

## Elixir of the South Pacific or Harmful Muddy Water:

Examining the consumption of Kava from a cross cultural perspective and the lived experience of macro-level social processes.

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## Abstract

This thesis delves into the cross-cultural realm of Kava consumption, unravelling its intricacies through the lived experience of Kava consumers influenced by macro-level social processes. Kava, a traditional South Pacific beverage is derived from the roots of the *Piper Methysticum* plant, is emblematic of cultural identity and communal traditions across Vanuatu and other south pacific countries. The thesis journey embarks on an exploration of how Kava consumption is influenced and shaped by the interplay of cultural norms, economic forces, and external drug policies, thus delving into its cross-cultural manifestations.

The primary objective of this research is to understand how macro-level social processes influence the utilization of Kava across diverse locations, with a focus on the United Kingdom (UK), the United States (US), and Vanuatu. This research employs a mixed-methods approach, incorporating semi-structured interviews and ethnographic methods. Data collection spanned multiple locations, including the UK, US, and Vanuatu. The study's methodology centred on qualitative analysis, allowing for an in-depth exploration of participants' experiences and perceptions.

The research elucidates significant variations in Kava consumption across case study locations. In the UK and US, Kava is procured primarily through online channels and is often motivated by health concerns, as conventional medicine has failed to deliver desired outcomes. However, in Vanuatu, Kava consumption occurs within the social context of community gatherings, deeply rooted in cultural practices and social interaction. Macro-level social processes exert a distinct influence in the UK and US, where drug policy and cultural conservatism are perceived as 'othering' Kava and its users. This galvanizes a stance in favour of Kava consumption as a form of alternative medicine. In contrast, Vanuatu's cultural embeddedness diminishes the relevance of external drug policies, emphasizing cultural protectionism and a rejection of Western alcohol in favour of Kava.

This thesis bears broader implications in the realms of cultural preservation, international relations, public health, social justice, labour practices, and community empowerment. It highlights the need for culturally sensitive drug policies and the ethical consumption of traditional substances. It underscores the importance of respecting cultural diversity and fostering global cooperation in addressing cultural conflicts and drug regulations. Furthermore, the thesis provides a framework for understanding how the use of other substances intersects with the influence of cultural identity, economics, health narratives and drug policy. The lessons learned from Kava consumption shed light on the lived experiences of individuals within diverse cultural contexts and provide insights into alternative medicine, ethical consumption, and the integration of traditional remedies into public health strategies.

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## Abbreviations

BfArM- The Federal Institute for Drugs and Medical Devices (Bundesinstitut für Arzneimittel und Medizinprodukte

CAC- Codex Alimentarius Commission

CAM- Complementary and Alternative Medicine

CBD- Cannabidiol

COT- Committee on Toxicity in foods, consumer products and the environment

DMT- N, N-Dimethyltryptamine

EMCA- Environmental Management and Conservation Act

FAO- Food and Agriculture Organisation

FSA- Food Standards Association

FDA- Food and Drug Association

GCDP- Global Commission on Drug Policy

IBS- irritable bowel syndrome

IDPC- International Drug Policy Commission

INCB- International Narcotics Control Board

IP- Intellectual Product

MAPS- Multidisciplinary Association for Psychedelic Studies

MCA- Medicines Control Agency

MDA- Misuse of Drugs Act

MHRA- Medicines and Health products Regulatory Agency

MLSP- Macro Level Social Process

MOA- Mechanism of Action

NFL- National Football League

PAPP- Pacific Agriculture Policy Project

PHAMA- Pacific Horticultural and Agricultural Market Access

PICT- Pacific Islands Countries and Territories

PSA- Psychoactive Substances Act

SAD- Seasonal Affective Disorder

SPC PAPP- South Pacific Communities Pacific Agriculture Policy Project

THC- Tetrahydrocannabinol

TNI- Transnational Institute

UK- United Kingdom

UN- United Nations

UNODC- United Nations Office on Drugs and Crime

USA- United States of America

US- United States

USP- University of the South Pacific

WHO- World Health Organisation



## Introduction

*The final leg of my journey to a rural community on one of Vanuatu's largest Islands – Santo – began early on a rainy Saturday morning. I was making this trip to research the use of Kava in this setting. Although there was some cloud cover as I set out, the heat from the unrelenting sun could still be felt. At this time of year in Santo, the rainy season of November had just begun. My excursion out of the town was going to take many hours. The unforgiving terrain meant that only the most rugged 4x4 guided by a suitably adept driver who was familiar with the local terrain could handle it. To venture without these things into the jungle of Santo, to where Kava grows, would have been ill advised. My friend, guide, and contact (Nick) was in his 30s and had lived in Vanuatu, specifically the island of Santo since 2018. He'd come here from Europe, from France, fed up with the rat race, to set up a Kava business.*

*For over four years, Nick's business had grown from a simple, small, business, to a legitimate competitor to the largest Kava exporter in Vanuatu, catching the eye of more established Kava business, who were undoubtedly asking questions about his success. Nick was good at networking, talking to locals, knowing the rules, customs, culture, and language down to a tee. In fact, during my time in Santo, there were many occasions when we'd walk down the street and he'd be recognized by members of police, and government officials greeting him as valued friend. Similarly, when we'd go into the kava bars around town, he was always met with smiles and kind words in Bislama (an English-based creole language spoken widely throughout Vanuatu). It was because of Nick that my trip to rural Santo, where the Kava for his business was grown, was possible. Nick had told me that he had been adopted by a local tribal chief as a son due to his contributions towards the rural community, which is something very rare for westerners to achieve. His role as gatekeeper in my research was key because he had such an insight into tribal life and was accepted as a son adopted in the community we were going to, didn't normally welcome uninvited guests as he put it. Typically, communities that are rural, much like any of the islands of Vanuatu, have almost been untouched by time, tend to be a lot more constricted in terms of outsiders or new ways of thinking.*

*As we set off, driving out of Luganville (the main city of the island Santo), the rain was persistent, with occasional intermissions of heavy downpours. I was already wet as I carried a 20-kilo bag of rice to the 4x4. This was to be my offering to the tribal chief of the community we'd visit: through Nick's advice, I'd been told such a gift would allow for acceptance in this setting. Nick stated that this was something that had to be done. Typically pigs or chickens would be given, however, given the fact that pigs were 100,000 Vatu, around 850 USD, this was out of my price range as a lowly research PhD student. This aspect of my Kava research – going to a remote community, seeing the Kava gardens, drinking fresh green Kava – was perhaps the most exciting of any part I'd undertaken, as I thought to myself as I sat in the car. However, it was also unquestionably also the most daunting. In the two years prior, I'd interviewed samples of respondents in the UK and US about their Kava use via online video calls. Through the cold proxy of technology, they described the varying degrees, they consumed Kava to deal with personal miseries. As I'll get to later, many specifically told me they used Kava as an ailment to modern and bodily aches: to facilitate relaxation in a stressful world, or physical relief in the context of frequent physical pain. Shortly before my excursion on Santo, I'd also experienced Kava bars in Port Villa (Vanuatu's capital city on the island of Efate), in which I'd observed behaviors, interactions, and relationships while asking*

*questions to a plethora of people, male and female, of all ages pertaining to Kava, culture, why they drank kava, and so forth. The latest leg of my study, however, would show me something I hadn't seen before. It would take me to Kava's origins: the place where it was grown in the jungle. This final part of my research would look at Kava in its most unadulterated form that I could access. With Nick on board, at the wheel of the 4x4 and the truck full of fuel, we drove out of Santo town on the pristine tarmac headed towards our destination.*

*Moving from the tarmac onto the dirt roads took a mere 30 minutes. The drive out of Luganville had been relatively smooth because there was still tarmac intermittently dotted in-between the dirt roads. Driving along dirt roads was manageable thanks to the might of the 4X4, or at least it was for the briefest period until the persistent rain effectively made a large-scale mud slide that required all of Nick's skills to navigate. Even amidst this terrain, the scenery surrounding the road was epic to the eye. As we drove, I looked around in awe at fields of endless sprawling, deep green jungles in the distance, with palm trees by the sides of the road, people's houses sparsely placed in between each other. In mere minutes, the roads then became far rougher and not quite as smooth – even by dirt road standards. The jungle seemed to become denser and more encompassing around our vehicle, as we soon drove on travelling at a paltry 25km per hour. This was the trip into the unknown for me, as I'd not seen anything outside of Luganville before on my trip to Santo. It was bizarre and inspiring, as the mountains seemed to grow out of the ground it made me feel somewhat humbled by mother nature. These towering peaks were all densely covered with a lush green of deep jungle, hiding who knows what. After 15 minutes of talking about arbitrary crap with Nick, I looked out the window once more and noticed that the power lines I'd seen in and around Luganville were gone. We were off grid. Only small single-story houses were present around us, although to call them houses was somewhat generous. The landscape had become far more vertical, the dirt and rock-laden roads were a darn sight rougher. The surrounding jungle seemed far more imposing now. I asked Nick if this was now what he and others referred to as 'the bush', to which he laughed and replied 'nope, not yet bro'. I kept thinking about the fresh green Kava I would drink later that day.*

*After picking up Nick's friend, Dave, and another several hours of driving over even more treacherous terrain, crawling at paces of 5km per hour, and being bounced around all over*

*rocky roads, we finally arrived at the community I'd travelled from the UK to visit. There were four totems round seven to eight feet tall, carved from wood, next to the dirt track marking the entrance to the community. I asked Nick what they were and what they represented. He explained to me that they were a legacy of the of the past to the beliefs of the community, and despite being Christian, they still held on to some of their beliefs of animism and black magic. As we drove into the community, I could see buildings straddled around the area: small huts, no more than the size of a bungalow, dotted around but made from the most basic wood and palm tree leaves. As we pulled up to park, chickens darted out of the way whilst pigs just stared.*

*As I got out the vehicle and took everything in and looked around, I appreciated the stunning beauty and simplicity of where I was (despite the slightly grey cloud and persistent rain). I took a moment to fully realize where I was: somewhere deep in in the jungle on an island in the South Pacific. With the serenity of the environment surrounding me, I took in what I could and decided just to try and hold that moment in time for fear of losing it forever. At this point, I could see eight or nine large huts dotted around, almost like bungalows I'd seen towards the end of our drive, with the exception one of these houses was set higher than the others on the side of a hill. I asked Dave which house that was. 'That's the tribal chiefs house,' he said, 'it's higher than the rest because he's in charge'. I was again interested by the contrast of how people live differently in this part of the world. I thought to myself: I wonder what else the tribal chief has access to or is privy to. To my right, there was a large area (where we'd parked the truck) containing a shelter made from timber, and with palm tree branches set as its roof. Carefully placed timbers dug into the ground provided us an area to escape from the rain, I noticed eight or nine guys sitting around, sheltered from the rain, all smiles and excited faces waiting to talk to me. Nick smiled and said, 'welcome to the community bro'.*

*As I looked around the social area in the rural community, I noticed in a prominent white plastic garden chair which seemed a little out of place with the rest of the décor call as everything else was primarily wooden stumps and, and makeshift benches. I asked Dave about the chair, and he replied, 'It's the tribal chiefs chair bro'. The tribal chief clearly held high social status and I suddenly realized that I had not seen him yet. I thought about what kind of person he might be and the fact that he was not aware of my visit. I asked John where the chief was, he replied: 'He will be around later, perhaps in an hour or so. He had to deal*

*with something this morning'. This induced a slight sense of worry within me, as I considered whether my bag of rice was a worthwhile form of tribute to him. (Ethnographic extract).*

## **Introduction to Kava**

This thesis is about Kava. It is about how and why it is consumed – and the social forces that feed into its use not just in Vanuatu, but also in the Western world (specifically, the UK and United States). At the same time, this thesis is about journeys. It is about the movement of powdered Kava root within and beyond its homeland, the inter-relations between drug policies in different nations and, within all of this, my own voyage from the UK to Vanuatu to learn about all of this. Later in this thesis, I'll take you back to rural community over which the tribal chief presides and will explain what I saw there concerning the production of Kava, and its social significance in this setting. Before that, though, there's a lot else I must cover. To give some important background to the thesis' subject matter, the rest of this Introduction will say more about Kava while introducing the notion of 'macro level social processes' (which will be central to many of the chapters ahead). It will also briefly outline the aims and questions that have sat at the centre of my research.

This research project intends to examine the use of Kava in the case study settings of the UK, the US, and Vanuatu, focusing on how macro-level social processes, cultural embeddedness, health narratives, and drug policy influence Kavas' social use. This research primarily aims to explore how macro-level social processes influence the consumption of Kava from a cross-cultural perspective. Macro-level social processes refer to the large-scale, overarching, and systemic social phenomena and interactions that influence and shape societies, communities, and institutions. These processes involve a broad perspective on social structures and dynamics. They are often contrasted with micro-level processes, which focus on individual interactions and small group dynamics. Examples of macro-level social processes can be such things as social inequality, globalization, urbanization, cultural diffusion, and public policy. Further, attitudes towards potential benefits and harms will be explored, and the project intends to provide insight into a neglected area of criminology and anthropology, contrasting western and South Pacific perspectives on social Kava use. Using a

qualitative methodology of semi-structured interviews with Kava consumers sourced from the case study locations of the UK and US, with an ethnography conducted in Vanuatu will provide a thick description of Kava use. Insights into the lived experience of Kava use will be explored in the context of how macro-level processes: cultural embeddedness, drug policy, and health narratives influence Kava consumption in the UK, the USA, and Vanuatu. Policy regarding the importation of Kava in the UK is far more restrictive than in the USA and Vanuatu, where Kava is not prohibited, and an evaluation of the ways users are influenced by these policy decisions could potentially contribute to future drug policy reassessment regarding Kava.

## **Kava and its origin of use?**

Kava is a drink prepared from the fresh roots or dried root powder of the psychoactive plant *Piper methysticum*, which is indigenous to the South Pacific, particularly the countries of Vanuatu, Tonga, Samoa, and Fiji. It has been used in entheogenic practice in this region for over a thousand years (Lebot et al. 1997, Aporosa 2019, Singh 2009), as well as being consumed in social interaction settings called Kava bars or Nakamals, much like the consumption of alcohol in pubs and bars in western societies. Kava's prominent placement as a culturally embedded entheogen draws on hundreds, if not thousands, of years of history throughout the Polynesian and Melanesian regions of the Pacific (Lebot and Lévesque 1989). A plethora of myths are associated with how Kava came to be of such semiotic significance as part of ceremonies celebrating deities, but also as part of general social interactions, predominantly among the male population in the PICTs. To understand why Kava and its use are so important to PICTs culture, we should look at some of the myths and semiology related to the plant. Kava is part of the pepper family and has grown in the PICTs region, particularly well in the countries of Vanuatu and Papua New Guinea, for an unknown amount of time (Lebot et al 1997). The mythical narrative of Kava's intertwined relationship with human consumption varies from culture to culture in different Pacific countries, such as Vanuatu, Papua New Guinea, Samoa, New Zealand, Hawaii, Fiji, and Tonga. For example, in ancient Samoan myth, the first high chief Tagaloa Ui, who was descended from the Sun God, taught Pava (the first mortal) how to correctly prepare Kava for ceremonial use (Lindstrom 2004). On Pentecost Island in Vanuatu, Kava myth is completely different, with the story of a brother who found his sister killed by an irritated suitor. The brother buried his sister, and when he returned to her grave to mourn a week later, he found an unusual plant had grown. He watched a rat eat the roots of the plant and die, but when trying to

replicate this effect and end his suffering, he found that all his sadness was gone. He then named this root Kava and taught others how to use and benefit from its consumption (Lindstrom 2004, Turner 2012). The cultural and interwoven relationship with Kava contains concepts of life, death and rebirth, happiness, and sadness, but they also reflect the power of the male and female dynamic that is symbolically attached to the plant, its preparation, and its consumption in ceremony (Turner 1986, 2012). Throughout PICTs history, Kava has also been placed in high regard for trade exports to other islands, not only as a commodity but as a manifestation of mana (magic) for those sailing at sea (Singh 1992). Visitors, diplomats, and traders have used Kava as a welcoming gift and symbol of friendship throughout the Pacific region, a practice that even continues to this day (Lindstrom 2004).

Kava consumption in the context of social use was used to instil a sense of equanimity among community debates over tenuous issues such as territory disputes or other political problems (Lebot et al 1997). The social use of Kava in these contexts allowed for open discourse to occur among people without the intoxicating influence inherent with the use of alcohol, for example. This was common practice in Vanuatu; sitting around the Kava bowl whilst the Kava root was chewed, then spat into the water, mixed, and strained to be properly prepared for drinking (Lindstrom 2004). A Bilo, a small carved wooden bowl or coconut shell, would be passed around to drink Kava from the Tanoa; the serving bowl where Kava was prepared, and would always start with the most revered and high-status members of the community. The social act of passing the Bilo/coconut shell is key to note here, as it is a literal and symbolic act of bonding between people within a community as well as a token of acceptance of new people, such as visitors or traders, that is still used in modern times (Singh and Blumenthal 1997, Mohanty 2017). Kava was also used to enact conflict resolution (Olson 1997) among feuding tribes as a last attempt at a peaceful discourse, to the extent that a special cultivar of the plant that contained particularly potent levels of kavalactones became referred to as “war Kava”. Kavalactones are the chemically active elements of the Kava plant; they are psychoactive but not psychedelic, so they provide calm and relaxation without loss of coherence (Lebot et al 1997).

Over the centuries, Kava cultivars (different types of the plant) were spread across the Pacific countries via ships, and ceremonial use eventually trickled down into an everyday experience which would be included in social events such as birthdays, weddings, funerals, and other celebrations. The

first-time western travellers experienced Kava was on the arrival of Captain Cook in Fiji in the late 1700s; they viewed its preparation and consumption as completely alien compared to practices in Western society (Singh 1992). George Foster, a natural scientist who accompanied Cook to Fiji, noted the effects of Kava on the Fijians and compared it with alcohol. The name *Piper methysticum*, also known as intoxicating pepper, was assigned to Kava by Foster as he witnessed that drinking the substance would induce sleepiness (Singh 1992). It was the arrival of Christian missionaries, however, that had a direct influence on Pacific culture and social Kava use in a more destructive manner. In the 1800s, Christian missionaries sent out across the world came to PICTs such as Fiji, Samoa, and Tonga to promote the ideological and moralistic tenets they ascribed to (Sissons 2014). The missionaries encouraged the indigenous people of Fiji, alongside fifteen other Pacific countries, to actively destroy their religious icons and practices and convert to Christianity. Kava and its use were seen by the missionaries as a representation of the anti-Christian to the extent that the Kava bowls, cups, and other related utensils were destroyed or removed from use (Sissons 2014, Aporosa 2019). In countries such as Tahiti and Hawaii, Kava use was rejected to the extent that virtually all species of the plant have been eradicated from the areas of propagation.

This form of iconoclasm was not entirely successful throughout the Pacific, however, as Tonga, Samoa, Fiji, and Vanuatu refused to lose their symbols of cultural identity (Keesing 1934, Sissons 2014). In Fiji and Samoa, for example, a great deal of Methodist practice was incorporated into the indigenous culture systems of belief, in which Kava use became more of a symbolic gesture than an active practice, although some people continued to use Kava in secret, away from the eyes of the stronger Christian adherents (Keesing 1934, Tavola 1991). In the Pacific Island countries and territories (PICT), Kava is legal, and its consumption is a culturally embedded phenomenon and is used in daily life in a variety of applications, such as ceremonial and social. Kava is also a critical trade export for the PICT region, and many island communities rely on this trade to live (Mohanty 2017). International drug policy on Kava is inherently liberal regarding Kava use as a trade export and its relatively low harm threshold, although strict adherence to the type of Kava exported must be met, in line with current Codex Alimentarius Commission (CAC) food standard regulations (fao.org 2020). Vanuatu, Fiji, and other Pacific countries allow the domestic sale of Kava for consumption via markets and Kava bars, as well as supporting the Kava export trade to other countries such as the US. The United States does not currently prohibit the sale or importation of Kava and it is sold in dried root as well other consumer products such as tinctures, confectionaries, extracts, pills, etc. This access to Kava products mirrors the PICTs, as does the drug policy enacted by the US government regarding the control of Kava.

Although the FDA has issued warnings regarding potential liver toxicity related to Kava in dietary supplements, they do not directly refer to Kava in its singular form (nih.gov 2020). Globalization has brought Kava to the West and its popularity has increased due to its relaxation and anti-anxiety properties, particularly in the United States, where it is freely available to purchase in stores as a dietary supplement or at dedicated Kava bars in cities such as New York (Scaccia 2020). Kava has therapeutic benefits outside of its traditional South Pacific context of entheogenic practice and social libation, including anxiolytic, anti-depressant, and anti-inflammatory effects (Sarris et al. 2013, Savage et al. 2015, Pittler and Ernst 2000, Singh, and Singh 2002). At the same time, however, there have been UK and European governmental concerns regarding the safety of Kava consumption pertaining to liver toxicity, allergic reactions, and claims of potential addiction (Teschke 2010, Humberston et al. 2003, Rodriguez 2016, Rechenberg 2016), which have been strongly contested and refuted by the collective governments of the South Pacific countries (Kuchta et al. 2015). Despite this successful challenging of toxicity claims, many European countries such as France, and the UK, have maintained a prohibitionist stance on Kava since 2003. The law regarding Kava in the UK currently prohibits its importation for human consumption – be it as a medicine or as part of food. Under the regulations passed in 2002 via advisement of the Medicines and Healthcare products Regulatory Agency (MRHA) and Food Standards Association (FSA), due to liver toxicity claims informed by German and Swiss studies conducted in 2002. Under UK drug policy, Kava in medicine or food is not controlled by the Misuse of Drugs Act 1971 or the Psychoactive Substances Act 2016 but by the Prohibition Order of 2002 and Kava in Food Order 2002 (Griffith and Tegnah 2010).

The origin of Kava's problematic public image is tied to its popularity for use by pharmaceutical companies in Germany that found the anxiolytic properties of Kava extracts particularly efficacious for the treatment of situational anxiety, and as such prescribed it to patients through legitimate medical outlets (Stickel et al. 2003). Switzerland, alongside Germany, were also proponents for the use of Kava for the treatment of depression and SAD (seasonal affected disorder) as an alternative to conventional medicines, such as Benzodiazepines (BZPs) and barbiturates (Chua et al. 2016). However, concerns of liver toxicity began to arise when Kava's use alongside traditional medicines resulted in the intervention of the German Federal Institution of Drugs and Medical Devices in 2001, which issued an industry-wide notice to cease all manufacturing and sale of products containing Kava within the country (Ernst 2004, Teschke et al. 2008). The key pieces of evidence were the initial claims of 26 separate cases of liver toxicity associated with Kava use in clinical studies conducted in

Germany and Switzerland (Schmidt 2014). This situation impacted exportation trade markets of Kava from the largest producer countries, namely Vanuatu, Fiji, and Tonga, and the respective governments saw this claim of toxicity as exceptionally deleterious to their economies (Pollock 2009). The original ban was overturned in 2014 by the Federal Court of Germany with evidence from the European Medicines Agency contesting the original study's claim of liver toxicity. Evidence found that only three of the twenty-six cases of liver toxicity could be verified in relation to the study participants' consumption of herbal products containing Kava (Schmidt 2014). Moreover, the Kava used in the products was sourced from extracts of the plant derived from solvent-based processes, and not the traditional water and dried root combination typically used by Kava drinkers (Kuchta et al. 2015).

In 2015, a collection of the South Pacific countries (Vanuatu, Fiji, Tonga) came together to contest the ban (Showman et al 2015) that remained in parts of Europe. They were successful in demonstrating the negative influence of the toxicity studies conducted in 2002 by the German and Swiss governments, which had damaged Kava's reputation, and impacted their economies. Despite this success, many European countries maintain their policy on the safety of Kava as potentially liver damaging, which the UK adheres to. The contrast of control on Kava is explored more in the literature review chapter which follows this one, but before moving on, it's important to note the broader utility of this research.

## **Utility of Research**

This research primarily aims to explore how macro-level social processes influence the consumption of Kava from a cross-cultural perspective. Macro-level social processes refer to the large-scale, overarching, and systemic social phenomena and interactions that influence and shape societies, communities, and institutions (These are explained in more depth in the literature review chapter). These processes involve a broad perspective on social structures and dynamics. They are often contrasted with micro-level processes, which focus on individual interactions and small group dynamics. Examples of macro-level social processes can be such things as social inequality, globalization, urbanization, cultural diffusion, and public policy. Outside of the South Pacific context, most Kava-based literature has been primarily centred in pharmacological journals on therapeutic applications for treatments such as anxiety (Sarris et al 2009), although some research has looked at Australian Aboriginal communities and Kava abuse (Clough 2003), alongside potentially problematic

use in the Pacific countries (Jowitt 2000, Tomlinson 2019). By looking at the lived experience of Kava consumers cross-culturally, we can better understand the variety of reasons for the plant's use, but also how users are influenced by cultural embeddedness, health narratives, and drug policy. There are undoubtedly harms to recognize and illustrate — for example, research and media narratives on Kava's toxicity and interactions with other substances have merit in their intention to protect people from potential harm because of misuse (Astorino 2020, Fu et al. 2008, Ketola et al. 2015). However, more research into Kava is needed in general to fill in our understanding of this substance. One of the benefits of examining the lived experience of Kava users is that it offers a window into a rich cache of information which can illustrate how drug policies that currently regulate the accessibility of Kava in a more restrictive practice, despite the potential benefits it may bring to its consumers.

This research is also intended to contribute to the larger discourse regarding the reconsideration of current controls prohibiting the use of other psychoactive substances by encouraging recognition of the lens of lived experience, harms, harm reduction, cultural history, and entheogenic practice as a salient part of drug policy. Understanding the individual benefits, harms, and contextual history of psychoactive substances such as Kratom, Khat, Salvia, and N, N-Dimethyltryptamine (DMT) could allow more open access to the therapeutic applications of these substances, as well as potential drug policy reform. Psychoactive substances have a narrative or history to share regarding the reasons for their use, i.e., reasons for use, which are not fully conveyed in the media or are perhaps omitted through political discourse, for example, the war on drugs. Entheogens is a term often applied to psychoactive substances that are often used within a ritual or spiritual practice, that have been consumed for generations in society as part of cultural and continue to be in the contemporary era. The term represents psychoactive substances such as N, N-Dimethyltryptamine (DMT), a psychedelic used to ostensibly enhance one's connection to a higher spiritual understanding of reality (Tupper 2003, 2009). Used in South America for thousands of years, DMT's legitimate use is deeply culturally embedded and is part of a historical narrative that shapes more accepting public perceptions. Another example can be found in peyote, a small cactus that has been used by native Americans for over five thousand years for psychedelic applications as well as pain relief and childbirth (Huxley 1968, Crocq 2007). Framing all drugs and their use as socially problematic and deleterious to health can end up shaping confusing drug policy, such as the UK Psychoactive Substances Act 2016 (PSA), whereby a blanket ban encompasses substances that need not be prohibited (Walsh 2017), or more simply a false equivalence argument. This is illustrative of the culturally embedded conservative mindset in the UK that often dominates political discourse, which ultimately sets up restrictive or prohibitive forms of policy that govern substances.

Taking a step back and fully understanding motivations for use, entheogenic practice/historical legacy, harms, and harm reduction practices for each psychoactive substance will take a long time but encourages a far more balanced approach than the current, blinkered political stance of prohibition, which is ostensibly intended to reflect public opinion on drug use and users, again at varying degrees in different countries (Pryce 2012, Levine 2002, Cruz et al. 2018). The value of exploring how MLSPs influence Kava consumption can be seen with how the consumption of other substances has been affected by these processes. A notable example in the UK – and one that has been subject to more research than Kava – is that of Khat. Khat is not internationally regulated, and the World Health Organization has defined it as a substance of potential abuse, but minimal harm (Al-Mugahed 2008). Khat is typically consumed in a social setting in Africa and has grown popular among Somali diaspora situated in the UK up until 2014 when Khat was banned. Under the Misuse of Drugs Act 1971, Khat was scheduled as a class C substance in the UK, previously under no form of control (gov.uk 2021). What makes this decision somewhat odd is that the UK Advisory Council on the Misuse of Drugs a year prior (2013) found little to no evidence of harms from Khat consumption (Mathewson et al 2013).

This criminalization of Khat led to the unfortunate reduction of social spaces known as Khat houses in the UK used by Somali migrants as analogous to public houses, being shut down by police, enforcing the 2014 law. Khat is banned in most European countries as it is seen by governments predominantly as an illicit substance of abuse and health concern (Csete 2014). The USA has regulated cathinones, the psychoactive component of Khat, as a schedule one substance since 1993 by the DEA via the Controlled Substances Act, even California, known for its liberal and hands-off approach to substances like Cannabis, still adheres to federal law regarding Khat's legal status (dea.gov 2021). Given Khat's indigenous cultural use and social attachment, what has been the influence of drug policy upon the people who use it, more precisely the lived experience. It has been suggested that the Somali communities that use Khat in the UK, for example, have found themselves moving towards the use of other substances such as alcohol due to Khat's change in legality (web.archive.org 2021). Whilst the ban on Khat relieved and allayed some of the concerns from the people within Somali communities who had claimed a plethora of deleterious effects from its use such as insomnia and depression, there is the social aspect to consider. The dissolving of legal Khat social spaces due to the ban (Khat houses), for Somali men has fundamentally shaped their interactions, discourse, and connection with culture (Caulfield 2016). The influence of drug policy

and UK conservative culture, in this regard, has found its way down from the macro into the everyday lives of people who consumed Khat, and ostensibly reduced the harms from its use via its ban of sale and use. This has controlled and constricted the cultural sense of identity and social interaction that groups of Somali migrants have known for most of their lives (Caulfield 2016). Given Khat's popularity within Somali migrant communities, it is no surprise that its use has moved underground, moreover, it has increased the price by over ten, going from three UK pounds to thirty for a bundle of Khat leaves (Kassim et al 2015).

Although a small demographic of use across the UK, the ban on Khat was detrimental to the livelihoods in countries such as Ethiopia and Yemen, which shipped tonnes of Khat leaves to the UK every week until the 2014 ban (Kassim et al 2015). This MLSP of drug policy in this regard at the macro level has a plethora of influences throughout the various areas of Khat production but hits home in the form of the lived experience of the consumer. So how might we relate the Khat example to this research project's focus on the lived experience of Kava consumers? Kava and Khat share the sense of community via its social use, which has been culturally embedded for thousands of years. Both are plants, non-synthetic, legal in their country of origin, and both have native economies tied to agricultural practice, South Pacific and parts of Africa/Arabian Peninsula respectively. Both have found the province of use from the diaspora across the world including most of Europe and the United States. When it comes to legality however, things are somewhat different. Firstly, an important distinction to make between Kava and Khat is the type of chemicals that facilitate their respective psychoactive effect from consumption. Kava contains kavalactones, a variety of which enact a state of relaxation, which is classified as a depressant, much in the same fashion as alcohol, synergistic with social interaction. Khat contains cathinones which facilitate talkativeness and alertness, again finding a synergy with human interaction, and discourse. Khat has been classed as a stimulant akin to coffee and its effects have been contrasted as such from the perspective of its consumers.

Kava and Khat are not globally scheduled substances, and although Khat was designated as a potential substance of abuse in 1981 by the WHO, it does not consider it a substance of substantial harm. Kava under the WHO guidelines (2016) are also designated a substance of minimal harm and low associated criminality. To be clear, the level of control on Khat in the UK, EU, and the USA reflects a narrative that frames Khat as a substance of harm to its consumers, whilst at the same time there are contrasting perspectives that claim this is not the case. Whilst the differing drug policies play out

regarding the legality of Kava cross-culturally, what is often missing, or perhaps underrepresented, is the lived experience of the people that consume them. As a framework, using the lived experience as evidence to inform drug policy as Valentine et al (2020) argue, represents the primacy of intentionality behind this research project. This is not to say the lived experience should be the only form of evidence to inform drug policy, but rather as with the creation of any top-down forms of control, we should always seriously consider the reality of the people it will ultimately influence (Klein 2020).

UK drug policy in general could be better informed via a valuable source of bottom-up evidence from lived experience not just for Kava but for other controlled substances that are under non-reflective policies. As Ti et al. (2012) argue, more engagement with people who use illicit drugs is needed, and this engagement should be directly involved with the information that creates/informs drug policy. Drug policy in the context of Kava could benefit from a more substantive bottom-up approach as to how macro-level social processes influence people's use and their perception of harms and benefits, particularly outside of Kava's native Pacific setting. Cultural embeddedness regarding substance use are also salient forms of influence that are central to this research and have been shown to strongly shape substance use, particularly in the context of addiction (Pacula and Chaloupka 2001). Reducing substance addiction is, of course, important in the context of harm reduction, but these macro forms of influence can also result in people who use drugs being ostracized from parts of society. The Global Commission on Drugs (GCDP) states that public perception regarding illicit drug use, built largely from media/mainstream narratives linking substance use to themes of criminality, is a strong determinant of how people who use drugs are perceived in society ([globalcommissionondrugs.org](http://globalcommissionondrugs.org) 2017). Culturally embedded mainstream forms of perception shape how substance users experience their social use of drugs and the harms they encounter; for example, marginalized users may find themselves exposed to dangers due to public stigmatization, resulting in the notion that it is almost impossible to overcome such moral failings (Barry et al 2014). Understanding how this influences Kava consumption, especially outside of the South Pacific context, would provide insight from the perspective of users, conveying their own experience in this regard, an aspect which has not yet been researched.

## **Research Questions and Methodology**

This thesis is concerned with understanding how (and why) Kava is used in three different national settings: the UK, the US, and Vanuatu. It seeks to understand how key macro-level social processes – cultural embeddedness, drug policy, and health narratives – influence people’s Kava consumption in these settings. Finally, it explores the cross-cultural interplay between MLSPs, and Kava use in the West and in Vanuatu. But why choose these three case study locations? As a contrast of control and culture, from its native use, to regulated sale, to prohibition, Vanuatu, the US, and UK respectively offer a stark form of contrast to examine.

Firstly, the decision to make Vanuatu one of the case study areas of ethnographic focus is due to Kava’s culturally embedded history of production and consumption, as well as Kava’s strong commercial export throughout the South Pacific region and the United States. The second case study location chosen for this research is the United States, where Kava has an increasingly popular presence in terms of its use in Kava bars (predominantly in Florida) and at-home consumption. Kava’s regulation is set as a dietary supplement, and whilst not cultural normative to consume, it offers a contrast to Vanuatu. The third case study, my home country of the UK, offers a far starker contrast to examine as Kava is prohibited for sale for human consumption. Nor does it have much of a culturally linkage of use compared to the Pacific diaspora of the US. The UK provides the final piece of sliding scale to the gradient of control, to which culture undoubtedly plays a role, comparing the case study locations in terms of how the macro influences affect Kava consumers, as well as the potential interplay between them has not been done before in this manner. Whilst the research conducted on social Kava use features case studies in New Zealand (Nosa and Ofanoa 2009), Australia (Prescott 1990), and PICTs (Jowitt 2000), these are still focused on native and global south perspective. There is much to explore regarding the emerging use of Kava in the UK and the US, where it has found increasing popularity as an alternative to alcohol and a way to treat anxiety (Aporosa 2019).

By examining the lived experiences of Kava consumption from a cross-cultural perspective and how macro-level social processes influence them. This research intends to contribute towards understanding the element of micro via lived experience as a framework for other substances that are prohibited with the hopes of developing a more person-centred consideration in future drug policy creation. The questions at the heart of this research are thus:

1. How and why is Kava consumed in different cultural settings?

2. How do the macro-level social processes of cultural embeddedness, drug policy, and health narratives influence the consumption of Kava for drinkers in different cultural settings?
3. How do MLSPs relating to Kava consumption in Vanuatu influence Kava consumers in Western countries and vice versa?

To answer these questions, this thesis draws on the lived experience of Kava users in the locations. Specifically, it brings together semi-structured interviews conducted with participants in the UK and USA, and an ethnography in Vanuatu.

As noted above, this thesis draws on case studies based in three locations. A case study approach in doing research allows for an in-depth examination of social phenomena that a researcher wishes to investigate (Yin 2003, Stake 1995). More specifically for this research project, multiple case studies in the UK, the USA, and Vanuatu allow for a contrasting analysis of the phenomena: social use of Kava and how macro-level processes influence consumers. This approach will provide a way to illustrate the entheogenic and cultural history of Kava use, through interviewing participants from Vanuatu where Kava and its consumption have continued for thousands of years. At the same time, contrasting this perspective, the case studies of America and the UK offer a window into Western perspectives on social Kava use, which also differ based on the influence of the macro-level social processes inherent in each location. Differences in culture in the context of Kava use are undoubtedly of anthropological value, but criminology could benefit in this regard from better understanding the story behind this substance, its differing classification and drug policy control.

In examining the ways Kava drinkers/users manage Kava use/consumption, and their lived experience pertaining to the influence of macro-level social processes, the approach deemed best suited are to a qualitative approach of investigation, such as semi-structured interviews and ethnography to answer the research questions. For this research project, sourcing of participants is currently set to be derived from the online Kava forums, and as I am directly engaged with the community, any potential participants can be directly contacted to ascertain whether they wish to be interviewed, as opposed to non-participant observation. Online semi-structured interviews maintain participant anonymity, of particular importance in the UK due to Kava prohibition, but also allow for discourse to transpire in a more organic manner, more specifically, participants can engage in conversation in their own home with minimal distractions, thus reducing stress. Ethnographic research conducted in Vanuatu is

intended to provide rich cultural context to the historical narrative of Kava and its social use, and complement the data collected from participant interviews. All the above will be explored fully within the methodology section proper, as will other methodological approaches that have been considered for this research project. Before moving on, I will provide a brief outline of the upcoming chapters.

## **Overview of thesis chapters**

### **Chapter one introduction**

The opening chapter explores the complex world of Kava, emphasizing its consumption patterns and the social forces influencing its use in Vanuatu, the UK, and the USA. It starts by providing a cultural and historical overview of Kava in the South Pacific, highlighting its deep-rooted significance in social and ceremonial contexts. The chapter then transitions to Kava's introduction and increasing popularity in the Western world, particularly in the USA, while contrasting this with the more restrictive policies in the UK. The chapter outlines the research objectives, aiming to uncover how macro-level social processes (MLSPs) such as cultural embeddedness, drug policy, and health narratives influence Kava consumption. This chapter serves as a foundational primer for the thesis, offering insights into the cultural, social, and regulatory dimensions of Kava.

### **Chapter two literature review**

Covered in this section is an outline of historical and contemporary forms of Kava regulation that starts at the global level, then shifts into a perspective of gradient in terms of domestic control in each case study location. This will be explored Vanuatu where Kava is not controlled, the US where Kava is legal for sale as dietary supplement and the UK where it is prohibited for sale for human consumption. This provides context to the reader of where Kava legality has been and gone in the case study locations, but also to highlight the style and focus of research that has largely skipped over the lived experience of Kava consumers.

The chapter finishes with a discussion of literature regarding macro level social processes in the broad and specific sense. A rationale is presented to the reader for why the selection of MLSPs for this research project are relevant over others, demonstrating the thematic qualities linked to the

research questions. The intent here is to elucidate how the macro influences the micro as a general concept, its relation to influence substance users, then considering how this is pertinent to this research projects focus of Kava consumers. A theoretical framework finishes the chapter and provides an underpinning of relevant literature to sit with the chosen MLSPs.

### **Chapter three methods**

This chapter will unpack the chosen research design and methods, including semi-structured interviews and ethnography which were selected for this project. The rationale to select the deployed methods will demonstrate how other methods were originally considered at the infancy stage of this project but were ultimately incongruent to sufficiently answer the research questions and fulfil the research aim. The focus will then move to the ethical considerations involving firstly participant confidentiality and privacy in semi structured interviews, and secondly the complexities of maintaining these elements when conducting an ethnography. Lastly the chapter closes with considerations to the limitations of the methods used, with reference to generalisability and researcher bias.

### **Chapter four UK findings**

This chapter presents the findings from the UK sample interviews and demonstrates the influence of MLSPs. It begins with a participant background before moving on to how the UK sample chose to consume Kava. Procurement and preparation are discussed as well as how Kava made them feel. Motivations for use are unpacked, before moving on the influence of MLSPs. The influence of cultural embeddedness, drug policy and health narratives are discussed in the context of how it played a role in shaping my participants Kava consumption. The chapter closes with a brief conclusion.

### **Chapter five US findings**

This chapter presents the findings from the US sample interviews and demonstrates the influence of MLSPs. It begins in the same style as the UK, by illustrating participants background before moving on to how they consume Kava. Preparation, the feeling from Kava consumption is discussed, followed by the motivations for you. The influence of MLSPs is discussed with some brief contrasting to the UK sample. The chapter closes out with a conclusion.

### **Chapter six Vanuatu findings**

This chapter presents findings from ethnographic research in Vanuatu, highlighting differences in Kava preparation and consumption between two islands. In Vanuatu, On Efate Kava is prepared from fresh roots, unlike the dried Kava in the UK and US. The process involves peeling, chopping, washing, mincing, and mixing with water, influenced by high temperatures. Kava bars in Vanuatu, mainly male spaces, vary in size and align with the workday's end. In modern areas like Efate, women increasingly participate, contrasting with rural areas maintaining tribal based gender roles.

On Santo, traditional manual preparation and ceremonies led by tribal chiefs highlight social hierarchy and cultural significance. Motivations for Kava use include relaxation, social interaction, and medicinal purposes, contrasting with Western alcohol consumption. The chapter examines the influence of macro-level social processes (MLSPs) between Vanuatu, the UK, and the US, focusing on cultural embeddedness, health narratives, drug policy, and economics. Kava exportation significantly impacts Vanuatu's economy, bringing both benefits and challenges, including feelings of exploitation by Western businesses. The chapter concludes by setting the stage for broader implications discussed in the final conclusions and emergence of the web-way chapter.

### **Chapter seven final conclusions and the emergence of the web-way**

This final chapter synthesizes the research findings, tying up this thesis's journey of Kava from Vanuatu to the Western world, and introduces the concept of the "web way." The web way encapsulates the intricate relationship of economic demand, cultural exchange, and social influence linking Vanuatu with the US and UK through the Kava trade. The chapter explores how Kava has transitioned from a cultural tradition to a significant economic export, impacting Vanuatu's economy and social structure. It examines the economic benefits and challenges faced by rural communities, highlighting the improvements in living standards and the empowerment of local farmers. The influence of macro-level social processes (MLSPs) such as cultural embeddedness, drug policy, and health narratives is analysed across the case study locations, revealing how these factors shape Kava consumption and perception.

The chapter also discusses the bidirectional dynamics between Vanuatu and Western consumers, emphasizing the mutual dependencies and cultural exchanges facilitated by the Kava trade. Ethical considerations and sustainability issues are addressed, focusing on fair trade practices, environmental impacts, and the preservation of Kava's genetic diversity. The regulatory landscape is explored, comparing the contrasting approaches of the UK and US and their implications for the global Kava market. Limitations of the research are acknowledged, noting the challenges of

generalizing findings from small sample sizes and the need for further exploration of Kava consumption in different social contexts. Recommendations for future research are provided, including ethnographic studies of Kava bars in the US and the gendered use of Kava in Vanuatu. The chapter concludes by discussing the broader implications of the research for understanding other psychoactive substances. It highlights the importance of considering cultural, economic, and social contexts in drug policy and emphasizes the potential benefits of a more nuanced, person-centred approach to substance use regulation.

## Chapter two Literature review

### Introduction

This chapter covers the literature related to Kava consumption from a drug policy perspective to provide the reader the understanding of the current state of its regulatory standpoint from a global perspective. From here, more specific details are provided on its control in Vanuatu, the US, and the UK. This provides the reader an understanding of how current control of Kava is related to the thesis case study locations as a gradient from its native setting of legality in Vanuatu, to its control of sale as dietary supplement in the US, and its prohibition in the UK. Understanding Kava's drug policy will also illustrate the contrast in cultures and the concepts of health, which in turn set up the later rationale for the influence of macro level social processes. The latter part of the literature review provides explanation as to what macro level social processes are in detail and their relationship to the thesis research questions and aims. Starting with a broad frame of reference, this is then narrowed down to specifics within the relevant supporting literature, to provide the reader with an explanation as to why the macro level social processes were chosen and why others were not.

### Global control of Kava

Explored here is a brief overview of the historic and current international classification of Kava by the United Nations Office on Drugs and Crime (UNODC). What is important to note, although currently on the UNODC list of 20 psychoactive plants of concern, Kava is not subject to any scheduled form of control. Kava first appears in the UNODC document of data and analysis bulletin in 1973, whereby author Shulgin (1973), elucidates a comprehensive breakdown of the active chemicals in Kava, known as Kavalactones, that facilitate the psychoactive mechanism of action that Kava consumers experience. At this point, Kava was not deemed as a potential substance of abuse. It was in 2013, with a report from the UNODC, demonstrating the purported challenges of new psychoactive substances, that Kava became a perceived subject of concern, due to its increased popularity and consumption outside of the South Pacific demographic (unodc.org 2013) where it has been socially normative to use for several thousand years (see 'what is Kava' section). In 2016, a report by the FAO/WHO (Food Agriculture Organisation/ World Health Organisation) specified that there were fundamental gaps in research pertaining to the safety of Kava for human consumption, but again, did not recommend any kind of international scheduling at that time, due to its low risk of harm (fao.org 2021).

In October of 2020, the Codex Alimentarius Commission (CAC), part of the FAO/WHO, which provides assessment and international classification of food standards for human consumption, recognised Kava, when traditionally prepared with water as a legitimate beverage for human ingestion, and as such designated that it be available for trade under this definition throughout the South Pacific, and with countries that currently do not prohibit, or import restrict Kava, or any Kava based products. In the world drug report 2021 Kava was mentioned as substance seen to be of increasing use, alongside other plant substances such as Khat, Ayahuasca, Kratom and Salvia Divinorum, (idpc.net 2021).

In 2002, the European Kava ban — or more accurately, the cease of the authorisations to market any medicinal products containing Kava extracts — came into effect and it was seen as a measure to protect people who used these products from liver toxicity. This, however, resulted in countries, such as the UK and Poland, for example, deciding that all Kava products should be under scrutiny. Whilst the USA allowed the sale of Kava products to continue despite the claims of toxicity, more countries, such as Canada, Sweden, and Switzerland, set up constrictions of public access via prohibitive drug policy (Kuchta et al. 2015). Poland was perhaps the harshest in this regard, treating Kava as if it were as dangerous to public health as heroin (Aporosa 2019b). Although the original claims of liver toxicity on Kava have been refuted, Kava's reputation, as Aporosa (2019b) argues, is still recovering, and still has a negative connotation to it. A report by the FAO (Food and Agriculture Organisation) of the United Nations in 2016 found that the potential deleterious effects of Kava consumption only became apparent when used in exceptionally large quantities as well as the use of non-noble cultivars (species), and the potential issues of polysubstance use alongside Kava, particularly from prescribed medications such as antidepressants (fao.org 2016). What this amounts to from a global drug policy perspective regarding Kava and the plethora of products such as tinctures, chocolate, flavoured drinks are that there is largely a minimal risk of harm associated with its use (Abbott 2016). Currently, there are a multitude of drug policies throughout the world that control Kava procurement by people who wish to use it, varying from country to country.

In New Zealand policy recognises Kava as food (gazette.govt.nz 2015), whereas Australia limits the importation of dried Kava root for personal use at 4kg and restricts aboriginal communities' use due to concerns regarding addiction and abuse (odc.gov.au 2020). In Poland, a ban in 2005 saw Kava in the same illegal category as heroin, for which prison sentences were set at five years for importing Kava for personal use (Simonienko et al. 2013). Current drug policy in Poland has removed Kava from the prohibitive psychoactive substances list, and Kava is technically legal but at the same time cannot be sold as a supplement, medicine, or food (Garae 2018). In South Africa, Kava has been banned since 2003 under the Medicines and Related Substances Act (gov.za 2003) and importation of Kava into the country can result in confiscation as well as blacklisting of addresses orders of Kava were

placed from. Canada allows the sale of Kava products but only from registered sellers that have been authenticated by French officials; possession and personal use are currently legal (healthlinkbc.ca 2020). Whilst there is research to demonstrate the anxiolytic effects of Kava (Sarris et al. 2013) and even evidence to suggest its potential as an anti-carcinogen (Leitzman et al. 2014), there is still an air of scepticism and fear of potential addiction connected with it. As Aproasa (2019b) argues, the perception of what Kava is, what it does, and what it can do is bound by a state of twenty-first century mythologisation built upon western misinterpretations and echoes of religious influence long since passed. This perceived antagonism towards Kava, whilst potent, does not appear to be obstructing the popularity of social Kava consumption in the US, but as a world drug of choice, as Aporosa (2019b) argues, Kava has a long way to go to change the negative associations of its image. The government of Vanuatu has gone so far as to enact a form of cultural protectionism that aims to stop biopiracy and potential issues with bioprospecting via EMC 2010 and the Naygoya protocol 2010, (Patel 2023) with effectively aims to protect the indigenous knowledge of an associated plant genus, as well as the plant itself, in this Kava cultivars across the many islands Vanuatu. It is the context of how Kava is controlled via policy in Vanuatu that is explored next.

#### **Control of Kava in Vanuatu (native consumption).**

Having the largest Kava farms throughout the PICTs region, Vanuatu, and Fiji have their culturally symbolical relationship tied to the plant via social interaction, myth, and ceremony (Lebot et al 1997). As mentioned in what is Kava section, both countries managed to weather the storm of religious dogma brought in by the European missionaries, which sought to eradicate the agricultural, ceremonial, and social use of Kava across the PICTs. Historically in Vanuatu, colonialisation via European settlers were the first to establish long term occupation and installed dogmatic religious ideology and cultural values from around 1865. In 1878, France and Britain establish a joint ownership of Vanuatu renaming the country as the new Hebrides. At this time, the cultural consumption of Kava and the spiritual belief of Ni Vanuatu had been slowly eroded as it was perceived to be heathen by Presbyterian and Catholic missionaries, with outright banning its consumption in favour of alcohol. Understandably this imposition of foreign culture upon Ni Vanuatu was not appreciated, however there was little resistance to colonialisation. Vanuatu also played a strategic role in World War Two, with the island of Santo utilised as a naval and aircraft base by allied forces. The catalyst for decolonialisation began in the 1960's and was largely focused on the issue of land ownership. Tensions between Ni- Vanuatu and the coop of Britain and France centred around the conceptualisation of value pertain to the land and what it was to be used for. By ancient Ni Van Kastom, land was to be passed from generation to generation within tribes for growing food and Kava. By contrast, Britain and France wanted to capitalise on the prodigious revenue afforded by

using the land for the coconut industry, a move that was heavily criticised by the emerging political movement against European governance. In 1963 the Na Grialme political movement which had been founded on the island of Santo, sent letters of petition to the United Nations to counter the ever-increasing sale of indigenous land to foreigners over the rights of Ni Vanuatu. With steady international pressure, in 1977 the initial formations of self-governed via Ni Van began with France and Britain slowly capitulating ownership, and in 1980, the first indigenous government took charge as the decolonisation of Vanuatu manifest in its creation as a republic. The reengagement with indigenous culture via the consumption of Kava and the establishment of Kava bars, particularly in Port Vila was strongly pushed by the newly established government to ameliorate the lingering aspects of European culture. Although alcohol was not explicitly banned, its consumption was discouraged due to its deleterious health effects and disruption of social life. The rejection of alcohol as form of social libation in Vanuatu is manifested today to the extent that there are very few alcohol serving bars in Port Vila, apart from hotels that cater to tourists.

Returning to the timeline, from the 1980s Vanuatu entered a globalised economy whereby legal trade of Kava could be facilitated without interference from foreign powers. Moreover, the production of Kava farmers from the 1980s onwards across the islands of Vanuatu – such as Santo, Efate, Pentecoste, and Tanna – increased dramatically not just to fulfil the demands of local Nakamals (Kava bars), but to also meet the growing international demand from other countries such as the US. The Kava act of 2002 (commenced in 2008) was Vanuatu's first step in officially regulating the plant product for exportation and it featured several important considerations that ultimately shaped the Kava industry for the better, moving it away from the unstandardized practices of the past (unep.org 2015). This hype for Kava (particularly in the US) will be explored later, but exportations had been rising not only for the lack of regulation in other countries, but also due to anti-anxiety effects of Kava that provide a sense of equanimity for many consumers in a social and individual context. As such, the demand for Kava from western countries for recreational and big pharma (prior to toxicity claims) pushed the supply side of Kava to be expanded, and Vanuatu set to meet these demands and establish policy that reflected the high bar of globalised trade. The policy was designed with several intentions in mind, establishing protection of Kava cultivation in Vanuatu, particularly against agricultural farmers' non-compliance with the national quality standardisation of Kava for exportation, again under the bracket of protection for the cultural salience of Kava tied to Vanuatu's reputation and of course the historical social use.

The intention behind this was to set up a standard of quality by farmers producing Kava, that would enter the global market for exportation, but at the same time reduce the growth the lesser used cultivars such as 'Tudei kava'. Briefly, all Kava exported from Vanuatu is required to be derived from a

noble variety, which are known for their milder effects. They promote a sense of relaxation, stress relief, and social interaction. Users generally experience a mild euphoria, improved mood, and muscle relaxation without significant sedation or negative side effects. By contrast Tudei Kava refers to a group of Kava cultivars that are considered less desirable and potentially unsafe. These cultivars are often characterized by high levels of compounds called "flavokavains," which can have negative health effects.

Further, the Kava act set out to ensure that cultivation of Kava for personal use was not constrained, but only proper agricultural practice on Kava production was enacted by farmers who adhered to the new format of quality standardisation. Protections for the cultivation of Kava outside of Vanuatu were also made by the government that prohibited any exportation of freshly cut branches, shoots etc for cultivation purposes. Again, this was done for Vanuatu's intention to retain cultural purity over the country's reputation pertaining to one of their largest exports, but also relating to the sense of cultural sovereignty that Kava represents. Punishment in breaking any of the elements of the 2002 Kava act resulted in fines and/or imprisonment. The Kava act 2002 has largely remained the same but with some revision in 2015, that primally relates to specifying the powers of the director of agriculture to forward inspection over Kava growing farms by the Vanuatuan government department, in this case a plant protection officer to effectively shut down or confiscate any equipment or produce that does not adhere to the codes of practice set out in the Kava act 2002.

What can be deduced from this is that inclusion into the global market has resulted in an uptake of Kava demand outside of the PICTs, and an evolving form of policy designed to regulate an international standardised quality of Kava, demonstrating a move by a relatively small country to a globalised platform of trade. As mentioned, the Vanuatuan government has worked towards a form of protectionism over Kava with the act of 2002 not only to establish a standardised quality format but to combat the issues of bioprospecting and biopiracy of the Kava plant. Lindstrom (2009) demonstrates this problem comprehensively by discussing the relationship of big pharma intentionality to procure plant genus, whilst still respecting the indigenous local communities where the plants originate (Bioprospecting). Contrastingly, biopiracy effectively takes the knowledge of the plant, in this case Kava, and utilises its properties for commercialisation but does not provide any of the returns/profits/benefits to the plant's origin, more specially the communities from which it was first derived. This is typified, from the early 1990s onwards when patents on Kava from 11 countries (where Kava was legal at the time) such as the US, Germany, China, UK were being utilised as consumer products. A relatively famous example can be seen with the French cosmetics company L'Oreal in 1995 attempting to patent Kava as an active ingredient to combat hair loss.

Kava is deeply embedded within cultural identity in Vanuatu, and the plethora of policy built to regulate it is centred on providing a high-quality product to its consumers, foreign and domestic are akin to food standard regulations for the exportation market. With governmental strategies set up for the future of market growth, there is clear evidence that this plant plays an integral role in both internal and external markets as a deeply culturally embedded commodity, which the early forms of policy have sought to protect. Kava policy in the region of the PICTs, is more than just a trade product: it holds its own values independent of the commercialisation that is placed upon it via western countries and consumer demands. Policy on Kava in this regard, given its legal status in Vanuatu and all PICTs countries, reflects the importance of protecting the physicality of the plant genus, its reputation/history, and the indigenous forms of knowledge alongside that attached to its use. Establishing a level of international standardised form of Kava quality is something that both policy intentionality and indigenous government strategies are keen to have in place that evolve over time.

The most recent change in the perception of Kava legitimacy comes from the World Health Organisation (WHO) and Food and Agriculture Organisation of the United Nations (FAO) known as the Codex Alimentarius Commission (CAC), which governs food standards globally, recognising Kava as a beverage when its dried or fresh roots are mixed with cold water. Important to note is that this form of recognised standard is not exclusive to Vanuatu but is applicable to all Kava producing countries such as Tonga, Samoa, Fiji, Solomon Islands, Papua New Guinea, federal states of Micronesia, and Hawaii (a US state which sells Kava under the FDA regulations of a dietary supplement, which will be explored later). The policies that govern Kava in terms of legal status are high unlikely to change due to its cultural significance and trade export value in Vanuatu and throughout the PCITs region. As of 2019 Vanuatu's Kava exportation market was around 819 tonnes to countries across the world, which is worth about 7 million USD annually (Kilham 2020). As previously stated, the policies in Vanuatu are framed around maintaining a standard of product, and cultural protectionism. The native home of Kava offers a free form level of control for its consumption, and on the gradient, it is of course the most lenient. The US is a little more focused on the potential harms from Kava consumption and as such, controls it in a different manner.

