Kava: Weighing the negatives against the positives

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Abstract:
Kava, in both its plant and drink form, is Pasifika’s ‘cultural keystone species’ and a potent icon of identity with some of its medicinal efficacy recognised by Western pharmacology and research. However, for every positive concerning kava there appears to be a counterpoint: kava is being ‘abused’; kava causes liver damage; kava encourages men to stay away from home for lengthy periods negatively impacting the family; kava turns it’s drinkers into Zombies incapable of functioning, etc. This presentation will address these claims while also seeking reasons as to what motivates kava criticism. (Presentation limit: 15 minutes).

PLEASE NOTE: The following was used by Aporosa to guide his presentation at the Pasifika Medical Association’s 20th Anniversary Conference on the 25th of August 2016 and is not the presentation in its entirety. Additionally, the following has not been edited for grammar, polished for publication or restructuring to reflect exactly what Apo stated in that presentation. Therefore, quoting from this document without reflecting this caveat would be misleading.

PPT 1 (Powerpoint slide number 1)

Cavuti:
Ni tiko Saka na turaga bale na Medical Association ni Pasifika, Vulagi Dokai, kemuni Vuniwai, turaga kei na marama. Vinaka vakalevu sara na nomuni veivureti nikua. (I wish to acknowledge the President of the Pasifika Medical Association, Distinguished Guests, Doctors, ladies and gentleman. Thank you for your invitation here today.)

Na yacaqu o Aporosa. Au sucu mai Niuisiladi, vasu ni koro o Naduri, Macuata, Fiji. (My name is Aporosa. I was born in New Zealand, and I am maternally related to the village of Naduri in Northern Fiji.)

Introduction:
(PPT 2) Kava: Killer or cure is a great name for this panel when you consider the contrasting views and opinions, together with the large amount of misinformation out there about kava. With some of that misinformation even appearing in peer reviewed publications, this makes it difficult for academics, let alone ‘average Joe’, to distinguish fact from fiction, harm from health, positive from negative. This presentation will commence by briefly situating kava both indigenously and diasporically (PPT 3), discussion that I will move swiftly through to position kava as both a metaphorical and literal 'cure'. References (see Endnotes) will be
provided throughout to support my comments allowing me to deal swiftly with the *Kava as cure* aspect to move onto a lengthier discussion on kava’s reported ‘killer’ attributes (PPT 4), commentary aimed at correcting some of the common danger-myths about our ‘cultural keystone species’. I will conclude by briefly suggesting why these *kava as killer* myths are created and in doing so, leave us with a challenge.

(PPT 5) Kava, *yaqona, sakau, ‘ava, ‘awa*, is the relaxant soporific drink made from the *Piper methysticum* plant. Its 3000 years of use throughout most of the Pacific Islands and kava’s more recent shift to Pasifika diaspora⁶ has positioned this drink (PPT 6) and its associated practices as arguably our most dominant icon of identity⁸. The potency of this dominance also results from kava’s many medicinal uses (PPT 7) which has captured the attention of European pharmacology. (PPT 8) This includes kava’s efficacy as an anxiolytic in the treatment of patients with Generalised Anxiety Disorder¹², kava’s viability as an alternative to HRT (hormone replacement therapy) for woman¹³, and more recently in cancer research, (PPT 9) specifically the link between low-occurrence rates of specific cancers such as ovarian, bladder and lung cancer and leukaemia and kava use¹⁵. Kava's role as a 'cure', (PPT 10) whether from a metaphorical identity and cultural prominence, or literally regarding its medicinal use (PPT 11), has been well documented¹⁸.

As kava’s visibility has increased, so too has the growth of misinformation associated with our cultural icon. It is these misrepresentations, I would suggest, that perpetuate *kava as killer*, and in turn delineate the contrasting perspective within the panel title, *Kava: Killer or cure.*

To address some of these *kava as killer* misconceptions, I'm going to start small:

(PPT 12) **“Kava looks awful and tastes worse”:**
This was a comment that appeared in a newspaper article just a few weeks ago but is something I hear at least once a month. I’m confused though as kava looks similar to milky coffee although I have never heard milky coffee described as “awful”. Additionally, there are some good tasting kava’s. One such example is a noble variety from Hawaii which tastes like unsweetened chocolate.

