Behavioural Sciences | 'Apo' Aporosa

De-mythologizing and re-branding the traditional drink kava

What do you call journalism, or more importantly research, that is supported by repetitive misinformation, resulting in an accepted but incorrect, narrative? This is the case with the kava plant, named Piper methysticum or 'intoxicating pepper' by a naturalist who accompanied Captain James Cook on his voyage to the Pacific some 250 years ago. That name, which inferred that kava causes intoxication when consumed, is one of several "myths" that have developed around kava over the years, and Dr 'Apo' Aporosa from New Zealand's University of Waikato believes it's time to re-evaluate this icon of Pacific identity and correct these misunderstandings.

ava, a plant lacking seeds or a means to self-propagate, is believed to have first originated in Northern Vanuatu thousands of years ago. Those origins add to kava's spiritual significance and recognition as a 'plant of the gods'. For instance, 'who else other than the Pacific ancestral gods would have planted and tended kava until the arrival of the first indigenous explorers into the Pacific around 2500 years ago?'; a people who then spread kava throughout the region along migration trade routes. Used in traditional medicine, its roots are also ground and steeped in water to make a drink which continues to be used by Pacific peoples today to infuse spiritual power into ceremony and significant life events, and to facilitate discussion and socialisation.

Kava was given its botanical name *Piper methysticum*, literally meaning 'intoxicating pepper', by Johann Forster, a naturalist who voyaged to the Pacific with Captain James Cook in the 1770s. However, experts now believe that Forster was misguided in that naming, which inferred kava was an alcohol and caused intoxication: this is one of several myths that have been promulgated since kava's 'discovery' by the West.

Today, kava use has spread around the world and it is now also used by non-Pacific peoples as an alcohol alternative in recreational settings, and as a natural health supplement. After various scares and sensational media reports, not least that usage could result in death, kava was banned in several countries starting in the early 2000s. However, following two safety reviews, the World Health Organization (WHO) has advised kava use has an acceptable level of risk when mixed with water and consumed as a beverage.

Dr 'Apo' Aporosa, a Research Fellow at the University of Waikato in New Zealand, has more than 20 years' experience as a development practitioner in New Zealand and Fiji, from where his mother's family originates. An acknowledged expert on kava, he believes the time is right to "demythologise and re-brand" what is for him, and for other Pacific Islanders, their leading icon of identity. He presents his review of the legal, historical and pharmacological research on kava in a paper in the journal *Drug Science, Policy and Law*.

PRODUCTION AND PHARMACOLOGY

Aporosa describes kava as a "slightly peppery, earthy-flavoured drink that produces subtle relaxant soporific effects without marked euphoria or intoxication".

In traditional medicine, kava is used for its antifungal and antibacterial properties, mild anaesthetic and analgesic effects, and to relieve stress and anxiety. In pharmacological terms the relaxant effect is caused by psychoactive compounds called kavalactones which act on receptors in the brain and central nervous system. The anti-anxiety benefits have led to kava being prescribed

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by Western healthcare professionals as an alternative to benzodiazepine drugs, with selected kavalactones also showing positive effects in several cancer studies.

Aporosa distinguishes between two means of kava use: the traditional way, in which water is used to make a drink from the roots of the plant; and the practice of some modern commercial herbal remedy producers, in which the kavalactones are extracted from the plant and manufactured into tablet and syrup form.

Leading kava-producing nations working with the United Nations and WHO are expected to detail quality control standards for kava in 2020. Kava's many positive attributes and safety reports such as those by the WHO, have done little to correct or halt a variety of kava "myths", some of which have even been published in reputable peer-reviewed journals and books.

ALCOHOL AND ADDICTION "MYTHS"

Common kava "myths" are that it causes inebriation, turns drinkers into "zombies", and is addictive. Researchers argue that these ideas first developed from Forster's naming of kava Piper methysticum, together with misunderstandings by early colonial observers. Kava contains no alcohol or hallucinogenic properties, and Aporosa says that the scientific evidence also shows that, though kava relaxes people, unlike alcohol, it does not disinhibit the user or cause intoxication, lead to violent behaviour, or markedly affect the drinkers' cognitive abilities and functioning. These are reasons why kava is popular in sociocultural settings where it is used to stimulate "clear-headed discussion".

Aporosa believes that the idea that kava is addictive developed from the observations of 19th century colonialists. He quotes one report, for example, that said drinkers were "tormented with cravings" for kava, as with "passions of a similar nature such as morphinism and alcoholism". However, Aporosa points out that the writer of that report was quoting others, and that the commentator stated he did not believe kava was the cause of such "afflictions".



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Aporosa says that while there have been recent suggestions that regular use can lead to chemical withdrawal syndrome, most experts disagree. Moreover, he cites the use of kava in several drug addiction therapy programmes to mitigate alcohol, tobacco and cocaine craving, and to reduce withdrawal symptoms in benzodiazepine addiction. Kava's non-addictive subtle effects have also encouraged its use beyond Pacific spaces, including the United States where franchised kava bars have become popular among those seeking to consume a beverage

that aids relaxation and allows users to engage in quality conversation unencumbered by intoxication.

LIVER DAMAGE "MYTH"

It's the supposed effect of kava on the liver that has received the most negative media coverage. Aporosa explains that this suggestion emerged in Western Europe in early 2000 following reports that 83 patients taking kava tablets as a herbal remedy had died. This caused many countries to ban the sale of kava until Germany's Federal Administrative Court ruled in 2014 that it was unlikely that kava



had caused the deaths, that liver damage from kava was so rare as to be negligible, and that the ban had unfairly tarnished kava as dangerous.