### **Kava control in the US**

Kava's popularity in the US has resulted in the creation of Kava bars (Rabang 2019), effectively the Western equivalent of the traditional Nakamal, which are commonplace in historically kava consuming countries such as Vanuatu and Fiji. The US style of bars does differ somewhat, with more

of focus on the quantity of Kava consumption and mixing of Kratom, something that is not normal in Vanuatu (Rodriguez 2017). This is perceived by some traditional Kava drinkers as a stark departure from the spiritual and ceremonial aspect of the original reasoning for consuming the plant, and more an overly commercialised aspect of Western influence (Baker 2012, O’Sullivan and Lum 2004). Kava is typically sold and exported in powdered format made from the dry and ground root of the plant, but can also be sold as fresh roots, extracts, and capsules. Due to transportation logistics outside of the Pacific countries, dried powdered Kava root is typically the norm for exportation to retain freshness. Kava’s function to reduce anxiety has been well-documented in examples of anecdotal and empirical evidence to the extent that it is often referred to as “nature’s Xanax” in the US (Wittersheim 2020) due to its placating effects. Kava’s application for relieving stress and anxiety is the main reason that its popularity outside of the PICTs occurred, and although its relaxing effects have been compared to alcohol, medical studies have demonstrated that contrast is not truly representative due to the deleterious effects of alcohol (Singh and Singh 2002, Norton and Ruze 1994).

Kava is regulated in the United States by the Food and Drug Administration (FDA) as a dietary supplement and as such is freely and legally available to the public for purchase and consumption. Vendors that supply Kava, however, are currently required to not make claims of medicinal applications to be able to sell Kava and Kava containing products without punitive action from the FDA. Hawaii, although located in the centre of the South Pacific Ocean, is designated a state of America, which places it in a unique bracket regarding its stance on Kava as it has a cultural history to the plant as a social libation. Kava has a relatively short history of use in the US, starting with some public awareness in the Sears catalogue over 100 years ago (see below).

**SEARS, ROEBUCK & CO. (Inc.), Cheapest Supply House on Earth, Chicago. CATALOGUE No. 110.**

**Seal Buck & Co.'s Cologne Water.**  
 Prepared by us for the handkerchief, and equal to colognes in the market. It is refreshing and of great use in a sick room, where it cleans a disinfectant by dead odors and rendering the room fresh and giving it a nice perfume.  
 8-oz. bottles.....35c  
 4-oz. bottles.....25c  
 2-oz. bottles.....15c  
 1-oz. bottles.....10c  
 All, postage and tube, available on account of weight.

**Florida Water.**  
 This is the finest Toilet Water manufactured, and can be used as a perfume, or mixed with water as a cooling and refreshing lotion for the skin. In the bath it is a luxury only known to those who have tried it. Here are many imitations. Send to us and we will send you the only genuine quality.  
 No. 6702 4-pint bottles.....45c  
 2-oz. bottles.....25c  
 Unavailable on account of weight.

**Atomizer.**  
 The most reliable and useful Atomizer in the world. Has 2 hard rubber tips. Can be used for spraying perfume, or disinfecting a sickroom, or applying medicine to the throat or nose. It is made of the best materials, and with care will last a lifetime. Every household should have one.  
 Price.....85c  
 Postage extra, 5c

**KAVA KAVA.**  
 A Home Made Temperance Drink of the Forest Ingredients.

No. 6717 **MAKE YOUR OWN TEMPERANCE WINE.**  
**GREAT NON-ALCOHOLIC TEMPERANCE WINE.**  
 The most Healthful Wine to Be Had at Any Price.

**WHEN DEWEY SUNK THE SPANISH FLEET AT MANILA** a great territory was opened up of which the world knew little; secrets of the medical properties of plants, which were possessed by the natives of Manila, might have remained unknown to the world for ages had not this great American victory thrown the gates wide open for enterprise and investigation.

**THE FORMULA FOR MAKING KAVA KAVA**, the great non-alcoholic wine, a formula possessed only by Philippine Islanders, is one of inestimable value. We have purchased the entire and exclusive right for use of this formula in the United States, and are prepared to supply the ingredients for this wonderful drink to our customers.

**THIS EXTRACT MAKES A MOST DELICIOUS WINE**, rich and generous, containing not a drop of alcohol, the finest temperance drink in the world and superior to the highest priced wines on the market. It is exceedingly pleasant to taste, healthful and invigorating. It is of great value as a drink for invalids, children, weak and delicate ladies, in fact, for everyone suffering from nervousness, low spirits or brain fatigue. As a wine for the table at meals it has no equal; it improves the appetite, aids digestion, prevents stomach trouble and is just the article to have in the house when visitors call. Delicious to drink with biscuit or cake, it adds much to the enjoyment of evening parties, picnics, festivals, luncheons, while for general family use it is unexcelled.

**WE FURNISH A TRIAL PACKAGE** of this extract, sufficient for making one gallon of wine, for \$1.25. Full directions are sent with each package, and at a shade more than 20 cents per quart you can make a wine that is superior to imported and domestic wines which sell at 75 cents to \$1.25 per quart. Most of our customers buy a larger package, sufficient for making five gallons; not only is it cheaper to do so but it saves delay where only a single package is ordered at a time, and by ordering a larger package you can make a sufficient quantity to last for quite a while.

**TAKE NOTICE OF OUR GRAND SPECIAL OFFER.**  
**A FREE WINE SET** with each five-gallon package. To get this extract introduced into every community we will, for the present, make this special offer: For each order for one large package, sufficient for making six gallons of wine, the price of \$5.00 enclosed with order, we will ship, free of charge, a **BEAUTIFUL GLASS WINE SET**, as shown in the accompanying illustration. This wine set is made entirely of glass, consisting of large, handsome pressed glass wine cruet, six beautiful pressed glass wine glasses and one large glass tray. In fact, a set such as would scarcely retail at less than \$15. This beautiful set we give entirely free of charge, packed carefully, and shipped with each large package of Kava Kava extract, for \$5.00 cash with order.

Scarcely more than 80 cents a gallon for a delicious, healthful temperance wine, and the wine set **COSTS YOU NOTHING.**

Figure 1: Sears catalogue. Source: Kalm with Kava

Kava's notoriety in US culture was somewhat slow to begin with, and its gateway was none other than Hawaii. Kava, known locally as "awa", had been used on Hawaii's island since Polynesian settlers had migrated to the location hundreds of years prior to western colonial arrival. In Hawaii, the use of Kava in ceremonial and social environments has, much in the same way as it has in Vanuatu and Fiji, experienced religious upheaval from missionaries from Europe that constricted its use (Laenui 1993). However, knowledge and practice around it survived, and Hawaii considers Kava part of its cultural heritage, even with the island's inclusion into the United States in 1959 (Norton 1998, see also hawaii-nation.org). This not to say that Kava was not utilised in the mainland states of America, as several Kava containing products were manufactured for the treatment of ailments such as anxiety and UTIs (Urinary Tract Infections) from the 1950s onwards for sale to the public such as Gonosan and Neurocardin (Kilham 1996). See examples below which were used to treat sexually transmitted diseases:



Figure.2 Source : Antiques Navigator



Figure.3 Source : todocoleccion.net

Kava consumption in the mainland US, primarily brought forward by the south pacific diaspora in general and from Hawaii, has effectively grown in terms of its potential for therapeutic and socially lubricating effects upon its consumers. This was not the primary source of modern Kava produce expansion into the US, as an attempt to produce Kava in pill format that ultimately failed also brought more public awareness to Kava (Kilham 1996). During the 1980s Kava's popularity as a relaxant increased to the extent that its availability in extract format was readily available for purchase everywhere in the US, even in fuel stations (Lindstrom 2009), an example of this can be seen below:



Figure.4 Source: Lindstrom 2009

Kava's popularity has been solidified with the establishment of bespoke Kava bars throughout the US, as an alternative to alcohol consumption, to which has grown to over 180 locations across the United States, with Florida recognised as the epicentre of Kava bars, numbering over 75 (Baker 2012). Kava regulation has been relaxed throughout its relatively short history of use in the US, and with the European ban on Kava in 2002, this did little to discourage its sale. Although, it had been utilised in several patents for commercial means such as the example of Loreal shampoo in the 1990s, Kava was also used by a variety of companies as an ingredient for anti-anxiety medications, in the context of a more holistic approach as opposed to conventional medicines such as Xanax for example. Kava's regulation post toxicity claims have been arbitrated in the US by the FDA (food drug administration) since 2002, whereby it defined Kava as a dietary supplement, from the Federal Food, Drug, and Cosmetic Act (FD&C Act) Section 321. The FDA regulation allows the sale of Kava throughout the US as dietary supplement, although this classification is somewhat problematic due to the Kava root containing calorific values of 40% carbohydrates, which places it into a food product/beverage category. Regardless of potential criticisms here, the FDA regulation has remained the same with no revision in its classification of Kava. Labelling Kava as a dietary supplement and the warnings of potential liver damage have allowed Kava products to be sold in the US. These regulations allow permission for Kava bars across the United States to freely sell Kava in traditionally prepared formats as mentioned in the 'what is Kava' section.

Kava quality under these regulations does not have to effectively be proven to be safe for human consumption, but at the same time is allowed to be sold, and any claims of potential deleterious effects from consumption can be reported. At the same time, the FDA states that any dietary supplement cannot be legally marketed as a solution to recognised medical condition. This seems somewhat odd considering Kava in contrast to medical marijuana laws in the US which allow the sale

and use of Cannabis in 39 states currently (ncsl.org 2021), so this decision to frame Kava in a non-medical sense of value just to allow its sale seems at odds with the very concept of medicinal application of plant-based substances as efficacious alternative. The FDA however do ensure that suitable amendments to the websites that advertised the products as a drug, claiming to treat or cure, which are not currently under FDA's recognised list of substances that are safe for human use are seen as misbranded unless specifically prescribed by official practitioners.

What can be taken from US Kava regulation is that although a non-pacific country allows the sale of Kava products with relatively relaxed regulations, it can still fall into a problematic situation regarding its medicinal claims made by sellers, whether by itself or part of a formula of another product. The US regulation of Kava products is far less constrictive in terms of point of sale for consumers than many countries such as Poland, which at one time classified Kava's danger in the same context as heroin, or the UK where it currently still resides under the classification of prohibition for human use since 2002. Kava regulation across the US has continued to be relaxed in the context of public consumer accessibility. As explained, the FDA regulations have remained the same for the last 20 years, however there is evidence to suggest that this could potentially change. More specifically, the FDA commissioner in 2019 explained that America's dietary supplement industry was overdue for a reconsideration regarding the safety of current substances, ingredients, and labelling, on sale and available to the public (White and Pizz 2019). What this means for Kava and its plethora of products available in the US is uncertain, but undoubted incongruency between state law in Hawaii regarding the legality of Kava and the potential FDA reconsiderations on dietary supplements, is ultimately problematic if enacted, from a culturally embedded perspective of social Kava use. The sale of Kava in the US is however far less restrictive than the UK where it is currently prohibited for sale for human consumption.

### **United Kingdom**

Kava for human consumption in the UK is prohibited which includes any medicines and any foods containing Kava and has remained in this manner since 2002 where the prohibition was first enacted. Kava consumption in the UK and its regulation have much in common with the US in the context of historical traceability of social and medicinal use. Earliest accounts report Kava being utilised as form of medicine in the UK and in Europe in the first part of the twentieth century when Kava based remedies were sold as an antiseptic and diuretic to treat infections such as gonorrhoea (Lebot et al 1998). Treatments that contained Kava for irritations of the urinary tract were sold as Gonosan and Neurocardin (Kilham 1996), also sold in the US, but again at this point in history this was not regulated by contemporary standards. Listed under the British Pharmaceutical Codex of 1911, Kavae

Rhizome was available in a liquid extract and pill-based format derived from ground Kava root and was quite popular throughout Europe as relaxant in the early 20<sup>th</sup> century.

Kava in its westernised formats of pills and extracts during the early 20<sup>th</sup> century in the UK had no regulation in so far as what we would recognise as drug policy by today's standards. Given the fact that during this period, the drink coca cola contained cocaine as an active ingredient (Goldstein et al 2009), is not particularly surprising. Obtaining Kava products in the UK was largely unproblematic, although not mainstream enough to be considered of any concern, until 2002 when the concerns about Kava and liver toxicity were raised. In 2002, the Medical and Healthcare products Regulatory Agency (MHRA) made the decision to ban the sale and importation of Kava contained foods and herbal medicines products based on evidence given to them by the committee on safety of medicines expert working group that argued that there was potential for liver damage from Kava product consumption. This came into full effect in January 2003 with the Medicines for Human Use (kava kava) prohibition order 2002, and this was also further supported by the food standards agency claim that any food imported or sold in the UK containing Kava should also be prohibited. Following the enactment of these regulations, procurement of any Kava product has become prohibited and although there was a revision of the evidence considered by the MHRA and FSA in 2005, alongside consultation with the Committee on Toxicology (COT), ultimately the decision has remained the same ever since. The pressure to change the UK's stance on Kava prohibition has been challenged which is what led to the reconsideration of evidence on Kava's safety for human consumption in 2005. More specifically, the complementary group of alternative medicine, of which professor Edzard Ernst (University of Exeter) was the chairperson at that time, alongside pressure from the National Association of Health Food Stores (NAHS), argued that the total ban on Kava enacted by the UK government was unnecessary due to its efficacy and relative safety in contrast to other pharmaceutical substances used to treat anxiety (Ernst 2007). With Kava prohibition in the UK, punitive action appears to be minimal, with the standard procedure to confiscate and destroy Kava suspected to be for human use (legislation.gov.uk 2002). As explained outside of the UK, at the global level of international regulation Kava policy is relaxed as the United Nations and the World Health Organisation have determined that Kava consumption holds a very minor abuse potential and presents a low risk to health (fao.org 2021). So, is the ingrained element of culture towards unknown or unfamiliar substances to blame for the unchanged status quo on Kava prohibition in the UK? Perhaps so, or is it an interweaving of these influences at work? A more in-depth look at macro level social processes is needed, to which is what the next section unpacks.

## **Kava and the influence of Macro-Level Social Processes**

In the context of this research, the interaction between Kava consumption and the influence of three macro-level processes – cultural embeddedness, drug policy, and health narratives – are explored to provide insight into the lived experience of consumers cross culturally. This section of the chapter provides an outline of what Macro level social processes are in a general sense, how they have been used in context to other drug related research, before moving onto the relevance of Drug policy, cultural embeddedness, and health narratives. These are considered in terms of relevance to this research and are then considered with relevant theoretical frameworks. Finally, a brief outline of the chosen MLSPs is provided, and explains why a select were chosen in contrast to the plethora of the ones available.

### **What is a macro level social process?**

In the social sciences, macro represents the aspects of societal influence in the form of large-scale social interactions and norms that maintain things like social cohesion, social mobility, and social class, and which ultimately shape individual, or micro-level, experiences of social reality (Serpa and Ferreira 2019). Macro-level social processes (MLSPs) are broad, systemic phenomena that structure the patterns of social interactions, institutions, and the organization of society. These processes operate at a large scale, influencing and shaping the behaviours, attitudes, and relationships of groups and individuals within a society. MLSPs encompass a range of dynamics including economic systems, legal and political structures, cultural norms and values, technological advancements, globalization, demographic shifts, and environmental changes. Understanding MLSPs is crucial for analysing the complex interplay between societal structures and individual agency, providing insights into the mechanisms of social change, stability, and the distribution of power and resources.

Economic systems are foundational MLSPs that determine the means of production, distribution, and consumption of goods and services within a society (Weber, 1978). These systems shape social class divisions, labour markets, and individual life chances. Globalization, as a macro-level process, refers to the increasing interconnectedness of the world's economies, cultures, and populations, brought about by cross-border trade, investment, and the exchange of information and ideas (Friedman, 2000). Globalization affects local economies, cultural identities, and social practices, often intensifying economic inequalities and cultural homogenization (Stiglitz, 2002). Legal and political structures constitute another set of MLSPs that govern societal behaviour through laws, regulations, and governance mechanisms. These structures define the rights and obligations of individuals and groups, mediate conflicts, and allocate resources and power within society (Weber, 1918). The functioning of political institutions, the rule of law, and the nature of civic engagement are all

outcomes of these macro-level processes, influencing social stability, justice, and the capacity for social change (Habermas, 1989).

Cultural norms and values are pervasive MLSPs that guide behaviours, shape social expectations, and influence individual identities (Durkheim, 1893). These norms and values are transmitted through socialization processes and are manifested in traditions, rituals, and everyday practices. They provide a framework for understanding social roles, moral judgments, and the symbolic meaning of behaviours and practices within a society (Geertz, 1973). Technological advancements also represent a dynamic MLSP that continually reshapes social interactions, economic activities, and cultural practices. Innovations in communication, transportation, and information technology have revolutionized the way individuals connect, access information, and participate in the global economy (Castells, 1996). Technology affects the nature of work, privacy, social relationships, and has profound implications for social inequality and cultural production (Bell, 1973). Demographic shifts, such as population aging, migration, and urbanization, are significant MLSPs that affect labour markets, social services, and community structures (Lutz, et al 2008).

As explained macro-level social processes refer to the large-scale, overarching, and systemic social phenomena and interactions that influence and shape societies, communities, and institutions. These processes involve a broad perspective on social structures and dynamics. They are often contrasted with micro-level processes, which focus on individual interactions and small group dynamics.

Macro-level social processes can be interconnected and influence one another, contributing to the complex dynamics of societies and the world at large and have been used previously in research about drugs. Other researchers have drawn upon macro level social processes in their work for example, Andreas (2011) argues that globalization enhances the capacities of drug trafficking organizations to operate internationally, exploiting advances in technology, communication, and transportation. This globalization of drug markets has led to increased accessibility of drugs in various regions, profoundly affecting local drug use patterns. The global expansion of cocaine and heroin markets into new regions has been directly linked to the intensification of drug use in areas that were previously less affected. This suggests that as these networks expand, they bring with them diverse types of drugs, adapting to local markets and preferences, thereby diversifying the drug scene (Andreas, 2011). Work by Wacquant (2009), provides a critical examination of how neoliberal policies have reshaped urban landscapes, affected marginalized communities, and reinforced systems that lead to increased incarceration and policing, including drug-related offenses. Wacquant's analysis (2009) aligns with macro-level social processes by illustrating how governmental policies and

economic structures contribute to social inequalities that manifest in heightened surveillance and control of disadvantaged populations. Wacquant's analysis, while focused on urban and predominantly Western contexts, can be applied to other settings by examining how global neoliberal trends impact local economies and social policies, including those related to drug use. For example, in Vanuatu, exploring how international drug policies influenced by neoliberal ideologies affect local Kava industries could provide insights into the global-local dynamics of drug policy. Wacquant's emphasis on the interplay between neoliberal governance and penal expansion provides a framework for understanding how macro-level social processes shape the lives of individuals, especially in terms of drug policy enforcement.

The relationship between economic conditions and drug markets is well-documented, something that could be of relevance with Kava, as evidence indicating that economic downturns often lead to increased drug use and trafficking. Naím (2005) illustrates how economic crises push individuals towards the illicit economy as an alternative livelihood. In regions hit hard by unemployment and poverty, the illicit drug trade can appear as a viable economic opportunity, leading to an increase in both trafficking and consumption. Furthermore, economic stress is correlated with higher drug abuse rates, as individuals may turn to drugs as a coping mechanism for financial distress. Research in this area suggests that addressing the economic root causes of drug abuse is crucial for effective drug policy and intervention strategies.

The influence of legal frameworks and drug policy on drug use is another area with significant empirical backing. Work by Eastwood et al. (2016) have demonstrated that policy changes, such as the decriminalization of certain drugs, can have substantial effects on drug use rates and the operations of the criminal justice system. For example, the decriminalization of cannabis in several U.S. states (California for example) has led to a decrease in arrest rates for drug possession, along with a shift in public attitudes towards cannabis use. Cultural norms and perceptions play a crucial role in shaping drug use patterns and policy responses. Becker's work (1963) on marijuana use highlighted how societal stigmatization or acceptance of certain drugs influences their consumption and the associated legal enforcement. In societies where alcohol is culturally accepted but marijuana is not, law enforcement practices may disproportionately target marijuana users, reflecting societal biases rather than objective harm assessments. Furthermore, cultural perceptions also influence drug policy. In regions where traditional use of substances like coca leaves or khat is common as mentioned earlier, policies tend to be more permissive, recognizing their cultural significance.

Conversely, in areas where such substances are viewed as foreign or harmful, stricter controls are enforced, often ignoring the cultural contexts that guide their use (Duff, 2008).

Rhodes' Risk Environment Framework is also useful to consider as it posits that drug-related harms are not merely the result of individual choices but are significantly influenced by various environmental factors that can be categorized into physical, social, economic, and policy environments. The social risk environment encompasses the cultural norms and societal attitudes towards drugs. This environment shapes perceptions and behaviours related to drug use and is crucial in determining the effectiveness of drug policies. Understanding this can help tailor interventions that are culturally sensitive and more likely to be effective. This is interesting to note as Vanuatu's Kava bars are part of the ethnographic fieldwork, so observation and interaction within these environments can be supported by Rhodes work. Similar efforts by Richardson et al (2013) focused on the challenges and opportunities that former injecting drug users face when seeking to re-enter the workforce. Their study highlighted several key factors that influence employment outcomes for this population, including the stigma associated with past drug use, the legal and policy barriers that limit job opportunities, and the personal and social resources available to individuals during their recovery process. Richardson et al.'s (2013) study directly touches on the economic and policy environments that Rhodes' framework identifies as crucial components of the risk environment. The economic environment, which includes the availability of jobs, the nature of the labour market, and economic policies related to employment and social welfare, plays a critical role in determining the employment prospects for recovering drug users. The stigma associated with drug use, which Richardson et al. (2013) discuss, fits in familiar fashion into the social environment of Rhodes' framework. This stigma can permeate public perceptions, influencing both informal social interactions and formal policies, all of which are endemic of an overly conservative global north cultural mindset. Clearly then the influence of macro level forces upon drug use are evident, and the recurring influence of broad macro forces such as culture, drug control and concepts of health are present. Allowing for the range of potential influences to be discussed from participant interviews, more specifically going from a broad macro level social process such as drug policy and exploring the granularity offers context in my thesis on Kava. Other researchers have utilised this method of starting with broad but distinct macro level forms of influence to interview participants, and in doing so, discovered a granular level of influence.

For example, work by Dunlap and Johnson (1992) explores the social history within inner cities in the US from 1960-92 and argues that macro social forces such as economic decline, homelessness and job loss fundamentally shaped the lives of inner-city populations and their propensity to engage in drug and alcohol use or criminality. They start with a broad framework, identifying significant societal

and economic trends such as economic decline, job loss, and homelessness. These are considered macro-level forces because they stem from large-scale societal decisions and trends, such as economic policies, market shifts, and housing policies, which are beyond the control of any single individual. Dunlap and Johnson (1992) theorize and demonstrate how these macro-level forces create environments conducive to drug use and criminality. For instance, economic decline and job loss can lead to despair, reduced self-esteem, and diminished resources, all of which might increase the likelihood of drug use as a coping mechanism. Through their interviews, they can uncover specific examples and narratives that highlight the impact of these macro-level social forces. Dunlap and Johnson's (1992) work conclude that the macro level social forces in play from 1962 onwards, ultimately provided the setting to which the abuse of alcohol and drugs, but particularly the commonplace use and sale of heroin, crack cocaine and crack in the inner-city economy of New York, more specifically poor communities which have ingrained substance abuse issues. Of particular interest here is that Dunlap and Johnson (1992) provide a breakdown of what they define as macro social forces in a comprehensive table, see below:

<b>Macro Social Forces</b>	<b>National-Level Crisis Situation</b>	<b>Broader Conditions and Indicators</b>	<b>Distressed Inner-city Household-Family</b>
Unequal resource allocations	Upper 20th percentile with 50% of wealth. Poverty for many minorities.	Economic stagnation/decline for the majority. Declines in/less wealth.	Few possessions. Many economic problems. Have become relatively poorer.
Shifts in economic base	Manufacturing decline. Service jobs. Intellectual services. Few modest pay jobs. Few jobs for unskilled.	Unemployment; unskilled jobs. Part-time & low-wage pay. Unskilled not considered. Men unable to support family. Out of labor force.	No/fewer member(s) with legal income. Little/no employment income. Discouraged/do not seek jobs. Men leave/never form families. Multiple adults have no jobs.
Housing abandonment/deterioration	Housing not available. Housing deteriorates. Housing costs high. Adults with no homes. Abandoned buildings.	Homeless persons/shelters. Substandard housing. Much income goes for shelter. Households double up.	Adults put out of household. Poor housing for all members. Removes money for food/other expenses. Crowded, changing household composition. Family/kin cannot help.
Racial/ethnic discrimination	Poverty for many. Residential segregation increases.	Inadequate income for living. Less contact between races. Few contacts with informal job networks.	Adults cannot pay for food/shelter. Know few nonpoor persons. No access to networks for jobs in suburbs, other areas.
Health care declines	High costs, no or little health coverage.	Poor health, shortened life. Little/no preventive care.	Many acute illnesses, early death. Poor diet, chronic problems.
Advanced education needed	High HS dropout rate. Declining value of high school degree.	Low literacy, few skills. Higher human capital needed for low-wage job(s).	Cannot read, basic skills absent. HS graduates do not get jobs. HS dropouts excluded from jobs.
Family/kin instability	High rate of divorce, not married or common-law. Child rearing problems. Children do not live with mother.	Casual relationships. Children without two or even one natural parent. Grandparent/aunts/foster care rear children.	No/little birth control. No/little commitment to child rearing by parent(s). Caregiving forced on other adults, children semineglected.
Booming drug economy	Expanding illicit drug use/abuse/sales. Unstable, poor paying jobs in drug business.	Drug use and abuse. Alcohol abuse. Work in illegal markets. Use up economic returns.	Adults use/abuse drugs in household. Train children in abuse patterns. Most income from illegal work. No money for household.
Perceived rise in criminality	Modest change in nondrug criminality. Increases in drug crimes. Get-tough laws. Strong enforcement & lengthy punishments.	Homicide/robbery rate up somewhat. Expanding drug crime/arrests. New laws, more arrests/criminal justice system personnel/longer sentences. Expand jail/prison cells.	Adult(s) arrested and imprisoned for nondrug crimes. Many members with drug arrests. Common behaviors criminalized. More arrests/time incarcerated. Longer time away from family.
Shifts in subcultures	Subculture of poverty. Subculture of violence. Subculture of refusal.	No expectation of work/legal income; value shifts. Use threats/violence to show love/resolve disputes. Denigrate square(s), legal work; oppose authority.	Confusion about seeking work. Contradictions in family. Constant arguments/fights, lack of household harmony. Avoid legal structure(s). Challenge legal order.

Source : <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2761228/>

Dunlap and Johnson (1992) define broad macro level social forces, then through their empirical work deductively find the granular level influences of these forces, provide a framework for which other researchers could utilise relative to their own research efforts, and as such be of great value for my own in the Kava project. It's also important to note that that Dunlap and Johnson (1992) consider the changing time and contextual levels of influence that macro level social processes have. For example, what maybe a strong macro level influence at one point in time could slide into irrelevance ten years later, or perhaps become part of some other influence entirely.

In similar work, Anderson (1998) explores the underlying relationship between the micro and macro, the individual and the structural to illustrate how the dynamic between them works. Anderson (1998) attempts to link the micro and macro in the context of drug abuse and identity with the utilisation of symbolic interactionism to support her claim. Anderson (1998) tries to link individual

drug users' identities (micro-level) with societal structures and norms (macro-level). This involves examining how societal attitudes towards drugs and drug users shape individual behaviours and self-conceptions, and vice versa, how individual drug users' behaviours and self-conceptions can influence societal attitudes. By applying symbolic interactionism, Anderson (1998) focuses on how drug users develop and negotiate their identities through symbols (language, appearance, behaviours) that are understood and recognized within their social contexts. For example, how drug users might internalize societal stigma associated with drug use or resist and redefine it through their interactions. More specifically, Anderson (1998) finds that the tangible and experiential identity change among her sample of thirty abstinent drug addicts, is brought forth through the interplay of micro and macro. In this instance, a perceived loss of control in defining identity and a manifest social climate conducive to drug use is the experiential reality of the research participants.

Both Anderson's work (1998) and Dunlap and Johnson (1992) examine the influence of macro forces onto the micro level experience of drug users, but there are few differences to consider. Anderson (1998) employs symbolic interactionism, which focuses on understanding how individuals create meanings through social interactions and how these meanings influence their behaviours and self-concepts. This theoretical lens is particularly suited to exploring identity and self-perception issues. In contrast, Dunlap and Johnson (1992) might rely more broadly on sociological theories that address social disorganization and economic marginalization, focusing less on the internal identity processes and more on external social and economic conditions. Anderson's (1998) research is particularly concerned with identity formation and how individual identities are influenced by and react to societal labels and interactions. Dunlap and Johnson (1992), meanwhile, emphasize the external conditions of the urban environment and how these conditions create settings that foster drug use and criminality. Anderson's (1998) focus on symbolic interactionism suggests a deep dive into the micro-level interactions and personal narratives, potentially involving detailed case studies or ethnographic research to observe these interactions firsthand. Dunlap and Johnson (1992) also use empirical research but focus more broadly on correlating social conditions with trends in drug use and criminal behaviour, potentially incorporating both qualitative and quantitative data. While each approach offers distinct insights, integrating the micro-level focus on identity from Anderson's (1998) work with the macro-level analysis of social and economic conditions by Dunlap and Johnson (1992) could provide a more comprehensive understanding of drug use dynamics, which for this project would be useful. Such integration could help illustrate not only how societal conditions create pressures and opportunities for drug use but also how individuals within these environments construct their identities in response to these pressures, shaping their behaviours in complex ways.

In essence, both the research approaches complement each other by detailing different layers of the same issue—how broad societal forces trickle down to affect individual lives and how individuals navigate these forces through personal and social strategies. By adopting a mixture of their frameworks, this will allow me to investigate the influence of selected broad macro level social processes and allow for the exposure of granular ones to come forward, derived from the lived experience of Kava consumers. But with an abundance of MLSPs to select, refinement is necessary and consideration back to the research questions follows next.

## **Choosing suitable MLSPs**

### **Importance of MLSPs in Drug Research**

Macro-level social processes (MLSPs) are pivotal in understanding the complex factors influencing drug use and consumption. These processes encompass broad societal influences, including economic, political, cultural, technological, health, legal, and environmental factors. In the realm of drug research, MLSPs offer a comprehensive framework for analysing how various external forces shape individual behaviours and societal trends. Their relevance is particularly notable in studies examining substance use across different cultural and regulatory contexts, such as Kava consumption. By leveraging MLSPs, researchers can uncover the intricate interplay between societal dynamics and drug use patterns. The purpose of this section is to elucidate the rationale behind the selection of specific MLSPs for this research on Kava consumption. It aims to provide a clear justification for focusing on certain MLSPs while excluding others, based on their relevance to the research questions and practical considerations. By outlining the chosen MLSPs and explaining the selection process, this section sets the foundation for a focused and coherent analysis. Ultimately, it seeks to demonstrate how these selected MLSPs will contribute to answering the key research questions and provide meaningful insights into the social dynamics of Kava consumption.

### **Justification for Using MLSPs**

These processes encompass a wide range of societal influences that go beyond individual behaviours, capturing the broader context within which drug use occurs. By examining MLSPs, this study can use macro-level processes that shape Kava consumption patterns across different cultural settings. Selecting the appropriate MLSPs for this thesis posed significant challenges due to the sheer number of potential processes to consider. Each MLSP offers unique insights, but addressing all of them would be impractical and overly complex. To ensure a focused and manageable project, it was

necessary to narrow down the selection to those most directly relevant to the research questions. This involved careful consideration of each MLSP's influence on Kava consumption, its alignment with the research objectives, and the feasibility of obtaining and analysing pertinent data.

### **Comprehensive List of MLSPs**

The consumption of substances like Kava can be influenced by a wide array of macro-level social processes (MLSPs). Below is a comprehensive, though not exhaustive, list of MLSPs pertinent to drug research:

#### **A. Economic Factors**

Economic factors such as poverty, wealth distribution, employment rates, and economic policies significantly impact substance use patterns. For instance, economic hardship can drive individuals towards substance use as a coping mechanism, while wealth distribution affects access to substances.

#### **B. Political Factors**

Political factors include government stability, political ideologies, international relations, and political advocacy. These elements influence drug policies, regulatory environments, and the overall political climate, shaping the availability and perception of substances like Kava.

#### **C. Cultural Factors**

Cultural factors encompass traditions, religious beliefs, social norms, and cultural rituals. These factors are particularly relevant for Kava, as its use is deeply rooted in the cultural practices of certain regions, influencing both its consumption and societal acceptance.

#### **D. Technological Factors**

Technological factors involve access to information, social media influence, and technological advancements. Technology affects how information about substances is disseminated and can influence consumption patterns through media portrayal and online communities.

#### **E. Health Factors**

Health factors include public health policies, healthcare access, disease prevalence, and health education. These factors determine public awareness of health risks and benefits associated with substance use, influencing consumption behaviours and health outcomes.

## **F. Legal Factors**

Legal factors involve drug policies, enforcement practices, legal penalties, and regulatory frameworks. The legal status of substances like Kava varies across regions, affecting their availability, social acceptance, and patterns of use.

## **G. Environmental Factors**

Environmental factors cover urbanization, living conditions, environmental stressors, and geographical influences. These factors can create conditions that either promote or discourage substance use. For example, urban areas may have higher availability of substances, while environmental stressors can increase the likelihood of substance use as a coping mechanism.

## **Rationale for Exclusion of Certain MLSPs**

While numerous MLSPs could potentially influence Kava consumption, addressing all of them would be impractical. Therefore, this research focuses on a select few directly related to the research questions. Certain MLSPs were considered but ultimately excluded due to their overlapping influences with the chosen MLSPs or impracticality for detailed analysis. Specifically, public perception, political narrative, and media narrative were excluded. These factors, while influential, often intersect significantly with cultural embeddedness, drug policy, and health narratives, making their separate analysis redundant and complicating the scope of this study.

## **Public Perception**

Public perception is inherently a reflective aggregate of myriad influences, making it a secondary outcome rather than a primary driver of Kava consumption. It is shaped by deeper, more tangible influences such as cultural embeddedness, media portrayal, and health narratives. For instance, in regions where Kava has historically been used for ceremonial purposes, public perception is generally positive and deeply ingrained as part of cultural identity (Sarris et al., 2011). Conversely, in societies unfamiliar with Kava or where adverse health effects have been heavily publicized, perception may skew negatively (Singh, 2004). Additionally, the variability and complexity of public perception pose significant challenges for direct analysis, making it impractical to isolate specific causal relationships between public perception and Kava consumption without extensive, broad-scale sociological research beyond the scope of this study.

## **Political Narrative**

Political narrative encompasses the discourse and ideologies promoted by political figures and governmental bodies regarding various subjects, including psychoactive substances like Kava. This

narrative often shapes the formulation and enforcement of public policy and has a substantial impact on drug regulations (Babor et al., 2010). For example, political support for stringent drug laws can lead to restrictive regulations on substances like Kava, impacting both its market availability and public perception (Room et al., 2008). In the context of this thesis, political narrative is intricately linked with drug policy, to the extent that they are often indistinguishable. Political narratives around drug safety, public health, and national security are frequently the driving forces behind the formulation of these policies (Reinarman & Levine, 1997). Therefore, examining political narrative separately from drug policy would be redundant, as the policies themselves are direct manifestations of these narratives.

### **Media Narrative**

Media narrative plays a significant role in shaping the public's knowledge and attitudes toward various subjects, including psychoactive substances like Kava. Through its capacity to frame issues in specific ways, media influences not only public perception but also political decisions and policy formulations (McCombs & Shaw, 1972). Media coverage can amplify certain aspects of substances, such as potential health benefits or risks—thereby shaping public and policy attitudes toward its consumption (Jernigan, 2009). However, media narratives shape the environment within which decisions about substance consumption are made rather than being a direct cause. This indirect pathway makes it challenging to isolate the specific effects of media narrative on direct consumption patterns, complicating the causal analysis required for my research.

### **Connection to Research Questions**

Linking the discussion of MLSPs to the research questions is crucial to ensure the coherence and relevance of the study. By aligning MLSPs with the research questions, the study can systematically explore the specific ways in which these macro-level factors influence Kava consumption. This approach helps to focus the research, making it more manageable and ensuring that the selected MLSPs directly contribute to answering the research questions, thereby providing actionable insights into the social dynamics of Kava use.

### **Research Questions**

The research questions guiding this selection process are:

1. How and why is Kava consumed in different cultural settings?

This question aims to explore the cultural contexts and practices surrounding Kava consumption. By examining cultural embeddedness, the study can identify the traditional and contemporary roles of Kava in various societies, providing insights into the cultural significance and social functions of its use.

2. How do the macro-level social processes of cultural embeddedness, drug policy, and health narratives influence the consumption of Kava in different cultural settings?

This question seeks to understand the broader societal influences on Kava consumption. By focusing on cultural embeddedness, drug policy, and health narratives, the study aims to uncover how these specific MLSPs shape individual and collective behaviours related to Kava use in various contexts.

3. How do MLSPs related to Kava consumption in Vanuatu influence Kava consumers in Western countries and vice versa?

This question investigates the cross-cultural exchange of Kava consumption practices. By analysing the impact of MLSPs in Vanuatu and Western countries, the study can explore the bidirectional influences and the extent to which cultural and regulatory factors affect Kava use across different regions.

By addressing these research questions, the study can provide a comprehensive analysis of the social dynamics influencing Kava consumption, grounded in the selected MLSPs. The main difficulty is the choice in the selection of macro-level social processes, and given the sheer abundance of them, limiting oneself to three felt restrictive. One could commit to a slow process of elimination in MLSPs selection, but that would place this thesis far into an inductive effort. The created research questions above helped direct the selection for MLSPs, which were themselves guided by my initial ideas/hypothesis for the thesis.

### **Initial Ideas/Hypotheses**

These were:

- Cultural embeddedness of Kava consumption in Vanuatu will demonstrate a stronger influence on individual behaviours compared to the US and UK, where Kava is less culturally integrated.

- Drug policies in the US, UK, and Vanuatu will differentially influence Kava consumers, reflecting varying degrees of constraint and individual autonomy.
- Health narratives surrounding Kava will vary cross-culturally, influencing consumption practices and perceptions of Kava's benefits and risks.

## **Selected MLSPs and Their Relevance**

### **Cultural Embeddedness**

Cultural embeddedness refers to the extent to which Kava consumption is integrated into the cultural practices and traditions of a society. In Vanuatu, for example, Kava holds significant cultural importance, often used in ceremonial and social contexts. This deep cultural integration influences individual behaviours and societal attitudes towards Kava, making it a critical factor for analysis. In contrast, in Western countries like the US and UK, Kava is less culturally embedded, often viewed as a novel or alternative substance. This difference in cultural context can lead to varying patterns of use, acceptance, and regulation. By examining cultural embeddedness, the study can highlight how deeply ingrained cultural practices influence Kava consumption behaviours and societal perceptions, providing a nuanced understanding of its use across different settings.

### **Drug Policy**

Drug policy encompasses the laws, regulations, and enforcement practices that govern the production, distribution, and consumption of substances like Kava. In Vanuatu, Kava is legally produced and widely consumed, reflecting a regulatory environment that supports its cultural significance. Conversely, in the US and UK, Kava faces varying degrees of regulatory scrutiny, influenced by broader drug policies and public health concerns. These differences in drug policy can significantly impact Kava consumption patterns, availability, and public perception. By analysing the drug policies in these regions, the study can assess how regulatory frameworks shape the behaviour of Kava consumers and influence the market dynamics. This analysis will help to understand the constraints and freedoms experienced by Kava users, reflecting varying degrees of legal and social acceptance.

### **Health Narratives**

Health narratives refer to the discourses and beliefs about the health effects of Kava, including its benefits and risks. These narratives are shaped by public health policies, medical research, and

cultural beliefs. In Vanuatu, Kava is often viewed as a natural and beneficial substance, integral to traditional medicine and social rituals. In contrast, in Western countries, health narratives around Kava can be more polarized, with concerns about potential adverse effects influencing public and regulatory attitudes. By examining health narratives, the study can explore how different health discourses influence consumption practices and perceptions of Kava. This analysis will provide insights into how health-related beliefs and information shape individual decisions about Kava use, highlighting the role of health narratives in the broader context of substance consumption.

### **Reference to Existing Literature**

Drawing from existing literature, as mentioned earlier, this thesis builds upon the foundational work of scholars who have examined the role of macro-level social processes in substance use. For example, Dunlap and Johnson (1992) highlighted the dynamic nature of macro social forces and their impact on drug consumption over time. Their research underscores the importance of understanding the broader societal context in which substance use occurs. By referencing established studies, this research situates its analysis within a well-supported academic framework, ensuring that the selected MLSPs are not only relevant but also grounded in existing knowledge and methodologies. Other comparative studies have successfully narrowed down MLSPs to focus on specific influences in drug research. Reinerman and Levine (1997) examined how political narratives shape drug policies and, consequently, drug use patterns. Similarly, Babor et al. (2010) explored the impact of drug regulations on substance availability and public perception. These studies demonstrate the feasibility and value of a focused approach, providing a precedent for selecting a manageable number of MLSPs for detailed analysis. By adopting a similar strategy, this research aims to provide a clear and in-depth understanding of the selected MLSPs and their influence on Kava consumption. The selection of macro-level social processes (MLSPs) for this study was guided by their direct relevance to the research questions and practical considerations. By focusing on cultural embeddedness, drug policy, and health narratives, the study aims to provide a clear and manageable analysis of the factors influencing Kava consumption. This selective approach ensures that the research remains coherent and impactful, offering valuable insights into the primary drivers of Kava use in different settings.

## **The selected MLSPs**

### **Drug Policy**

As an MLSP, drug policy represents one of the most relevant influences on drug use in general in nearly every country in the world. One can see it as a mechanism to enact safety and protection from potential drug use harms, but at the same time, it can also be seen as a form of control that often allows for the enactment of punitive force on illicit substance users (unodc.org. 2019). Traditional and new/novel psychoactive substances (NPS) are regulated under different schedules of control which often vary by country. For example, Sweden has a zero-tolerance approach to illicit substance use and claims that drug use in general is low in the country, although its reluctance to enact harm reduction measures has ironically resulted in an increase in harm to illicit substance users (Cohen 2010).

In the UK, the MDA (Misuse of Drugs Act of 1971) and the more recent PSA (Psychoactive Substances Act 2016) enact a prohibitionist and punitive mechanism to control illicit drugs. Psychoactive substances that were not previously under control via the MDA 1971 have fallen under the classification of the PSA 2016. Kava has been prohibited for sale in the UK since late 2002-3 under the prohibition order of Kava in foods and medicine 2002 (legislation.gov 2002). Furthermore, Kava is technically a psychoactive substance which would place it also under the PSA 2016, although it is not at this time, explicitly controlled under this law. Drug policy control on Kava in the UK is particularly interesting to explore as no research has been conducted on its emerging population of use. Not only is Kava in the minority of psychoactive substances in common use, but its control is prohibitive compared to the United States and PICTs, which allow its procurement and consumption. The United States allow a variety of Kava products to be sold, regulated under the FDA advisory of potential liver toxicity from consumption, whilst the Kava-producing countries such as Vanuatu control specific types of Kava cultivars only for exportation for non-Pacific consumers. Although less stringent forms of Kava policy exist in these examples and intended case study locations, little is known about how much, if at all, drug policy influences social Kava use in this regard. Contrasting this with the UK, there would undoubtedly be a difference in social Kava use, perception of harms, benefits, and harm reduction from the people that consume Kava. Political stances, national or global, pertaining to illicit drug use have been flowing towards a persistent narrative of eradication starting with the war on drugs (Baum 1996, Hari 2015). The 1961 United Nations (UN) single convention on narcotic drugs, the 1971/78 UN convention on Psychotropic Substances, and the 1988 UN convention against illicit traffic in narcotic drugs and psychotropic substances are the main international policies built to control public access to illicit substances (Bewley-Taylor 2013), but also ostensibly represent the political narrative tied to a country's best interests for a healthy and drug free population (Pryce 2012). Politics also has an interwoven nature within drug policy and in the context of the perpetual

war-on-drugs narrative. From a political standpoint, governments are expected to be seen to be working on eradicating illicit drug use. Effectively then at a national and international level, political narrative has intersected with drug policy (Fazey 2003). International agreements on curbing drug trafficking and illicit drug use have manifested themselves in the creation of such institutions as the INCB (International Control Board on Narcotics) among others such as the UNDOC, which operate as mechanisms of control regarding governance of illegal substances at the macro level via international law.

The INCB is a particularly potent source of influence in this regard, overseeing countries' international compliance with specific drug policy mandates that fit in line with prevailing political narratives. Evidence for the influence of political agenda regarding illicit substance use has been demonstrated with the TNI (Trans-National Institute), who have been critical of the INCB's interference with national and international drug policy (Jelsma 2011). Further, they claim that drug policy is often intertwined with political intentionality masked as unbiased intervention and supposedly progressive drug policy reform (tni.org. 2010). At the international scale of drug policy, the INCB has become a guardian of UN ideological convention regarding the war on drugs, that is ultimately outdated and driven by political agenda, as Bewley-Taylor and Trace (2006) argue. Another example of political narrative influencing drug policy, and, by extension, social drug use is from Stevens (2011), who illustrates the "deployment of narratives" among the civil servants who construct UK drug policy. More specifically, civil servants were told to frame evidence in drug policy to "sell it" to fall in line with the UK Home Office legislative narrative, representative of UK political stances on drug use.

For this research project, the MLSP of drug policy is highly important to explore in the context of lived experience, and there are a variety of research efforts to draw upon to support my selection of drug policy as MLSP. The legalization of medical marijuana in various states across the United States has provided a unique opportunity to study the effects of drug policy changes on drug use patterns.

A study by Cerda et al. (2012) investigated the relationship between the legalization of medical marijuana and changes in marijuana use, abuse, and dependence. This study is crucial as it illuminates how legal changes can alter public perceptions and behaviours towards marijuana.

The findings from Cerda et al (2012) argue that medical marijuana laws may reduce the perceived risks associated with marijuana use, possibly leading to increased usage among adults. The regulatory framework provided by medical marijuana laws often includes patient education, regulation of dispensaries, and public health campaigns, which can collectively influence how society views the therapeutic use of cannabis. These laws not only facilitate access but also integrate

marijuana into medical and social contexts, altering its image from a purely recreational or illicit substance to a medical product. This shift in perception is significant as it highlights the role of policy in shaping drug consumption landscapes. By legitimizing marijuana for medical purposes, these laws can lead to a reduction in stigma associated with its use, encouraging individuals to seek help for conditions that may benefit from cannabis-based treatments without fear of legal repercussions.

On an international scale, a study by Walsh and Ramsey (2020), explores the challenges and dynamics of aligning national cannabis policies with international drug control treaties. This research is particularly relevant as more countries consider legalizing cannabis either for medical or recreational use, potentially conflicting with international treaties like the 1961 Single Convention on Narcotic Drugs, which classifies cannabis as a substance with limited medical use and a high potential for abuse. Walsh and Ramsey's (2020) analysis argue that as countries like Canada and Uruguay move towards more liberal cannabis policies, they not only challenge international norms but also influence other nations' policy debates. This situation creates a complex interplay between national sovereignty and international law, where countries must navigate diplomatic pressures and their own domestic policy goals. The global shifts in cannabis policies underscore the role of macro-level processes in drug policy development. They highlight how international agreements can both constrain and spur national policy innovations, reflecting broader geopolitical dynamics and changes in societal attitudes towards drugs.

Further influence of drug policy can be found with the example of enforcement of drug-free zone laws in the United States provides a critical look at how specific drug policies can lead to unintended social consequences, particularly regarding racial disparities. Beckett and Herbert's (2015) study unpack the spatial enforcement of these laws, which often impose enhanced penalties for drug offenses committed within designated areas near schools, parks, and other public spaces. This policy, though initially designed to protect vulnerable populations, has disproportionately affected racial minorities. The study illustrates how these zones, typically more expansive in urban areas, overlap significantly with neighbourhoods with higher concentrations of racial minorities. This overlap leads to increased penalties for minorities compared to their white counterparts in rural or suburban areas, where drug-free zones cover a smaller proportion of the living space.

## **Cultural Embeddedness**

At its most basic, cultural embeddedness is about how culture influences individual behaviours, beliefs, and interactions within their immediate social contexts. It's concerned with the way culture shapes the thoughts and actions of individuals in their daily lives for the cross-cultural investigation of Kava consumption, the lived experience of Kava consumers represents a depth of information to be ascertained in the ways differing cultures accept or reject Kava, this is undoubtedly more relevant outside of the pacific context. Cultural embeddedness explores how cultural identity and a sense of belonging to a particular cultural group affect individuals' self-perception and social interactions. It often involves the examination of how cultural practices are passed down through families and communities (Markus and Kitayama 1991, Rogoff 2003). Whilst this aspect may be far more present in the native setting of Vanuatu, where Kava consumption has always been culturally embedded, examining the non-native use of Kava and the influence of foreign culture represents a chance to gain insight into the non-normative consumption of a substance typically as a social libation.

Cultural embeddedness can also demonstrate the reflexive political responses to public concerns regarding perceived harms from illicit/unknown substances, that often result in specific language being used to frame a semiotic link between drug use and deviant behaviour in line with the cultural embeddedness of social drug use. Kohn (2013) states that "drug laws" constructed in the UK are primarily aimed at reflecting natural laws which see illicit substance use as a deleterious action to be avoided. People who engage in this action despite these perceived harms are labelled, as Becker (2010) terms it, as "outsiders" in the scope of society at large. Cultural differences in labelling people who use drugs are socially constructed via the semiotic relationship with a country's historical substance use over time, which can change to be perceived as deviant or not. Thus, the influence of an MLSP such as cultural embeddedness of social drug use shapes what people have taken and choose to take in a particular setting, much in the same way as political narrative and religious ideology.

The historical narrative plays a key role in a society's cultural and semiotic relationship with substance use and the perceived harms and benefits that can come from consumption. Language also is a central factor in how people perceive social drug use, and examples of this can be seen in the historical consumption of alcohol in the UK and cannabis use in Jamaica. Alcohol consumption in the UK has been a social norm for centuries and has been culturally part of social interactions. The semiotic relationship intertwined with the historical narrative has used language to legitimate the use of alcohol as socially acceptable and a normative action to the point where public houses are seen as a form of cultural heritage in the UK (Jennings 2011). Alcohol use in this regard is socially constructed through language as less harmful and deviant than other substances, such as Cannabis (Shiner and Winstock 2015).

Contrastingly, in Jamaican Rastafari culture, abstinence from alcohol is strongly advised, and the culturally embedded use of Cannabis is a social norm, albeit with a shorter historical narrative (Benard 2007). However, the culturally embedded use of Cannabis in Indian Hinduism, for example, has a much longer history, which demonstrates the semiotic relationship between substances used for spiritual reasons and social use (Hasan 1974, Russo 2015). Tied to the social use of Cannabis are the socially constructed values, mediated by language in the form of social axioms that are perceived to represent benefits and harms. Whilst cultures differ in terms of substance use, and the cultural embeddedness of social substance use may vary to reflect this, what plays out is the influence of this MLSP, manifest in the form of language and ascribed semiotic meaning built through diverse historical narrative. The culturally embedded nature of public perception on drug use is also important to recognise as a mechanism that influences social reality. Public perception of social drug use is perhaps easily recognisable and relatable as a phenomenon of contention as the moralistic right and wrong element of a person's behaviour. It feeds into the micro level of reality that shapes an individual's conception around the status quo or norms that most of society perceive as the default setting (Lapinski and Rimal 2005). This can of course change over time, with other factors influencing public perception of social drug use, such as political narrative and mass media representations of drug users (Taylor 2008). Mass media representation effectively fans the flames of socially constructed ideas of harm/risk/criminal connections with illicit substance use (Boyd 2002). Public perception of social drug use in the form of moral panics (Cohen 2011, Zajdow 2008) can contain underlying ideological concepts of right and wrong, reflecting a person's character based on their decision to use illicit substances. Viewing people who use drugs as immoral or deviant, from the public perception of a binary overlay, stereotypes people and often drives them into more harm through ostracization (Lloyd 2013). These moral panics are an example of public perception regarding social drug use and provide a way to ascertain a tangible influence that is experienced from a bottom-up, drug user perspective.

In the same manner as drug policy, what research efforts have utilized cultural embeddedness as a macro level social process?

Gunn's (2010) "Socio-Cultural Dimensions of Opium Use in Rural Asia" is important pertaining to cultural embeddedness as it highlights how opium has been historically used in Asian cultures not only for medicinal purposes but also as a social lubricant. However, cultural shifts influenced by external pressures such as colonialism, international drug policies, and globalization have significantly altered these traditional practices, often leading to the stigmatization and criminalization of opium use. Gunn's analysis sheds light on how external cultural and political forces can disrupt traditional drug use practices, leading to broader social and health implications. Lockley's (2011)

study, “Cannabis Use in Rastafarian Ceremonies,” is also salient as it examines how its use is not merely a personal choice but a spiritual act. In Rastafarian culture, the use of cannabis is integrated into religious rituals designed to bring individuals closer to the divine and enhance insights into the self and universe. The cultural framing of cannabis in Rastafarianism as a spiritual tool rather than a recreational drug profoundly affects its social perception and the behaviours of its users. By embedding cannabis use within religious practices, Rastafarian culture provides a context that sanctifies its use, which contrasts sharply with the criminalization and stigmatization that cannabis faces in many other parts of the world. This sanctification within a cultural and religious context underscores the significant impact cultural embeddedness can have on altering the narrative surrounding a substance.

Work by Labate and Fericgla (2014) explore how Ayahuasca’s use is closely controlled by cultural norms and guided by experienced shamans, which mitigates potential harms and maximizes its perceived therapeutic benefits. The ceremonies are carefully structured, with guidance on dietary and behavioural preparations that participants must follow, emphasizing the sacred nature of the brew. The ritual use of Ayahuasca is a clear demonstration of how cultural embeddedness influences drug use by framing it within a spiritual and therapeutic context, which is radically different from recreational use. This structured environment not only safeguards participants but also ensures that the use of Ayahuasca remains a deeply meaningful and transformative experience, highlighting the potential positive aspects of drug use when embedded within appropriate cultural and ritualistic frameworks. Closer to home, Kreslin’s work (2003) discusses how deeply ingrained cultural norms and historical events have shaped alcohol consumption patterns in Eastern Europe. Alcohol use in this region is portrayed not just as a personal behaviour but as a deeply rooted cultural practice that has historical ties to social, political, and economic factors. The normalization of alcohol consumption in Eastern Europe, particularly its heavy integration into social and cultural rituals, illustrates how cultural embeddedness can sometimes contribute to problematic use.

Finally, and quite relevant to this thesis is the ethnographic work “Cultural Contexts of Recreational Kava Use in Vanuatu,” by Cox (2007), who investigates how Kava plays a pivotal role in social ceremonies, conflict resolution, and daily communal interactions in Vanuatu. Kava ceremonies involve ritualized preparation and consumption that emphasize respect, community, and social harmony. The cultural practices surrounding Kava dictate when, how, and by whom it is consumed, effectively regulating its use, and minimizing potential abuse. These rituals not only promote a controlled environment for consumption but also imbue the act of drinking Kava with cultural

significance that reinforces the community's social structure and collective identity. By integrating Kava into cultural rituals, the societies of Vanuatu maintain a balance that allows them to reap the anxiolytic benefits of Kava without succumbing to the abuses often seen in substances in different cultural contexts. This example highlights how cultural embeddedness can serve as a natural form of regulation and control, promoting substance use that is socially constructive rather than destructive. Undoubtedly, culturally embeddedness plays a key role in drug consumption, underpinning its obvious choice for this thesis.

## **Health Narratives**

Health narratives are a driving force of mainstream and alternative outlooks, practices, and treatments that people with a plethora of issues choose to utilise (nhs.uk 2021). Whilst there is a recognised definition of what conventional medicine is — for example, specific treatments used by healthcare professionals, i.e., doctors, nurses — there is no clear-cut idea or fully agreed collection of treatments that constitutes alternative medicine. Also sometimes referred to as traditional medicine, this can encompass a variety of treatments such as homeopathy, acupuncture, chiropractic, and herbal medicines. The driving MLSP of health narrative suggests that conventional medicine may not always be successful in alleviating the health problems people experience and there are other avenues to explore. The desire to feel, look and be better mentally and physically is a potent one and more than USD 30 billion is spent on it annually in the USA alone (Fox 2016).

What we have is a situation of polarised stances on what is more efficacious in treating the illnesses/conditions that people experience and has been largely arbitrated by pharmaceutical manufactural dominance (Goldacre 2014). To refine this concept down and relate it to this research project, entheogens, including Kava, have become part of the health narratives bracket of treatments for such things as depression, social anxiety, inflammatory conditions, arthritis, multiple-sclerosis, cataracts, and post-traumatic disorder (Carter et al. 2014, Dubbini et al. 2020). Conventional medicine does, of course, offer its own forms of treatment and care for these conditions and can allay these difficult lived experiences symptomatic of the modern life. Conventional medicine is not always congruent for everyone, and the use of entheogens, which have been around and used for thousands of years by a plethora of cultures offer an alternative way to approach these problems (Merlin 2003, Nemu 2019). Efficacy in treating people with conventional medication-resistant depression can be seen in the example of the successful Beckley/Imperial research studies on use of psilocybin (the psychoactive chemical in magic mushrooms), where all 20 participants experienced a reduction in their depression after one week of treatment (beckleyfoundation.org 2021).