The second *kava as killer* misconception is:

(PPT 13) **“Kava’s effects numb the drinker, induce sleep, and turn them into zombies”:**
Again, a quote from a recent newspaper article. Experts describe kava as facilitating ‘clear-minded’ discussion²¹, something a strong numbing agent or potent anaesthetic that produces a zombie-like state would prevent. Additionally, while kava does have soporific

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¹ Lebot and Cabalion (1988) present a valuable table informed from across Pasifika in which they list symptoms and the appropriate kava preparation method for each condition. (see Endnote 10 for reference).
² For an easy to read summary on the health benefits of kava including cancer research, it is worth consulting McNarie, 2012. (See Endnote 18 for full reference).
properties, pharmacology recognises these as ‘sleep-aiding’ as opposed to ‘sleep-inducing’. Kava’s effects are so subtle that new users frequently complain about its lack of effect.

(PPT 14) “Kava is alcohol”:
This is one of the most common misconceptions about kava and something I am told, and often assured of, at least once a week. Researchers blame Johanne Forster, a naturalist aboard Captain James Cook’s Endeavour, who named kava Piper methysticum. Methysticum is the Greek word for 'intoxicating', or according to Forster, 'intoxicating pepper' - Piper methysticum. Churchill said that right from the beginning, when kava was first named, Forster suggested kava had an "intoxicating quality" and that this then made "it more difficult to correct the error". Kava is not fermented, is certainly not an alcohol, and is not even a hallucinogen. Professor Peter d’Abbs from the Darwin School of Medicine summed this up best when he said, unlike alcohol, kava does “not lead to violent behaviour” and does “not befuddle the mind and can be used to stimulate ‘clear-headed’ discussion”.

(PPT 15) “Kava is addictive”: Strangely, no, kava is non-addictive and this is well documented. Moreover, kava is used in some drug-addiction therapy programmes as it is recognised as having an “anti-craving agent”. This includes a programme in Tauranga (New Zealand) where kava has been used for the past six years as part of their alcohol addiction rehabilitation. This can be confusing for outsider’s who look on and see men sitting and drinking kava for extended periods and occasionally hear those same men call each other ‘kava-holics’. Because kava is an important icon of identity for Pacific Islanders, many Pasifika kava drinkers consider the term ‘kava-holic’ a positive reference as this demonstrates their ‘enthusiastic’ engagement with their culture. This, as I have said, can be confusing considering ‘-aholic’ based words are usually associated with the negativities of addiction.

Yet another kava as killer misconception:

(PPT 17) “Kava causes liver damage:” After the kava alcohol myth, this is potentially the second most common misconception about kava, to the point that this even appears in some peer reviewed publications. The idea that kava damages the liver first developed in early 2000 following reports in Western Europe that several patients taking kava tablets had died. (PPT 18) This led to what is commonly known as the “European Kava Ban”. Two years ago, following a 12-year court battle involving a large number of kava experts, the Federal Court of Germany ruled that liver damage from kava was so rare it was negligible, and that this misrepresentation of kava had wrongfully damaged kava’s reputation. To demonstrate kava’s risk level, kava hepatotoxicity (liver damage) rates were compared with Paracetamol/Panadol hepatotoxicity. In that study the researchers reported that kava is “dramatically” safer than these commonly prescribed over-the-counter pain medications.

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1 Diazepam v Kava risk: To further demonstrate kava’s risk level, at the time the European Kava Ban was instituted, German consumers were estimated to have been taking 70 million (tablet) doses of kava daily. In a major study published in 2005 (Schmidt, Morgan & Bone et al., p.182,183,186), which investigated 83 alleged toxicity reports, found that “only three cases could be attributed to kava with high probability” and in these cases, it is suspected that other factors were responsible for the negative reactions. The researchers added though, had 12 “probable” cases been confirmed as responsible for liver failure, this would account for a toxicity rate “of 0.23 cases per 1 million daily doses”. At the same time, Diazepam, a widely prescribed anti-anxiety drug that has similar effects to kava (continued...),
Regardless of kava’s safety when compared with commonly use drugs like Panadol, the common belief that kava damages the liver perpetuates the myth of kava as a killer.\textsuperscript{d}

(PPT 19\textsuperscript{37}) “Frequent consumption of kava causes skin problems”: Yes, here is something I agree with. Prolonged kava use can cause a drying of the skin (called ‘kava dermopathy’ or “kanikani” in Fiji), although the experts agree this is not harmful and reverses a week or so after kava use has been stopped\textsuperscript{38}. I have had kanikani many times and as you can see, my skin is healthy and in good condition.

