories, as follows:

1. Determinants of alcohol consumption: categorized into drinking contexts, reasons for drinking, definition of non-problematic use, definition of harmful use, triggers for harmful use, and consequences of harmful use.
2. Health care setting: categorized into resources for prevention, devices for assisting harmful use, help-seeking, no help-seeking, evaluation of state response.
3. Alcohol consumption in the context of the Covid-19 pandemic: categorized into drinking contexts, factors encouraging consumption, and drinking problems.

The research was submitted for ethical review through *Plataforma Brasil*, under CAAE number 30112920.8.0000.5537, and was approved by the National Research Ethics Committee (CONEP) under opinion number 4,147,665, on July 10, 2020.

RESULTS

Contextualizing the research scenario

The indigenous community in question is located in the rural area between two municipalities in the state of Rio Grande do Norte, about 70 km from the capital. Around 900 indigenous people live there surrounded by sugar cane plantations and Environmental Protection Areas (EPA). The residents live mostly from subsistence agriculture, extractive activities, highlighting the cultivation of sweet potatoes, cassava and vegetables, in addition to collecting various fruits, hunting and fishing (Ferreira & Bezerra, 2018). There is also a large participation of women in agricultural activities and marketing of products in local fairs (Secretaria de Planejamento do Estado do Rio Grande do Norte [SEPLAN], 2013). Some residents are inserted in temporary jobs cutting sugarcane, grown as a monoculture in plants located around the community. In fact, the indigenous people constantly complain about the supposed pesticides used in part of the farming that is located on the bank of the river that crosses the community (Oliveira Junior, 2017; SEPLAN, 2013). In addition, the residents benefit from some social assistance programs such as Bolsa Família, State Milk

Program, Youth and Adult Education, among others. Most of the indigenous people declare themselves Catholic, although other religions are also practiced (SEPLAN, 2013).

This indigenous group is experiencing an informal process of autochthony that, although it is not possible to be precise in time, is beginning to be articulated, reaffirmed and claimed at the beginning of the 21st century. The actions of their representatives resulted in the articulation of contact with another indigenous people from the state of Paraíba in 2002, with the holding of Tupi classes in 2003, in the contact with members of the Coordination of the Articulation of Peoples and Indigenous Organization of the Northeast, Minas and Espírito Santo (APOINME), in the participation of the VI Assembly of APOINME in 2005, as well as in the national meeting of the Secretariat of Policies for the Promotion of Racial Equality (Castro, 2011). They also participated in a public hearing in the Legislative Assembly of Rio Grande do Norte, where a petition of several indigenous representatives mobilized for the end of ethnic invisibility, denial of traditions, and the fight for rights, such as land demarcation, differentiated education and health, was delivered. In 2006, elected representatives defended the interests of the community in the National Commission on Indigenous Policy (CNPI), held by APOINME

1. Toré is a ritual form of singing and dancing among the Potiguar and other indigenous peoples of the Brazilian Northeast. It is characterized as a playful, political, cultural, and/or religious practice experienced in the daily life of these peoples, and represents a movement of ethnic and identity reaffirmation in the face of the violent historical process of contact.

in the city of Recife (Castro, 2011; Silva, 2016). As a result of these mobilizations, a school stands out, which only in 2009/2010 obtained authorization from the State to operate as a differentiated indigenous school, being the first in Rio Grande do Norte (Bezerra, 2017; Cardoso, 2018). There is also another school, and the municipality responsible for it is promoting initiatives for differentiated indigenous education, although the government has not met the demands of the community yet (Silva, 2016).

With regard to health care, in one of the municipalities there is a Support Unit that permanently maintains the services of a community health agent (CHA) and a general services assistant (GSA). The Support Unit is attached to the Basic Health Unit (BHU) and receives twice a week a team composed of a doctor, a nurse, a nursing technician, a dentist, an oral health assistant, and a receptionist. In the other municipality, there is the BHU that, on weekdays, has a nursing technician, CHAs, a GSA, and a receptionist. Once a week the unit offers the services of medical, nursing, dental, and oral health professionals.