Of course, this sample size is small, and generalisability is limited, and pharma-grade psilocybin would be difficult to administer outside of clinical settings. However, the Multidisciplinary Association for Psychedelic Studies (MAPS) has also found that the use of psilocybin in treating patients with depression was efficacious, as well as helping people in the later stages of on-going palliative care for terminal cancer (maps.org 2021, see also Rosa et al. 2019). Cannabis used in alternative medicines has also been documented as particularly efficacious in relieving stress and anxiety, but also in alleviating some of the symptoms associated with serious conditions such as Crohn's disease and epilepsy (Naftali 2020, Tzadok et al. 2016). Further, the active ingredients of cannabis, namely THC (Tetrahydrocannabinol) and CBD (Cannabidiol) have been found to help with irritable bowel syndrome (IBS) and high blood pressure (Pandey et al. 2020, Jadoon et al. 2017). Clearly a substance with multiple applications, Cannabis in this regard covers a wealth of potential health solutions, that the US has recognised and currently allows the sale and adult use of Cannabis for (ncsl.org 2021). The popularity for CBD in the UK for example, has also made ground, towards a perceived legitimate/legal way of treating a variety of minor ailments, as well as its utilisation to maintain physical and mental wellbeing as part of a growing wellness trend linked to its use (Gibbs et al 2019).

Another well-known entheogen, used throughout South America for thousands of years, although somewhat perceived as highly dangerous due to its psychedelic potency, is Ayahuasca, which has been used in controlled clinical settings for the treatment of people with severe cases of post-traumatic stress disorder and oxidative stress (Frecka et al. 2016, Winkelman 2014). In the UK, a country with a strong stance against psychoactive drugs, the first clinical trials for treating people with depression with dimethyltryptamine (DMT), the active chemical in the drink Ayahuasca, started in 2021 (smallpharma.co.uk 2021). Clearly then, there is an avenue for entheogens at varying levels of potency to facilitate relief of problematic conditions. In a clinical or social setting, entheogenic use in the context of alternative medicine via health narratives as an MLSP is undoubtedly a strong driver of what substance people choose to use for medicinal reasons.

Health narratives in this manner are conveyed top down primarily through the medium of television media sources such as adverts, particularly in America (Kees et al 2010), and during the covid period, via health promoted campaigns online and conventional media formats (Simkhada et al 2020). Moving or shaping purchases towards specific health-oriented design is nothing particularly new from large scale sources such as the government, but the ever-present forms of media, specifically new media, can have a potent role in shaping people's decision-making processes (Charalambous 2019). Consumerist centred narratives to entice people to buy conventional medicines or engage with mainstream health practices via smart apps/devices/media may seem somewhat innocuous,

but they do have the level of influence to garner a sense of trust in the familiar and the legitimate (Maier-Rigaud and Böning 2017). As with the MLSPs of drug policy and cultural embeddedness, what research has utilised health narratives as a macro level influence on drug consumption?

A good example of this can be found in the opioid crisis in the United States, which has been heavily narrated through the media, ultimately playing a crucial role in shaping public opinion and policy. Work by McGinty et al. (2019) provides insight into how different media narratives affect public perceptions and policy preferences. The research found that media portrayals focusing on criminal justice responses to opioid misuse tend to reinforce stigma and reduce support for treatment-oriented policies. Conversely, when the media portrays opioid misuse as a medical issue requiring treatment and rehabilitation, it increases public empathy and support for harm reduction approaches. This example underscores the media's power in framing health issues, which can either hinder or help public health efforts. Effective media narratives that humanize individuals with addiction and highlight the efficacy of treatment can mobilize public and political support for more compassionate and health-focused drug policies. Another example is Durkin et al.'s study "The Effectiveness of Anti-Smoking Advertising Campaigns" (2013) which highlights the impact of health narratives used in anti-smoking campaigns globally. The study evaluates how these campaigns, particularly those that evoke strong emotional reactions by depicting the health consequences of smoking, significantly motivate smokers to quit. Durkin et al (2013) argue that these campaigns leverage powerful visuals and narratives to alter perceptions, making the personal and public health risks of smoking starkly apparent. Durkin et al (2013) demonstrates that well-crafted health narratives can profoundly influence individual behaviour change and public health outcomes. By creating a vivid association between tobacco use and its detrimental health effects, these campaigns effectively use fear and concern for health as tools to deter smoking, illustrating the potential of health narratives to drive significant public health improvements.

Stamm et al.'s research (2015) is also important to look at as it examines how media portrayal of body images and athletic performance affects the use of steroids among athletes. The study illustrates that media narratives promoting idealized physical forms and glorifying peak performance can encourage young athletes to turn to performance-enhancing drugs as necessary tools for success. Stamm et al (2015) highlights the role of media narratives in shaping the behaviours within sports for example, where the pressure to excel is immense. The portrayal of drug use as a pathway to achieving these ideals can have dangerous implications, pushing athletes towards harmful choices. This demonstrates the potency that health narratives can have in shaping decisions that can impact health, ostensibly to protect people from a deleterious outcome. Of course, this predicated upon the foundation of information that is presented to people is accurate and free of bias or culturally

embedded agenda. This obviously can change by culture, and given this thesis is cross cultural method by design, the health narrative pertaining to Kava and its consumption will be interesting to explore.

By focusing on cultural embeddedness, health narratives, and drug policy as the primary MLSPs, this research aims to provide a comprehensive understanding of the complex interplay between sociocultural factors, media influences, and legal frameworks in shaping individuals' choices regarding Kava consumption. Attempting to investigate the array of MLSPs and how they influence the lived experience of Kava consumers is simply not feasible, and as such the ones selected have been done so in line with their relevance to substance use. This does not discount the discovery or emergence of MLSPs outside of the three, during research, as with any empirical endeavours, nothing is certain. These chosen MLSPs are expected to offer valuable insights into the motivations, barriers, and decision-making processes of individuals who turn to Kava as an alternative medicine and contribute to the broader discourse on substance use, health behaviours, and cultural influences.

## Chapter three: Methods

### Introduction

This chapter will familiarize the reader with the methods deployed to answer the research questions at the heart of this thesis (which were stated back in the Introductory chapter and will soon be restated below). The primary focus of the research is the lived experience of Kava consumers and how this is influenced by macro level social processes. To start this chapter off I briefly discuss my researcher positionality, before I move into design philosophy, presenting the research aim and questions, which focus on the importance of lived experience as a concept in drug related research and why it was selected for this project. Following this, attention moves to the selected research tools of semi structured interviews and ethnography, detailing why they were chosen and how access to participants via online networking allowed for the project to continue during the covid pandemic. The consideration of other research tools and methods is also discussed, as is why they were not selected for the research. This is followed by an overview of data analysis, detailing the way the collected data was examined, broken down, and the establishment of themes took place. The section following that discussion addresses limitations of the project, considering the generalizability

problems inherent with qualitative research as well as researcher bias-based positionality. We close out the chapter with a conclusion, summarising the topics discussed in preparation for the next chapter.

### **Researcher positionality**

It is important when conducting any research to attempt to be free of any bias to avoid shaping the findings. When the research in question holds personal relevance to yourself, this makes the difficulty of maintaining an objective mindset even more taxing. As such it is only proper that a brief statement of positionality be elucidated to the reader to demonstrate the relationship between Kava and myself. One of the reasons I was able to secure access to my samples and embark on a rich ethnographical adventure halfway round the other side of the world was my prior engagement with the online Kava community. Kava consumption for me is the way I attempt to allay the constant pain I suffer, because of degenerative disc disease that has plagued me since 2014. I found Kava by researching alternatives to opioid painkillers in early 2018 but did not start drinking it regularly until 2020 before the covid pandemic. Through online networking I became part of a supportive community that like me had a variety of health issues and/or addictions. The utilisation of Kava as an effective pain killer was one of the primary motivations for this research project, as in the UK, Kava is currently prohibition for human consumption, which makes procuring it expensive and difficult. The other motivation was to collect evidence of people who consume Kava from a cross-cultural perspective, in the hope that one day, this project may contribute towards challenging and changing the current prohibition stance. As a researcher, I take pride in my work both professionally and personally, but I cannot discount the influence of bias and as such, decided to present my positionality for the reader here.

### **Design philosophy: exploring lived experiences.**

The main aim of this thesis was to examine how the selected macro level social processes influence the lived experience of Kava consumers cross culturally. I selected the UK as my first case study as Kava is prohibited for human consumption, the US for my second case study as Kava is sold as dietary supplement, and Vanuatu as my third case study as its sale and consumption is fully legal and normalised. To explore the lived experience, I chose to use online semi structured interviews for the UK and US (during the time of covid) and an ethnography for Vanuatu. These data collection methods will be explored in more depth shortly but brief this research design was intended to act as

form of cross-cultural contrast regarding the differing consumers of Kava in each case study– from strong prohibition (UK) to a middle ground (US) to a location with open access (Vanuatu).

To meet the research aim, I developed three main questions to be answered:

1. How and why is Kava consumed in different cultural settings?
2. How do the macro level social processes of cultural embeddedness, drug policy and health narratives influence the consumption of Kava for drinkers in different cultural settings?
3. How do MLSPs relating to Kava consumption in Vanuatu influence Kava consumers in Western countries and vice versa?

These questions were formulated from my pre-established knowledge of Kava, and the ideas/hypotheses I had to guide the thesis from its initial conceptions.

- 1: Cultural embeddedness of Kava consumption in Vanuatu will demonstrate a stronger influence on individual behaviours compared to the US and UK, where Kava is less culturally integrated.
- 2: Drug policies in the US, UK, and Vanuatu will differentially influence Kava consumers, reflecting varying degrees of constraint and individual autonomy.
- 3: Health narratives surrounding Kava will vary cross-culturally, influencing consumption practices and perceptions of Kava's benefits and risks.

As mentioned, the focus on lived experience is the primary form of data collection for this thesis. The growing trend to in drug policy created for example is slowly starting to move in favour of considering the lived experience of substance users as a valued form of evidence (Valentine et al 2020, Tay Wee Teck and Baldacchino 2022, Soussan et al 2018). As a concept, lived experience is the description of a person's subjective perspective of reality that details how and what they feel in relation to the world around them, people, such as states of being (Denscombe 2003, Cohen et al 2000). Part of the phenomenological school of research, the lived experience approach has the benefits of examining the minutia of a person's life from several standpoints: the Husserlian and Heideggerian styles.

The Husserlian take on phenomenological research involves using a perspective that is in one of being highly objective and by using 'bracketing' to remove the influence of the researcher (Gearing 2004). The bracketing approach allows for a researcher to not have specific knowledge pertaining to the phenomena they are studying in advance, but also allows the collection of lived experiences to

be unhindered. The Heideggerian approach differs in that it allows the researcher to interpret the collected information from their perspective using their pre-existing knowledge of a subject to ascertain accuracy and validity of data collected (McConnell-Henry et al 2009). The bias of having consumed Kava is inherent and somewhat difficult to remove in this study. However, an advantage to this perspective is that data collected can be analysed more efficiently in terms of relevance and in the context of authenticity.

In this regard, detail, and specifics of the lived experience from Kava consumers is centred towards a smaller sample size and given the highly niche nature of Kava consumption in the UK and US, relative to Vanuatu of course, the focus on rich detail appears quite congruent. The Heideggerian approach appears to be the most suitable position. Ultimately, the standpoint for myself as the researcher has its pros and cons in terms of prior knowledge pertaining to the lived experience and Kava consumption, which cannot be changed entirely, but only suitably modulated to maintain an objective mindset. The lived experience style of investigation lends itself naturally to interviews, which I will explore shortly. Collecting rich in-depth information pertaining to Kava consumption and the influence of macro level influences would be far more difficult to ascertain using other manners of research, such as surveys. This is not to say that surveys are not effective in qualitative research but given this research project's focus on rich detail they cannot compete with the level of depth that interviews offer (Lakshman et al 2000, Bryman 2006), let alone the thick description of ethnography (Geertz 2008), which we will discuss later.

Initially deductive reasoning was utilized to test the pre-established hypotheses related to the influence of macro-level social processes on Kava consumption across different cultural contexts, and although this type of approach is often set in stone for some researchers, I personally wanted to have an open mindset for anything that could potentially emerge during the research project, particularly in Vanuatu where the culture is vastly different to western countries. Whilst access to the samples for semi structured interviews in the UK and US was relatively straightforward, the issue of how the sample was achieved for ethnography in Vanuatu was extensively thought through in terms of realistic applications, time constraints, practicality, and human/social connections. Moreover, I wanted to allow for the possibility of emergent elements during my research in Vanuatu, given its stark contrast in culture in the west. To do this I needed to consider the work of grounded theory by Charmaz (2011). Grounded theory operates on the principle of emergence, meaning that theories develop inductively from the data rather than being imposed by preconceived hypotheses. This approach starts with the empirical world and builds inductive understandings as data collection and analysis proceed simultaneously. Charmaz (2011) highlights that this method is particularly useful for

studying phenomena that are dynamic, contingent, or poorly understood, which aligned well with the exploratory nature of my research into Kava consumption in its native setting of Vanuatu.

The fundamental tenets of grounded theory include minimizing preconceived ideas, conducting simultaneous data collection and analysis, and maintaining openness to varied explanations. This method encourages researchers to remain flexible and responsive to the data, allowing new categories and directions of inquiry to emerge naturally, effectively I didn't want to shut down to possibility of something unknown. This is better known as abductive reasoning (Tavory & Timmermans 2014, see also Glaser 1978) which is crucial for dealing with surprises and anomalies in the data. This involves considering various theoretical explanations for the observed phenomena and iteratively refining these explanations based on the data. Abductive reasoning helped in interpreting the complex interactions between individual experiences and broader social processes in this thesis.

This grounded (Charmaz 2011) style of approach aligns with Layder's (1998) adaptive theory, which advocates for a balanced combination of inductive and deductive strategies to provide a comprehensive understanding of social phenomena. Adaptive theory facilitates the integration of pre-existing theoretical frameworks with new empirical insights, ensuring a dynamic and responsive research process. In more detail, Layder's adaptive theory (1998) is a significant methodological framework in the social sciences that addresses the complexities and dynamism inherent in social research. Developed as a response to the limitations of traditional theories and methodologies, Layder's adaptive theory (1998) bridges the gap between pure theory and empirical research, offering a flexible yet structured approach to understanding social phenomena. Adaptive theory is rooted in the belief that social research should be both theoretically informed and empirically grounded. Layder argues that researchers should not be confined to pre-existing theoretical frameworks but should adapt their theories in response to empirical data (1998). This iterative process of theory and data interplay allows for a more nuanced and accurate understanding of social reality.

Adaptive theory emphasizes the continuous interaction between theoretical constructs and empirical findings. Researchers are encouraged to refine and adjust their theoretical models based on the data they collect, ensuring that the theory remains relevant and reflective of real-world dynamics. Unlike rigid theoretical frameworks, adaptive theory promotes flexibility in research design and methodology. Researchers can modify their approaches and strategies as new insights emerge, allowing for a more responsive and adaptive research process.

Layder's theory underscores the importance of context in social research. It recognizes that social phenomena are influenced by a multitude of factors, including historical, cultural, and situational

contexts. The adaptive theory process is also inherently iterative, involving a continuous cycle of data collection, analysis, and theory refinement. This iterative approach ensures that the research remains dynamic and evolves in response to new information and changing circumstances. The relevance and utility of adaptive theory lie in its ability to bridge the gap between theoretical abstraction and empirical reality. By promoting an iterative and flexible research process, adaptive theory allows researchers to develop more accurate and contextually grounded theories. This approach is particularly valuable in the social sciences, where the complexity and dynamism of social phenomena often defy simplistic or static theoretical models, and it has been used in other social research efforts. For example, one of the primary ways Layder's adaptive theory has been applied in drug research is through the exploration of the social contexts in which drug use occurs. Researchers have utilized adaptive theory to understand how various social, cultural, and economic factors interact and influence drug use behaviours (Valente et al 2004)

Another significant application of Layder's adaptive theory in drug research is the study of health narratives and public perceptions surrounding drug use. McGinty et al 2018 applied the adaptive framework to understand how health narratives—such as those concerning the risks and benefits of drug use—are shaped by cultural and social influences. This approach allows for the continuous adjustment of theoretical models to reflect the evolving nature of public perceptions and health narratives. Adaptive theory has also been employed to examine the impact of drug policies and regulatory frameworks on drug use (Cerdeira et al 2018). This application is particularly relevant given Layder's emphasis on the interplay between theory and empirical evidence. Cerdeira et al 2018 using adaptive theory, investigated how changes in drug policy affect patterns of drug use, public perception, and health outcomes. The findings underscore the unintended consequences of legalization, such as shifts in social attitudes towards other drugs and variations in health outcomes across different demographic groups. With the cross-cultural nature examination of lived experience a key factor in my research project, it made sense to adopt Layder's approach, rather than maintaining a static mindset.

On this point, why is lived experience important as a form of evidence regarding substance use? The project's intention is to provide a rich description of why participants consume Kava and how top-down influences play out in their lives. The focus on lived experience as the primary source of evidence has found merit in other research efforts and has furthered arguments questioning the status quo in policy creation pertaining to what constitutes suitable 'evidence'. Klein (2020), for example, argues that the inclusion of lived experience as a viable and trusted source of evidence in

drug policy allows for a more nuanced understanding of harm reduction, as the concept is somewhat nebulous sometimes being attached to forms of abstinence-based drug rehabilitation programs. Moreover, Klein (2020) states that the involvement of people who use drugs in policy creation provides a bottom-up perspective that is lacking in institutions which arbitrate control over illicit substances without consideration of how the influence plays out in the lived experience. Ross (2020) argues that the lack of real world 'evidence' and silencing of the drug user in policy demonstrates the way forms of governance view the people who use drugs as socially problematic. Further, drug policy and the criminalisation of illicit substances, alongside the differing conceptions of harm reduction, ultimately fail to protect the people it aims to control (Ross 2020, Hunt, and Stevens 2004).

Ross (2020) an advocate of drug user lived experience as evidence presents critical drug theory which argues that the normative assumption that all drug use results inevitably in harm is fundamentally flawed due to its inherent cultural framing of drug consumption. Critical drug theory as Ross (2020) argues, challenges the framework stating that the focus on problem drug users does not represent the entirety of drug users, nor accurately reflect the differing array of substances people use. The focus on understanding substance uses from the perspective of the users, to engage and present the lived experience is a more reflective and precise way of gaining insight that can help inform better suited drug policy decisions. What we can derive from Ross's (2020) argument is that lived experience as evidence is substantively more valuable than the current dogmatic ideological practice inherent in UK drug policy (Stevens and Measham 2010, see also Ritter and Stevens 2017). For this reason, the decision to focus on rich detail from participants' perspectives on consuming Kava, and how cultural embeddedness, drug policy and health narratives influence it seemed a logical option. The cross-cultural aspects of how macro level influences play out was of great importance to me, given that international drug policy also largely fails to recognise the merit of lived experience (Lancaster et al 2015, see also Madden et al 2021). With the focus of lived experience decided as the primary source of collected data, how to sufficiently attain the required information, was the next consideration and as the project inception started during the height of covid, this added an additional layer of difficulty, or so I thought.

## Research design and sample access.

In this section I cover how I collected participant information to sufficiently answer my research questions, as well as the process I took in making the final choice of method selection. Sample access

is tied into the chosen methods for this project, as pre-existing connections helped facilitate the engagement of participants.

The initial ideas behind how to best capture the rich detail inherent in lived experience were somewhat constrained at the time at which my research process began (2020), due to the ongoing pandemic of covid 19. This factor was key to how realistically I could procure the data I wanted, as at the time, flying to Vanuatu was simply out of the question due to closed borders. With Covid 19 in full swing at the outset of my research, I planned to begin with my UK case study using online methods. I decided to centre my focus on recruiting participants for the UK data, I had to ensure confidentiality and privacy concerns as standard but also to take particular care due to Kava being defined as a prohibited substance for human consumption. As I was already part of an online Kava group, which brings people together from all over the world who consume Kava on a regular basis, I had a distinct advantage in navigating this relative hidden population that outsider researchers would not. This dichotomy of insider and outsider perspectives weighed on my mind, as did how it would influence my research and its authenticity. On the one hand being part of the small UK Kava drinking community, I wanted to study made access to prospective participants relatively easy, as well as having substantive knowledge pertaining to the phenomenon I was looking at. On the other hand, having this level of knowledge and insight did represent a question of good researcher practice in terms of influence, bias, and interpretation of findings. Adler and Adler (1987) argue that the insider perspective allows for a nuanced understanding of the studied phenomena as participants are willing to accept and be more open in discourse with someone who is perceived to be part of their group. The insider role plays a key factor when engaging in interviews with the group that you are part of as there is tendency for the researcher to lead the participants into directions or topics that are based on the researcher's experiences and not the interviewees' (Asselin 2003, Armstrong 2001). The outsider perspective arguably offers a more objective standpoint, as the researcher has effectively no common ground so to speak with the participants, thus minimizing the level of influence and bias that can occur (Adler and Adler 1987). However, there is the difficulty in terms of gaining trust with participants if one is perceived to be on the 'outside' as there is no common ground, thus discourse is initially constrained, but of course can be overcome.

I couldn't alter or change my stance as a Kava consumer, and entirely removing bias or influence is impossible in this type of research, even if the outsider stance is adopted, as personal influence is not bulletproof to empathic feelings towards the group, or persons being studied (Dwyer and Buckle 2009). So, how did I navigate this positional stance? The option to remain an objective insider is undoubtedly difficult but not impossible, a sort of happy medium in terms of bias, or as Dwyer and Buckle (2009) term it 'the space between'. They argue that the dual role of a researcher as an insider

can be overly constrictive and contest the in or out model as problematic in practice, thus positing the dialectical tactic to be employed by researchers of understanding differences. What Dwyer and Buckle (2009) are suggesting with the 'space between' is that there is no entire common ground that insiders have, just as outsiders do not have entire differences relative to the group they are studying. What this concept of the 'space between' does for the researcher is acknowledging the similarities and differences as non-problematic, but to establish an identity relative to the form of positionality, as lived experience cannot be uniformly engaged with, but rather understood empathically in an objective manner. In essence, it is what Fay (1996) argues pertaining to the case of insider outsider stances:

*"In a dialectical approach, differences are not conceived as absolute, and consequently the relation between them is not one of utter antagonism"* (Fay 1996 p.224).

Whilst some researchers may lean toward to the style of simply being either/or, I found that this consideration of adopting the 'space in-between' was best in dealing with any possible criticism later pertaining to my positionality, as the arguments toward positionality can and may never find agreement or resolution (Acker 2000). And engaging with the established group of Kava consumers, the first steps to collecting participation data were conceptualised by looking at netnography. The practice of conducting netnography involves observing participants involved in an online setting to see behaviours, performed identities, relationships, the use of language, much like its real-world counterpart, ethnography. Netnography is a method that allows insight into social behaviours and is presented as an alternative to ethnography, its benefits being that it is cheaper to conduct, ostensibly more accessible for the researcher and less obtrusive than traditional methods such as interviews (Kozinets 2021). Considering this approach, I examined other research efforts that had employed this style in a criminological setting to ascertain if it could potentially be viable for this project. Work by Mackenzie (2022) used netnography to examine the cryptocurrency world by observing participants' interactions in chatrooms, to gain insight into the nuances involving crypto trading. A core concept of netnography is the initial stages of researcher interaction in the studied environment called 'lurking'. This is a stage where the researcher observes interaction between others, picking up terms and context specific language before moving onto the outsider practice of the research role.

From here, Mackenzie (2022) moved into an insider role to better understand how crypto scams take place and the typologies of the people that conduct them. As a method, my initial reaction to utilising this for the Kava forums was quite positive as I thought it would provide insight into the lived

experience of Kava consumers cross culturally, despite being online. Urbanik and Roks (2020), however, in their research on gangs and social media, highlight potential ethical problems with netnographies which allow the researcher to observe participant interaction in a clandestine manner with no involvement and minimal influence. This represented a problem in utilising netnography in my research, as I was already a member of the group I was intending to study, so my researcher stance was effectively already set. The concept of 'lurking' in netnography (Kozinets et al 2014) also felt problematic ethically as observing interactions between people/members of a group I was already part of seemed fundamentally odd, disconnected, in a way a betrayal of trust.

Furthermore, the thematic content of the project is centred around the consumption of Kava, and with sensitive subjects such as personal substance use, informed consent should be obtained. Ultimately this sank the boat in terms of using netnography, but considering the nuances of this approach resulted in a refined manner of thinking on what I was looking for in terms of phenomenological research. My aim was to examine the lived experience of Kava consumers cross culturally, and the influence of macro level social processes, so by examining the online aspect of Kava consumption, I was effectively looking at the interactions of people rather than digging into the rich source of descriptive information I was after. As such, some reconsideration was in order as to how I would do this whilst still utilizing my established network online to counter the problem of limited travel due to the covid pandemic. Semi structured interviews seemed to fit the part that I was looking for in terms of methods for the UK as it allowed a way to engage in open discourse in a private and secure manner. As I moved on to my US case study, Covid was still a lingering issue and I had originally intended to fly to the United States to interview Kava consumers and conduct ethnography of Kava bars there. Since travel was not possible, and given the success of my UK online interviews, I also used this method to interview my US participants.

The utility of semi structured Interviews is a tried and tested manner in social research methods, particularly in the field of criminology (Shover 2012). They allow for data collection that enables participants to engage in conversations that are not inherently constrictive in answering questions, and they provide opportunities to follow up on questions if necessary (Bryman 2016). This level of interaction and responsiveness provided by semi structured interviews, resonates with the underlying philosophy and intentionality of the research project which is to capture the lived experience. In this sense, adopting the use of semi structured interviews aligns with the interpretivist phenomenological investigation style of approach that intends to capture the intricacies of subjective reality. To examine the lived experience of Kava consumers and how the influence of macro level social processes played out from their perspectives, I needed a way to allow conversations to flow

freely but stay within a narrative of research, as overly derivative topics could result in unusable data, as well as loss of time.

Kvale and Brinkman (2009) argue that semi structured interviews offer a sort of border land between an open style conversation that someone would engage in every day, and a tightly controlled pre planned format of interviewer/interviewee dialogue. Walsham (2006) argues that semi structured interviews are a fundamental part of interpretivist research that allows accessibility into the daily experiences of life, detailing the nuances that other methods might miss. Forsey (2012) suggests that the qualitative aspect of this interview style allows for permeation into people's lives that methods such as surveys cannot provide, observational research fails to procure in sufficient quantities, nor in colloquial conversations that never centre upon specifics. The schedule pertaining to the interviews can be found in the appendices section for further reading, but to summarize, the semi structured interviews that were conducted online were set out in a way that intended to answer the research questions and meet the aims of the project for the UK and US case studies.

A set of semi structured questions was developed to tease out participants' lived experience in detail without being overly complicated to explain. The goal was to find out how and why participants consumed Kava and to ascertain how the influence of macro level social processes played a role in their Kava consumption. These two aims represent the first two research questions, with the cross-cultural aspect of difference, becoming apparent via analysis between the three case studies. Engaging in dialogue regarding substance use required a delicate touch to avoid compromising participants' privacy and causing offence from a perceived interrogative stance from the interviewee's perspective. As such, the semi structured approach allowed for open ended questions and opportunities to follow up on participants' answers, and for a more nuanced and organic form of discourse, which provided an environment of equanimity. Participants were asked questions that related to the influence of MLSPs, as a form of guidance to collect relevant information, as often conversations can drift into wild and irrelevant deviations. This was also set to link back to answering the research questions of the thesis outlined at the beginning of this chapter, but as a reminder of how this all linked together, I have outlined this briefly below.

**Cultural Embeddedness:** This MLSP was crucial because it examined how cultural contexts shape the consumption of Kava. In regions where Kava has a historical and ceremonial significance, cultural embeddedness fosters a positive perception and integrates Kava into daily life and rituals. Understanding this aspect was essential to address the first research question about the cultural motivations behind Kava consumption also where its use was not culturally embedded.

**Drug Policy:** Examining drug policy helped to understand the regulatory framework that governs Kava use in different regions. Drug policy shapes accessibility, legal status, and public health responses to Kava consumption. This MLSP was directly tied to the second research question, focusing on how policy influences Kava use in various cultural settings.

**Health Narratives:** Health narratives encompass the medical and public health perspectives on Kava consumption. These narratives influence public opinion and individual choices regarding Kava use. This helped in fulfilling the second research question, and much later played a role in the third research question.

Once the set of participant questions were finalised, initial steps were made online via the Kava forums to seek out prospective interviewees. A post was made in a general discussion section to ensure maximum visibility and engagement, asking for people of all ages from the UK and US to be part of a research project highlighting personal Kava consumption. However, response to this was initially slow and interest seemed to be minimal. A UK Kava consumer approached via messaging online, explained himself to be a key supplier of Kava importation into the UK and was keen to engage in conversation that would help me procure participants for the research project. Effectively acting as a gatekeeper, he provided access to participants by assuring them that I was a legitimate researcher and had no links to the police. Oddly enough, at this time, a similar thing happened for the US case study with a spokesperson coming forward to discuss potential participants for the research project. I did find this somewhat strange due to the fact I had been part of the online Kava group for some time, so hesitancy seemed somewhat paradoxical. Regardless, through the UK gatekeeper and US spokesperson, I suddenly had a litany of people, (the target of ten participants for each case study location) wanting to discuss their Kava consumption, without having to entice them in with motivators or recompense for their time.

The online networking that I engaged in as part of my UK and US research also provided me with initial contacts in Vanuatu. Online interviews were inherently problematic for this case study, however, due to poor internet quality in Vanuatu and frequent dropouts. Vanuatu's location in the south pacific means its weather is problematic for consistent internet, and given most internet infrastructure is satellite based, it is highly unreliable and expensive. Furthermore, as a researcher, the application of semi structured interviews to explore Kava consumption in Vanuatu felt somewhat anaemic given the cultural relationship to Kava there. As the covid pandemic restrictions began to be

lifted, thoughts to how I could capture the importance of Kava in its country of origin came to mind. I wanted to meet the research aims, but also provide rich detail around what Kava consumption means in Vanuatu. Whilst presenting the lived experience and the influence of macro level social processes, I wanted to contextualize Kava not simply as another alternative psychoactive substance that people consume, but rather as a cultural icon from a country on the other side of the world.

Ethnographic research seemed like the obvious and logical choice, as it would allow for in person conversations with Kava consumers in Vanuatu, provide insight into the cultural relationship, and illustrate a 'thick description' of lived experience that semi structured interviews could not quite achieve (Geertz 2008). A thick description in ethnographic research aims to provide rich detail of a studied phenomenon that gives context, history, biographical, situational, and interactional information:

*A thick description ... does more than record what a person is doing. It goes beyond mere fact and surface appearances. It presents detail, context, emotion, and the webs of social relationships that join persons to one another. Thick description evokes emotionality and self-feelings. It inserts history into experience. (Denzin 1989 p. 83)*

In contrast, the practice of 'thin description', a perfectly effective way of capturing information, does so with a superficial glance, effectively skimming the surface of a studied phenomenon, providing insight into something without any in depth context (Holloway 1997). Ethnography allows for the researcher to become embedded within the culture and lives of the people they are studying, being included in social activities as well as observing in detail the context in which people perform their identities, and the environments they do this in. Offline/traditional ethnography, as a qualitative research approach, is distinguished by its emphasis on the ethnographer's immersive engagement within a community, aiming to capture the complexities of human behaviour, social interactions, and cultural practices from an insider's viewpoint. This methodological choice is driven by the recognition that to truly understand a culture's nuances, an outsider must transition to an insider, experiencing the community's daily life and practices firsthand. This immersive process allows the ethnographer to observe and interpret cultural and social dynamics that are often invisible to casual observers or through quantitative analyses.

Atkinson (1990) introduces the concept of the “ethnographic imagination” as a critical tool for ethnographers, enabling them to navigate the complexities of the cultures they study. This imagination is not merely a creative endeavour but a methodological one that requires the ethnographer to engage deeply with the theoretical and conceptual underpinnings of their observations. It involves a continuous process of questioning, reflecting, and theorizing about the social world, pushing beyond surface appearances to uncover the meanings and processes that shape human life. In the context of Kava consumption in Vanuatu, the ethnographic imagination empowers the researcher to perceive beyond the act of consumption itself, exploring its significance within the community, its role in social interactions, and its cultural symbolism.

Hammersley and Atkinson (1983,2008) emphasize that ethnography is both a methodology and a product, involving systematic observation, recording, and analysis of people’s lives and cultures. They outline key principles guiding ethnographic research, such as the importance of naturalistic observation, where the researcher observes people in their everyday environments without imposing external conditions or expectations. This approach is particularly relevant to studying Kava consumption, where the setting—in homes, ceremonial spaces, or community gatherings—plays a critical role in understanding the cultural significance.

As a research method in anthropology, ethnography could be construed as perhaps overkill in terms of the substantive detail it can capture, potentially leading to a plethora of derivative threads that divert from conveying the primary focus of a research project (LeCompte and Goetz 1982, Nurani 2008). However, it is this method that allows for a depth of collected information that I believed would complement the semi structured interviews to effectively describe Kava beyond its conceptualisation as a psychoactive substance. Ethnographic research aims to convey the detail of phenomena with specifics that create imagery in the mind of a reader that contextualises how, what, when, where, and why people are doing things, and in the context of Kava to represent a ‘native’ perspective (Geertz 1974, Denzin 1989, Schneider 1987, Khan 2011).

Ethnography has been utilized in criminological research that has provided deep and rich accounts of how and why people consume substances, but also contextualises behaviours, meanings, relationships, and environments that are interwoven in the studied phenomena. An example of this is Moore’s (2004) work that used ethnography to capture the lived experience and environmental context of drug users in Perth via participant observation and presents the utility in these methods to capture rich detail in drug users’ daily lives. Parkin (2016) uses ethnography to examine and capture the reality of people who inject drugs in street based environmental settings in the south of England to present a picture of ‘hard to reach populations’ to understand social problems more

comprehensively, particularly from the perspective of the substance user. Parkin (2016) highlights the importance of using ethnography to present the realities of people who inject drugs, but also the relationships they have with harm reduction services. Furthermore, the importance of combining types of qualitative methods by Parkin (2016), in this instance, visual methods, to enhance the thick description attained from ethnography, giving a valuable insight into lived experience of drug injecting users and informing harm reduction practices from real world perspectives. Pearson's (2001) ethnographic work on adult illicit substance users in London, provides an in-depth look at the normalisation of cannabis use among close knit communities, and in general a wider social acceptance of illicit substance use. Pearson's (2001) more unusual focus on adults rather than young people provides rich detail on the people that consume it, the context, the relationships, and the environments that contrast vastly in a different manner in terms of harms claimed by drug policy.

Achieving such substantive information via a method other than ethnography would be problematic due to the amount of detail that can be attained through this method of social research. Research by Briggs (2015) brings in salient consideration pertaining to the over reliance on statistical evidence in drug policy creation, as well as anti-drug campaigns that fail to convey the reality of people who use drugs. Briggs (2015) further highlights the preference of clinically based data by governments, pertaining to substances to conceptualise harms from illicit substances as the primary and often 'go to' source of information that hegemonically (Gramsci 1971,2020) disregards any evidence outside of its paradigm. Ethnography's suitability to capture the lived experience of Kava consumers in Vanuatu and answer the research questions was solidified in my mind as the best option to convey rich detail and given the issue of past colonisation by the French and British I wanted to use ethnography in a manner that was not culturally relativistic.

In this regard, the call for decolonizing ethnography by Bejarano et al. (2019) marks a critical juncture in the evolution of ethnographic research methods, urging scholars to adopt practices that challenge historical power imbalances and prioritize the voices and perspectives of marginalized communities. This approach is not merely methodological but deeply ethical, recognizing the historical context in which traditional ethnographic research has sometimes perpetuated the marginalization and objectification of the subjects it seeks to understand. Applying these insights to the study of Kava consumption in Vanuatu entails a conscientious approach that respects the sovereignty, dignity, and lived experiences of Vanuatu's people.

Decolonizing ethnography demands a shift from viewing communities as subjects of study to recognizing them as partners in research. This shift challenges the traditional power dynamics inherent in academic research, where the researcher is often positioned as the authority. Bejarano et

al. (2019) advocate for an ethnography that is collaborative, where the communities' knowledge, perspectives, and priorities guide the research process. This approach is especially relevant in contexts like Vanuatu, where the cultural practices surrounding Kava are deeply rooted in the community's social fabric and historical identity. In the context of Vanuatu, decolonizing ethnography meant prioritizing the voices of Kava consumers and producers, ensuring they are not just subjects of the study but active contributors to the research narrative. This involved using ethnographic methods that facilitate open dialogue, such as participatory observations and interviews conducted in a manner that acknowledged and respected the participant's expertise in their cultural practices. It also meant being transparent about the research goals and outcomes, ensuring the community understands how their contributions would be used and the potential benefits from the research findings.

The sovereignty of Vanuatu's people over their cultural narratives and practices is central to decolonizing ethnography. This respect for sovereignty involves recognizing the community's rights to determine how their culture is portrayed and ensuring that research on Kava consumption does not extract knowledge without giving back to the community. Ethnographers must navigate the delicate balance of learning from the community while not imposing external interpretations on the meanings and practices surrounding Kava consumption. This respect extends to acknowledging the dignity of the participants, treating their experiences and knowledge as valuable and legitimate sources of insight.

Decolonizing ethnography also involves reevaluating the ethical frameworks that guide research practices. In studying Kava consumption, this means ensuring that consent processes are culturally appropriate and that participants fully understand their rights within the research. It also means engaging in equitable research practices, where the benefits of the research are shared with the community. This could involve supporting local initiatives, contributing to the preservation of cultural practices, or assisting in addressing community-identified needs. Incorporating the decolonizing perspective advocated by Bejarano et al. (2019) into the study of Kava consumption in Vanuatu represents a commitment to conducting research that is not only rigorous and insightful but also ethical and respectful. This approach challenges researchers to reconsider their roles and responsibilities, aiming for a collaborative process that uplifts and empowers the community. By adopting decolonizing practices, researchers, myself included can contribute to a more just and equitable field of ethnography, where the study of cultural phenomena like Kava consumption enhances our understanding of human societies in a manner that honours and respects the people who embody those practices.

When combined with the semi structured online interviews from the UK and US, ethnography provided an insight into a very specific area of interest, whilst also providing an interesting contrast between case studies. Thus, adopting a mixed methods approach, and deploying the suitable method relative to the case study location was determined to be the most effective way to represent the different ways in which Kava is consumed cross culturally and the influence of macro level social processes. With the selection of methods presented, the researcher positionality established, and the epistemological and ontological intentionality made clear in capturing the lived experience, the next section will explore the data collection and data analysis process that took place.

## Data collection

As noted earlier, in terms of positionality as a researcher, my personal Kava consumption prior to the research project's conception allowed me certain privileges as an insider in terms of knowledge about the specifics of Kava origin, methods of purchase, substance quality, the subjective experience of consumption, discourse with other Kava consumers. As such, dialogue with other Kava consumers online always felt easy to initiate and maintain. My initial post to the online Kava forum aiming to recruit a sample asked for Kava consumers in the US and UK willing to partake in an hour-long interview pertaining to their Kava consumption. The post was designed to be simple and concise, explaining what was being asked in colloquial language so as not discourage potential interest, but as described above, did not result in much interest.

My UK gatekeeper explained he had spoken to people who were interested in the research but were a little hesitant to participate. He had allayed their concerns and vouched credibility for me, which eventually brought in ten people for the UK sample. The US participants were far easier to recruit thanks to introductions via my US spokesperson, with initially eight coming forward in the first week, with another two that followed. All participants were given a digital copy of the consent forms (included in the appendices to this thesis) and confirmed that they were free to leave the project at any time and their interview data would be expunged. Participants were also given an information sheet (also in the appendices) prior to scheduled interviews that outlined the project's intent, providing greater context than the initial post that had been made online to recruit them.

Interested participants that wished to schedule online interviews were asked to give verbal consent at the beginning of the interview to preserve anonymity. During the opening dialogue of the interviews, participants were asked if they had read the information sheet and had any questions before a more informative outline of the project was conveyed to them. Following this, participants

were again asked to confirm that they were happy to continue before the interview began getting into the research line of questioning. This gradient of information released to participants was done so as not to overload them with information and provide an easy way into understanding the research project and their role within it. The use of pseudonyms for participants and removal of any identifying elements was established early in the data collection via the transcripts. The storage of interview transcript data was made secure by myself via password encrypted USB drive that was kept at my place of residence, which only I had access to.

Whilst access to the samples for semi structured interviews in the UK and US was relatively straightforward, the issue of how the sample was achieved for ethnography in Vanuatu was extensively thought through in terms of realistic applications, time constraints, practicality, and human/social connections. Conducting empirical research on the far side of the world is filled with a litany of problems just in terms of finance and logistics. But the importance of social connections to make this type of reach possible cannot be overstated, as access to authentic Kava consumption samples, over a performance tailored towards a tourist perspective, was a deep concern. Fortunately, I had a solution that found its origins in the online networking of the Kava forums, that I had already established. Accessing communities that use psychoactive substances as a researcher are often wrought with a multitude of potential problems some of which relate to the insider/outsider paradigm explained thus far. Interviewing people involves a set time and date and places the researcher within a limited window that can provide access to in depth information. However, the focus with interviews is primarily on the interviewee and the information they can convey to the interviewer, but with the practice of ethnography, the social environment comes into play, and the wealth of information that can be derived from the performance of people within it. Accessing a drug using community still represents challenges as has been discussed, and for ethnographers the problem of being accepted as part of the social environment raises concerns in terms of feasibility for the research to be conducted successfully (Wolcott 1999). As Singleton and Straits (2005) highlight, accessing your sample is one of the problems to be addressed prior to conducting any fieldwork and simply throwing caution to the wind and attempting to do so without any form of networking can lead to the project failing.

In the context of this research, I wanted to establish a way of having people on the ground in Vanuatu, effectively gatekeepers, that would provide me the opportunity to study the lived experience of Kava consumers in a way that wasn't obtrusive. Having made substantive amounts of contacts during the US and UK interview process, my reputation within the online Kava community

resulted in a few people who were located on several islands in Vanuatu contacting me regarding my research intent. Prior to these contacts, I had been engaged in liaison with members of the Kava industry regarding a potential visit to Vanuatu in July of 2022 to conduct ethnographic research. This unfortunately led nowhere, as time constraints for the industry members meant they could not provide what I needed. However, the contacts I had made in the online Kava community solved my problems by providing me with two natural gatekeepers. To conduct ethnographic research in Vanuatu, I was uncertain as to where would be best to get the most out of my time there, and this was a critical decision to make, so as not to squander time and money. Conversing with my contacts in Vanuatu, my two gatekeepers suggested that I initially spend time in the central island of Efate which is relatively modern at its centre.

Following this, I visited the more rural island called Santo, which offered a contrasting setting for the research. To conduct the ethnographic research, I allocated a month to engage with the sample and after discussion with my gatekeepers, a two-week split of firstly visiting Efate and then Santo was decided to be the best course of action and allowed compatibility with their schedules. Location wise, the contrast between Efate and Santo was decided upon to best represent the reality of daily life in Vanuatu and the interconnected relationship between people and Kava there. Capturing an authentic sense of lived experience related to Kava was my goal, as opposed to an often performed or acted one, commonly done for western audiences, to oversell a culture and not actually reflect the true reality (Coleman and Crang 2002).

Sample access for Efate represented a modern take on Kava consumption via the plethora of Kava bars as a normative social engagement, whereas the setting on Santo represented a more rural aspect of tribal life and traditional Kava consumption. It is important to note that when referring to sample access, for ethnographers studying psychoactive substance use, it is typically set out in non-normative fashion and associated with criminogenic activity. For Vanuatu, sample access in this sense does not translate across in the typical way as Kava consumption is not a criminal or deviant activity, nor is it a subcultural practice. Kava consumption in Vanuatu is deeply ingrained in culture, and is a normative social libation, to the extent that there are no alcohol serving bars/pubs on the islands of Vanuatu, save for only the tourist centred hotels. Kava consumption is normalised akin to UK and US alcohol pub/bar culture (Holt 2006), and in this context, it may appear that sample access was simple as walking into a Kava bar and begin studying the interactions via participant observation.

The importance of gatekeepers played a role here in sample access, as conducting any type of research in Kava bars, without some form of sufficient explanation or introduction, would result in people not being open to conversations or even over performing their social identities due to lack of

western presence in Vanuatu. The role of gatekeepers on Efate and Santo was to facilitate access to authentic Kava related social environments, and as such they selected locations that were easily accessible via car, but also off the beaten track: in suburbs, out of town, and in the jungle. This was done to provide a gradient of how social life and Kava consumption changes from busy to quiet and provide a differing number of people to engage with, from a multitude of socio-economic backgrounds.

My gatekeeper Nick on the less touristy island of Santo played a critical role in exploring the rural jungle area, in his 4x4 where simply navigating under one's own direction would be almost impossible. Knowledge of the gatekeeper in this regard and sample access pertaining to the tribal community I met and spent time with, would have been incredibly problematic to organise without someone familiar with the territory and social rules associated with that area. Sample access in this regard then was somewhat precarious, despite the normalised consumption of Kava, and only highlights the importance of networking in this type of research before embarking on upon such endeavours. As with the online semi structured interviews, any participants who engaged on site in Vanuatu with the research, including the gatekeepers were issued information and participant consent forms in a physical format. Passing conversations with people in Kava bars in Vanuatu that involved no information taken, did not require any consent as no data was retained. Introductions were conducted by my gatekeepers upon entry into Kava bars, to provide owners and patrons with context and intentionality as to why I was there. This was particularly relevant in more suburban/rural areas of Vanuatu where I was the only white person around and became quite the focal point of discussion in the Kava bars. There were never any occasions of unhappiness or discontent pertaining to my presence in Kava bars, or anywhere in Vanuatu for that matter. I was always met with smiles and curiosity from people, and a genuine sense intrigue was present from people when I discussed my research on Kava. Language never appeared to be an issue as people spoke English, even in the remote communities, and as such no translation on information sheets was needed. Any photos that were taken were done so with the permission of the relevant people, and any forms of identification were removed.

Kava bars visited in Efate and Santo, as well as the rural areas had gatekeepers discuss with owners to ascertain suitability and approval before any ethnographic research took place. Primary data capture for Vanuatu was done by writing comprehensive fieldnotes via a journal always carried with me, which allowed quick notation of any conversations and participant observations. It also allowed descriptive capture of the environments in which Kava was consumed, supplemented with photos taken on my phone, where people were amenable to this. Any photos taken were done so in way that maintained anonymity and privacy for participants, as well as any bystanders within the studied

social environment at the time. The use of an audio transcript device was also carried with me to capture long form conversations with people at Kava bars, pending their approval, and captured data was stored on a secure USB hard drive, always kept in my possession, reducing any chance of personal data compromise. The write up of ethnographic research was done much in the same way as it was collected, in the form of a self-reflexive narrative. Collective ethnographic fieldnotes and presenting extracts, such as the one used at the start of this thesis, gives a raw insight into the experience of the research conducted there, without losing the richness through the distilled lens of analysis of the semi structured interviews in the UK and US. This was by design, to provide the reader with a sense of journey and contextualise what Kava is and what it means in its country of origin.

## Ethical considerations

Prior to any empirical research being undertaken for this project, ethical approval was attained from the ethics committee at the University of Kent which can be found in the appendices section, and, upon this approval, data collection began with all the ethical considerations discussed in this section considered. Conducting empirical research centred upon the lived experience of people who consume psychoactive substances involves rich in-depth discussion around aspects pertaining to the topic but can also reveal personal details in an unintentional manner (Gerber 2000, Altman 1977). In the context of this research project, this was true for the semi structured interviews, and even more so with the thick description of ethnography, where substantive information was collected. This also represents issues when considering the state of legality of Kava between cross cultural case study locations with the prohibition of Kava in the UK, its legal status as a supplement in the US, and its legal and culturally embedded use in Vanuatu. First and foremost, privacy and anonymity for the protection of participants are keystone factors in conducting any type of social research. In safeguarding my research participants anonymity, was a foremost factor of concern. General speaking anonymity serves as a protective bastion, concealing the identity and personal particulars of individuals who partake in criminological research. This bulwark is fundamentally predicated upon the preservation of the safety and privacy of participants, a non-negotiable imperative in the context of research where sensitive and potentially incriminating information is collected (Israel 2004, Wiles et al 2008). This was most particularly relevant for my UK sample as Kava consumption was prohibited, and the practice of adopting pseudonyms and removal of any identifiable elements in transcript data was undertaken with vigilance. Of course, this practice of providing anonymity was applied in a ubiquitous manner for all my research participants, and to reiterated, all data collected

such as transcripts, photographs were stored on password protected UBS drive and was kept in my residence.

The importance of privacy was also of concern, as admittance to using a prohibited substance for my UK participants was something I wished to mitigate. Data collection via interviews was explained to my participants that all personal information would be removed from transcripts, and they were free to request their removal from the project at any time. This information was provided by informed consent which elucidated participants with was expected from them to partake in research, the type of information collected, how it will be stored, how it will be used, its retention time, and eventual destruction (Bryman 2016). More importantly, it provides information that clearly explains their commitment to the research is within their agency, and they are free to leave at any time, and have their collected data expunged upon their request (Roache 2014). Moreover, informed consent provides transparency between the researcher and the participant to limit any act of coercion or deception, for example collected data not agreed upon by the participant (Bryman 2016). In the context of psychoactive substance consuming populations, it is even more so salient to enact stringent privacy and anonymity measures, as the personal act of engaging with a substance and who it is revealed to is placed in the agency of the consumer, underling informed consent's importance (Kelly et al 2013, Palmer and Thompson 2010, Pedersen 2009).

Whilst ensuring that participants in the US and UK understood the informed consent for the semi structured interviews, in Vanuatu, the ethnographic research required a slightly modified approach. Handing out consent and information sheets in paper format to every person I engaged with either in brief conversation, passing conversations or random two second encounters would have been completely impractical to do. Moreover, as I was conducting my research in an overt manner, the integration into the social environment of Kava consumption was key, and appearing socially awkward, or out of place would have impinged my progress. When it came to longer form conversations akin to the online semi structured interviews, participants were given paper documents that provided the informed consent and information pertaining to the research project. These documents were generally met with dismissal from participants, as they were more interested in talking about Kava, and despite my explanation of privacy for their data, everyone I talked with appeared not to care about this issue. Regardless of this, I maintained the ethical conduct I had employed during the US and UK data collection, undeterred by any dismissal.

Accessing the sample for the UK upon approval from the UK gatekeeper, effectively made for a researcher's dream, as sourcing participants within substance use paradigms can be problematic in terms of engagement, despite being seen as an insider. Does this mean that being an insider to

access a drug using community is a fundamental requirement and thus presents a problem for researchers? Privileged access as Griffiths et al (1993) argue in the context of drug use, allows for an insider navigation within a community that accepts the otherwise perceived intrusion of an 'outsider' as problematic or 'other' Just as labels assigned to non-normative behaviours and people from mainstream society, labels are assigned to people that are perceived to be 'outside' of the community. Thus, as Griffiths et al (1993) argue, access can be problematic and gaining trust within illicit substance communities is hard to garner. Contrastingly, Dunlap and Johnston (1992) deploy a strategy in ethnographic research using a 'go between' to facilitate trust and dialogue in drug using communities, to provide eventual access, and demonstrating that the insider perspective is not incumbent upon the researcher. However, what is important is the sense of trust within a hidden population, and knowledge of the substance therein, illustrating that knowledge and a sense identity via drug consumption does play a role in access. Thus, for the Kava community, discourse online was frequent within the people involved as perceived Kava consumers as an initial layer of accessibility, but confirmation and validation from accredited members was ultimately the key part of developing trust and access to the eventual sample for the UK and US. What this demonstrates is that access to substance using communities via online social realities may not necessarily be as easy despite the perceived identity of an insider, but rather requires a gatekeeper just as much as in the real world. This also presents the issue of ethical practice when conducting online research into drug using populations as insider relationships have the potential to be misused (Cristiano 2023, Paechter 2013, Rai 2020).

My gatekeepers in Vanuatu played a significant role in introducing who I was in the Kava bars we visited. They explained why I was visiting Vanuatu, my research and asked if it was suitable for me to conduct observations in their bars. There was never any protest or disagreement from bar owners, nor any other patrons in the Kava bars. Being one of the few white people that went to Kava bars, there was often intrigue and interest in what I was doing there from patrons, which helped open dialogue with people. Conversations were often quick fire, by this I mean standing up and chatting briefly for several minutes. In more depth conversations akin to semi structured interviews, this would be from 5-20 minutes and in these situations informed consent was introduced. Given the time of day when Kava is consumed, most people are finishing work and heading to the Kava bars for a quick drink before heading home. Some people stay for longer, sometimes an hour or so, which made for some interesting interactions. For brief two-minute conversations, informed consent was not necessary as people were so brief in inquiring about my research that it would have been counterproductive to settling into the social environment. In the context of rural areas, the concept

of privacy had to be explained to communities as for them, this aspect of research was somewhat lost on them.

The ethical concern of participant distress was also paramount in my mind when conducting this research, as in-depth conversations in long format can on occasion lead to emotional topics. This only occurred once in Vanuatu, where a female participant became a little irate at the western classification of Kava as a 'drug', which she perceived as a form of western dominated language over smaller cultures. This situation was quick to allay itself however, and the participant expressed no malice against me or the research I was conducting. During the UK semi structured interviews, one female participant expressed frustration with the culture of the UK being closed minded, and personal reference to the failure of conventional medicine to treat her condition, alongside the governmental control of substances that constricted her access to them. In both situations, I explained to the participants, that they were freely available to leave the research project or if they wanted to take a break from the interview, they could do so. Both participants declined this and were happy to continue with the research. What these examples highlight is that it is incumbent upon the researcher to ensure that participants are always happy to engage in discussions and don't feel pushed or coerced into topics they feel uncomfortable with (Warren 2002, Arifin 2018, Walker 2007).

Protecting participant anonymity/confidentiality was important across the case study locations, and as mentioned, especially in the UK where Kava is currently prohibited for human consumption, and as a researcher I intended to uphold the best practice of confidentiality (Lowman and Palys 2007, 2014). As such participants were provided pseudonyms in the same way my US and UK samples were, and the names of Kava bars and the rural areas I visited were changed to preserve people's anonymity. This was done during the empirical part of the research and rechecked during data analysis to ensure no identifiable information had slipped through. Sifting through the plethora of photographs was to ensure no identifiable elements were present was also of paramount concern to me, to which reduced the number of options in presentation for the thesis. When conducting the online semi structured interviews, only audio data was captured, and pseudonyms were created to protect identities (Roberts 2015). For Vanuatu, alongside assigning participants pseudonyms, when visiting Kava bars, and the rural areas of the islands, names of bars/places were changed/obfuscated, a critical practice for ethnographers (Vorhölter 2021). All photos that were taken in Vanuatu were carefully selected and edited not to reveal anyone's identity and to minimise the possibility of locations being identifiable. This was particularly challenging in the rural location of Santo where

people very much wanted to be included in photos. All data collected such as transcripts, photos and digital notes were stored on an encrypted and password protected USB drive that was kept in my possession for the entirety of the project. In Vanuatu, the addition of a physical journal aided in recording observations, and this was also always kept in my possession, although it did not contain any personal or revealing information about the people I had interviewed or the places I had visited.

When conducting ethnographic fieldwork, the importance of my safety was a critical issue to ensure, such as placing myself in unnecessarily dangerous situations (Pillow 2010). That said, Vanuatu is a stable country and there are no current geopolitical issues, nor travel warnings to be aware of. In preparation for my fieldwork, I ensured that I had suitable housing arranged at a well-known hotel located in the middle of Port Vila on Efate. On the island of Santo, I stayed with my gatekeeper at his residence which was in the main town. Although classified as a drug in some western countries such as the UK, France, Poland, Germany, Kava is not a controlled substance in Vanuatu, and connections to its industry represented no potential dangers as would occur in relation to substances such as cocaine or heroin (Dunlap et al 1990). However, conducting research on the other side of the world in a remote country such as Vanuatu brought with it the precarious nature of such distance if something were to go wrong. Having travelled and worked extensively in different parts of the world prior to academia, one of my most common practices was to register with the nearest embassy to make them aware of my presence. This was not possible in Vanuatu as there was no UK embassy, so to account for this and with the help of my gatekeeper on Efate, I visited the local government to inform them of my visit. Whilst not ideal, this was the best I could do alongside informing my supervisors every other day of my whereabouts in Vanuatu. Presentation of self, such as the clothes I wore and personal demeanour were also of importance as managing first impressions into unknown social environments (Williams et al 1992). Kava bars are places where people go to relax and loud, irritating behaviour is not tolerated. Fitting into the social environment of Kava bar was straightforward with the help of introductions provided by my gatekeeper, and in keeping with the milieu, I did not draw any unwanted attention to myself. Visiting Kava bars in the main town of Efate was easy to do as most were situated in a manageable walking distance from my hotel and my gatekeeper's place of residence. Whilst walking around the town was safe, walking through the suburbs alone was discouraged by my gatekeeper on Efate, due to the possibility of mugging. As such, I chose to maintain my safety by not walking around suburbs or the main town of Port Vila on Efate alone late in the evening. This practice was enacted on the island of Santo, although myself and my gatekeepers Nick and Miguel predominantly drove around the islands in their 4x4.