(PPT 20\textsuperscript{39}) “Kava takes fathers away from their families”: I liken this to the earlier comment that Kava “looks awful and tastes worse”, so I will answer this in a similar manner. You know that black box that sits under many TVs; it has the word ‘Sky’ written on it. It caused a friends marriage to split up as he spent most evenings and entire weekends watching it, a father who was taken away from his family. Or another mate I have who surfs all the time. His wife constantly complains that he is never at home being the father and husband he should be; or the father who drinks alcohol and is never home. (PPT 21\textsuperscript{40}) People do not blame the ‘Sky’ box, the surfboard or the bottle of beer, but for some reason they point to kava – it was ‘Kava that took my husband away, my kid’s father away’. This is a very common statement. (PPT 22\textsuperscript{41}) Let me be clear, kava does not take fathers away from their families, personal choice does!

Two more kava as killer misconceptions:

(PPT 23\textsuperscript{42}) “Kava is pagan and linked to witchcraft”: A number of Pentecostal Christian denominations and their attendees are extremely critical of kava, associating its use with the ancestral gods, anti-Christian practice, cannibalism, etc\textsuperscript{43}. Some of those same people have also realised that the use of pagan and witchcraft arguments have failed to gain secular support so they have moved the argument to socially based themes such as ‘kava takes men away from their families’, ‘it causes liver damage’, addiction and so on. In doing so, they have further entrenched the misunderstandings and inaccuracies about kava. (PPT 24\textsuperscript{44}) This maligning of traditionally linked practices, such as kava, by some Pentecostal Christians’, is what social scientists refer to as ‘diabolisation’\textsuperscript{45}.\textsuperscript{e} Diabolisation though contrasts the beliefs of several mainstream Pasifika Christian denominations. (PPT 25\textsuperscript{46}) For instance, the Methodist and Catholic Church’s believe kava’s accompanying respect values and unifying principals\textsuperscript{f} demonstrate “redemptive significance in the same manner as the

\textsuperscript{d}Kava/alcohol/tobacco: In 2014, more than 5,500 Australians died as a direct result of alcohol use and over 15,000 from smoking tobacco (see Endnote 65 for references). There has not been a single death, worldwide, in the past 30 years, directly attributed to kava. This point was put to the Australian Minister of Indigenous Affairs, Nigel Scullion, who is seeking a complete ban – regardless of kava’s safety when compared with commonly use drugs like Panadol, the common belief that kava damages the liver perpetuates the myth of kava as a killer.

\textsuperscript{e} Diabolisation: For a list of authoritative peer reviewed publications on the diabolisation of indigenous religion and practice by Christian churches and movements, see Endnote 45.

\textsuperscript{f} Respect values and unifying principals: Vokaturaga, in a similar manner to anga fokatonga (Tonga), fo'asamo and tautua fota'amoli (Samoa), kaurara Rarotonga (Rarotonga) and tikanga (Māori), is the term used to encapsulate a set of Fijian ‘Chiefly’ values and expectations irrespective of one’s status. These include veidokai (respect), vakarokoroko (humility), kira na iyatu (knowing ones place in the community), qaravi tavi (fulfilling obligations), veiwasei kei no veikauwotaki (sharing and caring), veivosos (forgiveness), veivukei (helpfulness) and yalo malua (a quiet demeanor). Vokaturaga and the other Pasifika wide respect based values underpin kava use and expected behaviour at kava consumption venues (see reference Endnote 67).
Blood of Christ”47. This suggests then that contemporary kava use is linked to Christianity as opposed to countering it.

And finally we have what I call the ultimate kava as killer misconception, (PPT2648) and that is, “post-kava session sudden death syndrome”49. The possibility of an association between kava consumption and ischaemic heart disease (IHD) resulting in “post-kava session sudden death syndrome” was first investigated by Clough and colleagues in 200450. In that case control study, Clough and associates reported, “There is no clear evidence for an association between kava use and IHD”. Additionally they doubted such a causal relationship “would develop in time… [as] kava has been used for centuries by Pacific peoples with no evidence for an association with heart disease.”