Determinants of alcohol consumption in the community according to the interviewees

Alcoholic beverages are consumed daily, with greater intensity on weekends and holidays. Indigenous people consume these substances alone, with family members, friends and coworkers, with cachaça and beer being the most consumed beverages. In the cut-off of generation and gender, it appears that young and single men consume alcoholic beverages more frequently and in larger quantities, although the number of women who present this behavior is growing. The scenes of use include residences, bars, riverbanks, tree shadows, plantations and a leafy mango tree near the chapel. The reasons for drinking alcohol are associated with contexts that encourage consumption, such as people who are influenced by their friends, or situations in which someone reprimands or intimidates another person for not drinking during some commemorative event, and even family members who offer alcoholic beverages to their children, even if they are underage. These situations are aggravated by the lack of occupational activities and/or spaces for socializing or leisure. Many seem to drink for pleasure, to celebrate something, to deal with disagreements, sadness, losses, or to endure the hard work in the fields. The use of alcohol seemed to be more acceptable when the Indians are not involved in conflicts, drink in small quantities or sporadically. The use at festivities, in a moderate way on weekends, or by medical indication (one

person interviewed reported that he started to consume wine on medical recommendation, after a routine exam), appeared in the definition of non-problematic or socially tolerated use.

However, drinking alcohol becomes problematic when it involves daily use, excessive use, loss of control, dependence², small thefts to maintain consumption and waking up to drink during the night or in the morning, common behavior for those dealing with a state of abstinence. Among the factors associated with harmful use, we can mention misinformation about the dangers of alcohol, misunderstandings, sadness, joys, losses, family breakdown, use of alcohol as a refuge, unemployment, financial problems, social vulnerability, idleness, and situational contexts that encourage consumption, eventually involving even children and adolescents. Similar results were found in other indigenous contexts, such as the *Potiguara* living in Paraíba (Melo et al., 2013), the Mapuche in Chile (Zambrano et al., 2020), several Mexican indigenous communities (Berruecos, 2013) and the aboriginal and Torres Strait Islander peoples (Gray et al., 2018).

Regarding the consequences of harmful alcohol consumption, there were recurrent reports of disagreements/fights, domestic violence, homicide, attempted homicide and health problems, including death from liver cirrhosis. Problems such as family breakdown, accidents, drunk and fallen people on roads or paths, social isolation, job loss, absenteeism from work, incapacity to work, learning problems, alcohol use disorders³ and financial problems were also mentioned. Serious problems associated with alcohol use have also been reported in scientific literature involving indigenous peoples, as exemplified by the Yawari in state of Roraima (Silva, 2014), the indigenous people of the Middle Xingu (Domingues, 2017), the Maxakali from the state of Minas Gerais (Souza, 2016), the Kaiowá and Guaraní from the state of Mato Grosso do Sul (Moretti, 2017), the Kaingang from the state of Santa Catarina (Ghiggi Junior, 2010), and the Yanomami from the state of Roraima (Hermano, 2013). In most studies, the problems linked to alcohol consumption are related to pernicious interethnic relationships that decimate indigenous people due to illness or conflict, alter traditional values, and dismantle the environment and social organizations of these peoples. According to Guimarães and Grubits (2007), there is consensus among different authors as to the relationship between the use of alcoholic beverages and the processes of domination and exploitation of indigenous peoples, and some of them were strongly affected by these contacts.

As for the population surveyed, Silva (2007) pointed out that since the 17th century they have been somehow involved in the regional economic production, initially in the

2. Several reports corroborate this statement is in agreement with the guidelines of the International Code of Diseases, for which the dependence syndrome is a behavioral, cognitive and physiological phenomenon that develops with repeated use of the substance and usually includes strong desire for consumption, difficulties in controlling use even after harmful consequences, high priority given to consumption over other activities or obligations, increased tolerance and sometimes withdrawal symptoms (World Health Organization, 1993).

3. In line with the DSM-V diagnostic criteria, for which alcohol use disorder can be mild, moderate or severe (American Psychiatric Association[APA], 2014).

mills producing alcohol and sugar in the region, and later in activities related to cattle breeding, extractivism - especially of mangaba latex and wood. The commercial relations inserted the natives in wider social contexts and in contact with middlemen linked to the families who owned the mills. The “coronelismo” of the time dictated the relations with the land and the economic activities, forcing the Indians to depend on the plantation owners. These situations still reverberate today in the social life of the community, which for years has been involved in land conflicts, with few arable areas, pressured by the presence of the sugarcane mills and, more recently, by the Environmental Protection Areas, instituted without a management plan that contemplates the indigenous community in question (Silva, 2007).