## Data analysis

The data analysing process for the three case studies took place over the course of a year. The UK and US online semi structured interviews were conducted from September 2021, after the University of Kent's ethics committee granted approval. As such, the data analysis for the semi structured interviews began with the UK data set in December 2021 and the US data set in February 2022. The Vanuatu data set was analysed later in December 2022 and January 2023, after my ethnographic fieldwork took place in late-2022. All semi structured interviews for the US and UK were conducted online and recorded with the participants' full informed consent. The transcribing process was conducted by me, using an offline audio to text software which assisted with time constraints often associated with this process. However, although this expedience was appreciated, it paid dividends to go through each transcript post software write up and confirm with the audio files for accuracy's sake.

Upon transcribing completion, initial coding for the US and UK began via thematic analysis (Clarke et al 2015, Joffe and Yardley 2003) with a second read through participants' interview data, and chunks of text were highlighted using Microsoft word, with comments placed in the margin for reference. Assigning colours to chunks of text to designate initial themes helped navigate the transcripts and provide easy contrast between the participants' interview data. Sub themes began to emerge and were contrasted between the transcripts as well as checking for any issues with contextualisation, as with multiple large text files, there is a danger to effectively go off into a derivate thread and find that the highlighted text does not reflect the theme created (Nowell et al 2017). This was a slow and iterative process, but doing so ensures that what is being analysed is represented properly, and with researcher bias considered, there is always a consideration that searching and highlighting the data you want over the data that exists is an important element to consider. Employing a reflexive thematic analysis for this process was useful to be mindful of how researcher bias can influence the results. As Braun and Clarke (2019) stress, recognising the researcher's method of drawing upon their experiences, interests, and positionality, and critically interrogating these things are necessary to consider.

Having identified an array of sub themes, these were referenced back to the text to confirm accurate representation. Following this, I used these sub themes to create central themes to answer the first research question of how and why Kava is consumed in different cultural settings, and represent the influence of macro level social processes, which answers the second research question. At this stage, the US and UK data sets had been analysed to answer the first two research questions, with the cross-cultural analysis coming at a later stage when the Vanuatu research had been completed.

Pertaining to the Vanuatu research of ethnography, the approach of data capture was somewhat different, as living within a culture, being immersed within it, required a little more finesse. Whereas semi structured interviews had allowed for audio recording for several hours a time with participants, conducting ethnographic research in this manner was not feasible. As mentioned, journaling was the primary form of data capture in Vanuatu, supplemented with audio and visual capture where opportunity allowed. As such, taking this format of data and analysing it took a substantial number of hours, as field notes in written form, can often be eclectic in style and narrative (Humphreys and Watson 2009, Light 2010). Transcribing the audio notes was done via the same method as the online semi structured interviews and was checked for accuracy in the same manner. Considering the potential emergent properties of this stage of my research, the initial phase of the data analysis involved the transcription of field notes and audio recordings collected during my ethnographic fieldwork. These transcriptions/notes served as the primary data source for the grounded theory analysis. The first step was coding, a process that involved an examination of the transcripts to identify significant phrases, actions, and events. My journal also proved invaluable here, as audio recording was not also possible, nor realistically conducive to fitting into a social environment.

During coding, I used a flexible system to tag different segments of the data with descriptive labels. For example, phrases related to the traditional uses of Kava, social interactions in Kava bars, and personal reflections on Kava's effects were each tagged with specific codes. This process was iterative, requiring several rounds of coding to refine and develop these initial codes into more substantial categories, this was done as on occasion, certain slang words were used in conversation, which needed clarification as to their meaning.

Memo/journal writing was an integral part of this process, providing a space to reflect on the emerging categories and their relationships. Memos allowed me to document insights, question assumptions, and explore the theoretical implications of the data. For example, a memo helped me explore the contrasting perceptions of Kava's health benefits among different demographic groups in Vanuatu, linking these perceptions to broader cross-cultural narratives. Abductive reasoning was important mindset to have in Vanuatu as the emerging connections between this country and the other case study locations, did not become apparent until I was there. Effectively abductive reasoning is a process that allows individuals to make sense of the world by finding the most plausible explanations for observed phenomena (Lipscomb 2012). It was through this mindset and being open to emergent concepts that the initial formations of the connections between the UK, US and Vanuatu, via the demand for Kava became apparent, which will be explored in full in the Vanuatu findings chapter. At this point, the categories of codes were well-defined and robust, providing a

comprehensive and nuanced understanding of Kava consumption in Vanuatu. Undoubtedly there is a notable tension between the research styles of inductive and deductive in this thesis, but as Layder (1998) argues, a rigid adherence to either inductive or deductive methods can limit the richness and depth of social inquiry, something that could not have been more appropriate in the case of Vanuatu with its stark difference in culture.

Reflexive thinking also played a key role in Vanuatu, again in the context of ethnocentrism, which can play a role in the research implicitly or explicitly creating a hierarchy of cultural values, with favour to the researcher's own over the one they are studying (Keith 2019, Perreault and Bourhis 1999). Thus, whilst conducting the ethnographic research and analysing the collected data, I employed a culturally relativistic perspective, to avoid the often played out western mindset that perceives other cultures as fundamentally lesser (Lears 1985, Artz and Murphy 2000). Adopting this mindset whilst balancing the researcher framework of methodological rigour and objective thinking was difficult to enact and maintain as on the one hand a researcher can go 'native' (Randall et al 2007) and on the other succumb to the ethnocentric style of identity (which will be explored more in the limitations section coming up soon). The data analysis process from Vanuatu provided answers to the first two research questions relative to its case study location, but also allowed the cross-cultural aspects to shine through by contrasting the differences pertaining to the influence of macro level social processes.

## Limitations

In this section, the focus is upon the limitations of the implemented research design of qualitative methods, namely the semi structured interviews and ethnography. Exploring the aspects of these limitations, considers and acknowledges weaknesses, which allows for the reader to see that these elements were considered. I also cover the issues of researcher positionality, as my personal relationship with Kava allowed me to access the community and connections to facilitate participant sourcing.

Qualitative research can provide deep insight into the lived experience of individuals, but it is not without its weaknesses. In terms of generalisability, semi structured interviews are not representative of phenomena in larger society especially when contrasted with quantitative methods such as surveys (Queirós et al 2017). In the context of this research project and the focus on the lived

experience of Kava, the alternative practice of Kava consumption in the US and UK is a niche, and thus generalisability in this sense is not as much of an issue as it would be with far more common phenomena. Sample size is a key factor in qualitative research, and for the US and UK case study locations, over ten participants from different genders and ethnicities were interviewed until data saturation was reached. Sample size and generalisability are important to consider, as quantitative researchers are quick to pick apart the data collected from a qualitative method (Patton 2002). Taking this into account, for the semi structured interviews the sample size chosen also reflects the eventual analysis process, as beyond the point of saturation often designated as N=12 (Staller 2021), what utility does a higher number of participants have? A fair critique would argue that a larger number of participants would provide deeper insight in a studied phenomenon, but time constraints in data collection and analysis for this project justify the sample size for the US and UK case studies.

Another limitation is the primary focus on Kava consumption, which does not consider the influence of polysubstance use with Kava. This is particularly relevant to the US case study location, where Kava is sold as a dietary supplement and is easily purchased at stores and even at petrol stations in extract or powdered formats. This research focuses on motivations for use pertaining solely to Kava, but there are Kava consumers in the US who consume Kava with other substances such as Kratom. Polysubstance and traditional Kava consumers as ideologically based frame of preference could provide insight into this dichotomy emerging in the US as to what is considered 'proper' Kava consumption. This is also related to the environments in which Kava is sold as a drinkable product to consumers in Kava bars, which draws out another limitation of the project. This limitation relates to the plethora of Kava bars in the US, predominantly situated in the state of Florida and the popularity of polysubstance consumption use with Kava in those environments. The US Kava bar scene and the nuances of polysubstance use with the influence of macro level social processes is an expansive rabbit hole to go down, and beyond the scope of this research project. An ethnographic study conducted in Florida could yield insight into the social reality of Kava consumers and is recognised by myself as a limitation of this research project that could not be explored, as my US participants found Kava bars as not indicative of authentic Kava consumption.

In the context of ethnography, the focus of Vanuatu as a singular place of cultural Kava identity is a limitation as there are several south pacific countries that also grow and consume Kava, such as Tonga, Samoa, Solomon Islands, and Fiji. The decision to choose Vanuatu as the ethnographic case study location was due to the embedded cultural relationship to Kava that the country has and the claim of being the birthplace of Kava (Lebot et al 1997). A wider form of ethnography could explore the differences between pacific countries pertaining to Kava consumption, but this would move more into the field of anthropological, rather than criminological, study.

A final limitation to consider is the aspect of ethnocentrism and researcher positionality, as these elements can influence the results of a project (Holmes 2020). It is important when conducting any research to be aware and endeavour to reduce bias to avoid shaping the findings (Ferrell 2015). Nonetheless, this is easier said than done – especially when the research in question holds personal relevance to yourself. That is the case with this study. As such, it is only proper that a brief statement of positionality be elucidated to the reader to demonstrate the relationship I have with Kava. One of the reasons I was able to secure access to my samples and embark on a rich ethnographical adventure halfway round the other side of the world was my prior engagement with the online Kava community. Kava consumption for me was the way I attempted to allay the constant pain I suffer, because of degenerative disc disease that has plagued me since 2014. I found Kava by researching alternatives to opioid painkillers in early 2018 but did not start drinking it regularly until 2020 before the covid pandemic. Through online networking I became part of a supportive community that, like me, had a variety of health issues and/or addictions. The utilisation of Kava as an effective pain killer was one of the primary motivations for this research project, as in the UK Kava is currently prohibited for human consumption, which makes procuring it expensive and difficult. The other motivation was to collect evidence of people who consume Kava from a cross-cultural perspective, to provide a contrasting aspect of how and why people choose to consume Kava that offers insight into their lived experience. As a researcher, I take pride in my work both professionally and personally, but I cannot discount the influence of bias and as such, decided to present my positionality for the reader here.

As mentioned earlier, ethnocentrism as a western white researcher conducting ethnographic work in a predominantly black country is littered with concerns of the post-colonial mindset and cultural hegemon (Gramsci 1971,2020) that often can ‘other’ the unfamiliar or unknown (Sharma 2009, Park 2011). This is something to take into consideration as a non-native perspective will not one hundred percent represent the nuances of the lived experience of a native, even with cultural relativism considered. As a researcher, I argue that this element of ethnocentric mindset is tempered with the explained state of positionality pertaining to my personal use of Kava, thus having a deeper understanding of what the substance is, as well as having lived the culture. This bias however is also considered as a limitation as engaging with a phenomenon that you have ties to, will always remove elements of objectivity.

## Conclusion

This methods chapter has set out to inform the reader about the choices made pertaining to design philosophy, research design, data collection and analysis, ethical considerations, and limitations. Beginning with design philosophy, explanation was given to the reader as to epistemological and ontological underpinnings that drove the project in selecting the type of empirical data collected resulting in the lived experience as the primary focus. Following this, the research design was explained detailing the process of methods that were chosen to capture the empirical data and ones that were not suited, due in part to pre-existing social connections. Research design was further explained in the selected methods that would answer the research questions, based on the feasibility of sample access. Justification of these chosen methods was demonstrated with reference to other research efforts that successfully deployed them. From here discussion moved to how the empirical data was collected via the sample access using semi structured interviews and ethnography, detailing the steps that were taken to ensure participants safety, privacy, and anonymity. Data analysis explained how the collected data was transcribed in word documents, read, re-read and the use of reflexive thematic analysis to code chunks of text to establish sub and central themes. The following section which focused on the ethical considerations of empirical research with participants that consume psychoactive substances, informed consent, privacy, confidentiality, minimising participant distress, and consideration of ethics in cross cultural research, with reference to ethnocentrism. The final section has covered the limitations of the project, detailing issues with qualitative research and generalisability, aspects of ethnocentrism as influence, and researcher bias via the stated positionality. With the methods chapter complete, in the following chapter, the findings of the UK case study reveal the lived experience of Kava drinkers, and how macro level social processes influence their consumption.

## Chapter four UK findings

## Introduction

This chapter presents findings found from interviews with my participants on their use of Kava and the influence of macro level social processes. It starts by providing a sample background to my participants detailing how long they have been consuming Kava for, how often and who with. Demographic information of my participants is also provided to detail who they are without comprising their privacy or anonymity. In answering my first two research questions, the chapter moves on to explaining my participants motivations for Kava use, how it made them feel, the cost and how they procured it. Following this, the influence of macro level social processes is explored and how this influenced my participants Kava consumption with reference to health narrative, cultural embeddedness, and drug policy. This chapter closes out with a summary and the main take aways from the UK findings.

## UK sample information

As outlined in the methods chapter, my participants were recruited, via a gatekeeper, through the online Kava forum. To ensure I could get maximum response within a highly niche alternative practice in the UK, no specific criteria were set for gender, age, or ethnicity. However, in the sample size of N=10 the age range was between 23-42 years with a median age of 29. In terms of ethnicity 7 of my participants identified as white, 2 identified as black and 1 from a mixed background. Regarding gender, 6 of my participants identified as male and 4 identified as female. The sample size does appear quite young which could indicate UK Kava consumers are within a particular age demographic that favours under 50s. This may not be the case, however, as undoubtedly there are Kava consumers in the UK that were not within the mechanism of sampling requirement (online) or may not even be involved in the online Kava community scene. The same can be said of identified gender and ethnicity as the sampling technique employed cannot reach all UK Kava consumers, so it would be myopic to suggest that Kava consumption is favoured by one demographic in the UK without the sufficient data to back up such a claim. All participants were interviewed online in an informal manner via their preferred choice of software and by audio only, with no video capture. My interviews ranged in duration from one hour to four, but typically lasted around two hours with most participants.

My participants came from diverse backgrounds and were situated all over the UK, with some living in the southeast, southwest, central London, Scotland, and one in Wales. Most of my participants' working backgrounds were similar. For example, Darren and Neil worked long hours and had physically demanding jobs. Katie and Gemma both were in the industry of herbal treatment, with Katie running her own business practising alternative therapies. Cam, Declan, and Kieran all worked in the tech industry, but for different companies. There were some working background differences such as Denise who was employed in the dental care industry, Martha was involved in real estate and lettings. Andy was the only participant who worked part-time in the animal care industry, due to his personal issues with social anxiety.

What was a common factor among my participants was that they all had constant stress in their lives from their forms of employment. This I believe did play a role in their personal consumption of Kava, the timing of which was typically situated post work and at home. Katie was an exception however, as she sometimes consumed Kava with her clients, as this was part of the herbal remedy business. Cam, Declan, and Kieran felt quite introverted during conversations, and I wasn't surprised that they chose to consume Kava on their own. Denise and Martha had busy and stressful jobs and I got the impression that when they finished work, they were glad to have some downtime on their own. Darren and Neil had jobs that required early starts and often late finishes, and although they did on occasion drink Kava with their respective partners, it was predominantly a solo activity. Andy although working part time, seemed to suffer badly from social anxiety, and as such was keen to isolate himself upon finishing work. Gemma was slightly different in that her work was not as contrastingly stressful as the other participants, as far as she explained. Gemma chose to consume Kava predominantly as a form of pain and anxiety relief, and as such did not feel inherently social in this state. Gemma consumed Kava only twice a week in contrast to my other participants who drank it daily or every other day. Darren had been drinking Kava the longest for over ten years, whilst Cam was relatively new and had been drinking it for around six months. Declan and Gemma had been consuming Kava for several years, whilst Martha, Andy, Neil, Denise, Kieran, and Katie were somewhat seasoned veterans of well over half a decade of Kava drinking. The years accrued of consuming Kava had provided a well-honed skill set in the context of Kava preparation, as my participants explained to me how they set about doing this.

## Preparing Kava

My participants chose to prepare Kava in the traditional manner, much in the same way as is done in Vanuatu to maximise its placating effects. Preparing Kava is a somewhat laborious process, especially after a day's work, which is typically when my participants prepared and consumed their Kava. A specific amount of dry root Kava powder is weighed out, typically around 40-50grams, placed in a muslin bag, this bag is then added to a bowl of room temperature water anywhere between 500ml to one litre. The muslin bag containing the Kava powder is worked squeezing and twisting, for typically 15 minutes, to maximise extraction of the Kavalactones (the psychoactive part). Once this is completed, the Kava is ready to drink, and the amount prepared is typically consumed over a few hours as it spoils relatively quickly. The Kava root that is left over is emptied out of the muslin bag and thrown away, as it no longer contains any Kavalactones. This process of Kava preparation is indicative of how it is practiced in Vanuatu, although on a much larger scale and typically at a Kava bar and not a home.

When I asked my participants how they prepared their Kava, they explained to me that they followed a system of preparation mimicking this process, which they had learned from internet searches with many even drinking the Kava from a mimic coconut shell, or for some participants a small cup, again reflecting aspects of south pacific culture thousands of miles away.

*Pretty much mate I come in from work, sit down in the front room, get a Pyrex bowl, a big one yeah, fill it up with water, grab the muslin bag, fill it up with Kava, and squeeze that fucker for ten minutes. I put Netflix on in the background hahaha, you know the drill right. Then pour some out into a cup and off we go, it's that simple right. (Darren)*

Some of my participants had tried to use an instant powdered form of Kava, as it ostensibly cut down on preparation time and the mess. Despite the convenience of an instant Kava, Cam found it lacked the potency of the dried root mixed in water method.

*I tried the instant Kava, so expensive, honestly, I thought it would be better, save time you know, but it just isn't the same yeah, like it doesn't give that strong feeling with regular Kava, but hey ho, I gave it a shot, like I don't mind going back to the old way in my front room, but it is messy sometimes. (Cam)*

I found this particularly interesting as the preparation routine for Kava is both a mundane and messy activity, as well as time consuming, however it was one which my participants seemed to see as necessary to get the most from their Kava.

None of my participants expressed any resonance with spiritual belief or any relationship to south pacific culture. They chose to prepare their Kava the same way it done in Vanuatu primarily to extract the maximum effect from the Kava. Kieran explained his daily Kava preparation routine.

*So, here's how I do things, everyday get in from work just past six, first thing I do is grab my bowl, my shell, my bag, my Kava right. I know how much I need to mix, so straight in the bag, 500ml of water, mix for fifteen minutes, boom, done right, then I just drink a shell every 20 mins. Keeps me chilled, so yeah, that's it really, always the same way every day. (Kieran)*

Kieran explained to me that he had his Kava preparation down to a fine art after seven years of daily drinking. What comes across clearly here is that the preparation is a solo endeavour, and the expertise required comes with constant practice. Squeezing the muslin bag to extract the maximum amount of Kavalactones (active ingredient) inside the Kava is something that my participants had become quite proficient at.

*It takes me probably around fifteen minutes to get it all done once I'm going and squeezing the bag it's all easy really. I just put on Spotify or something, and that's it, like as soon as I'm done, I have a sneaky shell, and stick the rest in the fridge, I think it tastes better when it's cold hahaha. (Katie)*

For my participants, Kava was prepared as an end of day practice, effectively mimicking a drink after work paradigm, much in the way that people in the UK go for a drink after work, albeit in this instance, minus the social element.

*I get in from work and I just can't be fucked with it all you know, I just want to chill, and yeah, it's a little hassle preparing Kava, but like, I'm just like come on, sit down, get the Kava and start mixing. Takes me like eight minutes or so, YouTube on, sitting cross-legged in my front room hahaha. (Martha)*

Furthermore, Kava preparation and its consumption was predominantly done at home, partly due to its messy and time-consuming nature and the motivations for use, which will be explained shortly. The sense of routine is apparent, coming in after a busy day at work, tired, stressed and wanting to relax. I wanted to know how my participants felt when consuming Kava, as its nickname is the intoxicating pepper. Ascertaining some of the experiences of benefits would lead into inquiring about why they chose to consume Kava, and how it made them feel.

## The Kava chills.

A deep sense of relaxation was one of most common things explained to me by my participants that they got from consuming Kava. The sensation of being chilled out, after a long day at work was also another common element that was experienced. Although not the primary reason/motivation for consuming Kava, the embedded routine of preparation and consumption post work and arriving home, was based on the established feeling of relaxation. Darren put it quite simply:

*Basically mate, after I've had a few shells of Kava, I'm all mellowed out, especially after work. I need it. I still talk with my wife obviously haha, but yeah just drink a few shells when needed and watch TV for a while. (Darren)*

Martha also referred to her experience of Kava as highly relaxing.

*Like once the prep is done, I will drink a cup, maybe wait like fifteen minutes, then have another, then it hits. I get a feeling of being so chill right, like the stress is almost all gone, I never got that with alcohol. (Martha)*

Declan referred to how Kava made him feel in a more inebriating way.

*If I have say three shells or so, that's it for me, like I'm done for the evening, I mean I make my Kava quite strong, like with 400ml of water, so I find it hits me faster. I proper melt into my couch, so relaxed, no anxiety whatsoever. (Declan)*

Katie explained to me how Kava made her feel relaxed after work.

*I mean Kava doesn't get me smashed or anything, just a light buzz really, I suppose it's like a few beers really, just in the zone. Then that's it for the evening really, just chill out on the buzz.*

Gemma mirrored the experience of Kava as relaxing as she explained.

*Hmmmm, I think honestly, I do find it good for relaxing, mainly like for better option for dealing with stress and anxiety than say booze. After work, or like at the weekend, I would always the evening for me, er maybe like 9pm or something, I'll drink some Kava and it just smooths things out you know. (Gemma)*

Andy explained how important it was for him to get home and unwind after work.

*At the moment, I only work three days a week, so on those days by the time I get in, I feel pretty tense, like even getting home I feel the whole day has built up on me, and I just know that the first shell of Kava will wipe that away. (Andy)*

Neil stated how his first drink of Kava after work at home made him feel.

*I find it so good for my anxiety and stress, like the first shell I have just hits and it's like ahhhhh shit gets lifted away. I mean it doesn't knock me on my ass like other stuff, but just full on relax mode, haven't really got that with like weed, without feeling smashed. (Neil)*

The feeling of relaxation from consuming Kava was clearly similar across my participants' experience, and the level of relaxation was varied from subtle to quite pronounced. The ubiquity of calmness among my participants was not entirely surprising as the psychoactive chemical within Kava works directly on the Gaba receptor which controls stress, fear, and anxiety (Sarris et al 2013). The relaxing/placating effects typically last for a few hours and can be maintained or enhanced with more Kava if needed. Kava can make you feel drowsy and is typically consumed in the south pacific at later afternoon and early evening to induce better quality sleep (Lebot et al 1992, Lindstrom and Singh 2004). I believe this mode of consumption for my participants was part of the reason they consumed Kava, although they did not explicitly mention it. The effects of relaxation and sleepiness were convenient effects that synergised with their time-of-day consumption, and the reasons for use, which will be explained shortly. With understanding of how Kava made my participants feel, I was curious to know if any of my participants had experienced any negative effects from their Kava consumption.

## **Harms? What's that?**

Conversations with my participants revealed that they were aware of the 2002 UK prohibition on Kava (as discussed in 'what is Kava section') that removed Kava from sale as an herbal product due to concerns of liver toxicity. What was clear in this line of discussion was that any form of harm from drinking Kava was perceived as minimal by my participants, and in contrast to other substances, represented far less risk to them. The lived experience derived from their personal Kava consumption counters the deleterious health claims by the UK prohibition on Kava which Gemma was highly sceptical of.

*Oh, come on, hahahaha, you're kidding right? It's related to the 2002 thing, right? I thought that was bullshit though. I don't think there's any issues with Kava, it's not addictive, I use it, people in the south pacific have used it for hundreds of years, right? They aren't all addicted and have problems, so nah, I don't think so. (Gemma)*

As Gemma explained in her counter to UK Kava prohibition, no deleterious health related issues had been ascertained in Kavas' country of origin given its prodigious native cultural use, thus in her mind, Kava consumption was objectively safe.

Declan also expressed scepticism on the prohibition and claims of harm.

*Hahahahaha, this is funny because I had a conversation about Kava the other day with someone online, they were like it damages your liver blah blah, but it's been disproved you know. Probably more harm from drinking loads of coffee every day. (Declan)*

The defence of harms was contrasted with coffee as Declan explained, arguing for the case of what is referred to as relative harms to support the claim that Kava should not be governed under the current act of prohibition. Martha also contrasted the harms from Kava consumption with something else to stress her scepticism.

*Yeah, I don't think there's harms from Kava, I mean maybe some people could get addicted psychologically, like people do with chocolate or something, but I can't see it with Kava, I mean, hmmmmm, no I can't see it, not personally (Martha)*

I felt that there was a theme of unquestionable truth assigned to Kava regarding its potential harms, or lack thereof in conversations. My participants were convinced that to even consider the potential harms from Kava consumption was ridiculous. The defence of Kava was palpable here, due to the relevant role it played as a form of medicine in their lives, helping to allay some tumultuous personal issues.

Denise stated her opinion on the UK prohibition although in a far more restrained manner.

*Hmmmm, I think this is an interesting thing really, as you can compare it you know, like with Kava, the harm from drinking it every day with say alcohol or the side effects from taking anti-depressants, I would say that the harm is far less with Kava. (Denise)*

Denise was more rational about the harms from Kava and contrasted it with alcohol and prescribed medication. She didn't deny the possibility of harms occurring from Kava consumption but contextualised them with other substances. Darren felt particularly moved about the claims of harm from Kava consumption drawing upon his own personal experience as an example.

*Are you serious? What harms are we talking about? I mean I've been drinking Kava for a long time; I've had no problems ever. No liver issues or anything, I got it checked, in my opinion Kava has no harms and people who say it does are making shit up or against it. (Darren)*

My participants explained to me, by contrasting the perceived harms from Kava consumption with those of other substances. Whilst thinking about this from a subjective perspective it is important to note a critical and objective standpoint, as it is easy to see the flaws in such an argument which cannot help being influenced by a sense of drug related favoured bias. As Rolles and Measham (2011) argue grading a substance's potential harm alone by contrasting it to something else does not discount other potential harms that can come from the consumer's mindset (set) and setting (environment), and as such these should factor in the equation (see also Nutt 2009). For a substance that provided a sense of relaxation and apparently had no harms or side effects, but which remained illegal in the UK context, I was curious to know how much my participants paid for their Kava and where they procured it from.

Fresh off the boat, 100 quid for you.

Kava has a long way to travel to the UK from the shores of the south pacific and is shipped via container freighters. Kava is mainly sold and shipped as dry root to avoid spoilage on its long journey: the process of maintaining a high product quality incurs expense for exporters of Kava in Vanuatu, and shipping vast distances only adds more cost. In the UK, it is prohibited and must be imported in small quantities and marked as a pet supplement to avoid the interest of customs. What these compounding factors mean for importers is that the cost is higher with smaller quantities and in turn for customers, even higher. For my participants, the cost of Kava was a problem, but they endured it as Kava is something they resonate with for treating their personal issues.

Declan explained to me that Kava was important to him to treat his anxiety, but it was expensive to obtain.

*For me, I rely on it for anxiety relief, you know. I tried other stuff from places, doctors as well, so the way things are right now, the restriction makes Kava more expensive, so it's hard to afford all the time. It's crazy isn't it, what am I supposed to do? (Declan)*

Declan believed that the UK prohibition was the reason Kava was so expensive for him to buy, and Andy agreed.

*But for people like me who are actually having a really hard time just existing in life, and kind of getting by, find serious relief from Kava, so if I can't get it then that would be a bit more catastrophic. I think it's the expense also, I don't work full time you know, so maybe if Kava was legal, it would be cheaper? (Andy)*

How much did Kava cost to procure in the UK? From talking with my participants, a decent level of quality Kava from either Vanuatu or Fiji would cost around £80 for 500 grams, which could go higher in price for the same amount due to scarcity. I was told that for the convenience of instant Kava powder, which required no real preparation like the dry root powder, prices could go upwards of £120 for 500 grams. Given that the typical amount to prepare with 500ml of water was around 40-50 grams of Kava, I could see how this was quite expensive for my participants. Darren explained to me that he had ways round the expense which he did not fully reveal, but stated that obtaining Kava from America, reduced his cost.

*Yeah, it's annoying, but I guess I could manage or maybe go back to alcohol, but I don't want that. I get Kava cheaper anyways, from US, so shouldn't be an issue. But yes, its bullshit really isn't it, just makes it more expensive over time, I guess. I don't like it. (Darren)*

This expense for the rest of my participants limited how much they could afford to procure, which when looking at the motivations for Kava consumption shortly, represented a level of frustration as to why the UK Kava prohibition needed to be maintained. Gemma remarked how the expense of Kava affected her.

*it does reduce anxiety, i's a, you know, helps, you know, modulate that, GABA activity in the brain, and why I use it often to help with stress, but Kava is so expensive here, limits how much I can get. It's stupid. (Gemma)*

Paying for a substance to be imported into the UK that is expensive due to prohibition and the associated shipping distances, was only one aspect of a problem for my participants as the likelihood of customs confiscation was also an issue. Paying out money to Kava exporters in Fiji and Vanuatu was not a concern for my participants as Kava was fully legal there. UK customs' seizure of Kava had occurred with a couple of my participants, which meant they had lost money for something they saw

as important in dealing with personal problems. Three of the ten participants had experienced Kava customs seizure at least once, however, through ordering small quantities (500g-2kg), and getting Kava exporters to mark their products as a pet supplement, they had managed to get around this issue. Katie explained to me about her experience of importing Kava.

*It's not fair, I mean we're supposed to be progressive right? I think the way it's regulated is a bit racist you know, because of the history. I must pay more due to import issues, and I get it labelled as a pet supplement (Katie)*

Katie alluded to aspects of historical racism to rationalise why Kava was expensive to import into the UK. Whilst this could not be ascertained as an influence, she indicated how she had negated the likelihood of UK customs seizure of her Kava, thus in her mind reducing the worry of cost to an extent.

Cam discussed the issue of cost and procurement with me explaining that he had requested all the Kava he ordered, to be marked as a dog medicine.

*Yeah, Kava is expensive, and I know a few people who got their shipments taken at customs, but like you probably know this, but there's a way round. I email the exporters, I ask them to put dog medicine on the shipping packet, so it gets through, it's worked for me so far hahahaha (Cam)*

The cost of Kava for my participants was a concern, and from the information that was revealed to me about their professions, none of them were in high paying positions. As such, losing Kava to customs intervention was a cost they did not want to incur, and from talking with them, my participants were aware of this method of circumnavigation. This led me to inquire about how they procured their Kava in the first place, did they have a gatekeeper, or did they all shop online?

## Straight from the source or someone you know.

Due to the UK Kava prohibition, I was curious to know how my participants bought their Kava, such as directly from Vanuatu or Fiji or somewhere else. Kava in the south pacific is legal to produce and export to other countries, notably with a few exceptions such as the UK and France. Kava was bought online by my participants through legitimate Kava export companies such as Kalm with Kava, Pacific Santo Kava, South Sea Commodities, and through negotiations, was labelled as a pet supplement to

bypass UK customs. Denise explained to me how she bought her Kava online through a trusted source.

*I pretty much always stick with\*\*\*\*\*, they have always got my shipment through customs. They are a bit more expensive, but the Kava is always strong, I mean got some stone Kava recently it was good haha, like really strong. (Denise)*

Darren explained to me that in the past he used to order his Kava online through main exporters but had switched to a supplier for the UK which he had met on the forums. The reason for this switch was access to cheaper Kava.

*Do you know \*\*\*\*\* on the forums? That's where I get my Kava from now. I was buying direct before, like the from the guys in Vanuatu, but it got too expensive. If \*\*\*\*\* isn't available, then I got my connections in the states, either way it's cheaper for me now. (Darren)*

Katie also mentioned how she had access to cheaper Kava, through the same connection as Darren.

*Depending on how much money I have then I may go for the more expensive Kava from PSL, their Melo Melo is good. Sometimes for my clients, they want the cheapest Kava, so I speak with \*\*\*\*\* and he can hook me up, but to be fair, Kava is pretty expensive either way really. (Katie)*

Cam explained to me that he had bought some instant Kava from a connection he made online in the forums, although his experience with that Kava was mediocre.

*I bought some instant Kava from one of the guys in the forums, just for easy preparation right. It wasn't great really, I mean the regular way is a hassle sometimes, but I thought maybe the instant would be stronger as well, so a little disappointed there. At the moment, I'm buying through \*\*\*\*\* which I think they get their Kava through \*\*\*\*\*it's a little cheaper too. (Cam)*

Most of my participants bought their Kava through legitimate sources and had a way around potential customs seizures via labelling Kava as a pet supplement. A few of my participants had the same supplier connection they had met online in the Kava forums which allowed them to purchase cheaper Kava. The expense of Kava was an issue, as well as the need for quality product. The online component of ordering Kava was a fundamental one as it is the only way to contact legitimate

exporters or liaison with suppliers in a forum. Kava wasn't talked about as a drug or mentioned in a typical illicit drug market manner, such as buying through layers upon layers of people. Kava was bought through clear web export companies where it is legal and not classified as drug and is sold as just any other food-based consumer product in countries such as Vanuatu and Fiji.

There were no expressed concerns of my participants about buying online, particularly through their connections via the forums. There was a sense of collective trust in the Kava supplier for the UK in this context, and no mention of being ripped off by these people was mentioned, as Martha explained to me.

*I've been ordering through \*\*\*\*\* for years now, he's always good. It takes like two days to get to me by royal mail, which is sweet. He's legit, never mugged me off either. (Martha)*

Andy also had positive things to say about his experience of ordering Kava online via the forum connection.

*I'm always looking to get my Kava cheaper as I don't have a lot of money, and before I used to order direct from Fiji, sometimes Tonga, but it's too expensive from there really, plus it takes forever too, and if I'm waiting, and maybe somehow it doesn't get through customs, fuck that really. I find it better to get it from our mutual friend you know who hahaha, and he's always got stock, I get my Kava in like a day or so, he's awesome really. (Andy)*

Andy referred to a connection I had made on the Kava forums (not one of my participants), who supplied a large portion of people who consumed Kava in the UK. From conversations with Andy and my other participants, they had used this connection and spoke highly of him. Again, trust was clearly present as payment for Kava via this connection was made by PayPal, which would reveal personal information between the buyer and seller. It felt like there was a sense of honesty from the Kava supplier in the UK, as though they cared about their customers, always trying to provide a lower price in an economic downturn that the UK faced. In return, my participants expressed faith and loyalty to him, and were happy to get better deals on Kava, quicker shipping time, and guaranteed delivery. Although there weren't a substantial number of hoops to jump through to get Kava, it was still something that was required to be bought through specific channels. As such, I was curious to know why my participants consumed Kava in the first place.

## Why Kava?

My UK participants explained to me that they chose to consume Kava for health-related issues such as anxiety, pain relief, addiction issues or as an alternative to alcohol. One of the most dominant things to come out of these interviews is the enacted sense of agency over their health, effectively shunning the conventional medicine paradigm in favour of a self-administration practice of daily Kava use. As demonstrated in the excerpts below, the motivations for use are explicated clearly, and my participants argued that their use of Kava as an alternative medicine was built from their negative and unsuccessful experiences with conventional medicines.

My participants explained to me that they were consuming Kava on a regular (everyday) basis to help reduce the symptoms of stress and anxiety, alcohol addiction, and issues with prescribed medicine. There was a clear note of disdain towards the perceived institutional failure of conventional medicine from the participants, as those who had suffered with anxiety issues found the prescribed medicine to be far less efficacious in contrast to their self-medicated option of Kava consumption. Declan had experienced mental health issues for several years and had been going to the doctors to get treatment. This conventional form of treatment had been unsuccessful for him, and he had read about Kava online and had procured it through legitimate exporters as well as the forum connections.

*For me, I use Kava as an alternative to the anxiety pills, I get from the docs, you know, for stress and feeling down sometimes. I mean I think it's better for me, dealing with my problems you know, better than what I had before, or prescribed I mean. So yeah, it's that really, using it for my issues hahahaha. (Declan)*

What was evident here, in the case of Declan is that Kava consumption was filling a role that helped him deal with serious personal issues that other substances such as prescription medication and alcohol did not have success in combating. Andy also explained to me about his continued struggle with anxiety issues and how Kava helped alleviate some of the symptoms.

*The job I have at the moment, I would say isn't super stressful, but dealing with people I find quite difficult, so by the time I get home, I'm pretty wound up. So, Kava fits in my life as a way to deal with this shit, has done for years. Like I will always sing its praises, as it helps better than anything else I know, and I've tried everything hahaha.*

Several of my participants had experienced addiction issues which had been serious enough to influence their lives in a negative manner. Martha, explained the problems that her alcohol addiction had wrought upon her life and how Kava had provided a measure of solace, providing a solution to her situation where other ones had failed:

*Yeah, so if I'm completely honest, I've always had a problem with alcohol, mainly the pre-mixed drinks, fucking loved those, and er, I just started to drink more and more of them, and it was costing me a proper bomb. I tried giving up, went to them meetings, that didn't work, and a mate of mine gave me this weird drink called Kava, I think it was instant stuff as well, it tasted rank, but like ten minutes later, I was like whoaaa fuck I feel so much better and I wasn't proper gagging for booze, so yeah that's really how I got into Kava. (Martha)*

Darren also expressed how Kava was an effective option in place of alcohol for him as he had experienced addiction issues in the past:

*Well, I use it as an option for alcohol. I still drink on occasion, but like with the Kava, its say like on a Sunday evening and I wanna relax, got to be up at four for work you know, and it's like, do I really want booze? I mean I don't feel fresh at 4am with a few beers you know, but with Kava, I can drink it and relax, and not wake up feeling fucked. (Darren)*

Another motivation for Kava consumption was pain relief, conveyed by a few participants who chose to utilise Kava to alleviate physical discomfort. The nature of this pain mitigation played out differently among individuals that I spoke to. Two of my female participants, Katie, and Gemma, used Kava to help combat menstrual pain (albeit alongside other reasons, too). Regarding her use, Gemma explained:

*Yeah so, it's a bit weird and I'm not sure if you know about it, as you're a guy, but I've found drinking Kava at my, shall we say time of the month helps out with the discomfort. It can get really bad sometimes, when its heavy, and so most of the time I would take paracetamol, but I have stomach issues there, so it's not so good for me. So, Kava helps take that pain down a notch or two. (Gemma)*

When discussing the motivations for Kava use with Katie, she revealed that drinking Kava not only helped her with alcohol addiction issues, but also as way to treat a regular form of discomfort:

*Hmmmmm, yeah, I think it's quite good, I mean, for me it's more of help with my head and with alcohol, but I have used it in the past for reducing pain. I think I found it good with*

*headaches and stuff. It's also very good for dealing with menstrual pain which can be awful for me. (Katie)*

My participants consumed Kava with minimal concern for harms, as they had personally experienced none. Their use of Kava was contrasted with their experiences of conventional medicine, with Kava seen as a healthier option. This led to interesting conversations around the influence of mainstream health narratives and emerged as an important example of the influence of macro level social processes on Kava consumption in the UK.

## Health: Kava as the healthier choice

As has been briefly shown above, Kava was consumed by my participants as an alternative medicine, and my they contrasted their use against conventional medicine which they believed was part of a health narrative paradigm. This is an important point worth exploring with greater depth. From my respondents' perspective, there was a relationship between the conventional medicine paradigm in the UK and the health narratives at a mainstream level. I believe that my participants saw a combination of influences from the macro level. This combination of influences played a sufficient role in how my participants saw their Kava consumption in contrast to regular medicine. My participants explained their motivations for Kava consumption, but the influence of health narratives they had seen in the media or through mainstream consumer products, had galvanized their position to use Kava as alternative medicine. I believe that some of my participants found the health narratives to be involved with conventional medicine, which they were already sceptical of, due to their prior negative experiences. As such, there was confusion as to which influence was playing a more potent factor and it left my participants sceptical of all mainstream health related influences.

In general, my participants were in favour of using alternative medicine such as Kava as a healthier option of treating stress, depression, anxiety and/or pain over conventional health options. Cam explained to me that he believed UK society is constantly reminded to select health related products such as prescription medicine over alternatives such as Kava. However, he suggested that, like himself, there were people questioning the status quo and moving towards using alternative medicines.

*We get bombarded with it all the time hahahaha, it's like pick the healthy option, whether it's food or medicine, don't eat this processed thing, eat the organic apple hahaha. I think it's one of the reasons I started using Kava as well, I mean getting away from the prescriptions is healthier, and Kava works for me as well, it's like that drink Professor Nutt came out with, you know him. I think it's all moving towards alternative medicine really. (Cam)*

As Cam neatly puts it 'we are bombarded' with information that seeks to nudge us into mediated decision making which does have credibility, as marketing entities utilise this methodology to drive consumer choices (Fage-Butler 2020). What Cam described is that there is something suspect or untrustworthy about normative concepts of health, and in society there was a growing scepticism of conventional medicine and its ability to treat the of human issues. This is highlighted by the work of Goldacre (2014) who argues the monopoly of big pharma ultimately have the set agenda of business first and aim to have returning customers tethered to the conventional medicine paradigm.

Whilst conventional medicine provides a critical role in treating some people, it does not work for everyone, as Andy explained to me referring to his decision to use Kava, but also identifying a social movement towards alternative medicine.

*I think for me at least Kava fills the stress side of things and helps me stay away from alcohol, but I think in general there's more of a shift in the way people think for stuff like Kava, and it's going against the normal medicine thing. (Andy)*

As Andy explained above the normative paradigm of medicine appeared to be under criticism by a growing number of people. This criticism was focused on a feeling that the concepts of what was good for you, healthy, safe, or effective, from a top-down perspective, was not quite as clear as it once was. What my participants had experienced in the context of a health narrative was not in-depth story telling per se (Gray 2013), but rather collections of ephemeral mainstream promotions designed to nudge people into selecting the majority option. My participants' inherent scepticism and critical thinking towards the mainstream concept of health was due in part to their lived experience of unsuccessful treatment of their issues with conventional medicine/health solutions. The other part was due to their experienced compatibility with Kava to treat their health-related issues.

There was an element of frustration in conversations that I detected pertaining to contrasting forces attempting to push and pull my participants' decisions regarding their health choices. When talking

with Declan, he explained this in a manner that was quite passionate and proud of Kava as his preferred choice of alternative medicine.

*The way I see it is that Kava works for me better than anything else, so I guess it's my own medicine you could say, I mean I read online that it's been used in the pacific for a long time, and they used it as medicine or sometimes to calm people down, so yeah. (Declan)*

Declan referred to Kava as medicine, and from his motivations for use established earlier, the rejection of conventional medicine and associations with mainstream health narratives was justified. I believed the frustration that came from my participants was that their Kava experience which had helped them allay their personal issues, was not adopted, or considered by the mainstream health paradigm. Conventional medicine was tied up with health narratives, which my participants clearly criticised as not compatible for everyone as an effective form of medicine. A counter argument could make the case that the influence of health narratives has instilled a sense of myopia within my participants to the extent that makes them value their lived experience as empirical evidence as a form of cognitive bias. However, I do not feel this is the case, as the sense of scepticism of conventional medicine was based upon their personal negative experience of conventional medicine.

Martha also conceptualised Kava as a more effective medicine than what she had been prescribed by her doctors.

*For me, I class it as a medicine, because in my eyes, it does exactly what the doctors prescribed for me, but better you know, so I can see it in this way, but others might not because it's not all gift wrapped in a shiny box from a company. (Martha)*

Martha drew on the idea that if Kava was sold in the mainstream market as a legitimate product, in an official form of packaging like most medicines, more people would accept Kava as medicine. What I derived from this conversation is that the frustration was built upon the current way Kava is unavailable in the UK. Conventional medicine was again brought in as an example of what was perceived to be acceptable by society's standards as a viable treatment. My participants considered mainstream approaches to health to be erroneous, demonstrating a level of mistrust from the top down.

They suggested that there was some kind of relationship between the mainstream conception of health and conventional medicines. I believed that there was a misunderstanding as to the level of

influence that health narratives had, and what health narratives were comprised of by my participants, which fed into their criticism. For example, Declan mentioned his incompatibility with conventional medicine and how the UK health system itself is at fault, effectively arguing that the default option most UK citizens utilise is, as he put it, 'centralised' denoting a potential inefficiency to treat patients and a focus on money.

*Like I mentioned before about my anxiety in social situations, it's an issue I'm working on, but before, you know, like before I tried anything with Kava, I had tried the stuff from the doctors, had counselling, going through the process, and it's supposed to work I guess, I mean maybe it does for some people, but I'm sceptical you know, I think it's like a centralised health thing going on, NHS is screwed and it's getting worse, it's about money really, not helping people, but then it's like I should have the option to help myself right? (Declan)*

Denise explained to me that the NHS was problematic in prescribing medicine that was not effective, and hooked people in, with no consideration for alternatives.

*In my industry it's not so bad, but I have colleagues in the hospital and at the doctor's surgery and they say how bad it is with pain killers and addiction. I mean, to be honest, I think someone is making a lot of money on this, it's disgusting really, it's gotta be deliberate, hasn't it? I guess that they can't make money from stuff like Kava. (Denise)*

Criticism of the way things are in the UK regarding the lack of effectiveness of conventional medicine and mainstream health narratives meant that my participants had no faith in the NHS. Participants had taken it upon themselves to research alternative medicines, such as Kava, and found suitability with it to treat their personal issues. This action of agency over health was motivated by the unsuccessful conventional treatments that had been prescribed to them to treat their addictions to alcohol, relieve pain or anxiety, or a mixture of these problems. They in turn had rejected conventional medicine and created a highly critical viewpoint of it. A health narrative was conceptualised as encompassing conventional medicine, a mainstream format that was not interested in labelling Kava as form of medicine, alternative or otherwise. I believe this compounded my participants' belief that the mainstream health narrative was against alternatives, and only interested in money and returning customers. This way of thinking from my participants was also present when discussing the influence of cultural embeddedness.

## Cultural embeddedness: Only the familiar

In conversations on the influence of cultural embeddedness, my participants suggested that UK culture adhered to various established norms that limit which psychoactive substances could be socially accepted and consumed. My participants explained to me that UK culture was inherently closed-minded regarding substances outside of what is considered 'known' or what could be construed as relatively normative. Martha's experience with UK culture in the context of Kava explains this.

*Our culture is pretty shit really when it comes to allowing new things, I think. Like we have this supposed openness and understanding, but in reality, we are still proper conservative, I reckon Kava is seen that way. (Martha)*

Given that Kava consumers in the UK are a relatively small number in contrast to users of other psychoactive substances that are socially popular, such as Cannabis, demand is unsurprisingly lower. This element alongside prohibition effectively makes Kava more expensive, before even factoring in the consideration of distance, as Kava is shipped from the south pacific and, as a perishable good, levies more expense. As explained by my participants, Kava is a substance of minimal harm and is used in a manner that is inherently construed as a form of self-directed medication in place of conventional options. There was cultural milieu inherent in the UK that, as participants explained, was inherently negative to Kava, due to it being an unknown substance. There is evidence to support this perspective as Siddiqui et al (2022) argue, norms and values are reflected in culture and as such reflect judgements upon substances and their use, often framed around morality.

My participants believed that there is a limited choice of alternative medicines available in the UK, and that the cultural landscape influences people's decisions towards mass manufactured goods, rather than selecting substances such as Kava. Gemma saw this problem quite clearly:

*You know, someone start sneezing and they are instantly on Lemsip and other things, instead of trying alternatives, that's our culture though, right? We have only limited options to help us with things (Gemma)*

In a conversation with Neil, he saw the cultural influence of the UK as form of hegemony (Gramsci 1971,2020) with links to conventional medicine in play. Neil explained to me that the alternative medicine options simply weren't available for everyone, and the limited choice meant people carried on consuming the conventional option.

*I will go to the doctor, I will get a pill, and it will get me sorted maybe. And unfortunately, it spirals down. Because, in most cases, besides effects from one medication, they are raising the need for prescribing even more to combat those side effects, but what other choice is there? (Neil)*

What Neil explained here is that he saw the dominance of the prescribed medicine culture in the UK as a return customer market, whereby one medicine requires another medicine to combat the side effects in a vicious cycle effect. In this cultural state, Neil saw the power of conventional medicine as tied into UK culture, embedded to the degree that most people seeking solutions to health issues, choose the familiar and safe option of going to the doctors. When contrasting this to the consumption of Kava, a hidden and emergent practice in the UK, it is relatively unknown and unfamiliar to most people, thus raising questions about what exactly it is and if it safe to consume.

When I talked to Katie about the culture of the UK and how Kava could be viewed as a form of medicine she explained:

*I think it's like our culture to see things we don't know and criticise, like even some of my friends that smoke weed has never heard of Kava, so they pretty much don't like it really because it's not used and unknown. (Katie)*

Katie didn't mention the influence of conventional medicine in this instance as a way to shape people's health related decisions. She explained that the culturally embedded nature of the UK was to question and criticise substances such as Kava, as it is unfamiliar to most people. Katie referred to her friends who used Cannabis but were sceptical of Kava and were not willing to try it. I found this an interesting contrast to Katie's clients in her business who were consuming Kava to help with menstrual pain. At a small scale within Katie's social sphere, there was a contrasting perspective on Kava that accepted its use and at the same time rejected it or elected a disinterested mindset.

Andy explained to me that in conversation with his family about his use of Kava to treat his anxiety, they elicited scepticism.

*My parents know how tough it's been for me with anxiety, like, my brother still criticises my Kava use, he comes in and says, oh yeah, you're still drinking that shitty water then? So, it gets my back up really, makes it hard to explain to anyone that doesn't know about Kava. I think it's the way we are here really, just not interested in new or different things. (Andy)*

Darren explained to me in the same manner as Andy in the context of a culture inherently closed minded to substances like Kava being accepted for use in the same way conventional medicine was.

*I've had loads of mates suffer with depression over the years, it's the same thing over and over. They go to the doctors, get some anti-depressants, it never works, they go back get more of the same shit. Like I've tried to get them onto Kava, but they aren't willing to try it, I just think it's the culture here mate, fucking stupid really. (Darren)*

As Katie, Andy and Darren saw it, unknown substances like Kava are in the UK culturally seen as problematic, thus putting into practice a state of what is known is effectively safe and what is unknown is inherently not. This culturally embedded sense of fear pertaining to the unknown is, as Coomber (2016) suggests, historically relativistic as at differing times in history, substances that were unknown that later become known, or recognised as popular, can become accepted or considered upon their actual representations rather the perceived ones. My participants believed that there was a culturally embedded perception of negativity associated with Kava due to it being unknown. I believe that what they are explaining is in the context of substances, what is 'known' or familiar is socially accepted. Contrasting what is unknown or unfamiliar is shunned or othered, and for Kava, my participants believe it is predominantly viewed in a negative manner.

Cam explained to me his experience of this closed mindedness and his perspective of typical UK culture in relation to Kava.

*My parents are very conservative, and I think they are in the negative mindset of things outside their area of what they know really, I mean if they asked about Kava and I told them, they would say stupid stuff like it's just crap mud water, and the doctor gave you medicine, why don't you take that, blah blah blah, they don't listen, so I think that's how our culture here is really. (Cam)*

Cam stated that his parents typify the UK culture of myopia and active distrust towards Kava, although he referred to the fact that he never explained what Kava is to them. Cam saw UK culture as inherently unfriendly to Kava, and with a mindset to consuming legitimate substances procured from the doctors.

Kieran also saw UK culture as closed minded towards Kava consumption with reference to the embedded consumption of alcohol.

*People can be very funny about new things, look at cannabis, okay, it's become a bit more normalized in our culture, but our culture primarily is a drinking culture, isn't it? That's the thing. No one knows that Kava is not going to hurt them. Take out the bullshit ideas the people see and it's just giving them an option, right? (Kieran)*

Kieran believed that the dominant drinking culture of the UK shapes the perception of unknown substances as potentially problematic and/or dangerous to health, so Kava in this instance is not just othered, it is subject to a negative categorisation. From the participants' perspective, this reinforces the idea that Kava, and other alternative psychoactive substances that are relatively unknown, are framed from a cultural embedded mindset built on conservative thinking. The idea of Kava coming under the banner of false equivalence, where effectively all psychoactive substances are considered the same, is suggested here as negative perceptions of illicit psychoactive substances. This steers people into selectively choosing their mind-altering substances only from what is familiar at the generally accepted scope of norms thus demonstrating the influence of culture on to the micro level of lived experience (Anderson 1994,1998).

For my participants, they believed the influence of UK culture impinged upon the wider social acceptance of Kava use, as they chose to consume it at home for the most part. The feeling of non-acceptance was strong for them as consuming Kava in social settings where it is an 'unknown' or unfamiliar substance, as dictated by UK culture, results in participants not actively consuming Kava in a social setting. At the same time however, my participants explained to me that their motivations for use were focused on treating personal issues, which was not conducive to social settings if Kava was seen as a medicine. The frustration with conservative culture towards Kava, coupled with the inherent expense from importation, meant that my participants felt reluctant to engage outwardly with others in consuming Kava. The influence of culture was a tangible element for my participants, and they explained to me that tied into this was the issue of Kava prohibition in the UK, relating to drug policy.

### Drug policy: Outdated and not needed.

In conversations with my participants on the influence of drug policy, the level of knowledge pertaining to the 2002 prohibition order in the UK was surprisingly high and well researched. My

participants had done their due diligence in researching Kava prior to purchasing, which had informed them well enough to procure Kava and get around the import restrictions currently in place. They saw the prohibition of Kava as deeply flawed and unnecessary, more as an object of inconvenience than anything else. As conversations got more in depth, detail pertaining to their opinions on the prohibition became apparent.

When talking with my participants about the prohibition of Kava, they explained how they believed UK culture was intertwined with drug policy, forming a kind of synergy. This was a little confusing at first to tease apart as it felt as though my participants were conflating the influence of cultural embeddedness, conventional medicine, and drug policy. From my conversations, however, I deduced that my participants saw the prohibition of Kava as a reflection of the UK culturally embedded mindset which was inherently conservative. Participants explained that the prohibition of Kava in the UK was unnecessary and wondered whether a policy for controlling Kava was needed at all. Policy was also questioned in terms of the potential issues/harms from Kava consumption, based on my participants' own experiences. In general, there was the belief that the prohibition of Kava added to the cost of importation, which Darren felt particularly irritated about:

*Yeah, the government need to fuck off really mate, I mean harm wise from Kava there's nothing, so the way I see it is that it's costing me more to import. I know loads of people that could benefit from Kava, but the way things are right now with the law, it costs too much. At the end of the day mate, they are the ones making the rules and causing harm. (Darren)*

Darren had explained to me that he had ways of reducing the import cost of Kava, but at the same time he demonstrated his frustration with the UK control of Kava as causing him to expend more money. He also referred to the government causing harm to people who could benefit from Kava consumption, but could not afford the import costs, again due to prohibition. In the context of Darren's experience, the influence of drug policy felt more about the cost of Kava overall, rather the how it would affect other people who wanted Kava. In my conversations, Darren was the only participant that felt focused on prohibition in an economic manner, as my other participants saw the prohibition as a form of market constriction for alternative substances. Andy explained to me how he saw the UK Kava prohibition as detrimental for people seeking alternative medicines to treat anxiety.

*So, people if they're feeling anxiety, a lot of people will turn to substances that they feel are familiar, you know, antidepressants, for example, 'm not going to knock people for doing that because you know, whatever works, right? But Kava's one of those things that makes for quite a hard choice as an alternative due to the import prohibition, which obviously hits the people that want to use it. (Andy)*

As Andy saw it, the option for selecting Kava as an alternative to buy in the UK was limited by its prohibition. As such, Andy believed that people would look at Kava as a substance that is prohibited, relatively unknown, difficult to obtain, and look at the ease of access with familiar substances such as antidepressants. In this context, people are likely to go with what they know, rather than what they don't.

Katie who had her own herbalist businesses that specialized in alternative medicines was also critical of the UK prohibition of Kava. Katie has found it effective for her issues, but also in the context of her clients for very specific pain relief where other solutions have failed, as she explains:

*Seems ridiculous to me, I have a few clients who are female who suffered with endometriosis, which is, you know, very severe, and menstrual pain, and they found it very, very helpful.*

*Pretty much instant relief, even for me Kava works well like this. (Katie)*

Katie saw the 2002 prohibition on Kava as problematic and outdated, as some of her clients received Kava from her as a form of alternative treatment for menstrual pain. What I found interesting about this conversation was the contextualization of Kava as medicine, removed from most ideas that psychoactive substances were about recreational aspects. Katie had explained her motivations for Kava use earlier, and in this conversation, was demonstrating the practicality of Kava consumption as a form of treatment for others.

The prohibition of Kava was seen as out of place due to the misconception of harm, but also the assumption by drug policy makers that Kava was just another substance to get high on recreationally. Holland (2020) provides some support for this argument, questioning the efficacy of drug policy as a mechanism to combat illicit substance use, but more specifically touches on the issue of how illegal substances represent the harms that have been claimed against them. In the context of Kava, my participants saw the current UK policy as in need of some review as, in their eyes, the harms from Kava do not represent their lived experience.

There was clearly a need to move past the institutional and cultural myopia pertaining to Kava, and in the context of harms, Cam explained to me his dismay as to why Kava was prohibited.

