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EDITORIAL

Intervention strategies used by indigenous communities for cases of alcoholism in Mato Grosso

Estratégias de intervenção utilizadas por comunidades indígenas para casos de alcoolismo em Mato Grosso

Estrategias de intervención utilizadas por comunidades indígenas para casos de alcoholismo em Mato Grosso

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It is estimated that when the Portuguese arrived in Brazil, the country had between 2 and 5 million indigenous people. Throughout history, this population was decimated and drastically reduced, and even after the creation of the first public policies aimed at protecting indigenous people (1822 to 1889) and until the Federal Constitution was enacted (1988), conflicts and violations against these peoples persisted.

With the creation of Law 8080/1990, indigenous people began to be considered in their health entirety, particularly with the establishment of the Indigenous Health Care Subsystem (Sasi), a component of the Unified Health System (SUS). This subsystem consists of 34 Special Indigenous Health Districts (DSEI). In Mato Grosso, there are six DSEIs: Xavante, Xingu, Araguaia, Caiapó of Mato Grosso, Vilhena, and Cuiabá, involving 43 indigenous ethnic groups. However, the territory of Mato Grosso is extensive, with indigenous people living in very remote regions, which brings challenges to health care and follow-up.

The characteristics of indigenous health in Mato Grosso resemble other Brazilian realities, but they differ regarding the organization of peoples, availability and acquisition of financial resources, leadership representation, structural conditions of villages, availability of health teams and supplies, vehicle fleets, and, above all, epidemiological profiles. These aspects increase the challenges of assisting

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this population, as, within the same indigenous context in Mato Grosso, there are disparities in access to health care that influence the health-disease process and the implementation of care practices.

In the indigenous communities of Mato Grosso, traditional indigenous medicine is widely present and serves as the primary therapeutic reference for various health conditions. This ancestral knowledge has suffered significant losses in some ethnic groups with the death of elders, herbalists, shamans, and medicine men, who, even when sharing knowledge, were not able to pass it on to many generations. It is important to note that many illnesses and ailments that afflicted these peoples in the past and were part of the routine care of healers have been replaced by more serious and concerning conditions, such as sexually transmitted infections, chronic diseases, cancer, suicide, and alcoholism.

Alcoholism in indigenous territories is a complex phenomenon. Historically, consumption was based almost exclusively on traditional beverages produced within the community and used in rituals and cultural activities. However, with the proximity of cities, non-indigenous lifestyles, and exposure to other alcoholic beverages with higher alcohol content and lower cost, consumption within communities began to increase. In some cases, this consumption was also perversely encouraged by non-indigenous people as a tool for manipulation or easy trade. What once seemed like a risk of alcohol abuse limited to cities is now present in the daily life of communities, affecting younger and younger indigenous people.

In most indigenous ethnic groups in Mato Grosso, within the internal organization of the villages, there is no explicit prohibition on alcohol consumption, but there is also no encouragement or approval of the practice, as many communities value indigenous freedom. The Enawenê-nawê, for example, do not consume alcoholic beverages and discourage the practice. It is known that the abusive and continuous use of these substances can cause harm not only on an individual level (physical, emotional, and psychoneurological) but also to families and the functioning of the villages.

Traditional intervention strategies vary according to the indigenous ethnic group. Among the Tapirapé, although there is currently no report of alcoholism, when it did occur, the community gathered and established rules that included community service (such as cleaning the entire village by clearing vegetation) and the use of paca bile (a wild animal) with three or four drops added to the beverage being consumed to curb consumption. As a complementary and more extreme measure, if previous measures were ineffective, indigenous individuals holding positions within the community would be dismissed. Among the Bakairi, the community's first action is to call the person for a dialogue to understand the situation and guide them to prevent recurrence. If chemical dependence is observed, the individual is referred to city health services or rehabilitation clinics. They do not have a specific traditional practice to care for the user, but they use the Taquara sprout as a remedy to inhibit the desire to drink. The Haliti Paresi initially meet with the family, trying to offer emotional support to the person, as alcohol abuse is often related to traumatic events, such as breakups, losses, and grief. If the person refuses to change

their behavior after the discussion with the family and indigenous leaders, they lose credibility with the community.

In some Boe Bororo and Rikbaktsa villages, the reference for caring for alcohol users is the Psychosocial Care Center (CAPS) in the nearest city. As soon as abusive consumption is noticed, individuals are advised to seek this service, if they agree. When the village health team includes a doctor, medications may also be prescribed. It should be noted that most of these communities have a complete health team, which may indicate, in the indigenous context, integration with an appropriate care pathway in the Psychosocial Care Network (RAPS), although with little participation from traditional indigenous medicine for this purpose.

In the Chiquitano and Umutina villages, alcoholism exists but does not seem to disrupt social organization. They do not have traditional treatment methods, but they try to maintain good relations with the user, offering occasional guidance. They see a need for health education on the topic in their territories, especially for younger people and in indigenous schools. Among the Kayabi of Xingu, the chief's involvement is essential. Although there have been no severe cases in recent years, the chief meets with the user and their family to discuss the negative effects on the community and the need for change. Since the family is the main bond in Kayabi culture, if the user continues drinking, they harm the family's reputation. As a secondary intervention, the individual's access to alcohol would be restricted, isolating them in the village without punishment or penalty.

This brief overview of intervention strategies provides initial reflections on care practices within indigenous communities in Mato Grosso, highlighting the role of the family, which often takes on the management of alcoholism cases alone, without the involvement of health teams or referral services. It highlights the diversity of other peoples not yet studied on this topic, emphasizing the need for intercultural knowledge.