The proximity of the sugarcane mills installed since the 17th century has added a complicating factor to the dynamics of the indigenous social relations: the presence of sugarcane distilleries in the region. Consequently, the trade and consumption of cachaça has had significant impacts on the physical and mental health of the indigenous people. Some of this past is remembered by some of the indigenous people interviewed, when they revealed that the older ones used to consume and sell *cabumba* or head sugar cane brandy, a product of high alcohol content and with many impurities, obtained from the first stage of the production process. It was also common among the indigenous people to make alcoholic beverages from various fruits both for their own consumption and for sale. In other words, the use of alcohol in the indigenous community studied has its roots in a past of expansion of activities related to sugar cane mills and other economic fronts that caused significant environmental damage, altered traditional ways of life, and reduced the territorial limits of subsistence. All these factors impact the physical and mental health of indigenous people, highlighting the need for a coordinated intervention to promote health care actions, expand protection factors against the risky consumption of alcoholic beverages, guarantee the right to health, and develop broader programs aimed at promoting and improving the quality of life.

Interviewees' perceptions of the health care scenario

Considering the consequences of alcohol abuse in the community, the search for help, when it occurs, is linked to extreme situations of health problems, life threats and feelings of shame. Most people stopped the harmful use of alcohol on their own, and in these cases, two strategies stand out: joining Neo-Pentecostal churches and entering therapeutic communities. Among those who continue to use alcohol in a harmful way, the reasons are related to the non-recognition of the problem and the perception that no treatment is available or accessible. One can see how much institutional and community resources are still failing to bring

users closer to health care and attention devices, especially in terms of the problem of alcohol consumption. Few actions are reported to being taken by the health teams and some preventive work being done in schools, although it is not a work that involves the whole school group. Moreover, the Family Health Support Center (FHSC), by the School Health Program (SHP), also helps to occasionally promote actions to support the demands of the community, although no specific actions are taken around the consumption of alcoholic beverages. Other structures in the health network are the Psychosocial Care Centers (PSCC), which should provide some support to the demands related to the use of alcohol and other drugs, but when a demand in this sense occurs, the person is referred to the PSCC AD III in a municipality 55 km away from the community. There is also a Therapeutic Community (TC) that was installed in the community for some time and today is located in another municipality. The treatment lasts an average of nine months and is based on religious practices, agricultural and handicraft work.

On the other hand, religious help was referred to as another possible path in the treatment or recovery of those who experienced problems related to alcohol consumption. In this sense, the churches carry out educational work with the indigenous people by counseling, Eucharist groups, Confirmation groups, Sunday school, and in some cases, indicating abstinence. The indigenous people also have the help of the group Jeremiah Mission, which promotes citizenship and evangelization activities in the community by conversation circles, sports practice, social assistance and education. In the scientific literature, the presence of religious perspectives contrary to the use of alcoholic beverages was found in the research of Ghiggi Junior (2010) with the Kaingang of the Xapecó Indigenous Land in the state of Santa Catarina. According to the author, evangelization appears as a tool for maintaining morality, with practices that encourage sobriety and the replacement of alcoholic beverages by the word of God, through the re-signification of experiences.

Another resource mentioned, but of a community nature and with preventive potential to drug use, is a functional training held voluntarily in the footvolley arena by a resident of the community. This modality has events twice a year, one during the Indian Day, in April, and another one during the potato festival, in November. The Toré ritual has also emerged as a possibility for dialogues of collective interest, reserving to the ritual open conversation rounds, spaces for occasional discussions about alcohol consumption in the community. According to Grünewald (2005), Toré is characterized as a mythical-religious ritual, being one of the main icons of northeastern indigenous culture. Because it is practiced in different ways by the indigenous peoples of the region, its conceptualization becomes a difficult task. For the community's chief, Toré is more than just entertainment, but “an act of resistance against the physical and symbolic violence imposed on the cultures of indigenous peoples since the colonial period” (Bezerra, 2017, p.92).