*I can afford it, like it is expensive and can take a while to get here, but to be honest I would prefer if I could just go buy Kava at Tesco. So, I think the way the UK government controls Kava now is silly, like I just don't get it, Kava isn't dangerous, so why is it prohibited? (Cam)*

Cam believed that prohibition of Kava for him meant that he must procure his Kava via potentially unguaranteed means (possible customs seizure) as he could not simply walk into a supermarket and buy Kava off the shelf in the UK. Cam again referred to his experience of harms from Kava consumption, indicating that prohibition of Kava does not reflect his lived experience. For my participants, the questioning of Kava prohibition was based around the claims of liver damage from 2002 that had since not been reconsidered by the UK government. From their experience of Kava consumption, there were no harms, thus providing a sort of empirical bedrock to stand upon against the current drug policy. Andy went further in our conversation and speculated that the control of Kava in the UK was due to vested interests from large scale pharmaceutical companies as he explains:

*Okay, so I don't want to sound like a conspiracy theorist here hahahaha, but I really think that the medicine you get from the doctors is just plain shit and addictive. I don't take anything from them, I think they are all in it together really to make money, so that's why they shit on Kava and things like it, they don't want to lose money. (Andy)*

This explanation by Andy, linked back to earlier conversational topics about the use of Kava as alternative medicine and the influence of health narratives, once again suggesting some kind of macro level synergy at work. Neil also commented on this issue and argued that prohibition of Kava was supported due to specific financial gains with pharma business and health professional relationships that maintain the status quo:

*I'm pretty sceptical about the what's best for you angle really, I think everyone should be really you know, but like in regard to Kava, I think the big medicine companies see it as a problem as it can help with anxiety and their stuff makes you worse, so I think yeah, I think they are a scam really. (Neil)*

What is interesting to note during these conversations was that there was a perception that UK drug policy had a type of extension of institutional power, controlling and constraining access to potential medicines. If drug policy as a macro level social process is as the participants perceive it to be,

problematic and non-reflective, then what is at question here is the type of evidence that is used to create it. From my participants' lived experience pertaining to the harms from Kava consumption, the evidence that prohibits Kava is fundamentally flawed and should be removed with consideration for more accurate information. Whilst participants do not explicitly state that their lived experience is sufficient to be considered as evidence to form more reflective policy/control of Kava, it is implied however that their viewpoints and experience are indeed valuable (Valentine et al 2020).

This represented a problem from the perspective of my participants as, in their eyes, current UK drug control on Kava is ultimately hitting the end user by controlling access via prohibition, e.g., incurring more expense, demonstrating a macro onto micro influence at play. However, participants didn't appear to be overly concerned regarding the punitive response from government in the form of a fine of up to £3000 if intent to supply was ascertained. As mentioned earlier, the primary concern for my participants was to receive the Kava they had ordered online without customs interference. A few participants were dismissive of the potential punitive actions such as fines as they saw Kava as a substance of minimal harm. Darren explained his lack of concern of any punitive action:

*To be honest mate, I don't get huge quantities shipped into the UK anymore, and when I did, I used my connections in the US to get around it, so not a problem really. I did get a few hundred kilos sent on a container that got stopped, customs burned it though haha, I lost a bit on that one, but yeah, generally I think you won't get fined anyway, it's not like its brown [heroin] or anything (Darren)*

Darren had lost money on a large shipment of Kava to the UK a few years ago, to which customs had burned his Kava. Darren did not reveal how he avoided traceability back to his address, but he was annoyed about the loss of Kava and the money spent. Darren referred to Kava in a contrasting way to Heroin or as he called it 'brown', to make a point that customs are less likely to pursue the buyers of Kava due to its small-scale drug market and scheduled control.

None of my participants had experienced any form of fines for importing Kava, and only a few had in the past lost their Kava to customs seizure. Katie, who drank Kava and supplied her clients with Kava for pain relief explained to me her lack of concern about fines for importing:

*I don't care really, honestly, I mean I've never heard anyone getting fined for buying Kava, have you? It's a ridiculous law anyway, but like if I did get one, I would just say the Kava is for my dog or cat (Katie)*

The influence of drug policy from my participants' perspective was that it has a minor effect upon their Kava consumption, and the concern of customs confiscation was the only thing at the forefront of their minds. Their frustrations about the prohibition were clear as they see Kava as their medicine, and UK drug policy represented a form of constriction of access for new and curious minds wishing to try Kava. Denise questioned the UK prohibition of Kava, stating that she understood why the government would want to stop any potential harms, and saw far more dangerous things available to be concerned about.

*I read up on the prohibition thing, I think it doesn't make sense really, like I get the government probably wants to protect people, but there's worse stuff than Kava for sure out there. (Denise)*

For my participants the prohibition of Kava reflected UK culture regarding unknown substances. As they explained the culture of the UK shunned Kava, then this action was legitimised through institutional governance (prohibition) cementing a narrative of potential harms from its consumption. UK policy as the participants perceive it, does not represent their lived experience of Kava consumption, which compounded with the earlier mentioned issue with UK cultural embeddedness. Kava prohibition in the UK felt like an extension of cultural embeddedness of conservative values in this regard. There was a form of synergy between drug policy and cultural embeddedness in the UK, that sees unknown substances as problematic, then seeks to prohibit, ban, and control them. How these actions play out for the participants was evident as it impinges upon their Kava consumption as they have stated. The interplay between cultural norms and Kava consumption among participants reveals a complex relationship shaped by broader societal attitudes and individual perceptions. Participants noted that their Kava consumption was influenced by the perceived conservatism of UK culture towards illicit substances. However, this perception seems somewhat at odds with the broader trends in drug use normalization over the past two decades. Measham and Shiner (2010) offer a nuanced perspective on the normalization of drug use, arguing that it is not a monolithic process but rather a bounded social phenomenon that varies significantly across different social groups. They contend that while there has been a general trend towards greater acceptance of certain drugs, this acceptance is not universal and is influenced by various social, cultural, and economic factors. For instance, drug normalization may be more evident in demographic groups, poorer working class for example, while other segments of society continue to maintain conservative views.

This discrepancy highlights the importance of understanding cultural embeddedness when examining drug use behaviours. It suggests that while some participants may experience a conflict between their personal practices and the broader societal norms, others may align more closely with the conservative attitudes prevalent in their specific social circles. Moreover, Measham and Shiner (2010) emphasize that normalization involves a complex interplay of acceptance, regulation, and stigmatization, where drugs may be more accepted in some contexts but still subject to social and legal restrictions in others. What this means is that individuals navigate a landscape where drug use is simultaneously normalized and contested, reflecting the diverse and dynamic nature of social attitudes towards drugs. Therefore, the perception of UK culture as conservative regarding illicit substances, as expressed by my participants, can be seen as a reflection of the specific social contexts they inhabit.

In the context of conservative culture Walsh (2017) argues for example that the New Psychoactive substances act 2016 aims to deal with the plethora of synthetic substances flooding the underground and legal high market, and only unwittingly ensnares plant substances that were not under any form of control prior. Walsh (2017) further argues that a blanket ban covering all psychoactive substances does not actually consider the harms of each individual substance, bringing the issue of false equivalence into play. Controlling the substances that people use demonstrates how drug policy affects the micro lived experience of the consumer (Dunlap and Johnson 1992, Dunlap et al 2010).

Pryce (2012) argues that the UK's prohibition policies on illicit substances are culturally embedded within the historical regime of hierarchy within the UK, manifested in governmental policies steeped in outdated ideological and bureaucratic thought, coupled with a sense of submission to larger international drug policy narrative. This line of theory is relevant to my findings regarding the perception of UK culture but is perhaps more in line with regards to the influence of UK Kava policy. As participants have indicated, the perception of negativity was directed at Kava due to it being relatively unknown, and as such what information is available on it, was set in a deleterious framing. When it comes to UK Kava policy, my participants explained that prohibition added to their costs, but moreover reflected the UK cultural stance on unfamiliar substances. As mentioned, there was a thematic overlap here, with the influence of cultural embeddedness and drug policy synergising, creating a combined macro push downwards onto the lived experience for my participants. This reflects Kohns (2013) theory that UK drug laws are ultimately representative of natural laws which perceive and classify illicit substances as harmful to people who consume them.

## Summary of UK findings and conclusion

For my UK-based participants, preparing Kava was mainly a solo endeavour, being a messy and time-consuming experience with most stating it was something they did almost immediately upon getting home from work. Participants believed that prohibitive drug policy on Kava is outdated and unnecessary, reflecting the UK's culturally embedded conservative mindset. The empirical evidence from participants challenges the current policy framework, advocating for change based on the minimal harms and significant benefits of Kava consumption. Walsh's (2014, 2016) work further supports the findings, illustrating how drug policy impacts the lived experiences of substance consumers. The empirical data aligns with the theoretical argument that the harms policies aim to mitigate are often outweighed by the constraints they impose. This reinforces participants' views that current UK policy on Kava fails to reflect their positive experiences and minimal harms, supporting the need for policy revision.

Further evidence regarding the harms of drug policy within the UK upon people who use drugs is explored by Dalgarno et al (2021). Their argument unpacks the difficulty of policy response to the ongoing social issue of illicit substance use set in four types; extension of prohibition to include alcohol and other substances, decriminalisation, legalisation, and regulation of all drugs (Dalgarno et al 2021). Why is this important to look at? The investigation by Dalgarno et al (2021) identifies those harms are experienced by people who use drugs that are influenced by the forces of prohibitive drug policy, and as they state, making a substance illegal does not detract people from using it. They also make the case that the harms from a mainstream health narrative are just as prolific from the consumption of alcohol and tobacco, a claim which is supported by Nutt et al (2010) which at the level of lived experience, ultimately harms the user psychologically and physiologically. Dalgarno et al (2021) concluded that the current UK model of drug policy ultimately fails the people it's attempting to help. With the UK findings explained, the findings from the US, is the next subject of focus.

## Chapter five: US findings

### Introduction

This chapter presents findings based on interviews with my US participants on their use of Kava and the influence of macro level social processes. The chapter starts by providing the reader with a brief understanding of Kava legality and the Kava bar scene in the US as this is a key difference to note contrasted with the UK sample. Following this, a background to my US sample is provided detailing how long they have been consuming Kava for, how often and who with. Demographic information of my participants is also provided to detail who they are without comprising their privacy or anonymity. In answering my first two research questions, the chapter moves on to explaining my participants motivations for Kava use, how it made them feel, the cost and how they procured it. Following this, the influence of macro level social processes is explored and how this influenced my participants Kava consumption with reference to health narrative, cultural embeddedness, and drug policy. This chapter closes out with a summary and the main take aways from the US findings.

### Kava in the US

As a brief reminder, Kava is legal to buy in the US and is sold as a dietary supplement which can be procured in health stores, online or even in Walmart. Kava is also sold as a ready-made drink in Kava bars that are located across various states but are predominantly located in Florida. With over 160 Kava bars in the state of Florida, Kava drinking has become more popular each year since the initial bar launched over 20 years ago. An important point to note is that within some of these Kava bars, another substance often confused with Kava is sold alongside it. Kratom is a popular relaxant and is opioid based, thus leaving the potential for addiction from its consumption. Kratom is legal for sale in the US across some states but has not been officially classified as safe for human consumption by the Food and Drug Administration (FDA). At the same time, the FDA allows its sale and its addictive qualities have been a cause for concern for Kava drinkers who prefer to negate any association with this substance (Shah et al 2021; Kavafied 2019). In this chapter, my participants discussed the problem between Kava and Kratom, and the Kava bar scene. As a brief primer for the reader the legality and differences of both substances should be understood in the context of the US to avoid any confusion. Whilst lacking any official documentation there are claims from my participants that Kava beverages sold in Kava bars are often infused with Kratom to save money for the retailers, as Kratom is a cheaper substance in contrast to Kava.

## Introduction to the US sample

My US sample was N=10 with a 50 percent split between the genders of male and female who were sourced via the same online forum as my UK sample. Although slow uptake to being with, US participants began to engage with the project once one of the forum moderators vouched for my legitimacy. There were a variety of ethnicities among my sample with three participants identifying as white, four as black, one as Asian and one as Polynesian. Ethnicity was not a key factor in the participants' motivations for consumption, except for Claire who had a Polynesian cultural connection to Kava. In my US sample requirement, I placed no limitations for research participants' age, and my sample was from 21-43 years old, with a median age of 34. My US sample was spread over ten different states in the US to achieve a contrasting perspective given the country's size. As no video data was taken during my interviews, reliability of my participants' honesty as to their ethnicity was given to be true without full confirmation.

As mentioned, my participants were located across various states of the US. For example, James lived in Idaho, Adam lived in Kentucky, and Claire lived in Hawaii. They were employed in a variety of different jobs, and much like my UK sample, described high levels of stress related to their employment. Adam was involved in a family-owned business and worked long hours and weekends. Claire and James both owned their own Kava related business, with James running a small Kava bar. Leeroy and Alex were self-employed in the trades and construction industries which was labour intensive. Dave had only recently started working to support his family and was employed in casual labour. Calli, Vicky and Steph were employed in the healthcare sector, with varying degrees of responsibility, with Steph in a semi managerial position. Athena worked in real estate and did not reveal a great deal of information regarding her position, other than that it was competitive and highly stressful to work in. Adam, James, and Claire had been drinking Kava the longest in a range of 8 to 10 years, and considered themselves Kava experts, whilst Calli was still relatively new to Kava at nine months. Vicky and Athena were in the middle range with 6 and 5 years respectively of Kava drinking. Steph, Alex, Leeroy, and Dave all had been drinking Kava for over two years. The frequency of Kava consumption for my participants was similar throughout as they consumed Kava daily, except for Leeroy who avoided his Kava prep and consumption on occasions when his parents visited. After learning from my UK sample about how they prepared their Kava I was curious to know if my US participants did this in a similar way.

## Preparing Kava: Far away, the same way

In opening conversations with my participants about the stresses of work, I asked about their preparation of Kava and what time of day they typically started drinking Kava. The level of similarity of how and when Kava was prepared among my US participants was surprising, to the extent that it almost felt like Déjà vu to how my UK sample prepared Kava.

*I got it down perfect now bro, sometimes even my wife will do some of the prep for me hahaha. Basically, I get in from work, and she will have weighed out 43 grams of Melo Melo (Kava cultivar) in a thin cloth bag for me, I sit down in the front room with a bowl of water and start squeezing that sucker. Like ten minutes, it's done man, then it's time to relax with the family. Sometimes I even share with my wife ya know hahaha. (Dave)*

Dave lived in a flat with his family in an urban area near to Baltimore, and he explained to me that it was particularly stressful to live in run down city with a family. When I talked with him about Kava preparation, he was grateful for his wife for being part of preparation and joked about sharing Kava. This was the first instance where I noticed a less individual aspect to Kava in the US compared to the UK. Dave typified the mode of Kava preparation for my US sample with exception of Adam and Claire who prepared and drank Kava at different times of the day.

For Adam, his family run business was stressful all day long and as such, he preferred to have Kava with him at work from the morning and throughout the day.

*So, I do things a little differently, I mean I make it the same way as we all do, but I will make up a larger amount to last me all day. When it's done, I just stick it in the fridge, so in the morning I take it with me to work and when shit gets hectic then I can have a shell then. I still drink some when I get in, and recently my wife has been getting into it a bit more, although I don't think she's really sold on the taste hahaha.*

Whilst Adam consumed Kava during work hours, he also drank when he finished work and with his wife. Adam's routine was different, but the mode of preparation was the same. The recurring element of work-related stress played its part in my participants' lives just as it did in my UK sample.

Claire was the only participant who seemed not to suffer with the high levels of work-related stress, although she did mention having minor anxiety on occasion. Her preparation of Kava also started in the morning.

*Can you hear the Cockrel in the background? Its 5.30 here in Hawaii, and I'm just having my first shell while I'm talking to you hahaha. I'm up every day pretty early, as I have animals here, so I make some Kava first thing to set my mind in order for the day. I get a little anxious sometimes, but not much and the Kava takes it away anyway so yeah. So, to answer your question, I do my prep with the muslin bag, I find it relaxing, I just sit outside and squeeze the bag for ten minutes, I have a YouTube video of me doing it.*

Claire prepared her Kava in the morning in the same manner as my other participants, and from my conversations, the traditional muslin bag preparation was done so to extract the maximum amount of Kavalactones, again mirroring the UK sample. With these exceptions of time of day, the preparation time slot always followed the end of a workday. With stress being a clear factor, I asked how Kava made my participants feel.

### Kava effects: The chill feeling

Conversations with my participants on how Kava made them feel reminded me of what my UK sample had described when consuming Kava. A deep sense of relaxation and the sense of being chilled out was a common theme.

*Easy one to answer hahaha! Yeah, so when I have that first shell, it hits me quick, like a few minutes and then I feel chilled out, I can melt into the couch hahaha! Very very relaxed, stress goes out the window, I can think things through without getting irritated right. (Steph)*

Claire explained how Kava made her feel in the morning when starting her day.

*Hmmmm, well I drink my Kava really early in the morning, so I find helps de stress me before I go to work, but like as well as relaxing me and my lips go a little numb hahaha, I find like, it connects me with culture you know, with my ancestors who drank Kava too. I mean you could say I find it a little spiritual, there's a lot of history behind Kava you know. (Claire)*

There wasn't much in terms of variation as to how Kava made my participants feel with exception to James who ran Kava community social events.

*Straight off the first shell, I'm super relaxed, I can get into work stuff easier, or deal with the kids better and I feel less stressed, like pretty much where I would use alcohol, Kava is now for me these days, and I know I'm better for it, like a better dad, a better husband. I do get kinda talkative when I drink Kava, like I feel relaxed after the first shell, and sometimes when we all*

*get together and drink Kava, I feel more inclined to chat with people, but maybe that's down to the people. (James)*

Adam made note of how his lips used to get a numbing sensation from consuming Kava, although this no longer occurred, predominantly he felt relaxed and had a reduction in pain.

*Well, to be honest, I don't get the sensation of numbing anymore, like when I first started drinking Kava, I would always get, but generally, I get sensation of being relaxed, but not laid out or anything. I think pain wise is where it helps the most, probably like more so than my addiction issues, but it knocks out pain for a while. (Adam)*

Whilst these conversations pertained to an inherently positive and beneficial experience of Kava consumption much in the same way my UK sample explained to me, I was curious to know of any bad experiences or harms that had occurred.

## Kava and harms: Nothing bad to say.

Rather interestingly the concept of harms from Kava were contrasted with the consumption of socially normative substances, such as alcohol and the prescribed medication from doctors. What was interesting about this line of conversation was that my participants believed that the consumption of Kava had little to no harms as far as they had experienced. I found that there was a strong crossover during conversations with my UK sample, where the disbelief of harms from Kava consumption was particularly strong. When talking about harms from Kava consumption Claire was almost in a state of shock as she explained:

*Are you serious? Like I can honestly say there's no harms from drinking Kava, like from the moment I tried it with my uncle and his friends, and they never had any health problems from drinking Kava, so yeah, no I never experienced anything bad from drinking Kava. (Claire)*

There was a strong element of surprise and defensiveness when I asked about harms from Kava consumption, and it was as though the very suggestion of it was ridiculous to Claire. I believe cultural embeddedness of Kava for Claire played a role here, effectively she was defending Kava as part of her identity.

However, the defence for Kava not having any harms was explicated by my other participants as well. Adam was particularly forthright in our conversation on this topic explaining:

*Yeah, so I'm gonna call that shit out right here, and say there's no credit to these claims about toxicity on Kava, its outdated science, the Germans were using extracts in their study, so no it's bullshit, there's no harm from drinking Kava. (Adam)*

Adam referred to the refuted studies originally used to ban the sale of Kava for human consumption in Europe from 2002 onwards. Interestingly, Adam like Claire was dismayed at the suggestion of harms coming from Kava consumption, but he contrasted the counter claim of harm with referenceable science to back up his point. For Adam, he had also not experienced any ill effects from consuming Kava on a regular basis. So, what exactly was it about Kava that made my sample want to consume it? Was this different to the UK?

## Motivations for Kava Use: What's so good about Kava?

In talking with my US participants, as with my UK sample, I found that a common reason for their Kava consumption was rooted in dealing with difficulties in their day to day lives. More specifically, issues with pain and/or addiction that regular medicine was not effective at treating, Kava had found a place in their lives to relieve it. Vicky explained this in detail pertaining to her motivations as to why she consumed Kava:

*Yeah so, we can go into more detail on it later if you want, but like, basically, I've had issues with prescribed painkillers for years and I don't know if you know about the situation here in the states with opioids, but they just get handed out way too easily. So, I just got hooked and things got bad, like I wasn't doing good at work and always falling asleep. I read online about alternative medicine and saw about Kava, so I went to Kava Kwik and bought some, and it slowly helped me get off the meds, so, yeah that's why I drink it. (Vicky)*

This line of conversation reminded me of the discussions I had with my UK participants regarding the failure of conventional medicine, and as a point of reference for any critical thought on the effectiveness of the normative medicine paradigm. As Vicky explains above, she believes that addictive medication is handed out to people too easily, with reference to the opioid epidemic in the US as well as illustrating her own addition to this type of medicine. Vicky consumed Kava to deal with these issues, and conceptualised Kava as her form of alternative medicine that she prefers over the ones she was prescribed in her past.

Kava was on occasion described as medicine by my participants, more specifically as a form of alternative medicine, that they chose to use over conventional options. Adam described his personal issues related to a car crash he had been involved during his youth and how Kava managed his pain.

*I've tried everything for pain, and nothing helps more than Kava does, which is really amazing. it's true that's one of the ones that hit one of the things that kind of opened my eyes this there's, you know, more to this plant is just recreational, you know, calming thing. I also had problems with the prescribed meds, like severe addiction, but that's a whole other story hahaha. But yeah, so that's pretty much why I drink Kava every day. (Adam)*

Adam referred to the medicinal aspect of Kava, but also to how its consumption is beyond the typical social libation framework inherent in Kava bars situated across the US.

For Alex, alcohol had been a serious problem.

*Alcohol really, that's been the biggest problem for me, it's been tough without like not grabbing a few beers, letting go after work, but then it used to escalate from that, so I looked for alternatives, I also tried meetings, shit didn't work, I think Kava is honestly, the thing that saved me pretty much. Alex*

During my conversation with Alex, he discussed how drinking beer after work at home as way to wind down was normalised in the US, as he saw it as what everyone else did, touching upon the influence of culture. Kava consumption for Alex represented a turning point in his life as his alcohol use had become a negative influence on his personal life. Despite attending alcohol anonymous meetings, which provided no relief, for Alex Kava played a salient and key role in recovery from addiction.

My interviews with US participants demonstrated that they have experienced a tumultuous time with prescribed medicine, some illicit substances and serious alcohol addiction. As explained by my participants, the 'legal' or normative substances that US society accepts for consumption, has brought about varying levels of personal demise, and given the history of evidence pertaining to the US opioid crisis (Jannetto, 2021), alcohol addiction (Esser et al 2020) and now the potential issue of over prescribed antidepressants (Mojtabai and Olfson 2011), perhaps there's little wonder that participants sought solace in alternatives solutions such as Kava.

Most of my US participants had experienced mental health issues to varying degrees derived from pain, trauma and/or addiction that led them to eventually consume Kava after going through conventional routes of treatment. Kava consumption for my US participants, much in the same way as for the UK participants, is centred around the perception of having autonomy over one's health and utilising Kava as congruent way of dealing with substance addiction. There was a hint of the influence of the macro throughout conversations, teasing out the battle between structure and

agency in terms of my participants' rejection of the mainstream substances, and methods to treat addiction, with a sense of personal engagement and direction towards a better life that Kava facilitated. There were familiar echoes of what UK participants explained around the failure of normative treatment here, as US participants explained their tumultuous experience of addiction that Kava ostensibly has helped allay in contrast to what is traditionally offered from conventional medicine options. Kava consumption in most US states except for Florida, where there are several hundred established Kava bars and its legal status as dietary supplement, appears to be largely an individual experience. I was curious to know where my US sample bought their Kava as, in contrast to the UK, it was legal to buy for them.

## Buying Kava: Walmart Kava and the real deal

When I asked my participants how they obtained their Kava, most of them except for Adam and James revealed that they bought theirs online through Kalm with Kava or from the big Kava exporters in Vanuatu and Fiji. None of my US participants were using the forum connection to purchase Kava as my UK sample did, as there was no customs confiscation issue to be concerned with. James explained to me that he had commercial connections in Vanuatu within the Kava export industry that allowed him to bulk buy Kava powder in large quantities, 500kg plus that supplied his business. This allowed him to have access to cheaper Kava for his own consumption.

*I get my Kava direct from Vanuatu, it's cheaper when I buy a few hundred kilos, although I've been buying a lot more recently as business is picking up, but like the bonus of that is I get my own supply cheaper, I mean it's cheaper than 40 dollars for half a kilo. (James)*

James's business-related situation allowed him to have cheaper Kava, but at 40 dollars for half a kilo, it was less than half the price my UK participants were paying for their Kava.

I asked about the issue of quality pertaining to Kava and Adam explained to me that, although people could buy Kava from Walmart, the product wasn't good.

*I have bought Kava from Walmart in the past, it wasn't great, like it was pretty cheap to be honest, I think maybe 45 bucks, but yeah no, I think anyone who knows Kava would avoid Walmart. Like now I buy direct from Vanuatu, or if sometimes \*\*\*\*\* or \*\*\*\*\*, they are really good.*

As Adam explained, buying Kava was easy but quality was an issue, hence why my US participants bought from reputable and legitimate sources. But even with this business, there had been lingering issues with export quality of Kava from Vanuatu and Fiji. What was of particular concern were the extracts of Kava being sold across the states that was of low quality and not indicative of an authentic Kava experience. In the context of social Kava drinking, not many of my participants engaged in this aspect, save only for James and Claire. I asked my participants about where they chose to drink their Kava.

### At home, at the bar and the issue of Kratom

With the understanding of why my US participants chose to consume their Kava firmly cemented, conversations turned to how they chose to consume it. Interviews thus far had teased out a form of medicinal and alternative substance use pertaining to Kava, largely centred on allaying physically and emotionally challenging issues that my participants had experienced.

My Participants preferred to consume Kava at home rather than at a Kava bar if available, and some of them had been to Kava bars drawing on these experiences to explain their dislikes. Kava bars in the US are predominantly located in the state of Florida, with some sparsely populated across the other states of America, and as such my participants did not all have equal exposure to this environment. Among those who had experienced them, the consensus was that US Kava bars were not representative of 'authentic' Kava. James who had worked in a Kava bar previously explained how he consumed Kava:

*With the alcohol issues I've had, it's pretty much better I stay out of that environment you know. It's different with Kava, I mean like, okay so when I worked in \*\*\*\*\* my boss always encouraged patrons to drink the fancy mix of Kava and Kratom, which I thought was weird as people were getting fucked up like in regular bars. So, for a long time I drank Kava at home, sometimes with friends you know, and I didn't like the atmosphere really in Kava bars. Like I'm not saying they are all like that right, but it doesn't vibe with me, and that's one of the reasons I'm opening my own place, people can come and chill. Just drink Kava, like a community thing you know. (James)*

In this conversation what was clear to me was that James's lingering issues with alcohol were not limited to the substance itself, but also the environment, which he abstained from. What was

interesting was that how he chose to consume Kava was partially informed by his previous alcohol addiction issues, but also the influence of the social environment. Even when switching to Kava, James explained the issues of Kratom use in Kava bars, and his lack of congruence with the environment, thus making him consume Kava at home. James stated that the mainstream Kava bars were focused on inebriation rather than what his ideal social Kava consumption would be about. James clearly saw a problem with the environment Kava was consumed in and chose to not engage with it, drink Kava at home, and begin to create his idealised social settings for Kava to be consumed in. Kava drinking in the US is an alternative practice in contrast to the culturally embedded consumption of alcohol, and my conversation with James represented a question of authenticity from the insider perspective.

The position of authentic Kava consumption was explained to me by Claire whose Polynesian cultural connection played a role in how she consumed Kava:

*So, on the big Island [Hawaii] we have Kava bars, I've been to them, they're okay, but for me it's like they are about consumerism really, like on the mainland. I don't drink Kava there, I prefer making it at home, I drink it here where its quiet, or like sometimes on the beach in the evening with friends. (Claire)*

What this meant was that the environment where Kava was consumed played a significant role for Claire, just as it did for James. There was a question of authenticity present here and Claire believed the Kava bars lack a traditional feel to them, with levels of noise an important factor for her.

Athena who had tried Kava bars in Florida, explained to me that her experience of this environment was negative:

*These days I only drink Kava at home, like I tried at the start in Florida, when I first started drinking Kava I mean before I bought it at a store, and yeah it wasn't great to be honest, pretty loud, pretty busy, expensive. They were selling Kratom in drinks in the bars as well, which I don't get on with, so yeah really put me off, won't be going back. (Athena)*

Leeroy also discussed this topic of Kratom and the extent to which it influenced how he consumed Kava:

*I honestly prefer the ease of preparing Kava at home, then I can just drink it. I know which cultivar it is, there's no chance of anything else going in, which is what happens at most Kava bars, where they stick fucking Kratom in your drink, then tell you, its Kava. (Leeroy)*

This conversation demonstrated that the environment that Kava is prepared and consumed in clearly played a role in my participants' decision as to how they consumed their Kava. There was little resonance with the social milieu of the Kava bars with my participants as they saw the authenticity of the Kava bars as highly questionable. High levels of noise, a focus on consumerism and Kratom use were seen as deeply problematic and galvanised my participants' negative opinion of the Kava bars.

The origin for this cause for concern as explained to me by participants is that Kava is often confused with Kratom as it is sold alongside it in Kava bars. My participants stated that Kratom, a plant-based substance often used in the same manner as opiate painkillers, provided a similar high (Shah et 2021). Some of my participants were particularly engaged with this topic of confusion between substances as Kratom has been an issue in the US (Demick et al 2020), particularly its use in Kava bars in Florida where it is sold with Kava as a mixed drink. As such, there is the potential for the effects from consumption not to be truly reflective of pure Kava use as it is technically polysubstance use once mixed with Kratom. My participants saw this as an issue and were concerned that Kava is not fully understood for its benefits on its own merit and were protective of its reputation. Claire's explanation clearly states the issue:

*Okay so it's a bit weird here, but like I said before, Kava is part of our Hawaiian culture, but a lot of people don't know about it due to the colonization that happened here, you know about that right? So, there's a lot of confusion about Kava and its history and harms, and it is legal here just like in the mainland, but I think as it's sold as a supplement and not as a drink, people often get it confused with other stuff, like Kratom in those bullshit Kava bars right, I mean some maybe are good, but they put other shit in with it, like Kratom. So er, yeah, I guess it affects me in the context of my culture I would say. (Claire)*

Claire's cultural connection to Kava played a role here, as she saw the potential future problems that could occur if distinctions were not made between Kava and Kratom when sold to consumers. There was once again the inferred incompetence of institutional governance that controls substances to be able to make the distinction between Kava and Kratom, with reference to people not fully understanding the history of Kava. Claire was also critical of the popular Kava bars, most of which are in the state of Florida. As Claire explained to me, the mixing of other substances like Kratom with

Kava means that consumers were getting a mixed experience, as opposed to the authentic Kava one. Criticism in general from my participants that was directed towards the Kava bars in the US was not upon the sociable aspects of Kava consumption, but rather to the bar owners who mix Kava with other substances. This concern of Kratom in Kava bars clearly played a role in where my participant chose to consume their Kava, but it also revealed their scepticism of the FDA's ability to control Kava and get it confused with Kratom. My participants saw this a problem as any harms incurred whilst under the influence could be claimed as from Kava consumption, thus potentially leading to an FDA investigation addressing the safety of Kava consumption based on effectively faulty evidence.

In a conversation with Cali, she expressed concerns with the FDA.

*I know Kava gets mixed up with Kratom, so that could be a problem with the FDA at some point. I think there's too much regulation on drugs anyway, big pharma wants to sell everything right hahaha. (Cali)*

Alex stated his concerns with the problem of Kava being mixed up with Kratom.

*I think the FDA sometimes get it wrong, I mean with Kava they kinda have it right in one way to be fair but like with the Kratom situation here it makes things difficult, like people get Kava confused with it, it's not the same at all. I think the FDA is gonna change the regs on Kava because of the confusion really, soon as well. (Alex)*

Alex was critical of the FDA pertaining to substance control, mirroring the general sentiment among my participants. The influence of drug policy in the US is somewhat different to the UK as Kava is not prohibited in this context, and it is classified as fit for human consumption. What was a commonality here that the UK and US samples share, is the inherent scepticism of institutional control of Kava. I believe that like the UK, their negative experience of conventional medicine has informed my participants' perspective of macro scale institutions such as the government and big pharma as highly fallible. The issue of Kratom consumption was the primary concern in terms of potential policy change for Kava in the US, and on this note, there was a distinction between the UK sample. Kratom like Kava in the UK is also prohibited, and as such the US sample was worried about future policy change on Kava rather than current status quo. This is explored next with the influence of macro level social processes on my US participants. With the answer to the first research question in the context of the US understood and with drug policy effectively a moot point due to Kava's legal status in the US, the focus was on how other macro level social processes influenced Kava consumption.

## The influence of macro level social processes

### Drug policy: Not really an issue, for now...

The sentiment from my participants' perspective was that the current system with Kava controlled as a dietary supplement made Kava easy to access and buy, but the lingering worry of eventual policy change was present. Coomber and South (2014) critique the efficacy of drug policy and practice, pertaining to the ability of governing institutions that fail to consider the nuances of the substances they govern and the lived experience of the people that use them. Coomber and South (2014) argue that the contextualised use of a substance is largely forgotten when policy is created and primary focus is given to the pharmacological aspects of a drug, with salience given to the destructive elements of use. Little thought is given to the positive or beneficial aspects of substances, collective or individual action related to use, which ultimately as Coomber and South (2014), as a deeply problematic hurdle to cross. Regarding the future US governance of Kava, Dave inferred some sceptical thoughts.

*I think the current system kinda works, I mean it's a bit weird though as it considered a supplement, I mean I can go to Walmart in [REDACTED] and get some sure, but I wouldn't as its probably shit right. But I mean, I think the way it is right now works for people to get it, but then if it was regulated as food, then we would have more hoops to jump through, price would go up and so on. So, I guess, to answer your question, it doesn't really affect me that much, but if the FDA go and be dicks about it then sure. (Dave)*

In a similar manner, James elucidated his worries for the future of Kava policy with reference to the incompetence of the FDA to properly regulate Kava.

*I mean, I can go and just buy pounds and pounds of Kava no problem as the FDA doesn't see Kava as a problem right now, but I heard they might be changing things up soon, which is crazy really, as they let the doctor's hand out the pain pills no fucking problem right. Fuck the FDA man, leave Kava alone, hahahahaha, its fine as it is. (James)*

My participants' concern for future policy change was arguably warranted, as through some exploration the FDA's website revealed a document created in 2020 pertaining to Kava. More specifically, the FDA has become concerned with the liver toxicity issue of Kava consumption contrasted with the potentially health benefits that its users claim (FDA 2020). What this means for Kava as of 2023, is that it will eventually face recategorization as a new dietary ingredient, to which could change its current legal status in the US. This felt akin to my UK sample where they saw UK

policy control was simply not representing Kava accurately in terms of harms, and ultimately needed a complete overhaul. To sum up the influence of US drug policy on my participants, the interviews demonstrated that on the one hand current US Kava regulation allows my participants agency to utilise Kava for whatever reason they see fit. On the other hand, there was an inherent scepticism from participants that drug policy and the institutions that govern them are highly fallible when creating new policy, potentially leading to Kava to be miss regulated via confusion with other substances such as Kratom. The influence of drug policy in the US overall was something that in its current form was working for my participants in terms of access to purchasing Kava. There was an underlying concern from my participants that in the future, policy could change and cause problems, however as it stood, the influence was negligible.

## Health narrative: Healthy? That's not healthy at all.

For my US participants, as in the UK, their Kava consumption addressed their personal health issues in a way that conventional medicine did not. As a result, a critique of the status quo pertaining to the mainstream conceptions of health was also a common mindset for them. My participants explained that the general perceptions of what is classified as good health, endorsed by media or other influences that espouse consumption of products, was ultimately erroneous. They saw that the mechanisms of industry that pushed products that are ostensibly marketed towards a healthier way of living are effectively doing so in a manner that is not interested in health per se, but simply shifting the latest gimmick/movement relevant in popular culture.

Leeroy, for example, questioned the mainstream idea of health:

*Like what's healthy though man? I mean, one year there's all this hype on the latest things someone's brought to market that's good for your health, right? Then the next year it's something else new, and so on. I think away from the mainstream is where it's at, I think people who look for Kava are the ones that are more aware that what joe public thinks is healthy is bunk you know. I think that just pushes me away from the mainstream ideas on health, plus, you know Kava isn't super well known here, I mean you can buy it no problem, but I think it's not a well-known thing for helping with like mental health and stress. (Leeroy)*

In this conversation with Leeroy, I saw there was a deconstruction of the mainstream claim as to what is considered 'healthy'. As he explained, most people that select products related to health or healthy living are doing so predicated on concepts that are fallible. Leeroy's decision to consume Kava was based upon his own personal situation of addiction and stress, thus the influence of health narratives effectively had galvanised his position pertaining to the efficacy of Kava. Moreover, the top-down influence of health narratives supported his position of criticism towards the products and practices pushed from the mainstream, linking back to the inherent animosity towards conventional medicine. For health-related issues, Leeroy saw Kava as effective but not well known in the public eye, and in this conversation, I detected a hint of scepticism on his part as to whether Kava could become accepted by mainstream as a health-related substance of beneficial use.

Again, like the UK sample, there was criticism of government and established health narratives with reference to the influence of big Pharma as Adam explained:

*It's funny as I had a similar conversation with someone last week about this, and I'm of the opinion that it's all a bit hypocritical, as I think what's available and marketed as healthy, like say as alternative medicines are not that at all. Don't get me wrong I think people these days are fed up with big pharma trying to dominate everything, and they want an alternative sure, but I think it's pushing people into just buying stuff that doesn't work. I mean I wouldn't say it affects me that much, but if anything, I just get more sceptical of the mainstream stuff, I'll just stick to my Kava thanks hahaha. (Adam)*

Adam suggests that the consumer market centric narrative had an inherent mercurial nature, meaning that it shifted its focus onto the next relevant thing or theme, inexorably linked to the movement of public awareness of the salience of their health. As Adam explained, the mainstream alternative medicines movement in this regard is not always accurate as it operates in the same manner as a macro force, due to its origin as derivative from the mainstream perception of health.

This level of criticism towards a mainstream influence on health narrative, or more specifically a mainstream approach on the alternative market was explained by Vicky in detail:

*I kinda take issue with the whole idea of health to be honest, like I see this stuff online or on TV about using alternative medicines, like going to the health shop for example, I would say ninety percent of it doesn't work, I know cos I tried a lot of it right, plus it's expensive on top of that. I mean even Kava gets caught up in this, there's a guy called Alex Jones who does a*

*show online, and he sells Kava capsules which are supposed to calm you down and it's sold as a healthy alternative right. It's nothing like the Kava I drink, like nothing at all, it's all mainstream marketing bullshit, if anything it's pushing me away from the mainstream ideas of health. (Vicky)*

This scepticism of these health-based narratives as Vicky explained was inauthentic as the intentionality comes from the top-down mainstream origin, rather than a critical thinking alternative. The consumption of Kava is not a mainstream 'health' practice and as such, my participants saw that through their lived experience pertaining to the benefits of Kava and the influence of health narratives, there was a bottom-up response which challenges the macro conceptions perpetuated by the mainstream ideologies.

The line of conversations here were like the UK sample, where conventional medicine was also critiqued. Dave mentioned the problem with overprescribed medicines to treat depression, which was perceived through optics of mainstream society as the safe/healthy way to allay this problem. Dave explained:

*Yeah, I think there's an effect in a way, because like the idea of health gets pushed on social media a lot, I see it a lot you know, like especially for mental health. But then, like I know a lot of people my age, get put on anti-depressants, that's supposed to be helping them, but it doesn't, like that happened to me and it just made me feel worse, so I don't know if like what's available is really good or healthy at all. I guess it's weird that way, as it's how I looked into Kava right, like exploring options other than pills, I guess you could say it affected me that way right. (Dave)*

What was clear is that support for Kava came from the benefits my participants had experienced, but additionally from the influence of health narratives that attempt to nudge people into making targeted consumer health decisions, centred of course to one direction, or as Dave saw it, a conventional medicine approach, irrespective of its efficacy. To me, this is an example of a narrative that questions and criticises the mainstream conceptions of health, and because of this top-down force, my participants explained how the response was manifest in more support for substances such as Kava.

James raised some particularly interesting points about the influence of health narrative:

*So, I think there's a lot of misinformation when it comes to doing healthy things or practicing a healthy lifestyle, whatever you want to call it. I mean the government sprays our food with chemicals and tells use to eat healthy, so like how can you trust them on what's healthy right? But I think there's a strong movement towards alternative medicine, living that's different from the mainstream idea of what you called it, health narrative right. Our Kava community when we meet up is about open spaces, having a few shells, chilling out, I think this is more of like the effect when people can see Kava in action you know. (James)*

What James discussed here, was that the influence of health narratives from mainstream sources were criticised, and the response to this is the establishment of a bottom-up community of Kava drinkers. Kava consumption among most of my participants was explained as individual practice, but as James explained, the influence of health narrative has galvanized the collective Kava drinkers into a social aspect that is outside of the US Kava bar scene. Whereas the mainstream Kava bar scene in Florida detracted from the benefits of Kava with the mixing of Kratom, James who has his own Kava business explained that in his opinion health narratives only reinforced his commitment to Kava consumption and educating others on the benefits of Kava. My US participants' dialogue on health narratives reminded me on multiple occasions of the scepticism my UK sample had elicited towards this as well. For my UK participants, health narratives came from a mix of conventional medicine and governmental agenda, which lacked any true intention of helping their health-related issues. The critique in the UK was just as strong in my US sample, but with the US the difference was more of an explicit bottom-up response to the macro forces in play.

This bottom-up movement of alternative medicine use represented my participants' opinions that the influence of health narratives had resulted in a response that challenges the status quo regarding effective treatment for health issues. Claire who had a Polynesian cultural attachment to Kava explained that its consumption was a more effective way of treating problems such as anxiety over conventional options that were typically procured over the counter. Claire explained that what is being sold as effective or 'healthy' is flawed or inferior to what is considered traditional, with reference to Kava:

*Yeah, so I guess, that maybe I'm gonna be biased on this one as I think Kava is good for your health, I mean it reduces stress, anxiety, helps you sleep better, calms people down, far better than anything we have around that's sold to us today. I mean, for stress, you could go to a*

*health shop like GNC, and get something from there, because like the media or something online told you to buy it, but I think most of the time, it's just crap you know, it just doesn't work. I mean Kava has thousands of years of being used for benefits on health right and there's no issues, everyone should just drink Kava! Hahahaha. But seriously though I think this new culture movement thing on health is just a way to make more sales and not getting people healthy at all, cos they aren't using the traditional stuff. (Claire)*

For Claire, Kava was her drink to connect to native culture and as way to reduce stress. Claire saw the inherent problems with the alternative medicine market as disingenuous. She explained that mainstream health narratives were trying to capitalise on the alternative medicine market, selling products aimed at 'health centred' people. As Claire saw it, the market was rejecting Kava in its traditional form, and selling products that were not authentic, and she saw this as disrespectful to her cultural background and misleading for people who didn't know about the real Kava. At the same time however, Claire explained that people were starting to question the mainstream narrative and read into the effectiveness of authentic traditional substances rather than succumb to the dominance of conventional over the counter options.

This was echoed in a conversation with Athena who saw a small-scale societal movement of challenging the status quo concepts of health, via consumer choice and establishment of like-minded communities, particularly online.

*I think there's alternate views on health now, people are moving towards using different things to help with their conditions, especially online, there's so many communities sharing information you know. (Athena)*

As discussed earlier, for my participants, their gripe is that their Kava consumption is questioned because it doesn't quite fit into the mainstream narrative of normative substance use on health, despite their lived experience evidence informing them of how effective they perceive Kava to be. This then galvanises their standpoint on Kava as an alternative not just for their use, but also to support claims that there is a bottom-up response to the top-down influence of health narratives that reflect an educated and non-passive consumer mindset.

In my interview with Calli, the conversation focused on the efficacy of mainstream health products, and she explained:

*I mean, in general it's a lot more popular to use alternatives now, like weed, but I think a lot of it is all about marketing and selling products, so it's not really healthy at all. I mean if you make some Kava up at home you know what's going in and it's a completely different experience right. (Calli)*

For Calli, Kava lacked legitimacy due to the mainstream health narrative focus on marketing and consumption, rather than effective health supplements. Calli explained, much like my other participants, that her Kava consumption was an authentic alternative medicine option, in contrast to the popularised alternatives in mainstream health narratives. Effectively what we have here is Calli's bottom-up criticism of claimed authentic alternative medicine movements adopted and arbitrated by mainstream health narratives as shallow representations of what Kava consumers and communities were trying to promote. In a more objective manner, the top-down dynamic is trying to respond and capitalize upon the bottom-up response of alternative medicine use, which has become popular because of some people choosing to reject normative/conventional medicine solutions. During these conversations, I was reminded of what my UK sample had explained to me about health narratives, and people beginning to reject conventional medicine options. Whilst more explicitly stated in the US, the UK sample shared similarities on this topic with reference to the failure to treat their health-related issues, and then the adoption of Kava in their lives. The scepticism of conventional medicine and health narratives evoked a bottom-up response, which was manifested by galvanising their position to defend Kava. This scepticism came from my participants' belief that health narratives were related with the agenda of conventional medicine, and the US government itself.

During these conversations on health narrative, my participants explained their experiences and opinions of health narratives and suggested a relationship with the conventional medicine paradigm and how it played its role in health. During a conversation with Alex, he raised some interesting points as to how conventional medicine was tied into health narratives:

*I think people are definitely turning to alternative medicines now more than ever as they have seen what the normal medicine outfit has done right. I mean probably more people are sceptical now due to the covid situation and the vaccine bullshit, and like want more options. If I go to the doctor for example and want help with stress, it's just a generic pill and most of the time it makes things worse. So, I think people are starting to follow the signs that*

*alternatives like Kava can offer help better with stress or like for me alcohol withdrawal.*

*(Alex)*

In Alex's opinion, the conventional medicine paradigm is part of the mainstream health narrative that prescribes treatments that are not effective, at least from his experience, but he takes this notion and generalises it out to a far larger scale. To note here again, the criticism of mainstream health and conventional medicine given the time frame of the pandemic era may have contributed to Alex's dissatisfaction with conventional medicine. As Alex explained, society is moving into a more informed era whereby conventional medicine and concepts of health from mainstream sources are questioned and scrutinised as to their efficacy and authenticity. Health narratives had influenced Alex to the degree that in his mind, any mainstream health related issues were met with scepticism, again galvanising the defence of Kava. The suggestion of a relationship between health narratives and conventional medicine was present here, indicating that Alex conceptualised this macro level influence has had a determined intentionality. This reminded me of interviews with my UK sample on health narratives where like my US participants, they saw conventional medicine as not just ineffective, but as a sort of arbiter that gate keeps the visibility and social acceptance of alternative medicines in society.

Dave also described this relationship:

*Yeah, so I think in this respect conventional medicine doesn't do what it's supposed to do. It's so ridiculous, like here in the states, pharma does pretty much rule right, so if the industry sees alternatives, of course they're gonna attack it. (Dave)*

Dave discussed the influence of health narratives in this context, as did my other participants, that conventional medicine is ineffective, and how the pharmaceutical industry had a far reach of influence, with power within a market monopoly on forms of medicine that were socially accepted. Dave explained that the influence of health narratives was so potent that it had the ability to remove any form of competition that would challenge the status quo. This conversation with Dave represents an almost conspiracy theory idea that big pharma has the power to manipulate medicine markets to the masses. To what extent this might be true is irrelevant, but what is important here is that Dave had ascertained in his mind that conventional medicine had a particular agenda in mind. The influence of health narratives thus had a pronounced effect on Dave, inspiring within him strong criticism of the established medical status quo, but I also noted a sense of concern that at some point Kava regulation could change from this influence.

In a conversation on this topic with Athena, there was an interesting contrast, as she explained:

*From my perspective, like honestly, after having zero success with the stuff from the doctors, I think there's really a limited option for people who have depression. Like it's crazy how many people we have on these things now, I think Kava should be available for people from the doctors, maybe more people will be willing to try it then, I think that would be good. (Athena)*

Athena's thoughts on this matter demonstrated that she believed Kava should be available from the doctors, increasing the likelihood of uptake/popularity of its consumption, after her personal experience with anti-depressants. Athena was less critical than other participants, such as Dave, and did not posit a financial based market between big pharma, health narratives and/or government. Athena's comments did demonstrate her ideas that conventional medicine arbitrates what is and what is not accepted as medicine in society, and that Kava could be considered as such through the institutional legitimacy and power it ostensibly has. What I derived from my conversations on this topic is that there was a sense of blurred lines of where the influence of health narratives begins and end, and what they consist of. With reference to optics of media and consumer products aimed at health discussed earlier, participants see the products sold over the counter and prescribed as all part of the same agenda.

Steph explained that although there is a bottom-up movement towards alternative medicine in US society, it was being stifled by conventional medicine, with reference to the problem with Kava not been considered as legitimate by doctors.

*So my opinion on this is like, I think there's definitely a cultural push towards using alternative medicines for sorting out shit, like I know a few people who use mushrooms to help with trauma, and one my friends uses aya [ayahuasca] on a frequent basis, which I've never done before by the way, but like, I feel there's a lot of people trying not to use the stuff from the doctors as it does more harm. When I went and talked with my doctor about Kava, they said it's not effective or it's like a placebo, I think that kind of attitude is what's making people shift away from the regular medicine to be honest. (Steph)*

Steph saw conventional medicine as highly myopic and sceptical of anything outside of its sphere of classification as a medicine, again drawing upon personal experience at her doctor's, discussing the efficacy of Kava. In Steph's opinion, the influence of health narratives was manifest in conventional medicine and treated Kava with derision. This frustrated Steph, and as a macro level social process, it

meant that despite her self-reported claims of benefits from Kava consumption it made no traction when compared to the conventional medicine paradigm. Steph believed that the influence of health narrative was starting to create a movement of people who questioned the status quo and were looking to consume Kava instead.

Considering some of my participants' claims regarding the intertwined nature of media narratives and conventional medicine, it did inoculate as if a sense of misplaced malice towards medical institutions was occurring. However, we could refer to health narratives perpetuated by Purdue Pharma (Lopez 2018, Dyer 2014) and the sale of OxyContin as harm free, as an example to understand how and why participants conceptualised the cojoined nature of conventional medicine and health narratives. America's addiction to opioids is an ongoing process, however Purdue Pharma owned by the Sackler family presented the medicine Oxycontin to sufficiently treat chronic pain. The original claims by Purdue neglected to cite the addictive qualities of this opioid based medicine, despite being fully aware of the deleterious consequences it had on the people it was prescribed to (Keefe 2017, Meier 2018). Launched in 1996, Oxycontin was pushed by Purdue Pharma as the solution to pain relief and they continued to advise American doctors to prescribe it until 2016. The misleading claims of the non-addictive qualities caught up to Purdue Pharma and the company has been sued, for causing a public health crisis, which continues to this day (Chow 2019, Whalen 2018, O'Dyer 2020).

Given the magnitude of this health-related scandal in America, little wonder that my US participants saw the mainstream health narratives as inherently corrupt, profit centred organisations. From my participants' perspective these powerful companies had the influence on shaping people's decisions at a mass scale as to what they choose to consume for health reasons. In this regard, health narratives have instilled a deep sense of criticism from participants, from what they have observed at a macro level, and what they have experienced at a micro level. When taking this into account it was not surprising to know that my participants displayed a strong form of protectionism towards Kava.

From my participants' point of view, there was a hegemonic attitude (Gramsci 1971,2020) inherent with health narratives that have an interwoven relationship with conventional medicine. This extends beyond the consideration pertaining to the benefits of Kava consumption, to include a plethora of alternative medicines, according to participants. Doctors/health professionals were perceived to be

part of this paradigm that has macro level influences shaping consumer choices to elect for the mainstream option. The extent of this influence manifests to the micro where my participants explained that doctors were sceptical of Kava as a legitimate form of medicine and favour the conventional option, with no regard to alternatives. This form of interaction is typified by what Foucault (1973) referred to as the medical gaze, whereby the discourse between patient and doctor was unidirectional in favour of the medical professionals and their erudite knowledge, effectively removing elements of a patient's story with only the biomedical aspect remaining (see also Misselbrook 2013).

In the UK, I observed my participants' scepticism and frustration regarding the dominant top-down influence of health narratives as lacking in authenticity legitimacy. The situation was very similar in the US with what my participants explained to me on the efficacy of the benefits related to Kava and the consideration of other alternative medicines being swept aside by the mainstream narratives and the hegemonic power of the well-established paradigm of conventional medicine. A difference between the UK and US here is that whilst scepticism was present in both samples, the US participants were warranted in electing such a stance due to the well documented opioid crisis. My US participants refused to engage with the mainstream health narratives/conventional medicine paradigm, and questions arose in terms of its authenticity. As a result, a bottom up, people centred approach to using substances that work and are congruent relative to an individual's requirements manifested, which felt more explicit than the UK. The consumption of Kava for my participants whilst perfectly legal, is seen as a niche and in contrast to the mainstream health narratives that nudge people towards more well-known substances. Health narratives then, influenced my participants by instilling a sense of scepticism against mainstream conceptions of health, pushing them to venerate Kava. I wanted to explore the influence of American culture and understand how this affected Kava consumption.

### Cultural Embeddedness: Treating it with skepticism.

During interviews with my participants, I asked about the influence of cultural embeddedness upon their Kava consumption. More specifically, I asked them how US culture played a role in how Kava was received from a mainstream society perspective and the extent that this influenced their daily consumption. These conversations provided insight into the ever present and often judgemental aspect of US conservative culture inherent throughout the states of America. This was reminiscent of my UK sample where a conservative mindset was culturally embedded, which my UK participants

believed influenced how people treated unfamiliar substances like Kava. Considering the size difference of the US to UK I had expected some variance in answers from US participants regarding cultural embeddedness. Despite them being spread out across a variety of states, however, the influence of culture still played a consistent role in influencing their Kava consumption.

Leeroy revealed that religious ignorance played a role in 'othering' things that are not familiar. The influence of culture from a religious context was a surprise to me, as I believed the US to be largely secular, however US levels of religiosity are relatively high in contrast with the UK (Voas and Ling 2010). Several of my participants explained to me that in their home states, the influence of religious culture, predominantly Christian, manifested itself in a sense of scepticism towards unfamiliar substances. Furthermore, my participants explained to me that religion simply not recognising or differentiating unknown or illicit substances was built on a blasé form of myopia, effectively qualifying all psychoactive substances as the same. Leeroy explained in detail pertaining to this influence:

*So, we're quite religious here, I mean not super religious in this state, say like er, Mississippi or Alabama, but the culture of that does play a role in regard to drugs n stuff right. I mean I'm not religious but say if I was making some Kava in the kitchen, and my wife is fine with that and everything, but her mom is pretty religious and doesn't like anything like drug related at all, so even like, explaining it all to her, she still doesn't accept it. So, I mean, there's still a lot of negativities on drugs like Kava right, and for sure religious culture plays a part man. (Leeroy)*

In Leeroy's view, people judged Kava negatively alongside illicit substances, often unaware of its legal status. His close family perceived his Kava consumption as a non-normative function, treating it with a sense of skepticism to its utility. This morally superior standpoint that Leeroy's mother-in-law held towards Kava was built from a culturally embedded religious myopia. This closed-minded attitude that others the unfamiliar perceived Kava as just another drug. For Leeroy, despite explicating the nuances of Kava, including its legal status, to his mother-in-law, it failed to alter her perception. Leeroy explained that US culture with its religious underpinnings sees substances like Kava from an inherently negative standpoint.

Dave described to me how where he lived, Christian cultural values played a role in some aspects of life but did not arbitrate everything, however there was a sense of outdated conceptions and psychoactive substances were generally vilified:

*Where I live it's not crazy religious, but like, people still kinda cling to the past you know, so Kava for them is just another nasty substance that people shouldn't drink. (Dave)*

Dave lived in Baltimore, and although religion did not play a primary role, he explained that people's opinion towards the unfamiliar, in this context unknown substances such as Kava, were effectively shunned. I found this confusing as Dave had explained to me earlier that in Baltimore, there were serious issues with substances that represented far more problems, Fentanyl being one of them (Buresh et al 2019). What Dave conveyed here, was that normal run of mill types of people that don't consume any form of illicit substances were the types of people that would see Kava as just another drug falling to dismiss it from any other substance (Moore 2004). Athena also explained to me how the people in her state (Alabama) were religiously minded, with a conservative outlook on life.

*I think there's quite a lot of religious influences on using drugs here, it's seen as bad or like criminal, even with Kava I think, people just don't understand it and then it's kinda seen as something it's not. (Athena)*

This meant, she felt reluctance in explaining her Kava consumption to family and friends as it would effectively fall on deaf ears as little interest was shown to better understand Kava.