(PPT 2751) Then jump forward 9 years to Barguil and co52. In their paper on kava dermopathy, they make a brief but sensational claim. They state that kava causes “post-kava session sudden death syndrome” and they cite Clough and colleagues to support that claim. They add that 9 people had died as a result of “post-kava session sudden death syndrome” over a 13 year period in New Caledonia; 9 deaths over 13 years in a country that averages more than 1800 deaths annually. However, they note that “No autopsies were carried out” and 6 of the 9 deceased had been “heavy smokers, [had] severe hypertension, sleep apnoea, cardiac arrhythmia, asthma, [and/or a] family history of sudden death”. And this was published as fact in a peer reviewed journal.

(PPT 2853) These are the myths and fallacies of kava the killer, not just promoted in conversation and the popular press, but even within peer reviewed publications. So what could be behind this? Why the discredit and targeted malignment of our Pasifika icon of identity?

(PPT 2954) Some of it is simply shoddy research, something Braun and Cohen speak to in the PowerPoint slide. There is also poor journalism and media sensationalism aimed at grabbing attention. And I have mentioned the diabolisation of kava by some Pentecostal Christians. But this diabolisation hints at a deeper reasoning for the kava as killer agenda, (PPT 3055) and that is modernity discourse and ideology. For example, Rates56 argues that it was “the Industrial Revolution [starting 200 years ago] and the development of organic chemistry [that] resulted in a preference for synthetic products”. Then he reveals the agenda behind this. (PPT 3157) He stated that this “preference” is driven by “the economic power of the pharmaceutical companies… [and] industrialised western societies, in which drugs from natural resources were considered either an option for poorly educated or low income people or simply as religious superstition”. (PPT 3258) Coomber & South59 add that regardless of the value that a number of traditional substances have to medical advancement, contemporary Western discourse continues to link these traditional substances with abnormal behaviours of “backwardness or underdevelopment”. (PPT 3360)
Finally, Escobar\textsuperscript{61} states that the oppositional binaries of ‘us and them’, ‘primitive/modern’, ‘backward versus developed’ is “a fictitious construct, an omnipresent... discourse... of power” propagated by the Eurocentric development pursuit that has positioned anything deemed to counter modernity and economic development – things such as cultural practices and traditional medicines like kava in its natural form – as threats that must be regulated or eliminated.

The maligning of \textit{Kava as a killer}, through discourse such as the myths I have presented, (PPT 34\textsuperscript{62}) is essentially modernity framed prejudice and discrimination. The interesting thing though is that this discrimination can be selective. For instance, if kava is packaged into tablet form in a laboratory-type setting aimed at combating some of the diseases effecting modernity such as anxiety, addiction and cancer, it’s is deemed acceptable.

(PPT 35\textsuperscript{63}) Here’s my parting challenge: let’s ensure we present the facts about kava. This may require you to sift the authoritative publications from the substandard, and to check the accuracy of what you are told. In doing so you will help reverse the mostly one sided mis-representations of kava to accurately present our icon of identity is more ‘cure’ than ‘killer’.

(PPT 36\textsuperscript{64}) Vinaka vakalevu sara.

\textbf{Bio:}

Dr. ‘Apo’ Aporosa has a doctorate in Development Studies from Massey University (New Zealand) and over 20 years’ experience as a development practitioner in Fiji and New Zealand. He is a former researcher at the \textit{Waikato-Tainui College for Research and Development} where he worked on their tribal education strategy together with a New Zealand Health Research Council study that investigated Māori cultural connectedness to increased notions of health and wellbeing. Apo was awarded the 2016 New Zealand Health Research Council Pasifika Post-Doctoral Fellowship. Based at The University of Waikato (Anthropology Programme/School of Psychology’s Road Traffic Research Group), he is investigating driver safety following kava use at traditional consumption volumes.

\section*{ENDNOTE REFERENCES}


Morgain, R. (2015). ‘Break down these walls’: Space, relations, and hierarchy in Fijian Evangelical Christianity. *Oceania, 85*(1), 105-118. (p.114)


Meyer, B. 1992. ‘If you are a devil, you are a witch and, if you are a witch, you are a devil.’ The integration of ‘pagan’ ideas into the conceptual universe of Ewe Christians in Southeastern Ghana. *Journal of Religion in Africa, 22*(2): 98–132.