By this route, interventions centered on indigenous culture and guided by both scientific principles and indigenous models can be potentially beneficial, helping to reduce health disparities that are commonly found in this population (Dickerson et al., 2018). Thus, promoting a sense of cultural pride and involvement in religious groups can reduce adolescents' involvement with alcoholic beverages and prevent associated problems (Kulis et al., 2012; Yu & Stiffman, 2007). This makes us think that the recognition and appreciation of the Toré ritual in indigenous culture is a possible element to promote social self-esteem, besides being an important protective factor against alcohol use.

It is also worth mentioning that families play a key role in the process of prevention and social support against alcohol use, and this was a topic frequently considered by the interviewees. From this angle, Paiva and Ronzani (2009, p.181) recommend the strengthening of parental socialization bonds among adolescents, as a means of increasing protection against the use of alcohol and other drugs. The authors state that young people who have greater support and feel understood by the family have lower drug use patterns, indicating that "the affection and interest shown by parents, the time they spend with their children and the firmness of disciplinary measures are related to the abstention from drug use".

However, in the investigated scenario, in face of the absence of mental health policies, most people who were able to stop the harmful use of alcohol did so of their own volition, usually without the intervention of the state. The main characteristics of this process were the focus on abstinence and informal social support. Thus, the support strategies mentioned include the care of families and the community, providing the necessary reception and incentives for the restructuring of habits and senses towards life. Thus, we observed that the community has some resources for attention to alcohol use, but what stands out is the fragility of public actions to promote effective care to demands related to it.

In an analysis of the state's response at the three levels of government, the residents were practically unanimous in considering the absence of resources and services for the promotion and care of health, especially with regard to the consumption of alcoholic beverages⁴. They commented on the absence of preventive campaigns, lack of investment in sports activities and infrastructure, and the denial of a multidisciplinary indigenous health team linked to the Special Indigenous Health Secretariat (*SESAI*). This non-assistance results from a historical process of necropolitical management that, according to Mbembe (2018), begins in the colonial past and is sustained by the racial denial of any common bond between conquerors and natives, in service of a supposed civilizing mission.

In an institutionalized way, the necropolitics against indigenous peoples occurred with extermination and

integration policies, which lasted until the constitutional framework of 1988. The confrontations of the indigenous movements led to profound changes in the legal, social, and health fields, despite the bureaucracy, corruption, and inefficiency, aspects that still sustain the inequities in health in this segment. In this sense, the right to health is still not assured and the precariousness of health care services is recurrent in several Brazilian indigenous contexts, such as among the Akwẽ-Xerente in the state of Tocantins (Chaves, 2016), the indigenous people of the Middle Xingu (Domingues, 2017), the Yanomami of the state of Roraima (Hermano, 2013) and several indigenous peoples of the Middle Purus River (Barreto, 2020).

Interviewees' perceptions of alcohol consumption in the context of the pandemic in COVID-19

The COVID-19 pandemic has brought about changes in many sectors of society, whether in family organization, the closing of schools and businesses, or the restriction of movement in public environments, causing changes in work routines and social isolation. This has led people to experience feelings of helplessness and abandonment, as well as increased insecurity due to the economic and social repercussions (Ornell et al., 2020).

Governments in several countries have used coercive measures as a strategy to reduce the transmission of the new coronavirus, such as mandatory social isolation. Psychologist Van Hoof, from the Free University of Brussels, stated that by March 2020 about 2.6 billion people will have been subjected to some kind of coercive quarantine, and considered this to be the largest psychological experiment ever conducted by mankind. She has warned of a second epidemic related to burnout and stress, suggesting that actions be taken to mitigate the effects of these measures (World Economic Forum, 2020).

Literature points out that traumatic events and stressors related to natural, occupational, financial, interpersonal disasters such as divorce and job loss, minority stress, etc. can result in increased alcohol use and problems associated with alcohol consumption, with varying degrees of chronicity and severity (Cerdá et al., 2011; Keyes et al., 2011). Moreover, there are several publications warning that situations of detachment and isolation can generate discomfort, feelings of powerlessness, boredom, loneliness, irritability, sadness, various fears, changes in appetite, sleep, family conflicts and increased consumption of alcohol and other drugs (Lima, 2020).