The association of negativity with substances that are unknown or from another culture, that are potentially seen as less in terms of intrinsic value in contrast to the dominance of the west feels like an echo of the religious European colonialists' view of a few hundred years ago that set about demonising Kava and its use in South Pacific countries. In this manner, the influence of culture via religious mindset, played a role for my participants in their Kava consumption. Kava was unfamiliar and unknown and was under the eyes of religious scrutiny from family members or friends. This did not stop or prevent my participants from consuming their Kava, but rather demonstrates their frustration and sadness that they were unable to share their experience with others and feel that it was legitimised.

Claire who lived in Hawaii and had a cultural connection to Kava through her Polynesian roots, elaborated on issues of culturally religious bias which she felt were derived from colonialization.

*Yeah so, I think there's a lot I can say about this, so I do think our culture, like the American culture which can be a little conservative, has kinda crashed into the traditional Hawaiian culture. I mean I guess you know about the history of Kava and the colonial stuff, right? I mean we lost a lot our culture and connection to Kava because of when the religious missionaries came here, and basically, like banned Kava, as they thought it was, er, I dunno, like related to alcohol. I think that has made the way people see Kava here as like something in the distant past, so like for example on the big island [Hawaii], hardly anyone drinks Kava, but then like on Maui, it's more common to drink it. So, hmmm, I guess it affects me, as I still get people asking about Kava and why I drink it and the culture here still sees it as a problem, like from the past, which is ridiculous, but I want to change that. (Claire)*

For Claire, there is still a lingering impingement from the colonisation process on her native culture, resulting in a form of hegemon (Gramsci 1971,2020) that perceives anything outside of the established norms as fundamentally wrong. Although Hawaii has moved past its colonisation, for Claire she sees this loss of native culture as direct result of the US mainland culturally embedded mindset towards Kava, which was based on religious values indifferent to the ones originally in Hawaii. What the influence of cultural embeddedness meant for Claire was a personal battle to justify and legitimise Kava consumption and cultural connection back into Hawaii against the established religious dogmatic ignorance that has failed to understand what Kava is and what it represents.

There were some suggestions during my conversation with Claire alluding to a top-down form of racism inherent within the culturally embedded milieu of the US, and although she did not explicitly state this, my conversation with James elucidated this point.

*Yeah so my take on it is that it's kinda racist, like a typical 80-year-old of the US is racist as it sees stuff like Kava as a problem or nasty, that it's not good enough to be considered medicine, which is just crazy as it can help so many people you know, I mean I had this 80 year old guy come to our Kava community circle to try some Kava for the first time right, and he's got really bad arthritis, his meds don't work and he's apprehensive about trying Kava as he's heard bad stuff about it. So anyway, he has a few shells and half an hour later he's moving around and says the pain in his knees has gone down. So, I think our culture here just*

*looks at Kava or stuff like that from other cultures and then is just like well it's just a plant from the ground and it's less than our culture right, those poor countries don't know shit right. (James)*

What James unpacked here was the inherent racist framework within the US as he saw it. James referred to a typology of elderly white American male whose view of Kava placed it in a bracket of the unknown, treating it with scepticism and derision. The influence of cultural embeddedness affected James and his Kava consumption in way that he felt was explained by deconstructing his native culture of the US as problematic and narrow minded. During our interview, James also explained to me that the US mainstream culture was founded on Christian values that persisted to this day and placed cultures and practices outside of the established norm as 'othered' (Stylianou 2004) or inferior as he put it. His opinion echoes what Claire had to say about the historical colonial nature of the US. James referred to a real-world example of an elderly man consuming Kava to assist with health issues, which in turn altered his conceptualisation of substances outside of the norm. So, although highly critical of the negative outcomes the macro force of cultural embeddedness has brought in the US, James explains that established conceptions could be changed.

Claire and James thus suggest that there is still a lingering issue with the history of western influence and ideological dominance, that perceives Kava, at least at a surface level glance, as unknown or as simply a dirty plant in the ground, which in no way considers the rich and long-standing cultural history of its past in south pacific countries (Aporosa 2019, Henry 2022, Jowitt 2000). Whilst this is an important finding as it represents contemporary issues of racism with the US at a larger scale, my other participants did not raise these points. For them, the conservative and religious or moralistic elements of American culture were more salient. Religion played a unique role in the culturally embedded influence in US society compared to the UK. Both the US and UK had the element of conservative values towards psychoactive substances in general, with othering of unfamiliar substances also taking place in a similar manner. What was distinct between the UK and US was that the US cultural mindset was built upon religious values of the past, whereas the UK had a more secular and rational outlook, also reflected in its drug policy.

Some of my participants saw the problem of American culturally embedded attitudes as interlinked with the influence of conventional medicine. In their experience, top-down views of Kava and

alternative medicines were often being treated with dismissal or scepticism. My participants felt that US conservative ideology has a form of synergy with conventional medicine, that creates a narrative of Kava as potentially harmful. This is despite the hypocritical aspect related to the well documented issues with prescribed medication abuse (Makary et al 2017). For my participants, the macro level influence of conservative cultural values under the bracket of conventional medicine, had resulted in a trickledown effect where their Kava use as form of medicine was considered less than its 'official' counterpart.

Interviews provided insight into the belief that there were connections between a mainstream conservative outlook on alternative substances such as Kava and the normalised use of prescribed medicines. There was plenty of criticism from my participants against conventional medicine which as they saw it, had an embedded relationship with conservative culture. In a conversation with Adam, he explained to me in detail about this issue:

*So, to be honest, I think there's a culture here that over prescribes pain meds like oxycodone and fentanyl, not sure if you have them in the UK, but a lot of people get hooked on them, and like I said earlier, I had an accident when I was 16 and I started taking these pain meds, couldn't get off them for years. But like when I started drinking Kava, I could do things without being out of it and it helped with the pain, so against the doctor's orders I got off the pills, and I think there's a culture here that is skeptical of things like Kava because it goes against the normal treatment practices you know, very conservative thinking about what counts as medicine really. (Adam)*

There was no suggestion of religious influence here, rather what is clear is the influence of a culturally embedded narrative against anything outside of big pharma as less effective, which Adam focused his criticism towards. This demonstrated an interplay of structure and agency, as Adam identified a perceptible problem from his own experience and from his observations of US culture.

This was also reflected in my conversation with Vicky who discussed her views on the influence of cultural embeddedness and conservative values, referring to her experience of closed-minded attitudes towards Kava and alternatives.

*I think the culture here is a little narrow minded on alternative medicines, I mean maybe California is okay as you can get weed with a prescription, but its still, you know frowned upon. Like if I said to my parents about Kava, they just wouldn't get it, they would probably*

*google it and read something about liver damage and freak out, but then it's crazy you know, as they know I had trouble with the prescribed meds, so yeah, I think maybe everyone thinks the US is really liberal and free thinking on drugs, but it's not that at all. (Vicky)*

Here Vicky was referring to the regulation of cannabis in California and the inherent liberal mindset there towards the use of illicit substances (The Times Editorial Board 2022). What was paradoxical, as Vicky illustrated, was that the supposed culturally embedded open mindset towards drugs in the state of California did not match with the 'othering' of Kava.

This topic was also reflected in my interview with Dave who discussed the hypocritical aspects of US culture with a focus on the normalised consumption of alcohol.

*I guess it [Kava] affects me like in a social way, I mean a lot of my friends smoke weed, and I do as well right, and even my mom is fine with that, but it's strange when it comes to Kava as like then my friends won't drink it as they saw online it's bad for your liver, but then they go do a bottle of Jack at the weekend, so it makes no sense hahaha, our culture is weird right? Maybe like hypocritical I guess could you put it. (Dave)*

What was clear from this conversation was that Dave saw the problem with the culturally embedded normative mindset of the US as deeply hypocritical, to the extent that the influence had instilled a level of myopia in his family and friends towards his Kava consumption. This had influenced his social relationships whereby his friends who smoked cannabis and drank alcohol, questioned his consumption of Kava, basing their concerns on harms discovered from internet searches. What this demonstrates is the system of normative behaviours relating to substance use are biased towards the culturally embedded nature of what is known and accepted, the unknown is questioned and even looked down upon.

Steph explained that this cultural viewpoint regarding Kava has resulted in more people suffering from issues with alcohol addiction that are not treatable under the conventional medicine paradigm.

*It's funny because I think our culture is hypocritical on alternative medicine, like it's okay to go to the doctors and get hooked on pain pills, but if you use something the doctors don't know about, like it's automatically bad. It doesn't make any sense to me, probably some bullshit democrat ideas making things worse right now on top of things, telling you what is good and what isn't. I think this conservative culture needs to change, I mean I think Kava*

*could help so many people with alcohol issues, but I think we need to get rid of the bullshit information on it first. (Steph)*

The mention of inherent cultural hypocrisy was present here, but what I found particularly interesting was the claim that political power has an involvement in this dynamic between conventional medicine and the cultural landscape of the US, ultimately working together to maintain a status quo. Steph, like my other participants, was always on the backfoot in justifying her Kava consumption to people with normative or conservative mindsets who treated Kava with distrust. Despite her past issues with prescription medication, Steph's choice to allay her problems through Kava are met with scepticism as she chose to consume a substance outside of the established normative bracket. What this meant for Steph was a sense of frustration that US culture is unmoving in its stance on unfamiliar or unknown substances, cultures, and ideas. Clearly the influence of cultural values derived from the overly religious past of the US, implicitly delegitimises the use and efficacy of Kava. The FDA state that under conditions of sale, no medical or therapeutic claims can be made relating to its consumption or as an ingredient (Affairs 2023, also see 'what is Kava' section).

Kava consumption in the US is qn alternative practice, and the framing of this non-normative behaviour from mainstream culture is critical of Kava and other alternative substances. My participants criticised this mainstream top-down perception and argued that the values inherent within the macro level are misplaced and myopic as it is a mechanism that influences people to think that conventional medical is the only option. This stigmatisation of Kava uses contrasts with the almost accepted use of cannabis, for example by Dave's friends and family or Vicky's perception of wider Californian society. The perception of Kava as harmful, relating to the macro level of culturally embedded mindset plays out to the extent that language is used to convey and support the dominant narrative. Tupper (2012) argues with reference to historical ontology (Hacking 2002) and the use of the English language, the terminology in which illicit or unknown substances are conceptualised is done in a manner that favours the hegemonic (Gramsci 1971,2020) standpoint of western countries. US culture has utilised the ubiquity and power of the English language in a manner that is fundamentally hegemonic (Alfarhan 2016, Gramsci 1971,2020). Whilst Kava is legal, it is also conceptualised as a drug of potential harm, without any health benefits from consumption. With the US conservative values expressed in the historical ontology of the English language, Kava like other substances fall into the US mainstream cultural perception towards drugs (Rosino and Hughey 2018). For my participants, how this sense of conservative mindset plays out in the experience of their Kava consumption is that friends and family see Kava as unknown, in the same

manner as religious ideology does and dismisses its use and recoils from attempting to understand or even try Kava consumption.

## Summary of US findings and conclusion

In general, the influence of macro-level social processes on US participants paralleled those within the UK case study. Both groups consumed Kava mainly for medical purposes, aiming to alleviate symptoms from previous substance addictions, such as alcohol and prescribed medications. While Kava consumption was primarily an individual practice, some participants, like James and Claire, occasionally consumed it in social settings. A notable divergence between the UK and the US pertained to Kava's legality in the US, allowing its purchase without restriction from physical stores and online platforms. My participants also made comparisons between the perceived harms of Kava consumption and those of legal substances like alcohol or prescribed medications. Such critiques of authority were consistent across both groups.

Cultural embeddedness also played a role, with participants in both settings criticising wider cultural scepticism toward the unfamiliar. This mindset aligned with conservative ideology, classifying non-normative elements as potentially harmful. In the US, the conservative outlook was also influenced by religious undertones, even among participants who weren't religious themselves. This scepticism stemmed from a cultural history linked to Christianity in the US, contributing to a sense of caution around Kava. Health narratives acted as a catalyst, strengthening participants' inclination to use Kava for medicinal purposes over conventional options. The commercial aspect of health narratives led to scepticism about substances marketed as "healthy," as participants perceived these narratives as driven by consumerism rather than genuine well-being concerns. This perception intertwined with larger systemic dynamics, forming a cooperative effort between institutions, health narratives, and culture to encourage consumption of products from major corporations.

A common thread emerged among participants: a proactive response to macro-level influences. This bottom-up reaction led them to select alternatives like Kava that aligned better with their values and yielded more effective results compared to conventional medicines. The compounded influence of these macro-level social processes manifested in participants' reluctance to openly share their Kava experiences with friends and family, despite its legal status. The influence of the macro environment motivated participants to adopt a protective stance towards Kava, rejecting normative health-related

medicines. In contrast to the UK, where drug policy held less sway due to Kava's legality, participants in the US remained wary of future regulations for Kava, although in its current form, policy represent negligible concerns. The synthesis of health narratives, cultural influences, and the larger macro context further solidified participants' preference for Kava over conventional medicine, viewing it as a safer alternative.

Drawing from the US findings, it became evident that the influence of cultural embeddedness plays a pivotal role in comprehending how macro-level social processes (MLSPs) shape the experiential landscape of using substances like Kava. Coomber (2016) underscores the sway of mainstream culture in determining the legitimacy or stigmatization of ritualistic psychoactive substance use. This assessment prompts consideration of ritual theory, as proposed by Coomber (2016), which sheds light on the top-down transmission of cultural influence from macro to micro levels within society. A relatable instance is tobacco use, which has long been normalized across diverse cultures, although recent health concerns have altered perceptions. Such substances gain societal legitimacy through their alignment with class structures; cocaine is linked to affluence, while cannabis historically connects to less privileged classes (Lake et al., 2020; Fischer et al., 2010).

Kava, however, presents a distinct case, as articulated by participants in secular and religious contexts. Acceptance of unfamiliar substances faces hurdles due to cultural reservations. Fromm (2014) provides corroborating evidence, asserting that individuals internalize societal and economic values from their immediate surroundings, establishing the basis for normative behaviours. This internalization reflects the hegemonic (Gramsci 1971,2020) influence of mainstream culture on a macro scale, shaping accepted norms of behaviour. This perspective is augmented by Reinerman (1994), who underscores historical context by illustrating how political ideologies have historically framed substance use within less privileged demographics as a social issue. Reinerman (1994) builds upon Becker's (1963) labelling theory, adding a 'politico' dimension, indicating that culturally defined norms against substance use arise from the moral and political stances of the elite over time. This culminates in a perception where the cultural acceptance of alternative or illicit substance use is both morally deviant and politically condemned. Therefore, the interplay between cultural embeddedness, macro-level influences, and political dynamics intricately shapes societal attitudes and behaviours toward substances like Kava. The significance of the English language in shaping the conservative and dogmatic values regarding the adherence to the "normal" and the preservation of cultural status quo cannot be overlooked. This dynamic often occurs at the pace dictated by Western influences, as evidenced by Tupper's observations (2012). In the context of Kava, we witness a deeply ingrained cultural tendency to disregard unfamiliar substances associated with distant lands, even without concrete evidence of harm. While the participants consistently find Kava beneficial in their

experiences, the overarching influence of cultural norms intercepts their perceptions, discouraging the consideration of alternatives outside the established social norms. From my perspective, the form of resistance against the dominant norms was far more present within the US case study than the UK. It all felt very similar in terms of routine, preparing Kava, consuming it to allay the health issues experienced by my participants. Is this a case of resistance through ritual consumption as say Hall (1997) and Clarke (1981) might argue? In a manner we argue this to be true, but Kava consumption in US is not a subcultural practice per se, nor is its consumption a symbolic middle finger to the established cultural norms. Again, the consumption of Kava was to allay a variety of health issues, rather than consume Kava purely as an act of defiance against macro level processes. Perhaps this was due in part to Kava's legal status and ease of accessibility, but the increasing number of Kava bars in the US, indicates an emergent population that choose Kava as alternative rather than other socially normative substances such as alcohol. This again was not necessarily an explicit form of resistance but like the UK, more of a bottom-up response, that simply chooses to consume an alternative substance.

The journey of participants' interaction with Kava intersects with the prevailing cultural currents. These currents originate at the top of US mainstream culture and society, gradually permeating downward, eventually marginalizing the concept of embracing substances that deviate from the established norm. From my participants' perspective, critiquing the conservative value system becomes justified, particularly considering that their motivation for turning to Kava stemmed from the failure of conventional systems to address their serious conditions effectively. Whilst there were synergies between the UK and US, there were also some differences. Undoubtedly then, the next case study of Vanuatu will have some emergent properties not seen thus far in the thesis.

## Chapter Six: Vanuatu findings

### Introduction

The case study location of Vanuatu allowed for a unique insight into Kava consumption and the embedded culture therein. Vanuatu is located around 1000 miles east of Queensland, Australia, and is approximately 750 miles west of Fiji. Vanuatu is made up of 83 islands, of which 65 are inhabited. The capital city of Port Vila is located on one of the main islands called Efate. Vanuatu was governed by French and British rule from the 1800s until its decolonisation process began in early 1980, during which it was established as an independent republic. Until flying to the country, my research had been conducted with US and UK participants that drank Kava for their own individual reasons such as dealing with anxiety or staving off addictions to alcohol and/or illicit/licit substances. By visiting the islands of Efate and Santo, I was able to observe and collect the lived experience of Kava drinkers in a modern and rural setting that typified the day-to-day connections of Kava that has been a mainstay of indigenous culture for thousands of years. As this chapter will outline, this ethnographic research provided insight into the relationship between Kava and Vanuatu culture, alongside Ni-Van perceptions of contrasting western culture upon their lives. Conversations with Ni-Vanuatu (Ni Van) were quick fire 2-5 mins and in-depth 30 mins on differing occasions, testing the suitability of informal interviews for this type of research, which ultimately proved successful. Participants were derived on site in a snowball manner, and interviews were not structured in a tightly set form as organic and free flowing conversations would have not been possible. During my time in Vanuatu, I estimate that I talked with over a hundred people about Kava either in quick fire or in-depth. In this chapter I discuss what my findings revealed which answer the first two research questions, before moving on to answering the third question which demonstrates the influence of macro level social process from the UK and US on Vanuatu.

### Participants and sampling techniques for Vanuatu

The empirical research conducted in Vanuatu was a stark contrast to the semi structured interviews I had with my UK and US samples. The interface of one-to-one conversations online in quiet rooms was vastly different to the hustle and bustle of informal conversations on the islands of Efate and Santo. The islands of Efate and Santo were chosen as case study locations for several reasons. Firstly,

I had made contacts online during the UK and US participant requests, which were located on these islands. Secondly, Efate is the main island of Vanuatu and has the most amount of Kava bars, as well as the hub of all Kava trade of the country. Santo is less modern than Efate, and offers areas that are highly rural and remote, but offer Kava gardens and traditional communities. I wanted to gain insight into Kava consumption in Vanuatu in both a modern and traditional perspective, and selecting these islands represented my chance to do this. My gatekeepers provided many opportunities to talk with people about Kava, which often lead to a snowballing effect in meeting other people. Informal conversations were the method to fit into an environment vastly different to my own, and to deploy a rigid structure of research practice would not have been possible. Conversations with people that were quick fire, needed to be to the point but at the same time natural, to fit into the observed environment. To convey every single nuance of the conversations I engaged about Kava during my time in Vanuatu would far exceed the limits of this thesis. The people that I spent more time with, and who feature in this chapter, were provided a pseudonym to protect their identity. However, I shall provide a brief background to the main players in this ethnographic work that demonstrate the different backgrounds they came from.

For example, on Efate, Miguel (45 years old), Bierre (33) and Darren (32) all worked within the Kava and agricultural industry. Miguel was an exporter. Bierre managed inter islands agricultural farming standards, and Darren worked with agricultural machinery. Megan (24) and Dorothy (49) worked at the hotel I stayed at, and Rose (52) ran a small Kava stall close by. Francois (34), Ronnie (72), Colin (64), and Justin (35) all owned Kava bars, whilst Dwayne (37) was a miner. Frank (23) and Tom (22) were involved in building work, and David (32) was a politician. What united all these people together was their consumption of Kava, and (aside from Bierre, who had moved to Vanuatu during the last five years) everyone had been drinking Kava daily after work since adulthood.

On Santo, Nick (31), Richard (65), Mara (42), Dave (33) and John (44) were all involved in the agricultural production of Kava to some degree, with Nick owning his Kava exportation business having negotiated with a local tribal chief (Richard) to rent his land for Kava gardens. Dave oversaw a wide range of agricultural practices on Santo including in relation to Kava. Mara and John were involved in the daily management of the Kava gardens and reported to Jacob (28), the tribal chief's son. Carol (48) lived in the rural community. Whereas Nick, Richard, Dave, Mara, John, and Jacob like most Ni Van men on Santo drank Kava every day after work, females were not allowed to do this via the traditional tribal rules' commonplace across the islands of Vanuatu. All men I spoke to on Santo

had been drinking Kava since they had reached adulthood and followed the same routine as I had observed on Efate, they drank Kava in the afternoon after work.

## How do people use Kava in Vanuatu?

Efate (Kava serving windows at a bar)



*It was Monday afternoon, around half past five, when I got into Vanuatu on the island of Efate. I was soaked in sweat as I got off the plane thanks to the heat and humidity and walked towards customs to retrieve my luggage. I'd been to the South Pacific before, to Australia, but not this far from the UK. Vanuatu was the furthest I'd been in my life. As I waited to go through customs to obtain my visa, I thought about the research I was about to embark upon. I was halfway around the world to come to the birthplace of Kava, which was the central focus of my project. I'd spent the last few years focusing on writing about Kava and interviewing participants in the US and UK about their Kava consumption. Now I was in*

*the epicentre of it all. Straightaway I noticed the differences in technology and terrain compared to back home. The airport itself was relatively simplistic and quite small, surrounded by high mountains thickly spread with jungle, and it seemed more suited for domestic rather than international travel. With no aircon, I sweated profusely as I waited in line to get my visa. Once I got my paperwork sorted and my passport stamped, I grabbed my bag and headed out to see my research contact who had arrived at the airport and was waiting for me.*

*Miguel who was glued to his phone sitting in his car, jumped to life when I knocked on his window to make him aware of my arrival. His Toyota Prado was well suited to the rather rough looking terrain and potholed tarmac, that was dotted around the airport entryway. I'd met him online through my networking in the Kava forums over the last two years and he had become familiar with my research and my intention to travel to Vanuatu. Miguel and I shook hands, had a brief chat about the trip, put my luggage in the back of the 4x4 and we left the airport. Miguel was around 45 years old, 6ft tall with short dark hair, and had a generally positive disposition about himself. He'd lived his entire life in Vanuatu, visited nearly all the 83 islands, and was one of the largest Kava exporters in Efate, his knowledge on the Kava industry was unmatched. As we drove away from the airport, Miguel started talking about the surrounding area, which was a blend of jungle, all lush green with mountains in the distance, interspersed with agriculture buildings close by the side of the road.*

*It all looked so idyllic, more so with everything under the setting sun. I was incredibly excited to be here, and to see the authentic home of Kava, despite the physical tiredness of the 30 hours it had taken to get to Vanuatu from the UK. We drove around for five minutes along the road out of where the airport was situated, when Miguel said he'd show me his factory where he exported Kava. I agreed, as he was very enthusiastic even though the thought of a hotel bed and a decent meal was highly alluring at this point. We drove another minute and pulled up outside the two-storey building with high gates surrounding it, this was Miguel's factory. As we got out, he started to tell me about what he'd been doing this day, whilst he'd been waiting for me to arrive, telling me all the various discrepancies with Kava that had come in from the other islands recently, that he was now drying an order, and treating an order for exportation, it was an influx of information that my tired brain struggled to keep up*

*with. As we entered the factory, I noticed just how much Kava was around me, and the rich aroma was incredible to smell. It wasn't overpowering, more refreshing I thought.*

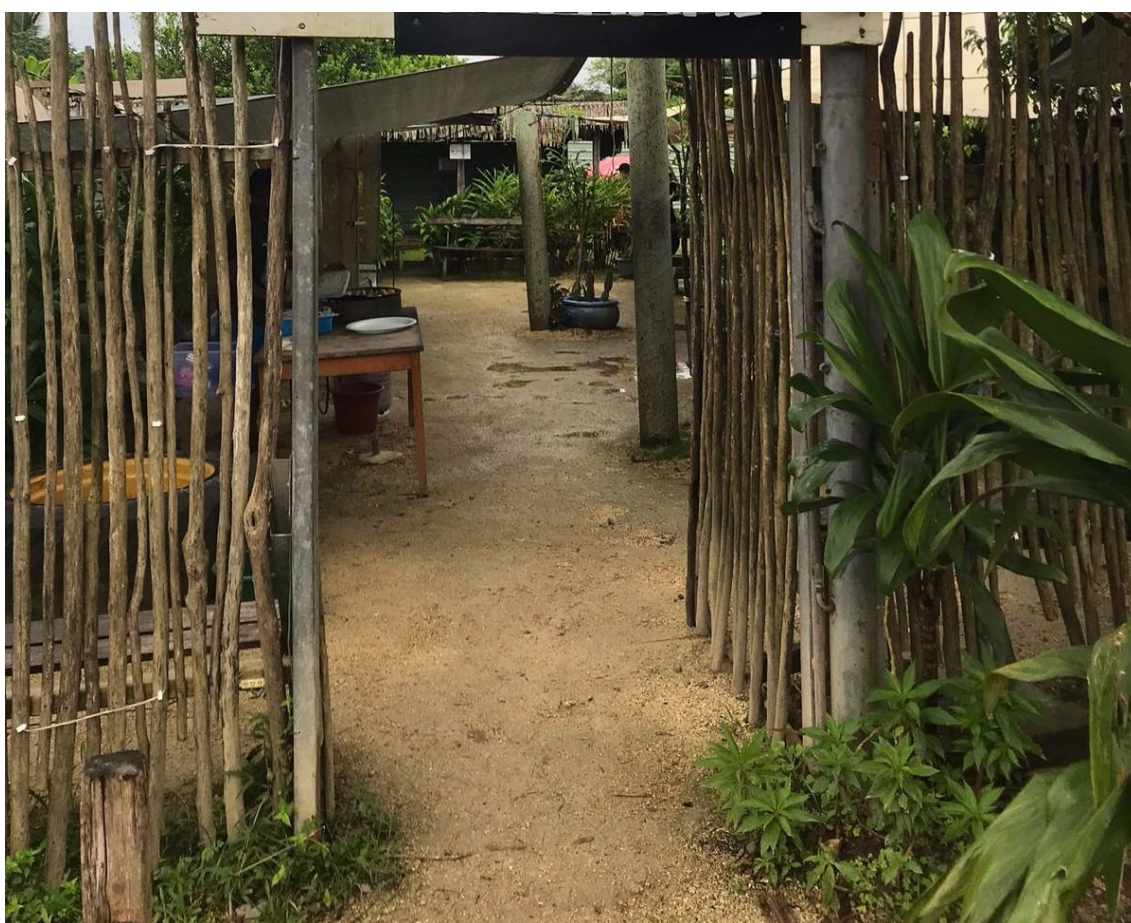


Kava drying out at an exportation factory on Efate.

*Chips and roots of Kava were laid on wire mesh platforms drying in preparation for the next stage of treatment, before exportation, and Miguel explained all the nuances of this as we toured the factory for around 10 minutes. As I soaked in this information, my mind again wandered towards having some kind of rest after the 30 plus hour travel experience. Miguel, however, was more than insistent that we go straight to one of his local haunts: a Kava bar nearby, named Bandanas, which was another two-minute drive from the factory.*

*Bandanas seemed relatively well hidden from everywhere else save for a noticeable entrance point made of bamboo and deep green foliage that surrounded it. With the name of the place scribed into a piece of wood across the top of the entrance, it was low key, and I liked it. As we walked into the Kava bar, I realized that this is my first time in ever stepping into one. I looked around at the layout of the place and trying not to seem too green to the other small groups of patrons sitting down on wooden benches, quietly engaged in their conversations. A man suddenly appeared from nowhere and started to verbally berate Miguel in a joking manner. This was Gabriel, the owner of the bar. Miguel introduced me and explained to Gabriel about my research and why I was here in Vanuatu.*

*I had a more focused look around the Kava bar itself. It seemed a small cosy kind of place, all set outside, and the main building itself, which, where the Kava serving windows are situated, was made from a shipping container that had been repurposed. Ingenious, I thought as this was something that could be moved around if necessary. The surrounding area had wooden benches, with simplistic shelters, built on top in case it was due to rain as Vanuatu was heading into its rainy season. The area itself was around 5 meters wide and 10 meters long, and the fence surrounding it was densely covered in foliage. (Ethnographic extract).*



*Bandanas Kava bar*

*The server at the window called us over as she had poured out our shells of Kava to drink, I was eager to try this fresh Kava. As all I had consumed back home was always a dry powdered Kava root mixed with water, this would be the first instance of drinking Kava in a Kava bar made from fresh root. The server said to us in English that the shells were two 100s, but I had no idea what this meant. Miguel explained 'it's around 100 milliliters of Kava (mixed with water) and the cost is 100 Vatu, each, but you can go higher, like 150,200,250' The cost*

*of a Kava shell in Vatu, the nation's currency, worked out to around 69p. The Kava itself had been poured from a large bucket which I could see clearly through the serving window, which when I asked about, the server replied that it held around 50 liters, an exceptional amount of Kava I thought. We took our shells from the server, said thanks to the owner, as these were on the house, and Miguel guided me over to where people drank their Kava after buying. We walked to what looked like a urinal with taps attached to the top. I followed Miguel and listened as he explained 'You come here, lift your shell like saying cheers, it's like a brief mark of respect, some people tip a bit on the ground for the dead, then you drink in one go, spit in here, rinse with the tap and you can rinse your mouth to remove the bitter taste and then return the shell to the server'. So, I followed Miguel's lead and watched him neck the shell of Kava in his one go, and then spit and rinse out the shell. I quickly mimicked this procedure completely to appear natural almost like a seasoned Kava drinker, even though I'd never stepped into a Kava bar before. As I drank the shell of Kava, I was amazed at the far less bitter flavor that I had become accustomed to back in the UK and I asked Miguel about this. He explained to me 'The Kava root it was prepared today from the market, and it's from the islands, I think this one is from Tanna, it's different than powder, right? You can tell the difference?' I enthusiastically replied 'yes, very different', as I pondered how this Kava would affect me. Miguel was keen to sit down after the shell, so we handed back our plastic cups and talk and sat down on the rather uncomfortable wooden benches and began to chat about Kava. (Ethnographic extract)*

## Kava preparation

How Kava was prepared in Vanuatu and was this any different to how my UK and US samples had discussed was something I was keen to learn about. In some ways there were similarities and in others there was not, but the biggest difference was in the form of Kava available in Vanuatu. For most of my US and UK samples, the Kava they bought was the dried root, vacuum packed and shipped to their door. In Vanuatu, Kava was brought to the seaport of the capital city Port Vila via the one and only cargo ship. This ship which traversed 65 inhabited islands of Vanuatu, took over a week to do so and brought in large shipments of Kava as well as other things such as taro. Kava grown on islands such as Santo, Tanna, and Pentecost were shipped to Port Vila to be sold at the docks to the Kava market buyers, which will explained shortly. Kava root once peeled, chopped, washed, and minced is placed into a muslin bag, which itself is placed into a bowl of water ranging in size from 10

litres to several gallons, depending on how much Kava is needed. Typically, the ratio of Kava to water is around 1/3 although this is not an official guideline as witnessed in Vanuatu, some bars prepare their Kava differently. What was the same was the process of mixing the Kava into the water, typically for around 15 minutes. The wringing and squeezing process takes place vigorously over this time and is performed by one or two people. This action is designed to release the psychoactive Kavalactones from the Kava root into the water, which upon completion looked like a bowl of muddy brown water. This water is then strained through several filters to ensure no plant matter has remained, as consumption of this can cause gastrointestinal issues. The strained and used Kava root (makas) is typically thrown away, although some Kava bars did reuse this for a second wash to extract any remaining Kavalactones.



Kava being prepared in water.

The infused Kavalactone water, which is also referred to as Kava just as the plant, is brought from the back of the Kava bars to the point of sale (serving windows) for patrons to buy and consume. Kava was typically bought from the Kava market mid-afternoon, as depending on the amount bought, preparation time can take longer. The timing of this preparation is critical, as I learned as the temperature in Vanuatu is typically over 30 degrees during the daytime, dropping to low 20s in the evening. With these high temperatures, Kava can go off quickly if not consumed, and most Kava bars had no form of refrigeration. When Kava is fresh, it tastes very mildly bitter, when it is starting to turn or has turned, the taste can be highly unpleasant, although this does not influence the psychoactive effect. Some of the contrasting differences on Efate and the UK/US samples were

obvious, such as the Kava procurement was fundamentally different, as was the format of Kava itself, due to be sold as fresh root instead of a dried powder. Interesting, except for straining, the preparation of Kava was largely the same even down to the time spent squeezing the muslin bag. Preparation timing was different as heat was a factor in Vanuatu, but the timing of preparation did have a similarity with the UK and US samples. Preparation of Kava was set up to synergise with the routine of the people who drink it, more specifically the timing of finishing work. Driving around Port Vila around 3.30pm most people, especially within the agricultural industry were finishing work and heading to the Kava bars, either by foot or by 4x4. Like a signal beacon, the Kava bars opening signified the end of a workday, and the beginning of relaxation.

## Kava bars.

Kava is consumed daily by many Ni Vanuatu adult men at Kava bars or at home in small social circles consisting of adult friends and family members. On the island of Efate, which is the most modern of all 83 islands of Vanuatu, there were a plethora of Kava bars of varying sizes, with the largest able to accommodate over a hundred people and the smallest, a simple stall with a light bulb outside and a single serving window. Having been to 17 of the Kava bars during my time in Efate, it became quite clear that Kava consumption was a habitual practice largely engaged with by the male population. This was due to the historical and cultural aspect of tradition related to Kava in Vanuatu which will be explained later. Kava bars open only from, at the earliest, 3.30pm onwards as Kava bar owners needed to procure Kava from the market and prepare it, which could take a few hours depending on how much was needed. As Kava tends to go off quickly in high temperatures, preparing it in the late afternoon when temperatures start to lower, allows for the Kava to last longer for drinkers. The timing of Kava preparation for the bars also synergised with people finishing work, as most Ni Van start employment early, around 6am and finish at 3-4pm across industries with exception to the tourist related ones. Most Kava bars closed around 10-11pm with a few staying open until 12am or until they ran out of Kava for patrons to buy. With most Ni Vans starting work early, Kava bars were never busy late into the evening, but rather peaked with customers between 4pm-8pm, at least from my experience. The experience of visiting a Kava bar for the first time was an exciting and daunting experience at the same time. As I found out, the experience was as chilled as Kava made me feel.

Kava drinking in Vanuatu has always been a social activity, rarely did I ever see or hear of anyone, aside from a few Chinese migrants, drinking Kava on their own. As such, the environment where people drank Kava always was constructed in a pro-social way (Hall 1990), which I believe was intentional, but also to maximise the space as many Kava bars were built into natural environments, such as sides of cliffs, jungle etc. Nearly all Kava bars are built open plan, albeit with a somewhat rustic design, that encourages discourse between people. Kava and the environment that it is consumed in are separate in terms of malleable qualities as one can of course be worse or better than the other, but what is important to note is that the two are also synergistic with each other. For example, a Kava bar could be run down or have limited seating but have high quality Kava. Contrastingly, a bar could have more seating but poor-quality Kava. What was important for Ni Vans was a place where their friends would go, and the Kava was decent.

On Efate, the most modern island of Vanuatu, Kava drinking is predominantly a male activity, with small groups of Ni Van females visiting bars closer to town where they work. I did see a few foreign female visitors in Kava bars on occasion, albeit in the more popular ones located close to town. Ni Van men never appeared overly bothered by Ni Van or foreign females drinking Kava in the bars on Efate, and I did not witness any form of disagreements. The people that came to Kava bars were from all walks of life such as labouring and agricultural work, business owners, tourist industry workers, politicians. Everyone that came to the Kava bars, was there to see friends, drink Kava, relax and talk. Unlike high class bars in the UK where rich upper-class people would visit to drink and socialise, class demographics was not an issue here on Efate. Kava bars were always friendly and welcoming places that encompassed people from a variety of employment. There was something comforting in this togetherness that all these differing people brought to the Kava bars, almost like everyone following a form of routine after work, no matter who they were or where they came from. Drinking Kava was easy, but where did the Kava bars get their Kava from? How much did it cost? I sought to find this out.

## Kava markets

*Tuesday morning had been a very interesting day. Miguel and I had been to his factory in the morning and the Kava market around midday, looking at the various cultivars of Kava. Kava was brought into the port of Efate via the one and only ferry and took at least four days to get around all the other islands of Vanuatu. We'd briefly stopped by the port in the morning, and I witnessed the Kava coming in off the boats and being carried by dock workers towards the port master to be sold. 'This is where buyers from the main Kava market will come in, get the Kava they want, pay for it and take it back to the Kava Market' Miguel explained. The market itself was incredibly lively and was made up of old shipping containers and basic wooden shelters attached to hide from the rain. Kava was put on display for would be buyers to come and procure. The Kava was sold in any quantity that was required, but typically most bought around five to six kilos at a time of either root, or chopped stump, from a variety of Kava cultivars, each labelled with name and price, typically starting at 300Vatu per kg (£1.99) for the cheap stuff to 800vatu (£5.30) for higher quality. We'd walked around the market and Miguel had introduced me to some of the sellers there. The sellers explained because it was too expensive to own property, renting sections in the market allowed them to provide a stable income for their family, many of whom seemed to be accompanying them for the working day.*

*Miguel explained to me that most of the Kava bar owners would come over here from midday onwards depending on how far they lived from the town, procure their Kava, take it to their place and get it minced, ready for its preparation with water to be sold. For those who didn't have their own mincer, a shared electrical mincer was open for service on site from three o'clock in the afternoon, which anyone wanting to use had to pay a small fee (100v) for. People waited in turn, as I witnessed when we came back to the market at three o'clock later that day, to see the Kava that had just been bought being loaded up into the mincer. Once the Kava had been minced into a bucket, bottle or bag, the purchaser would head off to their windows in the Kava bars to prepare with water, ready to serve patrons.*

*Miguel explained to me that they had to make sure that they got this done quickly for the Kava to remain fresh 'They get it done quick, some have to travel to the other side of the*

*island, with the heat, Kava will oxidize, it tastes like shit then'. So, the kava was typically minced and then taken to the kava bar where it was mixed with water by the window server. Miguel talked me through so much of the nuances of the Kava industry, but when breaking it down to its core it was a relatively simple process; Kava would come in on the boat, Wholesale buyers take Kava to the market and prepare it for sale, Kava was sold in the market, then taken to the bars to be prepared and sold to patrons. It was as simple as that.*

*(Ethnographic extract)*

The Kava markets were one of most interesting places I visited on Efate as It gave me insight into part of the process of how Kava was supplied to the Kava bars on the island. For more rural areas of Efate further away from Port Vila, outside of the suburbs Kava bars became a little scarce, which meant there were types of buyers at the markers other than the people who ran Kava bars.

I asked Miguel if everyone in Vanuatu bought and consumed Kava in the same manner, with family and friends, work colleagues and at Kava bars. Whilst this was the case for most people living in town and the surrounding suburbs, people who lived further out would make their way into town to buy Kava from the market, to take back home and prepare for their male friends and family members. On several trips to this market, I observed how this all played out.

*As I wondered round the market, I saw a litany of Kava roots placed on display for buyers to procure. The smell of freshly chopped root ready for Kava bar owners was intoxicating, as the heat of the day sheltered only by the makeshift shipping containers provided some respite. It wasn't only the Kava bar owners that came here, people who rented serving windows were also looking for good deals on Kava root. It was well after two o'clock in the afternoon and the market was getting busy not only from the in towners, but the out of towners who bought Kava at the market and paid to use the shared electric mincer. (Ethnographic Extract).*

The out of towners had come in with the intention of picking up some cheap and decent Kava, and to save on preparation, the market had a shared electric mincer to which people could pay to use. Why was all of this so important? Miguel explained to me that some out-of-town areas did not have established Kava bars and were quite rural. To solve this problem, men would travel here from their homes every day to pick up Kava to take home, almost akin to a drive thru Kava service in some ways I thought. In towners and people who lived in the suburbs had the convenience of Kava bars small and large, whereas the out of towners had to go pick up their Kava. Efate had its innumerable amount of Kava bars, but some areas still had limited access due to distance.



Kava sold at the market.



Kava root being minced.

The aspects of how Kava was bought, sold, supplied, prepared, and drunk on Efate was clear to me having observed it first-hand. I understood the differing types of people that went to the market, and

how and who drank Kava at the bars or at home. Whilst this was all straightforward to understand on Efate, I considered how this might differ on Santo, especially in the remote and rural community I introduced to the reader at the very beginning of this thesis.

## The island of Santo



### The rural community

*We stopped at the edge of the jungle and exited the vehicle, with Mara and his daughter leading the way into what felt like being lost in the Amazon. Mara, a Ni Van male in his 40s, managed the Kava gardens and he navigated through endless jungle with such confidence that I was almost shocked. As we walked through this wet dense area, the jungle cleared to reveal a massive area with an abundance of fields. Mara's daughter Kim who was 9, happily skipped along, and we followed. I'd taken my trainers off in the 4x4, it was pointless to walk in anything but barefoot at this stage and everyone else was ankle deep in thick, warm mud wet from the continuous spray of rain. Despite the mud slip n slide, I was grateful that the sun hadn't come out as it would then mean nonstop heat. As we walked into the valley all the workers were hard at it tending to the Kava plants, weeding away, tilling the ground and not with modern tools, but makeshift ones crafted from lengths of timber. With the light and persistent rain, the ground was clearly difficult to work, but the farmers kept on nonetheless, as I considered just how demanding this type of work was having been a landscaper in my previous trade many years ago.*

*Later, watching Mara, Dave, and John, sit down, expertly peel, and chop the Kava roots and stump was impressive due to their speed and skill with machetes and knives. Each had their specific job. Dave started to separate the stump from the roots and peel and clean them. Dave then took the roots and passed them to John, who would start chopping them with his machete on top of log stump at speed I found almost incredibly hard to believe, as it looked somewhat precarious as though he was going to chop off his fingers. Mara was chopping up the stump into what looked like chips. This process went on for around 12 to 15 minutes, and the guys ensured not to waste any kava whatsoever, including wayward roots that had flown off the machetes. It was fascinating to see the preparation of Kava and the skill involved, there were no fancy factory machines here, just guys with knives and machetes, casually peeling and chopping away. This all seemed very mundane to them. The process was simple, but precise. As I watched the way they did this, I asked how often they did this and consumed Kava. John said, 'Daily bro! Daily'.*

*After 15 minutes, everything was chopped and ready to go. John walked off and came back with a plastic bucket, ready for the next process of the Kava preparation. He scooped up the Kava in the bucket and carried it to be weighed on the custom scale hanging from the social area ceiling, something you would use for luggage. The kava came out at 3.5 kilo, and I saw John carefully muttering something in his head as he calculated the ratio for water. The bucket was then passed to Mara who walked around 15 feet outside the social area to an area where the Kava would be washed. I followed them over to the town's water supply, which had recently thanks to Nick's influence, allowed for flowing water coming down from the mountains into the village. Mara washed and rinsed the Kava for 5 to 10 minutes, making sure any dirt was removed. This process again fascinated me to see the plant slowly become a drink. Mara then picked up the plastic bucket of freshly washed Kava and walked over to a four-foot-high wooden bench next to the social area, with a hand driven mincer bolted to the top. I watched as Mara and John proceeded to load up the mincer with the chopped Kava from the top with a cut off 1.5-liter plastic bottle.*

*With the first lot of chopped Kava loaded in, Mara began to turn the handle as John ensured a constant supply of Kava would drop into the mincer. Mara worked hard on this laborious*

process, and it seemed like the mincer perhaps needed some fixing or a replacement. Mara, given his short stature, appeared to struggle as he worked the Kava through. This process continued for around five minutes interchanging between Nick, Dave, Mara, John, and a few other guys who wanted to help joined in, or who perhaps wanted to be part of the discussion regarding Kava. As I watched this slow process, gradually a green slime began to ooze out of the mincer into the bucket below, and admittedly this did not appeal to me at all. Bearing in mind this Kava looked nothing like the dry roots I'd seen back in the UK. Mara then took this paste, John sat down on a bench in the social area with a large muslin bag and started placing the Kava into this bag. Dave headed off towards the water supply and began filling up the water into a bucket, which the Kava would be worked in. Several minutes of hard squeezing under the water in the bucket, then lifting and wringing out the water and placing the bag back into the bucket of water as it slowly started to turn a bright, brownish green. The smell of fresh kava now was present that I could not smell before, this is an incredibly enticing aroma. Everyone seemed excited, and eager to drink Kava.

I looked around to see if the tribal chief was around, and then to my watch to see it had just gone ten past three when suddenly raised voices could be heard and everyone in the social area stood up and looked towards the track that leads into the village. A tall man was walking towards us, maybe in his early 70s. He had a light gray beard and was (rather oddly) wearing a West Ham football shirt while being accompanied by several similar aged men. The tribal chief had arrived. Richard, the leader of this community, was not what I was expecting. He was nearly six feet, which was exceptionally tall for a Melanesian as both male and female adults typically did not rise above five foot four and a half. I had expected the tribal chief to arrive in some sort of traditional attire, but there he was, sandals and shorts with his football shirt. As he walked towards the social area, his eyes fixed on me with uncertainty and confusion as to why I was there. Nick, my gatekeeper, the adopted son of the tribal chief and my only link to a legitimacy for being in the community in the first place, leapt up from his seat and made haste towards Richard. He offered his hand and bowed his head speaking in Bislama, explaining my reason for being there in the humblest manner. He explained why I'd come to the community, my research on Kava and so forth. Richard's eyes were like lasers throughout his conversation with Nick whilst carefully occasionally placing his eyes on me and nodding then shifting his vision back to my friend.

*When they finished talking, Richard offered a handshake, and a warm welcome to the community. Nick quickly ran up beside me reminded about the tribute for the tribal chief, which of course was custom for any visitor. I hastily grabbed the car keys from Nick and made for the 4x4 next to the social area to get the bag of rice. As I picked it up from the back of the truck, I could feel the fever kick in which I had suffered for the last few days. I was tired, and my stomach was sore. As I put the 20-kilo bag onto my shoulder, I nearly lost my balance due to lack of traction with my bare feet in the mud thanks to the rain. Had I fallen over at this point, I undoubtedly would have become a laughingstock. Luckily, I regained my balance and entered back to the social area, proudly smiling with my tribute for the tribal chief, walked over to Richard and handed him the rice which he placed on the floor, giving me a wry smile, a handshake and remained stoic, as he said thank you. I could hear the kava being stirred in the bucket by John and Jacob as they talked in tribal language, as I sat down next to Nick and Mara. Jacob was filling up a rather large coconut shell of Kava which I estimated was close to half a liter. He then carefully gave this to his father, Richard, one hand on his other arm, to signify respect. The chief gave a speech and prayer in Bislama, celebrating my visit to the community which lasted for a few minutes, in which time Jacob was handing out shells of Kava to the rest of us. He finished his speech signifying to everyone that we could drink Kava, we raised our shells with the tribal chief, tipped some onto the floor to signify respect for the dead. We all said 'Malok' together which is a word signifying respect, like saying 'cheers' when drinking alcohol. I drank the Kava all in one go, as was custom. The taste was akin to licorice and had no bitterness whatsoever. I sat down again next to Mara and Nick and began chatting, waiting for the effects of the Kava to kick in. (Ethnographic Extract)*

The island of Santo is sparsely populated by communities that are reliant upon their agricultural skills to grow food, but also Kava. Kava consumption was culturally embedded as a socially normative action that occurs every day, year-round, with some exceptions where celebrations or mourning are concerned, when it is consumed in more prodigious quantities. Just like the Kava bars in Efate, Kava is consumed predominantly by males in rural areas of the island of Santo, but in designated social areas as bars typically do not exist, nor for the members of the community is it necessary due to a shared sense of living where everyone who lives there is provided for. As such, the transactional process doesn't exist in the typical manner that I witnessed in modern Efate, rather, the Kava is procured from the nearby gardens in the afternoon, prepared and drunk. What persists here just as it did on Efate was the social dynamic of routine pertaining to Kava drinking daily. I talked with John who lived in the rural area of Santo all his life and had been involved in agriculture for over thirty years.

*This is like every day, we always come. After work. We sit here, we discuss, we relax. It's all good. No problems (John)*

Kava consumption in the rural areas of Vanuatu were effectively the same as they were on Efate in the Kava bars, same time, same place, same people. Kava preparation in the remote area of Santo Island was effectively the same, but the Kava root was typically prepared in the male social area in the community directly after finishing work, and as such preparation was tied into how they drank their Kava.

On the island of Efate, I observed how Kava was bought and sold in the market and prepared in Kava bars. Once again what was interesting was that aside from the process of fresh Kava root being minced, Kava was prepared in the same manner as within UK and US samples. Kava root was placed in a muslin bag with water and squeezed for around 15 minutes.

*The same practice takes place every day, repeatedly. Kava brought from the docks, sold in the markets, minced at the mincer, squeezed in the bag. I'd watched this preparation many times now, and this afternoon was no different. The fresh Kava root was weighed out and placed into the muslin bag, copious amounts of water were poured into a large plastic tub, although at this scale it looked more like a washing bowl. The guy sat there, rhythmically working the Kava into the water, back and forth. (Ethnographic fieldnote)*

In the rural communities on the island of Santo, there typically was no electricity, save only for sparse solar panels that did not have the wattage needed to power an electric mincer. Watching how the male members of the community prepared their Kava filled in the gaps I had pertaining to how people prepared Kava in Vanuatu. They used a hand powered mincer after chopping the Kava root into squares, which resulted in a greenish sludge to be collected in a bucket ready for the mixing into water in the same way it was prepared in Efate. With or without power, the practice was the same, the routine of preparation was exact and this way of doing things had largely been uninterrupted for thousands of years save only for the influence of colonialization. The only difference I noticed that was the straining of Kava root after the preparation with the muslin bag, something that occurred predominantly in the rural areas to reduce particles of dirt and root being consumed.



Kava being strained at the community on Santo.

Another difference in how Kava was used in the rural areas was the aspect of tribal hierarchy in play. Kava was prepared and drunk in the social area, but drinking Kava would not occur until the tribal chief had said a brief prayer, effectively performing a lite version of traditional ceremony. Having witnessed this first-hand, the prepared Kava was poured into a large coconut shell and given to the tribal chief before anyone else. The prayer typically was a few minutes, and upon this finishing the chief would raise his shell indicating to everyone else in the social area that they could drink their Kava. A quick unified shout of Malok! (a toast) from everyone and the shells of Kava were drunk quickly. The toasting process was the same on Efate, but the ceremony and hierarchy were not present at all.

How Ni Van used Kava in Vanuatu was like my US and UK samples in the context of the preparation process and timing. The differences in associated sociality with Kava, drinking in Kava bars was undoubtedly more pronounced. This distinction went further in the rural communities where tribal hierarchy and elements of ceremony were still prominent parts of how Ni Van consumed Kava as

they did thousands of years ago. On Santo, agriculture of Kava played an important role in how Kava was consumed as the community supply was taken directly from their Kava gardens. The economic aspect of Kava will be discussed in the next chapter as it related to the interaction of macro level social process between the case study locations.

## Who gets to drink Kava?

Kava consumption and its native identity involves the embedded nature of tribalism and social hierarchy in rural Vanuatu, which effectively has dictated who can and can't drink Kava. This remains so particularly in the remote islands which have changed little for thousands of years, save only for the arrival and influence of western missionaries in the 1700s. This is important to note as the country of Vanuatu, as mentioned earlier, is made up of 83 islands with varying degrees of exposure to the modern world and technology. Thus, in some of the more remote islands such as Tanna or Santo for example, many of the old ways hold strong in contrast to the main island of Efate where modernity has had a pronounced effect in terms of access to technology and progressive social thought. Whilst Efate felt quite modern, Santo was less so in a variety of ways particularly in social hierarchy. This was something I observed when visiting the rural community of Santo whilst not the remotest area by any means, it was a good indicator of how social life played out, and where Kava consumption fitted into daily life and who could drink it.

On the island of Efate, the capital of Vanuatu, however, lifestyles and the general way of thinking pertaining to gender equality was more in line with western countries. I regularly saw females at Kava bars on Efate, predominantly mixing with other female friends and work colleagues looking to unwind after work, thus apparently using Kava for similar reasons to their male counterparts. In the rural community, men predominantly drank Kava, due to the cultural history of Vanuatu and the belief that Kava had come from the female and was traditionally prepared by females. As such, men believed that this meant women should not consume it. The myth related to Kava's origin is explained in the 'what is Kava' section, and whilst life has moved on to more modern ways of thinking on Efate, the more rural areas of Vanuatu still hold to their established traditions. This extends to the belief in black magic influencing negative actions in people's lives, but I believe that the control of female access to Kava in the rural areas of Vanuatu lay in the tribal hierarchy. Having observed the communal reverence placed on the tribal chief Richard; I understand how the status

quo maintained itself under this paradigm. In the community I visited, it was difficult to parse an explanation from the Ni Van female perspectives as to why they were forbidden from drinking Kava, without coming off as some ignorant white idealist, critical of their traditions.

*As we walked around, pigs and chickens scrambled out of our way – some heading into the dense jungle only a few feet away. I was curious to see where the female members of the community lived and of course what they had been doing this time, whilst us guys had been in the social area drinking Kava. We went into a large building that was around 40 feet long and had high ceilings, not a sleeping area I thought. The female members of the community were preparing lunch for us, boiling freshly caught crabs from the ocean nearby, the smell of which was amazing. They were all sitting down on the ground discussing various topics in Bislama. I was curious to see their views on Kava, I asked Mara if this would be okay to do, and he gave a nod. I asked one of the women who was sitting on the floor with a child in her lap, what she thought about females not being allowed to drink Kava or be involved in any of the preparation of Kava itself.*

*The woman, Carol who was around 48 years old, explained to me that the history of Kava and its relationship with the female was strong as in the old stories, Kava came from the female itself, as in it was born from a female. I had read about this before and was aware of the history, but I was curious to see the female Ni Van perspective. In Carol's opinion it was seen as fundamentally wrong for the women to drink Kava, and I noticed many of the females who were listening in to the conversation, nodding in agreement. With some help from Nick in translation, I asked Carol if she thought it was something to do with social hierarchy, to which she replied 'No, not in a sense'.*

*'It's more to do with tradition,' Nick interjected and explained that he knew in Vila that women drank Kava in some of the Kava bars, and he thought this was new thing, but here in the rural communities across the islands, women traditionally would not drink Kava.*

*I did feel that the Ni Vanuatu women were seen as subservient to their male counterparts. However, they were also a deeply valued part of the community, as Mara explained, the women did the cooking and cleaning and looking after the children, whilst the men went out, worked, got food when needed. However, I was confused because I'd seen women who worked in the Kava Gardens, so I asked about this. Mara and Nick explained to me that*

*women had also had choice: they could stay at home and work, or they could come to the Kava gardens and work. (Ethnographic Extract)*

The rural community in Santo clearly had a distinction as to how Kava was consumed that intertwined with the construction of gender and the culturally embedded nature of the plant itself. This distinction separated how Kava was consumed in Vanuatu, as what I had observed on Efate was a far cry from the norm here. Culture and tradition were the gatekeepers of how Kava could be consumed, but also who could drink it.

## **Gender roles and Kava**

Gender roles and Kava consumption were intertwined, and I did try to avoid awkward conversations pertaining to it, but it is salient to consider it, and contextualize the historical elements to this narrative. Gender roles and Kava consumption was often a difficult conversation to have with Ni Vans as due to the British history of colonialism, I did not wish to offend or be seen to be critical of native culture. That said, the issue of who is allowed to consume Kava in Vanuatu, is directly related to gender roles, and thus should be discussed in a manner that is respectful and acknowledges both the culture of Vanuatu and the rights of women more prevalent in the Western world within which I am situated. Kava consumption acts as a site of both conformity to and negotiation with traditional gender roles, although these dynamics shifting in response to broader socio-cultural transformations. As discussed throughout this thesis the consumption of Kava in Vanuatu is steeped in a rich history, serving as a pivotal element in social ceremonies, community gatherings, and rites of passage. Traditionally, Kava has been closely associated with male leadership and spirituality, playing a key role in mediating social hierarchies and communal bonds (Lebot et al 1997).

Vanuatuan society, like many Pacific Island cultures, is characterized by well-defined gender roles that delineate the social and cultural responsibilities of men and women. These roles are deeply embedded in the fabric of daily life, influencing everything from domestic duties to participation in communal and ceremonial activities (Renshaw 1986). In many Pacific cultures, Kava ceremonies are predominantly male spaces, where the preparation and consumption of Kava reinforce social bonds among men and affirm male authority within the community (Toren 2020). Traditionally, women's participation in Kava consumption has been restricted or subject to significant cultural constraints. However, recent years have seen a gradual shift, with increasing female involvement in Kava spaces,

particularly in the capital of Port Vila in Vanuatu, where with my gatekeeper Miguel described how Kava bars were becoming more populated with female Kava drinkers.