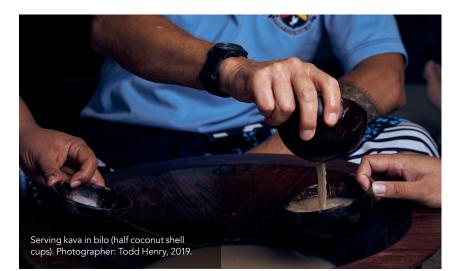
Showman and colleagues summarise: "Only a fraction of a handful of cases reviewed for liver toxicity could be, with any certainty, linked to kava consumption and most of those involved the co-ingestion of other medications/ supplements." Additionally, the WHO's second kava risk assessment in 2016 reported: "On balance, the weight of evidence from both a long history of use of kava beverage and from the more recent research findings indicate that it is possible for kava beverage to be consumed with an acceptably low level of health risk."

Aporosa notes that this level of risk gives kava a vastly higher degree of safety than that given to alcohol and tobacco, or to over-the-counter medications like paracetamol.

OTHER "MYTHS"

Despite the WHO's advice on kava's safety level, many journalists and some researchers continue to report kava's supposed negative effects. Aporosa says that these "myths" are often accompanied by uninformed opinion such as kava "looks awful and tastes worse". He explains that kava beverage looks similar to milky coffee (although he has never heard milky coffee described as looking "awful") whereas taste can vary according to growing conditions and kava type: "I occasionally drink one from Hawaii which tastes like unsweetened chocolate ... But we don't drink kava for the taste; it's about culture, practice and connection, something most non-Pacific Islanders can't understand."

Aporosa does accept that high kava use over a prolonged period can cause kava dermopathy, or a drying and peeling of the skin. However, this subsides a week or so after use is slowed or ceased, without any residual effects. Regardless, this has not stopped the "myth" that kava dermopathy 'proves' kava is dangerous, nor has it limited criticism linking kava dermopathy with abusive kava use. Aporosa responds that "while this harmless drying of the skin may



not look attractive to some, to others it is considered to represent the kava user's enthusiastic engagement with their culture. It comes down to perspectives." Aporosa adds that people who use alcohol to excess can also exhibit problems such as the reddening of facial skin and a bulbous nose. However, these concerns are rarely spoken of, regardless that these symptoms represent medical concern, unlike kava dermopathy. As for the claim that kava drinking is time consuming and "takes men away sensational stories are more exciting and attract more readers and viewers. But he argues that there is a second, more invidious reason which denigrates some traditional practices by aligning these with "primitiveness" in contrast to "modern, civilised behaviour". He links this to what looks "modern and acceptable" – traditional kava use and the serving of the beverage from a shared kava bowl in a half coconut shell in comparison with alcohol from a bottle displaying a professional label

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from their families", Aporosa argues that excessive television watching, gaming or involvement with sport can do the same thing – it's about how people choose to spend their time. "Kava, as opposed to personal choice, or even poor choice, has become the scape-goat and the point of criticism", says Aporosa.

REASONS AND CONCLUSIONS

So why have these "myths" about kava developed, notably in the media, but also in academic research? As Aporosa says: "Why the lies, discredit and targeted malignment of our Pacific icon of identity?"

Aporosa believes there are two main reasons. The first is that the negative myths are a result of lazy journalism and poor research which recycles old stories and misinformation without paying attention to the "facts", or because served in a glass – and the tendency of some people to place a higher value on modern synthetic medicines prepared in laboratories over traditional medicines originating from a rural, isolated village.

Aporosa believes it is time to stop maligning kava through "modernityframed prejudice and discrimination" and "rebrand" kava as a cultural icon, medicinal substance and socio-cultural facilitator that is no longer seen as a killer but rather as a cure. He says: "When examining the history of kava used in traditional contexts, and considering the evidence now available, it is possible to de-mythologise kava, not only on the grounds that it is a relaxant, but also on its life-enhancing medicinal properties and as an alternative to alcohol - understanding that will be beneficial to policy makers, doctors and pharmacists."

Behind the Research Dr 'Apo' Aporosa

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Research Objectives

Dr Aporosa explores and debunks the myths surrounding the traditional drink kava.

Detail

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Bio

Dr 'Apo' Aporosa is maternally related to the village of Naduri in Macuata, Fiji. He has a doctorate in Development Studies from Massey University (New Zealand). Apo is the 2019 New Zealand Health Research Council Sir Thomas Davis Te Patu Kite Rangi Ariki (Research) Fellow. Based at Te Huataki Waiora School of Health at The University of Waikato and also working with the School of Psychology's Traffic and Road Safety Research Group, Apo teaches, supports the Pacific student cohort, and is investigating driver safety following kava use at traditional consumption volumes.



Dried and pounded kava powder is being packaged for sale in Tonga. Photographer: Todd Henry, 2019

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Personal Response

Your comments suggest that kava is traditionally drunk only by men. Do women also drink kava traditionally and if not, why not?

📕 Unlike Fiji, kava use in Vanuatu, Tonga and Samoa has until recently been highly patriarchal, with woman limited to mixing and serving kava (in Tonga and Samoa) and rarely consuming the beverage unless for medicinal purposes. This is changing though, with mixed gender and women-only drinking spaces in the Islands becoming popular, something we have been doing in areas of Fiji for many generations. In diasporic Pacific environments and kava bar settings such as in the United States, mixed-gender kava use is commonplace.



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