Research conducted in Japan, for example, pointed to the mental health consequences associated with the COVID-19 pandemic. The authors warn of the risk of emotional responses that include extreme fear and distorted perceptions of risk,

4. As part of a broader research, these statements are in line with another study that is still in the process of being published and which was based on the perception of health professionals who work directly or indirectly with the community, including health managers

which can be aggravated by sensationalized headlines and images and thus evolve into a range of public health issues. These include insomnia, irritability, extreme fear of disease even among people who have not been exposed; risk behaviors such as increased alcohol and tobacco use and social isolation; mental health disorders such as post-traumatic stress, anxiety disorders, depression, and somatization (Shigemura et al., 2020). These findings seem consistent with evidence found in the international literature confirming that small group quarantines associated with other epidemics, such as SARS, Ebola, H1N1, and others, have increased risks and caused significant mental health damage (Brooks et al., 2020). Another research suggests that in times of pandemic the number of people with affected mental health tends to be greater than the number infected, and symptoms may last longer than the period of the pandemic itself. Importantly, there are still no parameters in Brazil to estimate the impact of this phenomenon on behavior and mental health of the population (Ornell et al., 2020).

Nevertheless, the pandemic of COVID-19 (as a social fact) manifests itself in multiple dimensions with complex imbrications, especially when it involves vulnerable populations, such as the Brazilian indigenous peoples. The consequences and ways of confronting the indigenous ethno-political movement are evident, considering the inequities in health, with poor sanitation conditions, housing, territorial conflicts, food insecurity, invisibility in the urban context, etc. In this sense, the pandemic context exposes the weaknesses of the indigenous health policy, reflected in high rates of illness and death from preventable causes (Santos et al., 2020).

Although the indigenous communities in the Northeast of Brazil have been less impacted by the pandemic of COVID-19 (Alves et al., 2021), it is noteworthy that the indigenous community that is the subject of our study is the most affected in the state of Rio Grande do Norte, counting 20 cases so far, according to a survey conducted by the Articulation of Indigenous Peoples of Rio Grande do Norte (APINRN, 2021).

Thus, our research was concerned with characterizing, even if in general lines, the main changes felt by the indigenous interlocutors in the current pandemic context. There were reports of a significant reduction in the consumption of alcohol in public places and bars, caused by the restriction of commercial activities in order to avoid crowds and, consequently, reducing the spread of the virus. On the other hand, the emergency aid from the Federal Government was presented as a facilitating resource for the acquisition of alcoholic beverages, increasing the purchasing power of some users. Faced with the impossibility of carrying out their daily activities, some people were inclined to increase the frequency and amount of drinking on account of social isolation measures. It was not possible to quantify in this study what the increase in alcohol consumption during the pandemic was, this being one of the limitations of the study.

However, these data corroborate a virtual survey conducted in Brazil between April and May 2020, which found that 17.6% of the interviewed population increased their consumption of alcoholic beverages during the social restriction imposed by the pandemic situation, with the highest prevalence among those aged 30 to 39 years old (24.6%). Along the same lines, the survey also found “high frequency of feelings of isolation, anxiety and sadness, during the study period, as well as increased use of [...] cigarettes, reduced physical activity and increased consumption of unhealthy foods, such as frozen foods and snacks” (Malta et al., 2020).

An increase in the perception of episodes of domestic violence linked to alcohol consumption was also observed in the indigenous community researched, and it is estimated that about nine families are experiencing this type of problem. One of the explanations is anchored in the hypothesis that people spent more time in their homes, and those who stopped going to bars ended up drinking alcoholic beverages at home. When they get drunk, some end up being violent with family members and especially with their partners and children. Because it is a small and relatively isolated community, neighbors often end up being witnesses of these conflicts. There have even been reports of people who have had to be hospitalized because of these aggressions. The community’s response to these cases has been based on providing guidance to the victims and calling the police. However, community members, including leaders, do not always seem to be able to follow up on the outcome of these cases and the victims often withdraw the complaint. It is important to note that it was not possible to quantify the increase in episodes of domestic violence perceived by the people involved in the research.