Vanuatu's societal structure is deeply ingrained with distinct gender roles, where men and women are assigned specific responsibilities and spaces within the community, such as farming or raising children, although I did witness many women working in the Kava gardens. These roles are not just societal constructs but are intertwined with the cultural and spiritual fabric of the community. Men are typically involved in leadership positions and decision-making processes, often seen as the heads of households and community leaders. Their roles extend to fishing, hunting, and gardening, which are considered strenuous activities suited to the physicality attributed to masculinity: this is something I witnessed first-hand on Santo within the rural community via my gatekeeper Nick.

As mentioned, women, are primarily responsible for domestic chores, child-rearing, and other caregiving roles. Their contributions to agriculture, particularly in managing gardens and small-scale food production, are also vital to the community's sustenance. Despite their significant role in the economic well-being of their families and communities, women's work is often undervalued in the broader social hierarchy. These roles dictate participation in communal and ceremonial activities, including traditional Kava preparation ceremonies, whereby Kava root was masticated by adult women, although this practice is not common occurrence in the modern era, save only for the remote islands of Tanna or Pentecost (Lindstrom 2004). The demarcation of roles based on gender extends into these spaces, influencing who participates and how they are involved in the rituals surrounding Kava consumption.

Traditional Kava ceremonies in Vanuatu, typically occurring on the islands of Tanna and Pentecost, serve as a microcosm of the society's broader gender norms, predominantly being male-oriented spaces. These ceremonies are not merely social gatherings but are imbued with significant cultural and spiritual meanings. They offer a space for men to reinforce social bonds, affirm male authority, and negotiate community decisions (Pollock 1995, Singh 2009). Participation in Kava ceremonies is a marker of masculinity, where men engage in discussions on matters ranging from family to politics, excluding women from these narratives and further entrenching male dominance in the social structure. However, this traditional dynamic is not without its challenges. As societal attitudes evolve and external influences permeate Vanuatu's cultural landscape, particularly on the more modern island of Efate, where the capital Port Vila resides, there are moments of resistance and negotiation within these gendered dynamics. As I witnessed, younger generations are reevaluating the rigid structures that define gender roles, including participation in Kava consumption, and the once male

dominance of Kava bars. These shifts indicate a society in flux, grappling with the preservation of cultural identity while navigating the pressures of modernization and globalization.

Traditionally, women's involvement in Kava consumption has been significantly limited, reflective of the broader cultural constraints placed on female participation in public and ceremonial life. In many instances, women are relegated to roles that support the ceremonial aspects of Kava consumption, although I did not witness it, such as preparation and serving, without partaking in the drinking of Kava themselves. This exclusion underscores the gendered division within Vanuatu's society, reinforcing traditional gender norms and the marginalization of women in public and spiritual domains, at least from a western perspective. However, recent trends indicate a gradual shift towards increased female involvement in Kava spaces. This change is partly attributed to the changing economic landscape, where women are increasingly active participants in the workforce and, by extension, the public sphere. The relaxation of traditional taboos and the influence of globalized notions of gender equality have also played a role in this transformation. Women's participation in Kava consumption, therefore, becomes a site of cultural negotiation, challenging traditional norms and reshaping the social and cultural fabric of Vanuatu. This evolving dynamic raises important questions about the implications for traditional gender roles and the broader societal structure. As women carve out space within previously male-dominated arenas, there is potential for significant shifts in gender relations, offering opportunities for greater gender equality and empowerment.

The emergent Kava consumption in Western contexts, notably the US, UK and Europe presents an intriguing case of cultural adaptation and reinterpretation. In these settings, Kava consumption often occurs in more commercialized spaces, such as Kava bars for the US, and more intimate settings, such as at home consumption in the UK, which differ significantly from the traditional, communal settings of the Pacific Islands. This shift in context has implications for gender norms and identities, as the structured, gendered roles associated with Kava consumption in Vanuatu are challenged, redefined and reimagined. In the US, Kava bars serve as inclusive spaces that do not adhere to the traditional gender divisions seen in Vanuatu. Both men and women participate equally in Kava consumption, reflecting Western notions of gender equality and individual choice. This inclusivity contrasts with the traditional practices in Vanuatu, highlighting the fluidity and resilience of cultural practices when transplanted into new social and cultural landscapes.

The examination of Kava consumption through the lens of gender roles in Vanuatu and its adaptation in Western contexts reveals broader patterns of social change. In Vanuatu, the evolving participation of women in Kava consumption signifies a shift towards more inclusive cultural practices, challenging

traditional gender norms and offering opportunities for social transformation. These shifts in Kava consumption practices, highlight the interplay between agency, culture, and structure, as Vanuatu as a developing country continues to grow. Kava serves as both a medium and a mirror for social change, reflecting evolving gender identities and societal structures. While I did not have extensive opportunities to speak with many female participants in Vanuatu due to societal separation and the male-centric nature of my interactions, the limited observations indicate a gradual shift in gender dynamics related to Kava consumption.

### **Why do people drink Kava? Kava and the bars, a place to chill.**



A Kava bar in the evening

*At a waterfront Kava bar on Efate, a few patrons were arriving now at just gone 5pm, pulling up in their 4x4 and jumping out eagerly to get the first batch of Kava. I noticed that most groups of Ni Vans who came in nodded towards me and were very happy to greet me,*

*shaking my hand asking in broken English if I was from Australia, and were even more enthusiastic when I explained I was from the UK. They were interested in what I was doing so Miguel provided a brief overview, explaining with ease in Bislama. He was getting quite seasoned at doing this already by the second day and I took this moment to look around the river side Kava bar. It was around four times the size of Bandanas and had a pool table and dartboard in a separate section closely built next to the river, which I was not expecting - it seemed almost like an open plan parody of a pub back home (without all the alcohol of course). The guys, even though they were all around the same age (20s), were very subdued and not overly rowdy. They drank their shells, played pool/darts, and talked. We spent around half an hour there as I observed the interactions between them. It was all about relaxation and respect, key elements in Kava bars: people didn't come for issues, they came to chill. Where Ni Van chose to consume their Kava was also influenced by where their friends/work colleagues would attend, as Kava drinking went hand in hand with the social circles you had. I observed how people in Kava bars interacted with each other, and I noticed the commonality of social ties that were present. Laughing, talking, joking, debate, I could see all these things occurring in the bar. People finishing work, walking in, waving to friends as they went to get a shell of Kava from the serving window. The routine of seeing friends, talking with work colleagues, drinking Kava from your favourite window, all part of the habitus. I saw something here that I recognised akin to pub culture back in the UK, the deeply embedded sense of sociality intertwined with a social libation. (Ethnographic Extract)*

The principal reason behind daily consumption was to wind down after work, and relax with people, engage in conversation before heading home, similar in many ways to UK pub culture whereby people would stop in to consume a pint or two before heading home. I talked about this aspect of sociality and the relationship of Kava with Miguel, my gatekeeper on Efate, and somewhat of an expert on Kava, who had been involved in the Kava export business, and had been drinking Kava for well over twenty years.

*'The majority of guys that finish work, they come here first, they have a few shells, maybe a bottle to share like those guys, they chat 15 minutes about the day or some bullshit, then they talk about other stuff, you know football, politics whatever.'* (Miguel)

In the context of daily Kava consumption, I found that it was quite easy to slip into the routine of going to a Kava bar from late afternoon onwards, drinking a few shells with friends just in a matter of days of arriving in Vanuatu. Was it the allure of the psychoactive effect that Kava elicits that drew in

myself and the people of Vanuatu? Certainly, this was important, as 'good Kava', as the Ni Van referred to it, provided a relaxing effect, allowing patrons in Kava bars to engage in open discourse. However, the environment, the Kava bar itself, perhaps put more colloquially, 'the vibe' was also of great importance to Ni Van and is something akin to a mix of a library and a bar. I took a moment to consider the contrast of Kava consumption here compared with my US and UK samples. Whilst there was some small social interaction in the US, the experience of Kava consumption was conducted at home. In the UK it was even more so as no Kava bars existed, I thought on what an isolated experience this was, whilst sitting in a Kava bar full of life and interactions.

*I sat with Miguel, having just drunk our first shell, quietly discussing the day's events, taking in the environment around me. The warm sea air gently sweeping across the area we sat in, with the last remnants of sunlight pushing through the trees around the cliff side of the Kava bar. I was surprised how the twenty plus people sat on the wooden benches around us were engaged in such deep conversations, and yet made hardly any noise. The relaxing effects of Kava and the tranquil environment of the Kava bar was truly unique to me. (Ethnographic extract)*

Kava bars are Vanuatu's culturally embedded social environment to which people go to unwind in. There was little deviation as to why people in Vanuatu consumed Kava, as Darren (who worked in agriculture) explained to me. Darren had lived on Efate his entire life, and for him the daily ritual of finishing work and having a few shells of Kava before going home to his wife and kids was well established for over 15 years.

*People come here to relax, to unwind after work. They don't come here for problems or issues. They come here to escape home life. They come here to get away from their wife and hang with the boys or relax, no problems no issues. (Darren)*

On Santo, the motivations for consumption even in the rural areas mirrored the Kava bars in town and on Efate; relaxation and interaction/debate with family/friends. There wasn't much more in this habitus of consumption and when I considered the contrast to my UK and US samples, the element of relaxation was a point of ubiquity between my participants.

*even when they've been drinking Kava for several hours, there was never any shouting or silly behavior or any physical altercations. There was always respect and relaxed conversation among friends. I gathered my senses and asked the guys is this how everyone behaved and if this was a normal thing for the community when drinking Kava. Dave replied, 'yeah, yeah,*

*this is normal'. John who had been listening in to our conversation jumped in and said 'This is like every day, we always come. After work. We sit here, we discuss, we relax. It's all good. No problems.' (Ethnographic extract)*

People chose to consume Kava in Vanuatu for its relaxing properties, but also to socialize after work. These elements were intertwined with each other, in a way that felt quite unique in contrast to my UK and US participants where consumption occurred largely at home and on their own. There was something beautiful about why people chose to consume Kava, rather than a plethora of complex motivations for other psychoactive substances such as finding your inner self. But I did talk with a few people who used Kava for additional reasons, which focused on medicinal aspect.

*'You know why I drink Kava? For me it helps with my stomach, I have no valve inside, so the acid comes up, the Kava helps. I cannot get it France; they make bullshit reasons there.'*  
(Bierre)

Bierre was a close friend of my gatekeeper and had lived and worked in Vanuatu for over five years in the agriculture management industry. For him, Kava provided a way to relax after work in a social environment and be able to drive home safely. Kava was also a way for him to treat his gastrointestinal issues, that conventional medicine (metoclopramide and erythromycin) had failed to solve. Bierre was in his mid-thirties and had no other health related issues such as addictions that my UK and US sample had experienced. What was a commonality here, was the failure of conventional medicine as part of a reason to consume Kava. In a conversation with a far older Ni Van male in his seventies, Ronnie, who owned a popular Kava bar in the middle of town, he explained to me his medically related reason for consuming Kava. For Ronnie Kava drinking was inherently a social aspect, but it also helped him with his arthritis.

*'No matter what the doctor had prescribed me in the past, it didn't work. You know, Kava for me is far superior and it helps reduce this sense of pain I have, most don't drink Kava like this, only when you get old hahaha'. (Ronnie)*

Colin a Ni Van who was in his late sixties and like Ronnie owned a Kava bar also discussed the aspect of Kava as medicine.

*Colin and I began talking about Kava and various reasons people I'd interviewed drank it, linking into how it was becoming popular back home in the UK, including for people who had issues with addiction and/or depression. Colin was surprised at the way Kava was being used in this manner, but explained that when he was a kid, he used to live on one of the more*

*remote islands, and his parents had always said to him that Kava had aspects of medicine to it. Colin said: 'When we were teenagers, my brother and me, we would get bad stomach pains, or sometime headaches, our parents gave us some Kava and it would help get rid of the problems'. (Ethnographic extract)*

With Ni van describing the plethora of benefits of Kava consumption, I thought back to my interviews with UK and US Kava consumers that described their experience of benefits. There were common themes when contrasted, and as such I was curious to know about the Ni Van ideas of harm from Kava consumption.

## **Perceptions of Harm**

*Sitting on a wooden bench in the social area of the community on Santo, I asked about the potential negatives of Kava consumption. What happens if someone drinks too much Kava I asked? Does anyone get sick, or they vomit? Nick joined in the conversation. 'There was one guy who came here from Fiji, who came two three weeks ago, but he was too greedy. He drank too much green Kava in one go'. It was explained to me that an exporter who lived in Fiji wanted to buy Kava from Vanuatu and Nick had facilitated negotiations with the community. Nick said: 'That guy from Fiji was certain that he could drink as much kava as he did back home, but he fucked up bro hahaha, green Kava taught him what was stronger! He vomited everywhere hahahaha'. John started laughing. He said: 'we told him, the Fijian guy, he drinks too many shells. Jacob was laughing as well now. 'He ignored our warnings. He just wanted more and more. So, we said, okay bro, no problem. He consumed three shells in 10 minutes and then vomited all over the side here hahahaha.' Dave was laughing hard as well. He added: 'It was so funny bro. He nearly collapsed because he was too greedy, he didn't respect, he thought he knew Kava'. So, I said there are harms then to be fair, potentially when you drink Kava? 'No, no, it's only if you abuse that's when it will be a problem' Dave said. I asked if there were any other problems regarding Kava that the guys had experienced themselves. Jacob answered 'Maybe if some guy's drink too much too often you get dry skin. but then you stop drinking for a few days, your skin goes back to normal.'*

Discussing the concept of harm from Kava with Ni Van was a delicate subject given Kava's cultural status. For people in Vanuatu, Kava at surface value didn't have any harms, it was a drink that people

had everyday much in the same way as coffee. However, through careful conversations, I was able to tease out some experiences and knowledge pertaining to harms that differed from what my UK and US samples had explained to me. The way that any harm could come from consuming Kava was described from the perspective of Ni Vans was done so in a trivial manner. In my opinion, the concept of relative harms was more appropriate as with the example of the Fijian guy who consumed too much Kava too quickly. He clearly had a bad experience, because he misused Kava, and from my perspective as non-native to Vanuatu, this undoubtedly represented a form of harm.

Objectively speaking, the lived experience of Kava consumers not encountering any perceptible harms and looking at Kava in only a positive manner, is of course an example of conformation bias. When I discussed the relative harms from Kava consumption, I found that Ni Vanuatu were quick to defend Kava's reputation and understandably so, often contrasted with the deleterious effects that alcohol brings. What was clear is that the concept of harms from Kava do not exist in the minds of its consumers in Vanuatu in the same manner we might conceptualise them in the west, as the liver toxicity issue has demonstrated (Sarris et al 2013). Perhaps this is due to the influence of Kava's cultural embeddedness, but to consider anything free from harm is somewhat myopic, despite its importance or centrality in life. I believe that harms from over consumption of Kava were treated in a trivial manner as Kava has such a salient place in Vanuatu culture. It is revered in a manner that borders on the spiritual and was treated with respect. In this context, any form of misuse or abuse was place upon the drinker rather than Kava itself.

I did find some minor admissions of harms from Kava consumption. A few people mentioned that skin issues can arise from overconsuming Kava, effectively dermatitis or more commonly experienced as dry and cracking skin, although it was stressed to me that it would take copious amounts of Kava over several weeks for this to occur. In rural Santo, Jacob after preparing Kava, talked with me about the issue of dry skin that he had experienced on a few rare occasions where he had drunk large quantities of Kava.

*Maybe if some guys drink too much too often you get dry skin. but then you stop drinking for a few days, your skin goes back to normal. (Jacob)*

Dwayne the miner, also explained to me how copious amounts of Kava daily (one gallon) could result in extremely dry sky for the consumer, but upon abstaining, would return to normal. Dwayne also referred to his daily Kava drinking experience as axiom to allay any concerns of potential addictions. The irony of his statement was certainly not lost on me.

*'The only thing you can get is to get dry skin if you drink too much, you know, like scales, but then some boys when they do this, they stop. They stop for a few days, and then they can drink again. That's the thing. Kava is not addictive. I know this bro; I've drank it my entire life. (Dwayne)*

In conversations I had with people regarding the potential harms from Kava consumption, I was initially met with scepticism as to any deleterious effects that could occur. But upon further investigation, the main problem that came from overconsumption was dry and cracking skin and little else. Was this the entirety of harms? Not at all as aspects of over consumption via peer/social pressure made for some interesting conversations.

*As we made our final goodbyes to the guys in the community again with the handshakes and familiar gestures, they were trying to get us to consume more Kava, just "a few more shells for the road" was the line. Nick had consumed six shells of green Kava and I had myself drank three, which I felt was more than enough for fear of being sick, I sneakily passed it on to my friend, Mara, who looked somewhat daunted by the thought of consuming it himself even though he was a seasoned veteran Kava drinker. At this point, I didn't feel incoherent, just extremely relaxed, I thought if I'd consumed any more, it could have gotten to the point where the body might have rejected it, given my fever, and then caused me to be sick, something I was trying hard to avoid so as not to suffer the same fate as the Fijian guy. As we said our goodbyes and headed to the 4x4, the tribal chief shook my hand and wished me well and told me to return once the research was complete, as they will be happy to receive me in the community again. As we got into the truck, Mara said he and his daughter Kim, would be staying at the community for the night, and he had to be up early for work. Dave got into the truck with us, holding a 1.5-liter bottle full of Kava, although he'd already consumed, I estimated close to ten shells of green kava, and I pondered how he was even able to stand at this point.*

One can be offered Kava, and whilst it was considered impolite to refuse a shell, a smaller amount can always be drunk. Outsider perceptions could observe some Kava consumption past the point of one's limit, but Kava itself does have an inbuilt mechanism to discourage overindulgence, by enacting a sense of feeling full in its consumer (Lebot et al 1997). Kava bars and the rural social areas where Kava is consumed were built on encouraging discourse, as Kava consumption has always been

conducive to this, hence why it was historically used to placate disputes between tribes, to the extent that special Kava cultivars were used to navigate difficult disagreements. (Lebot et al 1997). Kava consumption in the past and how it is consumed now shares the common theme of placation, and the concept of social pressure as the west framed it was simply not congruent to this social paradigm. What I observed in the rural community was a form of encouragement to consume more Kava, effectively the guys egging each other on to have one last shell. The Fijian (in the opening extract on harms) who visited the community and was sick over my gatekeeper's car did so not out of social pressure, but of his own greed as the villagers warned him not to consume Kava too quickly. In this instance, it was more of the cadence of consumption than the amount which caused his unfortunate vomiting.

The community members saw this behaviour as comical and non-normative. From their perspective they did not explicitly apply any form of peer pressure for the Fijian to over consume Kava. Whilst social pressure could be interpreted to be present in the rural community, I did not observe this occurring in Kava bars very often. Given the Kava bars' similarity to the social environment of a UK pub or US bar, I thought the aspect of peer pressure and over consumption would be present. I believed this would occur as such in typical fashion with male behaviours often depicted with competition in consumption such as alcohol and peer pressure as it does back in the west (De Visser and Smith 2007). To my surprise, the issues of inebriation and problematic behaviours that plague the western alcohol serving bars, clubs and pubs in the UK, US, Europe, did not occur in the Kava bars or social areas of Vanuatu, at least as far as I had witnessed. Does this mean that are 100% no occurrences of rowdy male behaviours? No of course not, that would be foolish and myopic to claim, but during my research time in Vanuatu I observed how the social reality of Kava drinkers played out in a variety of Kava bars and social Kava drinking areas.

On Efate, my gatekeeper Miguel on frequent occasions would be berated by Pierre for not drinking the larger shells of Kava, but this was always done in a joking manner. On visiting the Kava bars, Miguel and I were always offered copious amounts of Kava from people I met for the first time or through prior engagements. Much in the same way as people buy alcoholic drinks for friends or introductions in the western pubs, it is a social gesture that encourages respect and kindness between people. Of course, there are aspects of overconsumption to consider in both regards, and in the context of alcohol, binge drinking has become commonplace in western pubs and clubs. Peer pressure and Kava consumption in this regard is not synergistic akin to the overconsumption of alcohol in the social environment of a pub. Drinking amounts of Kava to well over the limits of what

one can tolerate was not set as a form of challenge to participate in as alcohol is within pubs and bars. The experience of disarrayed state of mind and body to either the admiration or comical joy of one's peers as they witness the inebriation take place, is not something congruent with Kava bars, as focus on relaxation and polite social decorum is paramount. Kava and its consumption in Vanuatu differ from alcohol and bars in many ways and yet the social experience had similarities. One thing I did uncover when discussing harms was a contrast of Kava to alcohol.

I talked about this topic with Dwayne who was the son of Ronnie (the owner of a Kava bar on Efate) with reference to how people got up in the morning after Kava the night before compared to alcohol. In Dwayne's opinion, Kava consumption was conducive with one's ability to get up the following morning to head to work with ostensibly no tiredness or ill effects from the previous night's social engagement. Dwayne drew upon his experience witnessing the effects of alcohol consumption in the mining industry, explaining the detrimental outcomes for people that he knew. He also explained that miners who consumed Kava as a social libation instead of alcohol, were able to get up for work the next morning. What was present in this conversation once again was a contrasting scale of harm with reference to alcohol. No statement of harms from Kava consumption was explicitly given, rather, the experience was effectively far better/healthier than alcohol.

*They can't go to work tomorrow, there's nothing they can do. They will always turn up for work with Kava, no hangover.' (Dwayne)*

Dwayne's opinion typified my participants' sentiments towards any harms or negative experiences from Kava consumption. People expressed that Kava had no influence on their state of mind where it would be detrimental to them, to be problematic for getting up in the morning.

David, the politician also referred to a contrast with alcohol.

*'Look around you, people are not dying from drinking Kava, only some abuse it, they drink too much every day for example then they get dry skin, if they want to get better then they stop drinking, but nothing else you know, imagine if you drank the same amount of alcohol every day, what would that do, very bad outcome I think'. (David)*

The contrast of Kava with alcohol felt like a cultural defence mechanism, and the confusing aspect of no harms from Kava, when the capacity for Kava misuse was obvious. There was a contradiction in

play regarding Kava misuse as what was explained to me is that overindulgence of Kava was not possible due to an 'inbuilt' mechanism within the plant (Aporosa 2019, Lebot et 1997). The claim was that Kava 'talks' to the consumer and somehow informs them that they have ingested too much, and a sense of nausea can occur to dissuade pushing past personal limits.

Thinking also about the Fijian guy who vomited over my gatekeepers' truck, the claim that you cannot abuse Kava was difficult to believe due to the irony in some of my participants' comments pertaining to this topic of discussion. Dwayne mentioned that he had been consistently drinking Kava his entire life, which one could argue objectively is a type of addiction. The issue with excessively dry skin is trivialized by stating it will dissipate in a few days, but this goes against the claim that harms cannot be experienced from consuming Kava. The comment by Dave in Santo typifies this point further, by saying that it's not possible for harms to occur, then qualifying this with the condition that Kava can be harmful if abused. The contrast of Kava with alcohol perhaps puts things in perspective but is probably skewed due to Vanuatu's tumultuous past with alcohol abuse, linked to colonialization, as will be explored fully in a later section. From a relativistic point of view, it's understandable that Kava would be defended in this manner, so to see claims that are paradoxical in terms of potential harms does make sense if we contextualized this in the form of confirmation bias.

Kava consumption in Vanuatu was primarily focused on relaxation and social interaction afterwork either in town or in the Jungle of Santo. This element of social discourse was ingrained in Ni Vanuatu culture to which Kava acted as much of a part of social exchange between friends as it did family and work colleagues. Of course, social interactions occur during the day without the mediating influence of Kava, but what was well established was the social reality of free and open discourse within the Kava bars that the substance brought. The habitus of Kava consumption in Vanuatu was and remains a central part of Ni Van culture that felt odd and yet familiar from my perspective. The substance may be different, but the sense of routine is so akin to pub culture that made it comfortable to slip into. Whilst Kava may not be explicitly used for medical purposes by Ni Vans and ex pats, there were people I talked to that found it suitable to treat their issues. Much in the same way my UK and US samples explained to me, Kava provided a solution to where normal medicine options did not. The concept of harms from consuming Kava was skewed in a manner that screamed confirmation bias, and the contrast to alcohol was more about a concept of lesser evils. At the same time however, the influence of culture played a critical role for Kava, and as a macro level social process, I wanted to know how this influenced Kava consumption in Vanuatu. This part of the research was not as straightforward as I had hoped, due to the influence of MLSPs being fundamentally different in

Vanuatu. What was easy to pinpoint and identify in the UK and US simply did not resonate in Vanuatu. Rather it was the influence of MLSP in the US and UK that had an interconnection with Vanuatu that proved far more salient to explore and provides answers to the second and third research questions.

The importance of Kava culture and identity in Efate and Santo that put simply, demonstrated how deeply interwoven Kava consumption is in Ni Van society. This was hardly surprising given its thousands of years of history of use, as well as surviving western cultural and religious hegemony (Gramsci 1971,2020) a few hundred years ago. Although there are commonalities with the concept of social libation and the social setting, Kava and its consumption don't fall in the typical bracket of a substance of addiction in the same way say as alcohol does. On the islands of Efate and Santo life is somewhat different due to access to technologies, and there is an issue one can argue regarding gender equality, but what persists across Vanuatu is the habitus of Kava consumption, that from an objectively critical eye one could argue is a form of addiction enacted unknowingly every day. Whilst we could argue this definitional point, what is effectively being suggested here is that the population on the islands of Vanuatu are engaged in a form of mass addiction. To frame Kava consumption in this context might neatly fit into an academic framework of classification and synergise with a theoretical unpinning of social behaviours and substance use, but it unfortunately falls into the bracket of racist thinking akin the missionaries that came to the south pacific hundreds of years ago, demonised and banned Kava. As a macro level process, cultural embeddedness in the native sense helps to preserve the linkage between Kava consumption and Ni Van identity and in the non-native sense, the influence of western culture which had once demonised it, now rather ironically looks for its supply.

At this point you may have noticed the scope of this chapter has been, in some respects, narrower than the two that precede it. In this chapter, I have illuminated upon how and why Kava is consumed in locations throughout Vanuatu, meaning I have addressed the first of my research questions pertaining to this case study.

As a reminder for the reader, *How and why is Kava consumed in different cultural settings?*

However, I have not yet directly discussed how the MLSPs featured in the last two chapters come to impact Kava use in its homeland – nor have I addressed by MLSPs in Vanuatu influence Kava consumption in the West (and vice versa). That's because I will turn to these matters in the next chapter. Again, as a reminder for the reader, the two remaining researcher questions are.

*How do the macro level social processes of cultural embeddedness, drug policy and health narratives influence the consumption of Kava for drinkers in different cultural settings?*

*How do MLSPs relating to Kava consumption in Vanuatu influence Kava consumers in Western countries and vice versa?*

## **The influence of MLSPs in Vanuatu and the interconnectedness to the west**

At this point the reader has been informed on how and why people choose to consume Kava in Vanuatu; and, given its historical cultural connection, its continued consumption has been explained. The influence of MLSPs in Vanuatu were a different paradigm to research as, firstly, some of the influences that were relevant in the UK, such as drug policy, played a different type of factor in Vanuatu. As such, I present the influence of MLSPs from a slightly different perspective. Given Vanuatu's colonial past, the influence of western culture has played and still does play a role in how Kava is consumed. This chapter begins with the issues of alcohol as a western cultural icon in Vanuatu, and how its rejection in favour of Kava is a representation of macro level influences interconnected with the past, present, and future. This topic is also intertwined with the concept of health narratives, as the conceptions of health and harm regarding Kava consumption in Vanuatu is often compared with alcohol. These contrasting health narratives are also discussed in a way that demonstrates the difference in culture between the US and UK regarding the concept of stress. Finally, I discuss how the influences of conservative culture and drug policy in the US and UK, respectively, have provided an economic boon for Vanuatu. In this interconnected context, the macro level social process of 'economics of supply and demand' that I discussed in my literature review became apparent during my time in Vanuatu, and it wasn't until I visited Vanuatu that this influence fully crystalised in my mind from my observations and interactions.

### **Culturally healthy consumption of Kava**

The concept of health narrative for people in Vanuatu when it comes to Kava is tied into the culturally embedded nature of national identity. As a reminder: post colonialisation, the government of Vanuatu began a cultural reconnection with Kava by encouraging Ni Vans to visit Kava bars instead of consuming alcohol. In the 1990s, the exportation of Kava was also in its infancy and the

government of Vanuatu allowed foreign business investors, such as Forney Enterprises, one of the largest Kava export companies in Vanuatu to set up Kava exportation. The US-owned company was, in fact, one of the first organisations to set up foreign-owned factories for Kava exportation and is thriving due to the demand for Kava root powder. The associated memories of colonial rule and identity inherent with alcohol play synergistically with the physiological problems of alcohol intolerance that Ni Vanuatu experience. Little wonder that, in 40 years of native governmental rule, the postcolonial reconnection with Kava and the rejection of alcohol have been so potent. Even in this current era, social problems linked to alcohol persist (Tarianga 2022, Harris et al 2011), despite Kava's popularity.

The Ni Vanuatu consensus towards alcohol consumption was not an inherently positive one, save only perhaps towards non-native visitors and migrants to the country. The colonial legacy of cultural influence still lingers on, as memories of the days when Kava was banned (Young 1995) by the French and British co-opted rule over the then-named 'New Hebrides' are still present within some of the older citizens of Vanuatu, i.e., those over 40 years of age. During my conversations with people about cultural embeddedness, the aspect of health came up in the context of whether it was healthier to consume Kava or alcohol. Given the understanding of how and why Kava is consumed in Vanuatu, predominantly to socialise and relax, there was an intertwining of cultural concepts of health in the native sense against the pervasive hegemony (Gramsci 1971,2020) of the western ideology of health. As I saw it, this played out in a clash of cultures that originated in the days of colonisation in Vanuatu and continues to this day, albeit in a less aggressive format. As such, cultural embeddedness and health narratives in conversations felt meshed, resulting in some interesting dialogue.

In Vanuatu, the availability of alcohol is minimal save only for its sale in Chinese shops and hotel bars for foreign travellers. I did visit a Kava bar that attempted to hybridise the consumption of Kava and alcohol to encourage foreign workers and Ni Vanuatu to mix socially. The Kava room in Efate, a bar owned by Justin, is a place where patrons can buy alcohol and Kava if they so choose. The aim of this, as explained to me by Justin, is to allow people who drink Kava to socialise with people who drink alcohol, as this is not allowed in traditional Kava bars across Vanuatu. Alcohol consumption in Kava bars in Vanuatu is typically not permitted by bar owners due to its associated negative effects on social behaviours (Tarianga 2022). I found this cultural rejection of alcohol quite striking compared to living back in the UK, and it demonstrated an explicit preference for Kava over alcohol that was demonstrated in conversations when the two substances were compared against each other in terms of harm.

*In this bar, people, if they want to consume alcohol, they can, no problem, they do so and be social with their friends. (Justin)*

This bar was the only place in Efate and Santo that I witnessed allowing this type of poly-consumption to occur; in all the other Kava bars, only Kava was permitted to be consumed on site. As a social space attempting to hybridise and be more inclusive of different cultures, it was arguably a success, but at the same time it lacked the feeling of relaxation I found in the other Kava bars I visited. This, of course, is a subjective opinion, but the creation of this social space was not well received by my gatekeeper, Miguel, who thought that Kava bars should be just for Kava consumption, thus establishing a contrasting perspective that Kava is the preferable social libation in Vanuatu.

*I explained to Miguel my thoughts on this place: that it didn't feel like a Kava bar, the vibe wasn't right and that it was too cramped. Miguel laughed, and he said to me, 'This is exactly it, bro. It's too westernised. For those people, it's not about consuming Kava, it's about the idea of Kava for the westerners. It's not traditional. These people, they never go to the bars that we go to. They don't know how to deal with it; they would feel out of place. They want their own version of Kava drinking, you know. They can't drink alcohol in the Kava bars. We won't allow it; it's not a good thing; alcohol is a problem. But, you know, it's up to [Justin] if he wants to sell there.' The vibe of the western-style Kava bar just didn't sit well with me, and it clearly didn't sit well with Miguel, and evidently the cultural rejection of alcohol consumption in regular Kava bars is indeed important to note. (Ethnographic fieldnote)*

I talked with many Ni Van in Efate about alcohol consumption versus Kava, in town and in the suburbs. In White Sands, a Kava bar situated deep in the suburbs on the outskirts of the main town on Efate, a few of the patrons engaged in some conversation on this topic. This Kava bar was rustic, to say the least, and yet the people there were incredibly friendly and happy to talk about the social issues of alcohol consumption in Vanuatu. Several Kava drinkers at the bar discussed this topic, and they were keen to express their opinions on alcohol.

*Frank explained to me that he used to consume alcohol, particularly beer, for many years and always got into trouble when doing so. 'We cannot process here, bro. We cannot process beer or alcohol. It's like the Aborigines, you know. In Australia, they have issues with alcohol, it's very, very bad. They can't consume it and we are the same. It's only because of the western influence, and the Chinese, they drink it as well. You can buy it from the Chinese shop if you want, but no way here. We don't sell it here. We don't drink it here. We just don't like*

*it. It makes us feel shit.’ Tom interjected, ‘With Kava, we always relax, so no problems. If we get anyone who wants to come into here that’s drunk, they won’t come here.’ (Ethnographic extract)*

Social decorum is important in Kava bars; patrons are expected to always show respect to one another, and although some banter is tolerated, bad attitudes are not. This is another example of the cultural difference, which was also reinforced in contrast to alcohol consumption, more specifically, Ni Van wanting to enter a Kava bar when already under the influence of alcohol. This is illustrated by one occasion when I decided to visit a Kava bar located in the suburbs, with a far smaller footprint than the ones I had visited before. It catered just to the locals in the area, and tourists to Vanuatu would be highly unlikely to come across it.

*As Miguel and I began to walk to the serving window once again to drink our shells, we suddenly heard shouting coming from the outside of the bar. Frank and Tom stood up and we all tried to peer through the fence to see what was going on. Something had happened outside the bar, and the boys suggested we stay inside. They were doing their translation from Bislama to English, and they explained what was going on. Frank said, ‘This guy is crazy because he’s been drinking beer he got from the Chinese. We saw him earlier. He tried to come into the bar this afternoon to drink Kava after being drunk. We will not allow him in here. There’s no way when they drink alcohol and they come in here drunk. It is not allowed. We don’t accept it. We don’t want that.’ Francois (the bar owner) said loudly, ‘If he comes in here, we will fuck him up for sure, bro. We will fuck him up for sure. He will never come in here again!’ I asked why their reaction was so strong to people who had been drinking alcohol. Francois said, ‘Everyone [who] come[s] in here, they drink Kava. So, no one drinks alcohol. It’s not allowed. It’s not the way. People, when they drink alcohol, they get crazy, they get unpredictable, they get violent. We come here to relax. We come here to talk. We play pool, sometimes we play cards. No issues, no problems. But when there’s alcohol, there’s always fucking problems.’ (Ethnographic fieldnote)*

On that day—a late Tuesday afternoon—I was in the right place at the right time to witness some real-world Ni Van opinions towards alcohol manifested in aggression and defence. From my

perspective, it felt like the men in the Kava bar were vigilant in maintaining the homeostasis of the place, which was understandable given its environmental equanimity. The men explained to me after this that the influx of Chinese migrants had resulted in an increase in convenience stores, and as such the sale of alcohol was more accessible. They believed it was an increasing problem among Ni Van teenagers due to social media influencers in the West glamourising alcohol. From their perspective, alcohol makes people unpredictable and unpleasant, as well as loud, all of which is the opposite of enacted behaviours within Kava bars. Alcohol abuse has been a serious social issue in the past, during the latter part of the French and British rule of Vanuatu, with related cases of crime and domestic abuse a frequent occurrence which unfortunately continues to this day (Roberts 2007, Harris et al 2011).

Given that most Kava bars on Efate had predominantly male patrons with a smattering of females attending bars closer to town, I was keen to get more female insight into the perception of alcohol and its health-related issues. I met a female Ni Van at a food stall adjacent to my hotel who explained to me that she was a regular (daily) Kava drinker. Rose, who was in her mid-twenties, explained that she thought Kava drinking in Vanuatu was in decline, due to western influences on modern culture. Rose discussed with me her thoughts on alcohol, drawing upon her own problems and her family's reactions.

*I think with beer, you lose control. I have seen it, and it was like it for me. I would get crazy and sometimes violent; my family were ashamed about my behaviours. All my family drink Kava. My dad does as well. For him, it's no problem that I drink; he doesn't want me to stay out late. (Rose)*

This was an interesting conversation; however, I disagreed with Rose's claim that Kava consumption was in decline in Vanuatu.

*I think more westerners are coming here again after covid, and maybe they want to live here, they bring money, but some culture as well. You know some younger boys are drinking alcohol now instead of Kava, because they see the westerners doing it (Rose)*

Having visited many Kava bars, finding a place to drink alcohol such as a bar was difficult as they were usually in hotels, where most Ni Van do not socialise. What was clear from Rose was the problem alcohol caused when consumed, further supporting a majority cultural rejection of it. Whether the youth of Vanuatu are choosing to switch to alcohol was not ascertained, but from what I observed, Kava is indeed king on Efate and Santo.

When I visited the rural community in Santo, the consensus on the effects of alcohol consumption was the same as that voiced by the people I'd spoken with on Efate. Whilst sitting with some of the men in the social area, the topic came up.

*Regarding alcohol, John, Dave, Mara, and Jacob pulled frowning faces when I asked them about Kava being considered like alcohol by western perceptions, in terms of effects and harms. 'No, no, no, no, no. Alcohol is very bad,' Dave said. Many of the other men in the social area who had overheard this conversation joined, making their disdain for alcohol clear. It wasn't a ruckus that came from this point of contention, rather a lively debate on the issues that alcohol brought, and here I was sitting with the community I'd only known for a few hours, debating their cultural icon [Kava] and alcohol. (Ethnographic extract)*

From the conversations I had with people across both islands, the rejection of alcohol consumption and preference for Kava was based upon several factors. Firstly, Kava is relatively cheap to drink compared to alcohol. Secondly, access to Kava is built into Ni Van culture via the Kava bars and social areas, whereas access to alcohol is not. Thirdly, the 'health'-related aspects of consumption—more specifically, Kava, as the preferred social libation—were built into it not having any next-day hangover issues. Fourth, alcohol was part of western culture during colonisation, and is a symbolic representation of the past. When considering these factors, the influence of western culture upon Vanuatu played a role during colonisation and continues to do so to this day. Kava consumption in this regard is a reconnection with the past for Ni Van, but also acts as a buffer against the macro force of culture from the West that is slowly seeping back in. It is difficult to express just how different life and cultural connection is in Vanuatu in contrast to the West. As an interesting side note, this was typified in my rural Santo community visit.

Whilst I was in Efate, the hustle and bustle of daily life was almost no different to back home in the UK; life in Santo was drastically different. People in Santo still got up and went to work, predominantly in the agriculture sector and in Kava farms. Life in Santo took a more leisurely pace, however, with a more open-minded outlook on the complexities of living than what I was used to in the UK. Interestingly, I observed an aspect of this culturally embedded mindset in the rural community of Santo, during the afternoon Kava consumption, I got into a conversation about why people in the West were drinking Kava. As I sat in the social area, I explained to the community that Kava is consumed in western countries for addiction issues and to eliminate stress and, in some

instances, depression. When I mentioned this, the members of the community appeared quite confused as to what I was saying to them. Even with my gatekeeper on the island of Santo, Nick, who had attempted to find a way to explain in Bislama, the community members did not understand the concept of stress or depression. John expressed a sense of disbelief and confusion about this.

*What do you mean, depressed? Stressed? What is this? (John)*

Nick and I discussed this back and forth with the community, and to my surprise, these concepts were unfamiliar in rural Santo.

*No, bro. I mean, it just doesn't exist. I mean, they don't even have a word for it.' (Nick)*

Up until this point, as explained to me in my interviews with Kava drinkers in the UK and US, Kava consumption had always been about relaxation and winding down after a long day or helping with health-related issues. But here in the deep jungle of rural Santo, these concepts of stress, depression, and addiction, which were all too common in the western style of living, simply didn't exist. Kava consumption for the rural Santo community, much like in other remote areas of Vanuatu, was focused on the deeply embedded aspect of sociality. Kava consumption was so ingrained into their lives and their identity that the reasoning behind it could not be distilled down to concepts that are familiar to us in the West. Whilst the habitus of attending a Kava bar on Efate was akin to the pub lifestyle in the West, the social reality of remote areas on Santo provided a distinction that I found quite enlightening due to its striking differences to the social environments back in the UK. Imagine life without stress.

## **The influence of external drug policy on Ni Vanuatu**

Drug policy pertaining to Kava in Vanuatu almost felt like a moot point to discuss with people, as Kava is legal there, and least in the domestic sense. However, in my conversations with Ni Van, the influence of drug policies in other countries, such as the UK, became a talking point. Ni Van were shocked and surprised to learn that Kava was prohibited in the UK, and that it was categorised as a drug as, for them, Kava was part of their daily routine and cultural identity. In this context, there was confusion and upset as, given the reverence for Kava in Vanuatu, discovering its prohibition was effectively a slap in the face and a sign of disrespect.

At my hotel, I spent some time talking with the female staff there who were Kava drinkers to get their perspectives on this topic, and this revealed that the language used to describe Kava can have a profound effect on the way Kava is perceived. Dorothy, for example, became quite upset when I mentioned that Kava is categorised as a drug in the UK and couldn't understand why this word was being used. Dorothy suggested that the current western cultural mindset is almost no different to the mindset predominant in Vanuatu's colonial past, seeing Kava as a problematic substance that needed to be controlled.

*'Why would they call it a drug? I think the western countries want to categorise something they don't fully understand and then blame it for problems, much like they did in the past. My Pupus [Grandparents] told me when the French and British stopped them from drinking Kava many years ago, I think maybe your country doesn't want Kava there?'* (Dorothy)

From Dorothy's perspective, control of Kava in the UK is hypocritical and indicative of colonialism. For her, western ideology views Kava in a negative way and correlates its consumption with health problems. I believe that Dorothy saw this cultural hypocrisy in a way that advocated for the acceptance of alcohol but not of Kava. This reminded me of the UK controls on Ethiopian migrants' use of Khat, as discussed in the literature review chapter. In the UK, Khat was classified as a stimulant with potential harms, and little consideration was given to its culturally embedded use (Thomas and Williams 2013). In this regard, when substances that are consumed in one culture become adopted in another, the dominant culture has the power and influence to dictate the level of acceptance of said substance. This is typically conducted using stylistic language in policy construction, but also in media or public awareness programmes, to shape ideological thinking (Hodge and Kress 1993). The influence of a dominant culture and the cultural embeddedness of Kava and identity remains intertwined with Vanuatu's colonial past, in which the British and French played a key role. Moreover, the culturally dominant mindset is symptomatic of the inherent racism within drug policy, placing restrictions upon substances that are perceived as potentially harmful (Manderson 1999, Rosino and Hughey 2018, see also Blackman 2004 pp28-51).

Again, this is enacted from the standpoint of the ostensibly culturally superior 'global north' over cultures and countries where substance use has been embedded for generations. In this context, the ideological mindset of the missionaries from western cultures still enforces their moral

entrepreneurship, only now through the supposed legitimacy of international institutions and policies. Drug policy in the UK, as I explained to David, sees the potential harms from Kava consumption as sufficient to maintain prohibition of its sale. It was hardly a surprise when, like most Ni Van when they learned of this, David was confused and a little irritated.

*It's silly that it's prohibited there, like France, you know. They do the same, some outdated research from long ago, and nothing changes. If Kava was so dangerous, how come we are all not dead? (David)*

David told me that he saw no harm from consuming Kava daily based on his own form of empirical evidence, as he explicitly stated. What was interesting about this conversation was that the extreme contrast at the end of his statement relating to harms typified the sense of disbelief among Ni Van people when I explained the UK prohibition to them. The notion that their culturally embedded social libation was faced with criticism and prohibition in western countries was effectively a slap in the face to their society. The concept of 'health' or 'what is good for you' being arbitrated by the West, or at least the perception of this for Ni Vans, was hypocritical, relating back to the issues of alcohol addiction and abuse.

These matters of drug policy in a domestic and international context were also discussed in depth at a meeting I was able to attend during my fieldwork on Efate regarding Kava and emerging markets. As shown below, racism and hypocrisy were topics that became apparent in dialogue with business owners and members of parliament on this subject:

*I was lucky to be at this meeting. If it hadn't been for Miguel, I'd never have got in. We were on an estate just outside town, at some mega-rich business partner of Miguel's that organised bi-monthly meetings to discuss the state of Kava exportations. We drove into the estate past the armed guards towards an enormous lake with a small island in the middle. The place was dotted with lush green trees, and nearby the imposing mountains could be seen. Hopping out of the 4x4, the evening heat made me sweat even more than I had been, and I looked round to better assess the scale of the property we were on. Someone came to meet Miguel from the main house as we'd parked up by the rather large lakeside lodge, and as they spoke in Bislama, I pondered how much money was needed to have a place like this. Stirring me from this thought, the rumble of approaching 4x4s towards the lakeside lodge was met with excitement from Miguel. He said, 'Here we go, it's some of the rich fuckers from New Caledonia joining us now.' I laughed and asked how many more people were coming to*

*the meeting. 'Probably about fifteen,' Miguel said. 'You can tell them all about your research later!' A slight sense of worry hit me then. Talk about being put on the spot, I thought to myself, whilst smiling and nodding in agreement. It didn't take long for the rest of the people to arrive, all driving rather expensive 4x4s.*

*As we proceeded with the obligatory introductions, a large bowl of Kava had been prepared, and I was more than happy to have a few shells as public speaking was on the cards. We had our first shell each and sat down at a table situated 15 feet from the lake. Discussions began with the complexities of maintaining biosecurity, export costs, buying, and reselling, and whilst I was familiar with most of the terms, I did start to feel slightly out of my depth at some points. All the men and women who had come here were clearly very acute and sharp-minded individuals, as business was their lives. The topic shifted to emerging markets, and out of the blue, Miguel dropped in my research on Kava, asking me to explain more about it. Luckily, by this point, the fourth shell of Kava had calmed me enough to do this without hesitation. After I had explained my research project, lots of fascinated faces were before me, and then the questions came. 'What is the issue with drug policy in the UK on Kava?' 'Do you know why the UK is holding the prohibition?' 'When will the UK market be open for Kava?' 'Do you think it can be changed?' All these questions came at me as I tried to explain the drug policy on Kava back home in the UK. Clearly the business owners were interested in a legitimate market opening for Kava and they were aware of the prohibition in the UK. What they couldn't understand was why it continued to this day, as from their perspective Kava was a culturally embedded drink.*

*I spent time explaining the issue with new evidence as a factor for policy revision, when one of the quieter members of the group spoke up. He was older, perhaps in his 60s, and had a somewhat irritated look about him. 'I think it's a little hypocritical, don't you?' he said with an emerging frown upon his face. 'I mean, back in your country they sell all kinds of products that can get you addicted, but selling Kava is not allowed? That seems odd to me really.' I agreed with the man and replied that other substances from different countries had also been banned, referring to Khat. Again, the man frowned and replied in a somewhat sarcastic tone, 'Maybe it's got something to do with culture then? I mean, I'm not saying it's racist in the UK or anything, but there's a problem there, right?' This was a tricky one. I didn't want to come off as a know-it-all and refer to the evidence of liver toxicity from Kava consumption as*

*the reason the UK upheld prohibition, but at the same time racism felt like it was a factor. Given the toxicity claims had been refuted, what was the reason for prohibition? I could feel tension in the air. I didn't know what to say, and as various thoughts ran across my mind, I felt like a spokesperson for the UK, justifying policy decisions from a faraway country that, upon discussion, really didn't make any sense. 'The UK can be a little closed-minded,' I said, not giving too much ground in terms of defending my home. 'I think if new evidence can be presented to contextualise what Kava is and what it does and how it is used, that would help a lot. That's part of my research here.' I confidently looked across the array of glaring eyes of the astute businessmen and politicians. This seemed to allay the tension, as a young female politician in her twenties remarked how interesting my research was. 'I think it's a good idea,' she said. 'I have been to the UK, and it's pretty conservative, in my opinion, and for Kava, not many know about it, so I can see how what you're doing gives a clearer understanding for people there.' I'd dodged a bullet for sure, and the people around me seemed pleased with my answer. Feeling relieved but still quite tense, I quickly wiped the sweat from my forehead and looked over to Miguel, who had been listening to my cultural defence. 'Another shell?' I suggested.*

The influence of foreign drug policy clearly formed an important point of debate in the minds of the business group I met that evening, but it was not in the way I had expected. Rather than drug policy in Vanuatu being a macro influence, it was drug policy in the UK as a macro level influence that provided a sense of disbelief in the group's minds. There was a sense that the UK was culturally relativistic, closed off, and in this sense, I thought the influence of UK culture intertwined with UK drug policy as a form of rejection of Kava. Given Kava's cultural relevance in Vanuatu, the influence of UK drug policy was tantamount to an insult against Kava, thus leading to the cultural protectionism becoming enacted once again. Not everyone at the meeting agreed with the older man's statement; whilst some agreed that racism could be a problem, others suggested that the UK was too closed-minded. Drawing this out into a larger picture, racism in drug policy does exist, as substances identified via the war on drugs have been shunned, pushed to the side, and deemed socially problematic (Rosino and Hughey 2018, Earp et al 2021, Hart 2020, Hart, and Jackson 2013, see also Lewis et al 2022). Effectively, the use of substances by people of minorities are faced with a global north paradigm that demonises their Kava use as fundamentally deleterious to health. Outside of alcohol, the western culture oriented global north dismisses any benefit to substances used within the global south and frames them as substances of potential harm. Drug policy, international drug policy more specifically is reflective of the dominant cultural hegemony (Gramsci 1971,2020), that

seeks to govern, and control access to substances, under the bracket of 'protecting people' via prohibition, with no consideration for native use context. A tenable link between Kava prohibition and embedded cultural racism in the UK is debatable, but for Ni Vanuatu, it was confusing to hear that Kava is controlled and labelled a drug, given its cultural status. Moreover, it was seen as sort of cultural hierarchy, whereby Kava was not seen as fit to be sold to people in the UK, which undoubtedly could have been perceived as insulting to Ni Van. In this context, I saw how one culture could influence another's in a negative way. At the same time, however, countries such as the UK and the US that see medical benefits from Kava consumption have a demand for it, as established in the findings earlier. This demand for Kava has influenced the lives of Ni Vanuatu in positive and negative ways.

**Make it rain: The influence of supply and demand.**



Kava garden on Santo

*Mara and Dave explained to me that agriculture was the Melanesians' forte and had been for thousands of years, although certainly not at this scale, due to the demands of the exportation business. They took pride in their work on Kava just as much as they did when growing Taro and Yam. I thought about the exportation aspect for a few moments and looked around. Although Kava gardens and exportation have provided large amounts of money for businesses, it felt like much of the affluence had yet to trickle down to the communities, or perhaps it was due to the time constraints of Kava harvesting. I was undecided. Interestingly, Dave and I discussed this on the way back to the 4x4 and his thinking was that the concept of money has become quite difficult for the rural communities to solidify in terms of tangible value. They primarily use transactional elements such as pigs and cows, which are tradable commodities much like Kava, which holds still more intrinsic value, and therefore cannot identify with the idea of debit cards, bank accounts, or contactless payments.*

*As we walked back towards the 4x4, I felt a stark contrast in terms of the value of materials, and life in general, compared to the West. My connection to Kava and my real-world experience in how the plant is grown, cared for, and harvested, as well as the lives of the rural community have helped me gain an understanding beyond just drinking Kava, instead appreciating the sheer amount of physical effort and adherence to agricultural practice that is needed that I had not previously conceptualised before. We walked back to the 4x4 with our feet soaked in warm, wet mud, and some of the workers placed Kava root in the open back of the truck. Mara was insistent his daughter came along for our drive. She had been walking alongside us relatively quietly for the entire time and got into the back of the 4x4, joined by Nick and Dave. As we headed off to the next Kava Garden, I asked Nick whether the garden we had just walked around was a common garden in terms of size. Nick laughed and replied, 'Bro, wait until you see the next one.'*

*Travelling through dense jungle on the dirt track to the next Kava Garden took 10 minutes or so, and location-wise, even to the trained eye, I thought the garden itself would be difficult to find—to me it all looked like endless green. We stopped at the edge of the jungle and exited the vehicle, with Mara and his daughter leading the way into what felt like being lost in the Amazon. Mara navigated this with such confidence that I was almost shocked. However, he was still quite keen to slice away the foliage and to make room to provide indications of where we had walked, which I was silently grateful for. As we walked through a wet, dense area, the jungle once again cleared to reveal another massive area with an abundance of*

*cleared fields. It was far larger than what I'd seen previously and there was a muddy track that Mara's daughter Kim happily skipped along, and we followed. As we walked down towards the Kava gardens, Dave talked to me about how life in the West was as he had heard stories and read the news online when he went into town. He asked about people in the UK drinking Kava and was surprised to know that people use it in a medicinal manner. He was even more surprised when I told him about the prohibition of Kava in the UK since 2002. Dave thought it was ridiculous that Kava was treated as dangerous, and in his mind, alcohol caused far more problems for people. We laughed and joked about different ideas of how the West was hypocritical as we passed over a hill to reveal a valley which was at least seven or eight football fields in size, full of Kava plants. All this Kava, almost as far as I could see, was new, around a few years old, and for the community. The western demand for Kava kept the money rolling in.*

Kava gardens were a big thing in the community I visited on Santo. Not only did they supply the community with Kava for their use, but they provided a valuable source of income by working with my gatekeeper, Nick, supplying his Kava export business. Nick's Kava exportation business, which supplies Kava to the US, EU, and UK, despite Kava prohibition, allows for a small rural area to accrue the means to live a more enjoyable and comfortable life than before. The Kava sold has meant that money has flowed into this small community much like other Kava growers across Vanuatu, allowing for the installation of solar panels to provide electricity and the establishment of running water as well as the provision of vehicles and procurement of more livestock. For the communities and others like it in rural areas, Kava can be dug up daily for their own use without any concern about the impact on exports. The surplus of Kava was so prodigious that the community and workers didn't need to allocate any specific sections of the Kava gardens for their consumption. This was something unique to the rural communities as they effectively had free Kava on their doorstep, whereas in the Kava bars in the main town of Santo and throughout Efate, everyone had to pay. The amount of Kava the rural community had for their own daily consumption was prodigious, and the export business was thriving, thus providing them with affluence they were not used to.

The export business of Kava across Vanuatu has shaped its cultural identity regarding Kava in the modern age, establishing cultural protection in the form of anti-biopiracy measures. The demand for Kava across the world from individuals, companies and the Pacific worker diaspora has helped feed into a relatively stable GDP, which Vanuatu requires as a developing country. The influences of macro

level social processes in the US and UK reinforce my participants' decision to consume Kava, providing a sort of 'web way' that interconnects with Vanuatu to the extent that it shapes people's lives there. The importance of Kava not just as a form of cultural identity, as mentioned earlier, but also as a form of gross domestic product for Ni Vanuatu via international demand cannot be understated. In 2020, 774 tonnes of Kava were exported from Efate (spc.int 2023). Kava gardens across Vanuatu were encouraged to expand post colonisation to supply the Kava bars in Efate in the early 1980s, but as travel came to Vanuatu, so did foreign business investors, who saw an opportunity to capitalise on an emerging market. Now, despite Kava's prohibition in the UK and some EU countries, its popularity is growing, even though it is often either legally restricted or culturally othered.

The economic aspect of Kava is something I observed first-hand in Vanuatu, and it solidified a connection between the South Pacific and the West via macro level social processes. Not discounting the obvious Pacific diaspora that buy Kava, demand in the West is limited by a culturally embedded mindset towards alternative substances that means it is treated with scepticism and derision. In the US and UK samples, my participants explained their incompatibility with conventional medicine, and demonstrated that Kava has been utilised as a form of medicine. Rejection of conventional medicine within mainstream health narratives galvanised my participants' decision to drink Kava over the normative options available in their countries. In the UK, drug policy added to this conservative mindset by maintaining prohibition on Kava for human consumption. It is the compounding influence of macro level social processes that drove my UK and US participants to continue consuming Kava, which resulted in a tangible influence in Vanuatu. The demand for Kava from the US and other parts of the world has resulted in an economic boon for South Pacific countries that grow and export it. During my conversations with people in Vanuatu, this topic came up frequently, along with the influence it had on their lives, which provides the answer to the third research question of this thesis.

The main port on Efate provides a central hub where all the Kava comes in from the remote islands and is distributed to the main exporters. Observing this process in person crystalised how the influence of culture in one country has an influence on another in the far flung reaches of the world.



(Above) Kava and other produce offloaded at the main seaport of Port Vila on Efate.

I spoke to my gatekeeper, Miguel, who was also a Kava exporter on Efate, about the western demand for Kava and what influence this was having on the people of Vanuatu.

*Everybody here drinks Kava, bro. You have seen it, right? It's popular here. Now it's getting popular everywhere else. I shipped so many times to the US this year. It is making a lot of money for me right now. And for some farmers as well, they have so much money now, they never get this normally in ten lifetimes, so the more people buy Kava the better it is for the economy, the people. (Miguel).*

The Kava exportation business is booming in Vanuatu due to the demand in other countries where macro level social processes are not only influencing the lived experience in the case study locations of the US and UK but are in fact playing a role in positively influencing the lives of Ni Vanuatu from an economic perspective.