Nevertheless, these findings are compatible with the tendency in the increase of domestic violence episodes in Brazil for the pandemic period, according to data from “*Ligue 180*”. There was an increase of almost 18% in the number of registered denunciations, comparing the first and second half of March, the period in which social isolation measures started to be determined in several Brazilian cities and states (Brasil, 2020). Similarly, research in several countries has also found that forced cohabitation has increased incidences of domestic violence, especially involving spouses and children. In some places, the contraction in the volume of reports has not meant a reduction in violence itself, but an increased risk that victims are being trapped at home by abusers and have fewer opportunities to seek outside help (Sacco et al., 2020). Mobility restrictions, privacy limitations, and forced coexistence with aggressors are causing victims to experience serious physical or psychological health hazards (Nigam, 2020). The situation tends to be exacerbated in rural areas, such as in indigenous villages, where access to the internet and communication devices are often more restricted, making it more difficult to call for help.

It can be noted, therefore, that the pandemic of COVID-19 led to the worsening of some collective problems identified

in the indigenous community in question, especially with regard to the consumption of alcoholic beverages and the family and social relationships involved. The conflicts resulting from this new context expose the vulnerabilities faced by this indigenous group and the need for governments to make efforts to prevent the risks and harms associated with alcohol consumption through health programs. Regarding mental health, in face of the worrisome scenario in terms

of morbidity and mortality of the indigenous population in the last ten years, as can be seen in Table 1, researchers linked to Fiocruz have suggested some recommendations for professionals working in indigenous lands and linked to the Psychosocial Care Network, which are based on cultural aspects of their daily lives, their cosmologies and cultural specificities in order to promote a culturally sensitive and adequate care to their reality.

Table 1.
Number of indigenous people with mental health problems in Brazil (2010-2019)

Mental health injuries by place of residence	Regions					Total
	N	NE	SE	S	MW	
Hospitalizations for mental and behavioral disorders	94	98	342	299	225	1058
Hospitalizations for mental and behavioral disorders due to alcohol use	13	7	107	83	102	312
Deaths associated with mental and behavioral disorders due to alcohol use	44	44	26	50	99	263
Deaths by suicide (ICD-10) X60-X84	640	64	28	68	386	1186

Note. Source: Ministry of Health - UHS Hospital Information System (HIS/UHS), MH/VHS/CGIAE - Mortality Information System - MIS.

In this document, it is emphasized that “the demands of the indigenous populations associated with COVID-19 should be understood as arising from the experience of suffering closely related to the meanings of the cosmologies corresponding to each ethnic group” (p.08) and that

“The policies and care strategies in the face of COVID-19 and its impacts on psychosocial health need to be built from each context and always in conjunction with local community leaders. Therefore, the respect and visibility of the place of speech and the perspective of indigenous people facing the context of the pandemic are the basis for any policy to guarantee the dignity and the integral health of the communities” (Pontes et al., 2020, p.15).

FINAL CONSIDERATIONS

This study was based on the perspective of the residents of an indigenous community, highlighting their own understandings that relate to broader contexts involving historical movements of rights claim, ethnic visibility, social institutions and the state. We portray the processes of alcoholization within the community, analyzing the contexts and reasons for consumption, indicating the patterns of use considered problematic or not, the triggering elements and the consequences of use at the individual, family and community levels. We also identify the resources for prevention and the existing formal and informal devices for the attention to the harmful use of alcohol.

We note that the consumption of alcoholic beverages, especially distilled ones, probably has its origin in the expansion of economic fronts in the region, especially the installation of sugarcane mills and distilleries from the 17th century on. Little by little, the traditional ways of existence

were being modified at the same time that the environment was being degraded and traditional uses and the access of the indigenous people to the lands were being limited. Today, alcohol consumption is often naturalized and even encouraged in certain contexts, increasing health risks and often being associated with serious social problems such as violence, interpersonal disturbances, among others.

Despite this, there is little political priority to address these issues in the formal mechanisms of education, health, and public safety. This situation translates into the lack of care perceived by the residents, in which the community alone cannot manage both the social determinants that increase the risks of harmful alcohol consumption and the harm resulting from this consumption. Moreover, the sporadic presence of health professionals in the community seems to be a factor that hampers the quality of care services, especially collective actions to prevent alcohol use.

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