Colin explained to me how the demand for Kava post colonialisation provided him a way to purchase his Kava bar, as he had invested into a Kava Garden on one of the remote islands where he used to live many years ago. The increasing western demand now means he has enough money to retire early and just run his Kava bar when he wants.

*'We only have Kava that really helps give us money. If I didn't have this Kava business, I would still be working on the boats, breaking them down every day.'* (Colin)

On Santo, participants explained to me how western demand for Kava had benefitted their lives. For example, the tribal chief, Richard, had procured a USD 50,000 truck, although, as he couldn't drive, his son Jacob gladly took on this responsibility. When drinking Kava with the community, Mara told me that the Kava gardens created for exportation meant they had a surplus of Kava for drinking, as in the past it had been difficult to maintain sufficient supply for daily consumption. Effectively, the macro forces in play in the US and UK as well as other countries are providing affluence to a remote community to the extent that the culturally embedded use of Kava is being affected.

*'Now we have more kava for everyday use. We can consume it every day if we like.'* (Mara)

This is a key distinction between the remote Santo and the modern Efate, as Kava in the bars has been available since their inception in the early 1980s. Now, with the increasing international demand for Kava, the remotest islands are feeling the influence of macro level social processes.

The affluence from international Kava exportation has brought social mobility to rural communities, particularly for the male demographic. Even though the affluence is much appreciated, the surplus of Kava for the men to drink every day seems even more important, again linking to the connected nature of Kava and identity. Dave and I talked about the issue of past and present cultural influence as we walked round one of the Kava plantation farms owned by the rural community in Santo.

*Before the Kava farms and exportation, the French and British ruled here in Vanuatu. They stopped people drinking it, so we didn't consume Kava that much. But people in the bush, on the islands, could get away with drinking it. But because we didn't have much Kava, we [would] consume it maybe once or twice a week when the tribal chiefs decided.* (Dave)

Whereas, in the past, the rule of the French and British controlled Kava consumption and attempted to remove it entirely from Ni Vanuatu culture (Chanteraud and David 2011), now there are gardens full of Kava to drink driven by demand from countries that once subscribed to a more myopic frame of mind.

The western demand for Kava has provided Ni Vans with a supply for themselves to drink in rural areas, has helped Kava bars to maintain their business, and has provided affluence to communities that run the Kava gardens. In the remote rural area of Santo that I visited, the Kava gardens were

substantial in size, which was due to the relationship between my gatekeeper, Nick, and the tribal chief, Richard. I asked Nick whether Kava was the only source of comparable affluence as I considered other 'drug markets' that offered wealth in this manner.

*There is no market for them. Kava grows here, and we consume it, bro. It's their culture, their way to get things. It's a way for the communities to buy things like more cows, more pigs. We can get new things here. (Nick)*

Kava is indeed king in Vanuatu in terms of cultural significance, identity, social relations and as a form of GDP that fundamentally has improved the lives of people in far flung parts of the islands. Despite the benefits to life and economy, there are a few negative elements that the influences of macro level social processes have brought to the shores of Vanuatu.

Ostensibly, the exportation of Kava has brought some animosity towards the way business is conducted in Vanuatu and how Ni Vans are treated by westerners. On Santo I had some passing conversations with men involved in the agricultural aspect of Kava farming, who explained to me about the exploitative nature of large-scale western Kava exportation business. For privacy reasons, I cannot reveal the name of the company, although it is well established in Santo; nor, per the request of the people I spoke to, can I reveal any specific quotes as they wished to remain anonymous. What was explained to me is that Ni Vanuatu Kava farmers are often treated with disdain and a sense of othering by western-owned exportation businesses. The Ni Vanuatu stated that they felt that their relationship with the exporters was one-sided, in favour of the westerners, as the Kava they brought to be sold was often under-priced by the buyers. In this regard, they believed that they didn't have much choice as their communities needed the money from the Kava to purchase livestock, but they felt that the way they were treated was racist. In some brief conversations with Kava farmers on Santo, I enquired about why they thought this was happening. They explained that, in their eyes, western countries like the US saw Ni Van as lesser humans in the same way as during the colonial rule of Vanuatu.

*Bro, you know the big company here near the \*\*\*\*\*, \*\*\*\*\* is the one, we go there and bring the Kava, and they make us wait outside for hours. They don't give a shit about us. They know we need the money; not all farmers do well here. (Unnamed Kava farmer on Santo).*

These conversations with Kava farmers were often fast and full of emotional tension that I could see had deeply affected them, as frustration with the apparent Kava export status quo meant that they were getting the poor end of the business deal. I discussed this topic in Efate with Bierre, who managed aspects of agricultural governance throughout Vanuatu, to see if there was any potential credibility to the claims made by the Kava farmers in Santo.

*‘The farmers get fucked on this export; you know. Kava is their life, it’s their culture. We are guests here. We should respect that, pay the farmers now or pay the doctor later. (Bierre)*

From Bierre’s perspective, he saw legitimacy in the arguments made by Kava farmers on Santo. Being an expat worker in Vanuatu, Bierre had great respect for the host culture irrespective of his Kava consumption. His position in agricultural management also allowed him insight into problems such as this. He explained to me that there was going to be a point when any exploitation of the Kava farmers by foreign-owned exportation businesses would no longer be tolerated, and that exploitation would most likely result in violence.

When I first arrived in Vanuatu, I spoke with Professor Vincent Lebot, a renowned expert on Kava, regarding the attitude of the western countries towards Kava and its exportation. Professor Lebot also detailed how some exportation companies from the West, mainly the US, have set up in more rural areas of Vanuatu and do not respect Ni Van or their culture. He explained that whilst most companies exporting Kava to the US and parts of the EU where it is not prohibited do follow ethical guidelines in paying the Kava farmers, there are still cases of exploitation that occur, especially in remote island areas where the concept of money has yet to be established. Professor Lebot explained that the values inherent within western culture that were brought to Vanuatu during the colonisation period have persisted in the minds of Ni Van regarding how they are treated as people. This has extended to their culture, which had been deconstructed due to its perceived problematic nature. This, of course, was due to the incompatibility of religious ideology, which is not so relevant in this era but, as professor Lebot explained, the belief from Ni Vanuatu is that this perception persists in a hegemonic (Gramsci 1971,2020) format.

The demand for Kava has driven foreign business investors to establish exportation companies—such as the business owned by my Santo gatekeeper, Nick—which have brought affluence to remote communities, undoubtedly making their lives easier. However, it is clear the legacy of colonisation has influenced how Ni Van perceive some of the western business owners not as benevolent bringers

of affluence but rather as exploiters of human and Kava resources. That said, the demand for Kava has brought money into areas that would otherwise have remained poverty stricken. It is the influence of culturally embedded conservative values regarding substances such as Kava that in the UK and US has galvanised my participants there in consuming Kava over the conventional medicine options that are ostensibly good for health. The enactment of these compounding influences results in a demand for Kava that has provided Vanuatu with an economic boon that continues to grow each year.

This chapter has demonstrated just how important Kava is for people in Vanuatu as a form of cultural identity, part of the daily routine, a source of income, and a substance in demand from other countries. Kava is effectively a link to the past, to thousands of years of tradition; whilst it may not be explicitly practiced in ceremony as it once was, the habitus of consumption through decolonialisation has allowed for a reconnection with Kava's traditional heritage. One could categorise the manner of Kava consumption as a form of psychoactive substance addiction; however, whilst technically correct, this misses the point in observing the historical relevance of Kava in Vanuatu. The unfortunate lens of analysis from a Western perspective aims to categorise Kava as a 'drug' via a hegemonic (Gramsci 1971, 2020) mechanism that is built from historical ontology, using the English language to establish social axioms based on moral relativism (Tupper 2012, Hacking, and Fuller, 2004). What is fundamentally ironic about this is that we could, of course, actively criticise the social milieu of Kava consumption in Vanuatu—via arguments regarding misogyny, for instance—but if we do so, that puts us in a position no different to the colonialists' mindset. The macro level social processes in play in Vanuatu allow for acceptance of Kava use as it is not culturally embedded as a 'drug', and the concept of the health narrative is played off against alcohol, which is not culturally embedded.

Kava drinking practices are embedded in the routines and rituals of daily life, reinforcing social norms and cultural identity. In Vanuatu, Kava consumption has become a site of social reproduction, where traditional values are perpetuated even in the face of modern influences and global pressures. For Ni Vanuatu, the practice of drinking Kava is not just merely daily social practice but a profound expression of their cultural identity. This consumption pattern has passed down through generations, obviously constrained during colonial occupation ensuring the continuity of traditional practices. In rural areas such as the place I visited in Santo, the communal and ceremonial aspects of Kava drinking are more pronounced, while in urban settings, it serves as a means of relaxation and socialization after work. In the context of Vanuatu, its decolonization process allowed for a

resurgence of traditional practices, with Kava serving as a symbol of cultural resistance and identity, which is far more pronounced here and would align with argument of symbolic resistance as argued by Hall (1980) and Clarke (1981). However, this argument needs to clarify that this is not the sole reason for Kava consumption, but rather an addition to the reasoning behind its consumption. Kava is culturally embedded first and foremost, and the rejection of alcohol in favour of Kava is a form of resistance, but if one was to walk into any Kava bar in Vanuatu, this would not be the first answer a patron would give. It is particularly interesting to note the way the influence of culture as a macro-level force from one country has had such an impact upon another. Whilst Ni Vanuatu see the mainstream Western perspective on Kava as largely cynical in terms of its health benefits, it is an example of how potent the influence of the Western world is on a far-flung country such as Vanuatu. On one hand, the emerging Western demand for Kava as an alternative to alcohol and substance addiction are influenced by such macro forces as cultural embeddedness, drug policy, and health narratives; but at the same time, these elements also ostracize Kava as unfamiliar, at least from a mainstream perspective. Contrastingly, the mainstream Western perspective is seen by Ni Van as hypocritical and damaging to their culture when learning about or discussing Kava as a drug. The Ni Vans' confusion around the prohibition of Kava in the UK solidified in their minds that it was denigrating to their historical culture of Kava consumption to be treated as such by Western culture, no doubt stirring up thoughts of colonialism.

Kava is not just cultural capital but also economic capital, contributing significantly to the livelihoods of many Ni Vanuatu. The global demand for Kava has turned it into a valuable export commodity, linking the local traditions of Vanuatu to international markets. This economic aspect intersects with cultural identity, as the income generated from Kava supports the very communities that uphold its traditional consumption practices. Kava is more than just a substance; it is a cultural cornerstone that encapsulates the history, identity, and socio-economic dynamics of Ni Vanuatu. By examining the recursive nature of social practices, the ingrained dispositions of cultural habits, and the dynamic interplay between structure and agency, we can appreciate the significance of Kava in Vanuatu and its complex interactions with global forces. This theoretical lens allows us to move beyond simplistic categorizations and recognize the deep-rooted cultural and economic dimensions that make Kava a vital part of Vanuatu's social fabric. There is a connection between Kava, Vanuatu, and its western consumer countries that I alluded to earlier in this thesis that was underpinned by taking a standpoint of adopting adaptive thinking. This standpoint allowed me to avoid a closed mind as a researcher, and discover an emergent property in Vanuatu, which linked Kava consumption to the US and UK in a way I was not expecting.

## Chapter seven: Final conclusions and the emergence of the web way.

Few commodities can tell a story as rich and complex as Kava's journey from the lush eighty-three islands of Vanuatu to the bustling Kava bars of the US and the emergent consumers of the UK. This narrative is encapsulated in the concept of the web way, a term I created to describe the intricate relationship of economic demand, cultural exchange, and social influence that link these distant countries through the trade of Kava. The web way is not merely a pathway of commerce but a dynamic conduit for cultural dialogue, economic interdependency, and shared human experiences. Beyond its traditional uses, Kava has emerged as a significant cultural export, resulting in a complex network that connects Vanuatu's rural communities with global markets. The significance of the web way concept extends beyond the scope of Kava trade, offering insights into the broader dynamics of cultural exchange and economic development. By examining the economic interdependencies, socio-cultural impacts, and ethical considerations within the Kava trade, this final chapter seeks to illuminate the complex ways in which distant communities are interconnected in the modern age. Through the concept of the web way, we can better understand not only the global journey of Kava but also the shared experiences that link the people of Vanuatu with those far beyond their shores.

The transition of Kava from a cultural export to an economic lifeline for Vanuatu was marked by the expansion of its cultivation for international trade. This expansion was not just a response to growing global demand but a strategic move to preserve and promote Vanuatu's cultural heritage on the world stage. Through the export of Kava, Vanuatu has woven a web way of economic and cultural connections, linking its traditions with the global demand for authentic, culturally significant experiences and products. In bridging the physical and cultural distances between Vanuatu and the Western world, Kava has become a symbol of the island nation's resilience, adaptability, and rich cultural heritage. For Vanuatu, a nation where agriculture remains the backbone of the economy, Kava represents a crucial source of income and economic stability and is ingrained as a cultural identity. The surge in global demand for Kava has propelled its cultivation to the forefront of economic development strategies, particularly in rural areas. This shift has been accompanied by significant social and economic benefits, including improved infrastructure, increased access to education, and enhanced community welfare (Cox, 2014).

The establishment of Kava gardens has become a widespread practice among rural communities, turning previously subsistence-based farmers into key players in the global Kava market. The income generated from Kava exports has enabled these communities to invest in solar panels, running water

systems, vehicles, and livestock, dramatically improving living standards. Furthermore, the economic benefits of Kava cultivation have fostered a sense of empowerment among local farmers, providing them with a sustainable source of income and reducing poverty levels (Food and Agriculture Organization, 2019). The global appetite for Kava, driven by its popularity in the US, UK, and other Western markets, has solidified its status as a vital component of Vanuatu's gross domestic product (GDP). In 2020 alone, Vanuatu exported 774 tonnes of Kava, a testament to the crop's significance in bolstering the nation's economy (Vanuatu National Statistics Office, 2021). This demand has not only contributed to a stable GDP for Vanuatu but also established Kava as a symbol of the nation's cultural identity and economic resilience. The relationship between Vanuatu and its Western consumers is emblematic of my web way concept, highlighting the mutual benefits derived from Kava trade. For Vanuatu, this relationship provides a vital economic lifeline; for Western consumers, it offers access to a culturally significant and natural alternative to conventional substances. While the economic interdependencies created by the Kava trade have brought prosperity to Vanuatu, they also pose challenges. The dependence on a single export commodity makes the nation vulnerable to market fluctuations, changes in consumer preferences, and regulatory shifts in consumer countries (Smith et al., 2020).

To explain the web way as an emergent property, I utilized Derek Layder's (1998) adaptive theory, which integrates both inductive and deductive approaches, and Charmaz's emergent grounded theory (2011), which emphasizes the emergence of concepts through qualitative data. This combined approach allowed me to observe the dynamic interplay of cultural, economic, and social factors that shape the Kava trade. The emergent demand of Kava outside the Pacific diaspora has brought about a web of economic interdependencies, linking the rural communities of Vanuatu with the vast markets of the Pacific diaspora, the Kava bars in the US, and the fledgling market of UK consumers. This intricate network has not only transformed the economic landscape of Vanuatu but also highlighted the mutual dependencies and influences that characterize global trade in the modern era. In Vanuatu, the burgeoning Kava economy has reinforced traditional community bonds while simultaneously introducing changes to social structures. The communal aspect of Kava consumption, central to Ni-Vanuatu society, has been preserved and even strengthened in rural communities, where the wealth generated from Kava exports has led to improved living conditions and social welfare. These developments have fostered a renewed sense of communal pride and solidarity (Sahlins, 1985).

However, the influx of wealth and the shift towards a more export-oriented Kava production have also introduced new dynamics. The traditional gender roles associated with Kava cultivation and consumption are evolving. While Kava ceremonies and consumption in Nakamals (Kava bars in

Vanuatu) have traditionally been male dominated, the economic empowerment brought about by Kava exports has led to increased participation of women in the Kava economy, challenging and gradually transforming established gender norms (Lindstrom, 2011).

The introduction of Kava to Western countries has sparked a cultural exchange that extends beyond mere economic transactions. In the US, Kava bars have become sites of cultural immersion, where patrons can experience a piece of Pacific Island culture, albeit with some Western adjustments such as the sale of other consumable plants, such as Kratom. This has led to a growing appreciation for the cultural significance of Kava and a recognition of its value as a natural, communal alternative to alcohol (Hanson & Roach, 2018). However, this cultural transmission is not without its misunderstandings and challenges. The commodification of Kava in the West has sometimes led to its misrepresentation, with its sacred and communal aspects being overshadowed by commercial interests. Moreover, the prohibition of Kava in some countries such as the UK and parts of Europe, due to health concerns and regulatory issues, has thus created a stigma around its use, complicating the cultural exchange and leading to misconceptions about its safety and cultural importance (Walley, 2017).

In Western societies, the rise of Kava as an alternative to conventional medicine and alcohol has had notable social implications. For individuals seeking natural remedies or disillusioned with conventional health narratives, Kava offers a holistic option that aligns with their values and preferences. This has fostered communities of Kava enthusiasts who value not only its effects but also the communal and ritualistic aspects of its consumption, mirroring the social practices of Vanuatu in a Western context (Gunderson, 2016). Yet, the integration of Kava into Western lifestyles has also raised questions about cultural appropriation and the ethical consumption of non-Western traditions. The challenge lies in balancing the appreciation for Kava's cultural roots with the realities of its global commercialization, ensuring that its consumption respects and honours its origins. The socio-cultural impacts of the Kava trade are as diverse as they are profound, touching on aspects of community life, cultural exchange, and social practices across continents. As Kava continues to work its way through global markets, the ongoing dialogue between Vanuatu and Western societies around the regulation of Kava offers opportunities for mutual understanding, respect, and collaboration (Steiner, 2009).

One of the primary ethical considerations in the Kava trade is the potential for exploitation, particularly of the rural communities in Vanuatu on islands such as Santo and Pentecost, that are the backbone of Kava production. As the global demand for Kava increases, there's a risk that the traditional values and practices surrounding Kava may be sidelined in favour of commercial interests.

Ensuring fair trade practices involves not only fair compensation for Kava farmers but also respect for the cultural significance of Kava, safeguarding its traditional and communal roles against commodification (Gegeo & Watson-Gegeo, 2001). The ethical implications extend to consumer countries as well, where the marketing and sale of Kava must navigate cultural sensitivities and health concerns. Misrepresentation of Kava, either as a novelty or through exaggerated health claims, can lead to misunderstandings and potential misuse. Ethical marketing practices are essential to provide consumers with accurate information about Kava's cultural background, effects, and safe consumption practices (Garrett, 2000).

The sustainability of Kava cultivation is also a growing concern amid its rising global popularity. The increase in Kava production to meet export demands poses environmental risks, including soil depletion and the loss of agricultural biodiversity, something that Fiji is contending with (Mohanty, 2017; Prasad & Raj, 2006). Sustainable farming practices are crucial to ensure that Kava cultivation remains viable for future generations and does not degrade the natural resources upon which local communities depend. Moreover, the sustainability of the Kava trade also hinges on the plant's genetic diversity. Over-harvesting and the prioritization of high-demand varieties can reduce genetic diversity, making Kava crops more susceptible to diseases and pests. Efforts to preserve a wide range of Kava strains are vital for the crop's long-term resilience and the continued diversity of its cultural expressions (Lebot et al., 1992).

The international trade of Kava is significantly influenced by a complex landscape of policies and regulations, which vary considerably between countries. These regulatory frameworks not only impact the economic aspects of the Kava trade but also reflect broader cultural attitudes and health concerns related to its consumption. Understanding these dynamics is crucial for navigating the challenges and opportunities they present to the global Kava web way (Rudolph, 2019). In the US and UK, the contrasting approach to Kava regulation has been shaped by concerns over its health implications, leading to a cautious and sometimes restrictive stance. As discussed, the UK has implemented a prohibition on Kava as a measure against potential liver toxicity, a decision mirrored by several European countries such as France and Germany. In contrast, the US under the FDA guidance has adopted a more permissive approach, allowing Kava's sale and consumption albeit with warnings and regulatory oversight focused on consumer safety (Singh, 2004). These regulatory differences highlight the challenges faced by Kava exporters in navigating the international market. The variability in regulations not only affects the export strategies of Vanuatu and other Kava-producing countries but also influences the availability and perception of Kava in consumer countries.

The regulatory environment has a direct impact on the Kava trade, influencing everything from export volumes to market strategies. For producers in Vanuatu, understanding and complying with these varied regulations is essential for accessing international markets and ensuring the continued growth of the Kava economy. Moreover, the regulatory stance towards Kava in Western countries affects the cultural exchange aspect of the trade. Restrictions and bans can perpetuate misconceptions about Kava, hindering cultural understanding and appreciation. Conversely, a regulatory environment that promotes safe and informed Kava consumption can facilitate a deeper engagement with Pacific Island cultures among Western consumers (Garrett, 2000). The challenges presented by the current regulatory landscape also offer opportunities for advocacy and policy reform. Proponents of Kava trade, including growers, exporters, and cultural ambassadors, can engage in dialogue with regulatory bodies to address misconceptions about Kava and advocate for policies that reflect its cultural significance and safety profile when used responsibly. Efforts to standardize Kava quality and establish clear guidelines for its safe use can help mitigate health concerns and pave the way for more harmonious regulations. Such initiatives could foster a more stable and equitable global market for Kava, benefiting both producers and consumers.

The sustainability of the Kava trade, the preservation of its cultural integrity, and the adaptability of regulatory frameworks emerge as central themes that will shape its trajectory. The increasing globalization of Kava presents both opportunities for growth and challenges in maintaining quality and sustainability. As demand continues to rise, there will be a pressing need for Kava-producing countries like Vanuatu, and Fiji, to implement sustainable agricultural practices that can support long-term production without depleting natural resources. This will require a delicate balance between meeting international demand and preserving the environmental and cultural heritage associated with Kava cultivation (Smith et al., 2020). The regulatory landscape for Kava in consumer countries is likely to remain a moving target, influenced by ongoing research, public health trends, and shifts in cultural attitudes towards natural and alternative medicines. Advocacy efforts aimed at educating policymakers and the public about Kava's cultural significance and safety profile could lead to more nuanced and supportive regulatory approaches. However, the potential for regulatory tightening in response to health concerns or misuse remains a persistent challenge (Singh, 2004).

As Kava continues to gain popularity in the West, there is a growing opportunity to deepen cultural exchange and mutual understanding between Pacific Island communities and global consumers. This cultural dialogue can enrich the Kava experience for consumers, fostering a deeper appreciation for its origins and traditional uses. For Pacific Island nations, it represents an opportunity to share their cultural heritage with the world, promoting cultural pride and unity (Steiner, 2009). The exploration of the Kava trade between Vanuatu, the US, and the UK from my research efforts has unveiled a

nuanced interplay of economic interdependencies, cultural exchanges, ethical considerations, and policy dynamics that I have defined conceptually as the web way. This intricate network, woven by the global journey of Kava, highlights the influence of this traditional Pacific Island crop on international markets, local communities, cultural perceptions, and the lived experience of the people that choose to consume it.

In this analysis, the web way emerged as a significant conceptual framework through the application of Layder's adaptive theory (1998) and Charmaz's emergent grounded theory (2011). Layder's adaptive theory provided a structured approach that blended deductive and inductive methods, enabling the exploration of Kava's global journey through both pre-existing theoretical lenses and emergent empirical data. This adaptive approach was crucial in understanding the multifaceted interactions between Vanuatu's Kava producers and global markets. Charmaz's emergent grounded theory complemented this by emphasizing the importance of letting the data guide the development of theoretical insights. Through iterative data collection and analysis, the concept of the web way crystallized as an emergent property, reflecting the dynamic and evolving nature of Kava's role in global economic and cultural exchanges. This inductive approach allowed for a more nuanced understanding of the complex, interwoven relationships that define the Kava trade, illustrating how new theoretical insights can arise organically from the ground up.

## **Tying things up**

This thesis has set out to understand how macro level social processes influence the use of Kava cross culturally. It has successfully done this by answering the research questions through semi structured interviews and ethnographic methods. What has been revealed is that although there are similarities between Kava consumption in different locations, it is conceptualised differently by cultures. The influence of macro level processes whilst pertinent in the US and UK are experienced differently in Vanuatu, but there is an interconnection between MLSPs that plays out across cultures in a positive and negative manner.

In answering the first research question, I found that Kava is consumed differently across the case study locations. More specifically, in the UK Kava is procured through online shops or a contact, is more expensive, prepared and consumed alone. My UK sample explained that the motivations for use were to allay health concerns as conventional medicine had failed them. This was a similar experience for my US sample, with several caveats however as Kava is not prohibited for human

consumption like the UK. My US participants consume Kava to help with medical and addiction issues, to which conventional medicine has failed to treat. Preparation and consumption were predominantly an individual activity with only a few exceptions. In Vanuatu, Kava is consumed at bars or in a social area in remote island communities and not for medicinal reasons but is deeply cultural embedded with social interaction.

My second research question found that the influence of MLSPs was particularly strong in the UK and US, whilst fundamentally less so in Vanuatu. In the UK, the perception of an overly conservative cultural mindset meant that Kava was 'othered' or seen as unfamiliar. This influence of cultural embeddedness was intertwined with the influence of drug policy that prohibited Kava. This influenced my participants as they believed that prohibition was unnecessary and increased the cost of Kava. This galvanised their stance on consuming Kava as a form of medicine as they perceived the influence of macro level social processes as a compounding force attempting to other or stigmatise substances such as Kava. This was further reinforced by health narratives, as participants experienced negative outcomes with conventional medicines. The compound influence was manifest in health narratives tied in with the conservative culture of the UK that my participants experienced as dogmatic and myopic towards the use of Kava.

In the US, despite Kava's legality as dietary supplement available to purchase over the counter, there was a similar influence of cultural embeddedness in play. My participants experienced a closed and conservative mindset towards Kava and its emerging popularity of use, with reference to how mainstream health narratives attempted to influence people towards consumerism. The compounding influence of MLSPs and their intent was perceived to be disingenuous and tied into conventional medicine, which again like the UK 'othered' Kava and substances like it. These influences ultimately galvanised my US participants' stance for Kava as an alternative form of medicine. A rejection of the conservative status quo, which was manifested in an emergent bottom-up movement of alternative medicine use, was suggested by my findings in the US.

For Vanuatu, things were fundamentally different, as the influence of MLSPs did not have the same gravitas as the UK and US. Kava is culturally embedded in Ni Van society, and as such this was one of the most prominent macro level social processes in play there. Cultural embeddedness dictates how and when Kava is consumed and who can consume it in the context of gender. The ethnographic

research demonstrated the cultural identity of Ni Van via the lived experience of people there, illustrating a daily habitus of consumption. This cultural embeddedness also provided Ni Van with a sense of cultural protectionism over Kava and the rejection of alcohol consumption in Vanuatu was an expression of this as well as highlighting a clash of cultures. Interestingly the influence of drug policy and health narratives were not a force of influence in the same manner as they were in the UK and US. Rather, the influence of MLSPs from the other case study locations as well as other countries had an influence in Vanuatu, which answered the third research question.

The demand for Kava from western countries like the case study locations of the US and UK had tangible influence upon Vanuatu. The influence of MLSPs in the UK and US had galvanised my participants' decision to consume Kava, thus demand alongside other countries has provided an economic boon for Ni Van. More specifically, Kava is seen and used as an alternative form of medicine in the US and UK, and this demand has meant rural communities that grow Kava have experienced unprecedented social mobility from their supply. Whilst this is positive the demand for Kava has also brought issues of exploitation of Ni Van workers in the Kava industry, ostensibly enacted by foreign owned companies. The negative perception of western cultural influence was also clearly experienced by Ni Van who saw foreign drug policy such as the prohibition of Kava in the UK as a form of racism and ignorance against their culture. The animosity towards the denigration of Kava by foreigners was seen as reminiscent of colonialist attitudes of the past, and fundamentally hypocritical due to the acceptance of alcohol and the rejection of Kava. In Vanuatu, this was turned on its head as Ni Van rejected the cultural icon of the west (alcohol) and venerated Kava as part of their culture. This represented a clash of cultures, that demonstrated the ongoing permeation of Vanuatu from western ideology and the Ni Van response to stay the course of tradition against some of the negative aspects of interconnected MLSPs. This emergent web way that influences Vanuatu provided a clear answer to my third research question. The third research question explored how MLSPs relating to Kava consumption in Vanuatu influence Kava consumers in Western countries and vice versa. This bidirectional influence forms the crux of the 'web way' concept, highlighting a dynamic and interwoven relationship between Vanuatu and Western consumers.

1. **Influence on Vanuatu:** The demand for Kava in Western countries has significantly impacted Vanuatu's economy and social structure. The economic benefits have led to improved living standards, with rural communities experiencing increased social mobility due to Kava exports. However, this demand has also led to challenges, such as the exploitation of local

workers by foreign-owned companies and the imposition of Western cultural attitudes that sometimes clash with traditional practices in Vanuatu.

2. **Influence on Western Consumers:** In Western countries like the US and UK, the use of Kava has been influenced by a growing interest in alternative medicine and a rejection of conventional health narratives. The MLSPs in these countries, such as cultural embeddedness, drug policy, and health narratives, have shaped how Kava is perceived and consumed. The conservative mindset and regulatory frameworks have 'othered' Kava, positioning it as an alternative to mainstream substances, which in turn has galvanized its emergent use.
3. **Bidirectional Dynamics:** The interplay between these influences demonstrates a complex web of interactions. Western demand for Kava affects the socio-economic landscape in Vanuatu, while the cultural and regulatory contexts in Western countries influence how Kava is marketed, perceived, and consumed. This bidirectional relationship underscores the intricate and interconnected nature of global cultural and economic exchanges.

### Further Discussion

The demand for Kava from western countries like the case study locations of the US and UK had tangible influence upon Vanuatu. The influence of MLSPs in the UK and US had galvanized my participants' decision to consume Kava, thus demand alongside other countries has provided an economic boon for Ni Van. More specifically, Kava is seen and used as an alternative form of medicine in the US and UK, and this demand has meant rural communities that grow Kava have experienced unprecedented social mobility from their supply. While this is positive, the demand for Kava has also brought issues of exploitation of Ni Van workers in the Kava industry, ostensibly enacted by foreign-owned companies. The negative perception of western cultural influence was also clearly experienced by Ni Van who saw foreign drug policy, such as the prohibition of Kava in the UK, as a form of racism and ignorance against their culture. The animosity towards the denigration of Kava by foreigners was seen as reminiscent of colonialist attitudes of the past, and fundamentally hypocritical due to the acceptance of alcohol and the rejection of Kava. In Vanuatu, this was turned on its head as Ni Van rejected the cultural icon of the west (alcohol) and venerated Kava as part of their culture. This represented a clash of cultures, that demonstrated the ongoing permeation of Vanuatu from western ideology and the Ni Van response to stay the course of tradition against some of the negative aspects of interconnected MLSPs. This emergent web way that influences Vanuatu

provided a clear answer to my third research question. Within this web way of influence, the demand for Kava creates complex interconnections between countries, affecting economic opportunities, labour practices, cultural perceptions, and even cultural clashes. It demonstrates how a single commodity can have far-reaching impacts that go beyond its traditional and cultural significance, highlighting the intricate interplay of global influences on local practices. Although this finalized the project, there were some limitations to be considered that the thesis could not address.

Firstly, in the context of consumption, the findings demonstrate that in the UK and US samples, my participants consume Kava as a form of medicine and predominantly as a solo experience at home. Given the small sample size, generalization could be problematic as even as a hidden population practice, other Kava consumers may drink Kava for reasons outside of the medicinal paradigm. Furthermore, there may be a social element to drinking Kava in the UK that remains undiscovered despite its prohibition. In the US, my participants drank Kava at home, and while the interviews revealed their lived experiences, it did not delve into the Kava bar scene which could reveal aspects of consumption not yet explored. For Vanuatu, the findings demonstrated that Kava is predominantly a male drink with a small number of females that consume it. Once again Kava is consumed socially, but there could be outsider groups of females that drink Kava to establish their own social groups.

Secondly, the influence of macro-level social processes demonstrated how conservative culture and health narratives intertwine to shun or 'other' Kava. Drug policy in the UK added to this as an extension of conservative culture. The findings from this project provide insight into the lived experience of my participants, dealing with these influences but there may be other Kava consumers that have other factors to consider that are not represented in this project. Within Vanuatu, the influence of MLSPs demonstrates that drug policy, particularly in its Western connotations, holds a non-relevant position. The traditional and deeply cultural nature of Kava consumption in Vanuatu means that drug policy does not exert the same level of influence as it does in Western countries. Kava is deeply ingrained in the fabric of Ni Van society, and its consumption is guided by traditional practices, rather than Western-style drug regulations. The findings only explored one element of cultural rejection and cultural protectionism, and as such, there could be other Ni Vanuatu that have a contrasting view on this. The same could be argued in the context of economic affluence that Kava has brought to one rural community is not indicative of all rural communities and the findings only represent a small element of rural Vanuatu culture to examine.

Thirdly, the MLSPs: cultural embeddedness, drug policy, health narratives demonstrated across the case study locations, to varying degrees, had an influence upon Kava consumption and the way it is perceived as a social libation and medicine. There could be other MLSPs that this project hasn't

explored that could also be of interest to consider. With most qualitative research, generalization to a larger scale is always problematic due to a small sample size. However, given the emergent use of Kava in the UK and US, this factor is less of an issue. With Vanuatu, generalization is trickier due to the ubiquitous consumption of Kava there. There are some recommendations for future research endeavours pertaining to Kava.

The Kava bar scene in the US was originally planned as an ethnographic study for this project but with lingering covid restrictions at the time, it was simply not feasible. A study of Kava bars in Florida would reveal insight into the contrasting way Kava is consumed there and the motivations for use outside of the medicinal ones. Furthermore, an ethnographic study could also explore the problem of Kratom use in Kava bars, although this would potentially raise ethical concerns about damage to the reputations of businesses. For the UK, as an emergent alternative practice, Kava consumption outside of alternative medicine use, could provide insight into other reasons people are choosing to consume it, as well as any aspects of sociality linked to its use. Exploring the gendered use of Kava in Vanuatu would provide insight into the modernization of the country against the tradition of male-only Kava consumption. This ethnographic research could be conducted across several islands of Vanuatu, including some of the more remote locations to illustrate the female perspective of Kava consumption.

This research set out to understand how and why people consume Kava in different cultures. It has demonstrated that Kava is used to relax and provide relief to people with addiction issues. The influence of MLSPs demonstrates that there is a conservative mindset in western countries that 'others' substances that are outside of the status quo. Drug policy in the UK was seen as a manifestation of this conservative mindset and represents the ethnocentrism in western culture that seeks to place the global north on top of the south, as arbiters of which substances can be consumed legally. At the same time, these influences galvanize the emergent use of Kava in the UK and US, which in turn provide economic benefits and social mobility for rural communities in Vanuatu.

## **This thesis at a larger perspective**

At this point the reader may think to themselves, this thesis has provided some interesting insight into a relatively unknown substance and its cross-cultural usage. But then, so what? What does this mean when zoomed out and considered at larger scale? There are a wide variety of implications that this thesis could be used to tackle.

In the broader context of substance use, the research findings regarding Kava consumption and its interaction with macro-level social processes (MLSPs) offer insights that can enrich our understanding of the utilization of various substances and their effects on individuals' lives. In this expanded context, several implications emerge such as cultural significance of traditional substances. The thesis underscores the profound cultural significance associated with traditional substances, exemplified by Kava. These substances hold a central role in shaping the cultural identities and practices of diverse communities. Delving into the cultural significance of other traditional substances can provide valuable insights into how individuals within different cultural contexts experience and interact with these substances. The thesis highlights the application of Kava as an alternative form of medicine, a concept that can be extended to encompass various traditional or herbal remedies adopted by different communities. Investigating the use of these substances for health and well-being sheds light on alternative healthcare practices and the choices individuals make to address their health concerns.

The economic repercussions resulting from heightened demand for substances, as exemplified by Kava in Vanuatu, resonate with other substances. The economic opportunities that arise and concerns about labour exploitation in substance production extend to other globally sought-after substances. This can also extend to the interplay between globalization and the preservation of cultural traditions, as demonstrated by the clash of cultures in the Kava context, is a phenomenon that can be observed with other substances facing external influences. Understanding how various communities navigate the preservation of their cultural practices amid the forces of globalization is of significant value.

In the context of public health and harm reduction, the use of traditional substances for health-related purposes, particularly in Western countries, triggers broader discussions regarding public health and harm reduction practices. This extends to conversations pertaining to the responsible and prudent use of various substances, via education, encompassing traditional remedies and their potential role in promoting well-being. The principles of cultural exchange and mutual respect has implications, as exemplified by the interplay of cultures in the Kava context, which can be applied to the interactions between diverse communities and cultures in the context of substance use. Understanding the mechanisms that foster respect and cultural sensitivity is paramount for harmonious coexistence. The concept of consumer responsibility, particularly is also particularly salient in Western nations where demand for traditional substances exists, extends to other substances. Consumers play a pivotal role in considering the ethical and cultural dimensions of their choices, regardless of the specific substance in question.

Within the context of other substances, this thesis has provided a foundational framework for comprehending the intricate relationship between substance use, cultural identity, economic factors, and global influences, including drug policy. It emphasizes the necessity for nuanced and culturally sensitive approaches to substance use, underlining the formulation of policies that prioritize the well-being of communities and individuals. By scrutinizing the intricate interplay between macro-level processes and the lived experience of substance consumers, a more nuanced understanding emerges, encompassing the implications for individuals' lives when pivotal decisions are made that shape their experiences.

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<https://pafpnet.spc.int/attachments/article/779/Fiji-Kava-Quality-Manual.pdf>

## Appendices

### Picture sources

Figure.1

Source: <https://kalmwithkava.com/history-of-kava/>

Figure.2

Source: <https://www.antiquesnavigator.com/d-986099/vintage-box-gonosan-kava-santal-riedel-capsules-unopened-sealed.html>

Figure.3

Source : [https://en.todocoleccion.net/metal-old-boxes/caja-gonosan-hojalata-medicamentos~x17888895#sobre\\_el\\_lote](https://en.todocoleccion.net/metal-old-boxes/caja-gonosan-hojalata-medicamentos~x17888895#sobre_el_lote)

Figure.4

Source : [https://www.researchgate.net/publication/232018533\\_Kava\\_Pirates\\_in\\_Vanuatu](https://www.researchgate.net/publication/232018533_Kava_Pirates_in_Vanuatu)

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## Participant information sheet

University Of Kent

Participant Information Sheet

### Research project title.

*Elixir of the South Pacific or Harmful Muddy Water: Examining the consumption of Kava from a cross-cultural perspective and the lived experience of macro-level social processes*

### What is this research project about?

You have been invited to be part of this research project to talk about your experience of Kava use and what large scale influences affect this. This research project intends to gain knowledge and new insight on the use of Kava.

### What do I need to do?

If you are happy to participate in the project you will be asked to have several repeated interviews with the researcher, which dependant on the covid 19 situation will take place online or offline.

These are outlined below:

Offline: You will have a face-to-face interview with the researcher for one hour and this will be audio recorded. No personal details will be taken. Questions will be asked about your relationship with Kava and how this is affected by large scale influences such as drug policy for example.

Online: You will have an audio only call by internet from the researcher for one hour and this will be recorded. No personal details will be taken. Questions will be asked about your relationship with Kava and how this is affected by large scale influences such as drug policy for example.

Your data will be completely anonymised in both online and offline interviews.

### **How long will the interview take?**

Each interview duration is expected not to exceed more than one hour.

### **Do I have to take part in the project?**

Your participation in this research project is completely voluntary and you are free to withdraw at any time for whatever reason, and your interview data will be deleted.

### **What happens to my interview data? Is it safe?**

The data collected by the researcher will be anonymised and contain no personal details. It will be used in the researcher's findings at the end of the project. Your interview recording will be stored on an external hard drive and be solely in the possession of the researcher for up to one year after the project has finished, after this point it will be deleted. Only the researcher will have access to it.

An official statement on general data protection regulation from the university of Kent can be provided upon request or found at: <https://research.kent.ac.uk/researchservices/wp-content/uploads/sites/51/2018/05/GDPR-Privacy-Notice-Research.pdf>

### **Who can I contact if I have questions or wish to withdraw from the project?**

Contact details for the researcher are: [sg720@kent.ac.uk](mailto:sg720@kent.ac.uk) which you are free to message and ask questions about the research project and your involvement. You may also use this if you feel you wish to withdraw from the research project. Upon this project's completion you can request information about the findings, and this can be sent to you at your preference. Contact details will be provided for this.

## Ethics form

### Research Ethics Committee (REC) Application Form

*Please complete this Ethics Application form in conjunction with your supervisor.*

*The supervisor must email the completed copy of the Application form, Consent form, Information Sheet and Research Instrument to:*

[LSSJEthics@kent.ac.uk](mailto:LSSJEthics@kent.ac.uk)

<b>Name of Applicant:</b> Simon Gellar	<b>ILP</b>	Yes
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<b>Name of your Degree:</b> Criminology PhD
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<b>Campus:</b> Canterbury
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<b>Name of Supervisor:</b> Dr. Caroline Chatwin & Dr. Elke Van Hellemon
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<b>Title of Project:</b>
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*Elixir of the South Pacific or Harmful Muddy Water: Examining the consumption of Kava from a cross-cultural perspective and the lived experience of macro-level social processes.*

**Please provide a brief jargon free background to the project in no more than 150 words:**

This research project examines the social use of Kava across three case study locations: UK, US (Florida), and Vanuatu (Port villa). Viewed as a traditional plant medicine in the Global South, but an 'illicit substance' in parts of the Global North, the ethnographic focus is on how macro-level social processes, such as cultural embeddedness and drug policy, influence the lived experience of social Kava consumers. As well as offering a cross-cultural 'thick description' (Geertz 1973) of social Kava use, the project intends to provide insight into a much-neglected area of criminology. This project highlights Southern perspectives/policies on psychoactive substances often criminalized in the 'Global North'.

**The project relies on ethnographic fieldwork**, that is (1) **formal interviewing** and (2) **participant observation**, (including more 'casual' **informal interviewing**) across the three case study locations and (if the covid 19 situation allows) interviews happening both online and offline. If Covid restrictions stay in place, the project will only rely on online formal interviews.

While presented separately, in the flow of fieldwork these methods will be mutually enriching and proceed in dialogue.

1. Building on established relationships with Kava consumers, **repetitive, semi-structured formal interviews** will be conducted, online and/or in each case study location. Here the focus lies on teasing out the subjective experiences of social Kava use and perspectives regarding the influence of macro level social processes (MLSP) upon participants' Kava consumption.
2. **Ethnographical research** will take place in each case study location to provide contextual data relevant to the social use of Kava. Here the focus lies on a thick description of the 'lived' experience of MSLP by social Kava users to contextualize/contrast interview data or highlight cultural meanings of participants' practices.

#### **Research Methods:**

##### **Selection & number of interviewees/participants:**

These ethnographic methods are employed across three different field sites. The researcher is part of **an established online social network** that contains Kava consumers across all three case study locations. For the offline data collection, the researcher will rely on **gatekeepers** who are part of this online community to access 'offline Kava consumer communities/users in each case study location (US, UK and Vanuatu).

1. United States: Members of the US Kava community
2. United Kingdom: Members of the UK Kava community

3. Vanuatu: Kava bars (maximum 4 different locations) in Port Villa

1. Participant observation:

- Participant observation will **only take place in offline environments**.
- Research at field sites will involve engagement with the **daily practices and discussions** regarding the social use of Kava to reflect the participants' lived experience of MLSP towards social Kava use.
- Data collection will continue **until the point of saturation** in each case study location (1-2 months each location).

2. Repetitive semi-structured interviews:

- These are multiple, recorded in-depth interviews conducted over time with participants across the three field sites (US, UK, Vanuatu) and/or conducted online.
- Participants will be **traditional and frequent Kava consumers** as they are more likely to be influenced by MLSP (such as the friction between drug policy and tradition/habit for example)
  - 'Traditional Kava consumers' here, refers to the format of Kava which is most commonly bought and consumed in each case study location.
  - 'Frequent Kava consumers' are those that consume Kava on a weekly basis.
- As far as possible, a **mixed gender sample** in each case study location is intended to be achieved, for inclusivity and diversity.
- The study aims for **6 -10 participants** (depending on point of saturation) **in each case study location**, maximum 30 in total.
- As mentioned before, the researcher will rely on his online social network to connect to gatekeepers to facilitate the offline fieldwork. From the gatekeepers onwards, participant **selection will proceed through snowball sampling**.

A) **How will your project comply with the General Data Protection Regulation (GDPR)?**

**Please ensure you discuss relevant GDPR policy with your supervisor before addressing the following questions** (see the pdf 'General Data Protection Regulation (GDPR) – Information for researchers')

- Data collected relating to participants identity is of key concern and thus its security is paramount.
- Data will not be shared at any point during or after the completion of this research project. Only the researcher will have access **to the notes, recordings, and transcriptions of the participant data. As such, ...**
  1. ... data will be stored on a secure, password protected laptop.

<p>2. ... data will be backed up on an external encrypted hard drive solely in the possession of the researcher.</p> <p>3. ... data will be expunged within a year to three-year period upon the research project completion.</p> <p>4. ... data will be completely anonymized (for more information, see section e beneath)</p> <ul style="list-style-type: none"> <li>• <b>No audio or video data</b> will be taken from locations during observations or outside of interview moments.</li> <li>• <b>Observed offline and online communities will remain anonymous.</b></li> <li>• Data collected via offline overt observations will be <b>in written format only</b>, suitable for thematic analysis.</li> </ul>
<p><b>a) What data do you need to collect (e.g., is this the minimum necessary for the research purposes)?</b></p> <p>Data collection aims to capture the lived experience of MLSP towards social Kava use, more specifically how, if at all, macro level social processes (MLSP) influence that experience.</p> <ul style="list-style-type: none"> <li>○ <b>Personal data is insignificant</b> for analytic purposes and if background variables would be mentioned this will happen at the aggregate level/ case study.</li> <li>○ <b>Data that would lead to identification of participants</b>, such as names or the combination of individual characteristics or data that could potentially infringe on individual's privacy, such as addresses, <b>will not be collected</b>, or represented in the analysis and presentation of findings.</li> </ul>
<p><b>b) Does it infringe on any personal rights?</b></p> <p>No</p>
<p><b>c) Have you included a privacy notice in the Participant Information Sheet?</b></p> <p>Yes</p>
<p><b>d) What would happen if the data was leaked?</b></p> <p>If any data was leaked, I would report it to the University of Kent GDPR manager, however, difficulties would be minimised as personal data will not be collected.</p>
<p><b>e) What measures have been put in place to mitigate data protection risks to individuals?</b></p> <p>As well as the measures introduced to comply with the GDPR (see section A above), <b>anonymity of participants identity is a key concern</b>. This is particularly true for the case study location where Kava is most strictly regulated (UK). To achieve participant anonymity, <b>at no point</b> during the recruitment, data collection and data analysis, findings, phases of the research project will <b>identities be revealed</b>.</p> <p>a. Participants will be assigned a different name to ensure anonymity.</p>

<p>b. If identifying other people, participants will be asked not to use real names/locations, and if they do so, these will be removed from the data at transcription phase.</p> <p>c. Consent will be taken verbally rather than in written format.</p>
<p><b>f) How do you plan to store, access and work with, the data you collect?</b></p> <ul style="list-style-type: none"> <li>• The data will be collected via recording on a <b>password protected Dictaphone</b>.</li> <li>• The data will be transferred on to a <b>secured and encrypted external hard drive</b> kept solely in the position of the researcher.</li> <li>• <b>Anonymized data</b> will be uploaded in a <b>secure online environment</b>.</li> <li>• Dictaphone data will be erased as soon as the data is transferred to a secured and encrypted external hard drive</li> </ul>
<p><b>g) Will there be any third-party involvement in processing the data?</b></p> <p>No third party involved.</p>
<p><b>h) Can you fully anonymize the data and still achieve the same results?</b></p> <p>Yes, as previously elaborated on, the data will be fully anonymized.</p>
<p><b>i) What will you do with the data once you have finished with it?</b></p> <p>Once the research project has been completed all data pertaining to participants will be deleted from the secure hard drive.</p>
<p><b>B) Anticipated start date &amp; duration of data collection:</b></p> <p>July 2021 – July 2023</p>
<p><b>C) Details of payment, if any, to interviewees/participants?</b></p> <p>N/A</p>
<p><b>D) Source of funding (if any):</b></p> <p>N/A</p>
<p><b>E) List questionnaire and other techniques to be used: <i>N.B do not forget to attach these to your application</i></b></p> <p>1. <u>Repetitive recorded semi- structured interviews (Online/offline)</u></p>

- Off- and online single interviews **guided by a topic list (see appendix 1), duration 60-120 mins/ participant. Repetition each pp 2-3 times.**
- Ideally **at least one of the three interviews is to be conducted in person** and in the case study location. However, if covid 19 restrictions on travel remain and as multiple interviews are to be conducted across different locations, interviews through video interviewing mediums such as Skype, Microsoft teams or zoom, will be conducted as well.
- **Consent from participants for participating in the project is key and will be attained verbally.**
  - The audio recording is highly preferable for this research project and the process of transcribing/coding is key to establishing potential themes, however if this cannot be achieved then short-hand notes will be taken during interviews for analysis post interview.
  - To increase internal validity to the findings and transparency to the research project, all participants will receive a copy of their interview transcript and encouraged to look at their interview data and attain conformation of accuracy.

## 2. Participant Observation (only in offline settings)

- Engagement with Kava using social communities across three case study locations for a period of 3-4 months total.
- Observing, engaging with social kava users, studying customs, behaviours and discourse of selected case study locations related to MLSP and Kava use.
- Data collected relating to the social use of Kava is intended to complement the repeated semi structured interviews.

## Ethical Considerations:

### 1. **Indicate potential risks to participants (e.g., distress, embarrassment) and means adopted to safeguard against them:**

- Repetitive semi- structured interviews:
- **Across the three field sites** participants may feel uncomfortable revealing details about their use. Combating this, the researcher will ...
  - ... ensure that participant's identity will remain anonymous.
  - ... frequently mention to them that participation is voluntary.
  - ... ensure they know that they are free to withdraw from the project at any time.
- **UK:** Kava is currently import restricted but not criminalized for human consumption. In this location ...

- ... people might feel more restricted/ restrained to share their experiences.
- ... Participants could feel more hesitant to discuss importation of restricted material.

Here **the background of the researcher plays an important role**. The researcher is a UK resident and embedded in the Kava community. As such, researcher and participants share a common and cultural understanding of social Kava use.

- **Vanuatu:** There are cultural considerations to take into account in the case study location of Vanuatu and the social use of Kava which is fundamentally embedded there. There might be cultural practices that the researcher is not aware of. The gatekeeper, a trusted and culturally knowledgeable insider plays a central role in this location to navigate around this potential issue (more about this in section C on third parties).
- Via online mediums:
  - Key here again, is **to provide privacy and anonymity** to all participants, as some may feel awkward/embarrassed in the online face-to-face dynamic of interviews. Guaranteeing anonymity ...
    - ... will prove helpful in these settings where the use of Kava is less socially and culturally embedded.
    - ... is also intended to allay potential stress for participants who live in the UK where Kava importation is restricted.
  - **Only audio conference** and no video data are to be recorded. This
  - All participants ...
  - ... are free to **choose their platform of interviewing** i.e., Skype, Zoom, WhatsApp, MS teams
  - ... are allowed to **use a different account** for the interview to further reduce potential distress from using their identifiable accounts (no personal data collected).
- Participant observation in (offline) case study locations:
  - **Vanuatu:** Engaging with participants in Kava bars that are aware and have agreed to take part in the research project (interviews) will share the social environment with other people who are not actively participating and thus could perceive the researcher as intruding.
    - The researcher will **only include core data** of those who are participating in the study.
    - Since **no personal or locational data** is being collected, gathering contextual data does not represent any ethical issues.
    - Next to getting verbal consent from participants, the researcher will not only **rely on the social network of field sites** to increase the effectivity

of snowball sampling, but also to distribute the awareness of the researcher's presence on the field site.

- **UK:** Being a UK resident and an active member of the Kava community, the **researcher shares a history and shared cultural understandings** with the UK Kava community, diminishing the risk of embarrassment and misunderstandings between the researcher and participants.

**At all times, participants will be made aware that they are free not to answer questions or that they may withdraw from the research/interview whenever they feel like doing so.**

**A) What confidentiality issues might arise during data collection, analysis, and dissemination of results? How do you plan to protect participants' anonymity?**

**1. Repetitive semi- structured interviews (Online/offline)**

- **Across the three field sites:**
  - Offline data collection/analysis and dissemination will be fully anonymized to eliminate issues of confidentiality.
  - No personal or locational data is to be collected.
  - Physical locations of field sites will also be fully anonymized.
- **Online interviews:** the online environment provides greater levels of participant anonymity, but participant data from all case study locations could potentially reveal information about frequented locations, behaviors, associations.

To address this issue, ...

- ... participants' personal information will not be retained by the researcher.
- ... each participant's transcript of their interview will be made available for conformation of no personal data retained.

**2. Participant observation**

Since no personal data is to be collected from participants, including any reference to location in analysis and dissemination, **all ethnographic data will be fully anonymized and thus represents no issues with confidentiality.**

**B) What difficulties might arise (e.g., regarding power and/or dependency imbalances between researcher and participants) and how do you safeguard against them?**

**A. Offline/Online recorded formal interviews**

- **US and Vanuatu:** There is issue of **researcher bias and positionality** that has been noted to potentially steer or shape conversations with participants that the researcher is already familiar with.
  - To diminish researcher's bias, the **creation of a feedback loop** is essential. The researcher will have regular **debriefs with supervisors** to ensure a critical and open perspective is maintained throughout data collection.
  - At the same time, the researcher will **review the interview transcripts with extra attention** for researcher bias. The repetitive interviewing format allows to continuously (re-) navigate the direction of interview questions and include extra topics to counter occurrences of bias in previous interviews.
- **UK:** Given the import restriction of Kava in the UK, the **potential for a power dynamic imbalance** could occur when questioning participants about their use of an illicit substance, which could shift the focus of interviewing to be **perceived as pressuring**.
  - Participants will be informed that they ...
    - ... do not have to disclose any personal or identifiable information.
    - ... are free to skip any questions they deem as unsuitable for them.
    - ... are able to withdraw from the research project at any time.
  - For those participants that already belong to the network of the researcher prior to the start of data collection, there is **a potential pressure coming from prior friendship relationships** to suit research data collection. Here again, the researcher will remain diligent in ensuring that participants feel confident that a refusal to participate will have no effect on prior or future personal relationships.

B. Participant Observation and informal interviews:

- Considerations here are very similar to the interviews. Participants will be fully informed both in a written and verbal manner, prior to informal interviews commencing that
- ... they are free to withdraw at any time from the project for any reason they deem suitable.
- ... they can ask some conversations during the observations to be excluded from the project's analysis.

**C) How will the project take into consideration cultural diversity (e.g., through provision of interpreters where necessary)?**

In the **case study location of Vanuatu**, interpretation and any cultural diversity issues will be handled through the gatekeeper to ensure no miscommunication arises. Therefore, **using the gate keeper who is embedded within the Kava community is essential**. The researcher will rely on **discussions (beyond the interviews)** with this gatekeeper to ...

- ... increase the cultural inclusivity of interview questions.
- ... increase the researcher's understanding of the cultural meanings of kava use.

<ul style="list-style-type: none"> <li>• ... avoid potential embarrassing topic.</li> <li>• ... enhance the quality of questions.</li> </ul> <p>However, as all interviews in Vanuatu will be conducted with Anglophone participants, the <b>researcher will conduct the formal and informal interviews <u>alone</u></b>. This allows for participants of the study to remain fully anonymous.</p>
<p>D) <b>Why, if at all, are you paying participants? What is the potential impact on them of such financial inducement?</b></p> <p>N/A</p>
<p>E) <b>What provision are you making for giving feedback to participants about your findings?</b></p> <ul style="list-style-type: none"> <li>• An <b>information sheet</b> documenting the research and providing the contact details of the researcher will be supplied to participants.</li> <li>• Upon request, participants shall be supplied a <b>transcribed interview</b>.</li> <li>• Participants will be <b>thoroughly debriefed on the findings of the study</b>. They will also be offered a copy of the completed work.</li> </ul>
<p>F) <b>What other ethics review procedures has this project already undergone (e.g., with funding bodies)?</b></p> <p>N/A</p>

<b>Consent:</b>
<p>A) <b>What procedures are you using to secure participants' informed consent (please append any forms etc. use for this)?</b></p> <ul style="list-style-type: none"> <li>• The <u>beginning of each interview will begin with a short statement</u> reaffirming:             <ol style="list-style-type: none"> <li>... the participants confidentiality, anonymity, safe storage of data and protection of data from third parties.</li> <li>... the participants right to refuse answers, take a break or withdraw from the research at any point.</li> </ol> </li> <li>• After this point, <b>verbal consent</b> to participate will be taken as informed consent.</li> </ul>
<p>B) <b>What procedures will you use with participants unable to give their own informed consent?</b></p> <ul style="list-style-type: none"> <li>• All participants are aged 18+ whilst all participants have full mental capacity and are therefore able to give informed consent.</li> </ul>

N/A

Sign:

Print Name:

Date:

**Please submit your application including your questionnaire and consent form via email to:**

[LSSJEthics@kent.ac.uk](mailto:LSSJEthics@kent.ac.uk)