EFFECTIVE DRUG AND SUBSTANCE ABUSE TREATMENTS FOR NATIVE AMERICAN YOUTH

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EFFECTIVE DRUG AND SUBSTANCE ABUSE TREATMENTS FOR NATIVE AMERICAN YOUTH

A Project

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Division of Social Work
Abstract

of

EFFECTIVE DRUG AND SUBSTANCE ABUSE TREATMENTS FOR NATIVE AMERICAN YOUTH

by

Amanda Porter-Coronado

Statement of Problem

A manual is needed to explore how interventions such as culturally relevant treatment programs can contribute to the abstinence and recovery of Native American youth. Additional studies are needed that use experimental designs with a treatment and control condition. This will test the effectiveness of culturally relevant treatment programs in comparison to other interventions/resources available to Native American youth abusing substances. The revision and testing of the intervention for use and appropriateness with other Native American tribal youth will contribute to the validity of an effective intervention for Native American youth substance abusers.

Sources of Data

The sources of data used included various forms of literature, and Native American Elders, who were knowledgeable about traditional methods of healing, which had been passed down through many generations.
Conclusions Reached

A manual was produced, using the feedback received from Elders, individuals from surrounding Native American health centers, and surrounding Rancherias and tribes that will effectively guide those working with Native American youth in understanding and developing holistic and culturally relevant substance abuse treatments for Native American youth.

_______________________, Committee Chair
Ronald P. Boltz

_______________________
Date
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Chapter 1

THE PROBLEM

Introduction

Substance abuse has been identified as the most significant health problem facing Native American youth and their communities. It is widely said that there are very few Native families that are not affected either directly or indirectly by the use of alcohol. This devastation is both cultural and social for Native American youth who are forced into acculturation through urbanization and “traditional European” practices for recovering.

When looking at the complexities of substance abuse within the Native American community, it is impossible to overlook the history of the Native American people. These are a people who have faced historical disruptions, assimilation, stresses and tragedies for generations. Their identity as a people and community have been in the hands of those who constructed the term “Indian” to meet the needs of the American citizens and their government. Therefore, it is important to learn and understand the historical impacts and influences it has had on Native American youth and their families.

Consider for a moment one such factor: that alcohol use is frequently a matter of learned behaviors based on community and cultural expectations. Most people adopt alcohol use, and abuse, as patterns from their family, their community, and society at large. Who introduced alcohol to Native Americans? Prospectors, soldiers, and others whose immoderate alcohol “use” is now reflected in many of today’s Native American’s
usage. These stereotypical patterns continue to be handed down from one generation to the next.

Background of the Problem

Alcohol abuse is the leading and perhaps most costly risk factor among Native American youth today, underlying many major causes of Native American deaths and contributing to an array of physical conditions and premature death. Alcohol abuse is also a warning for co-occurring risky behaviors such as: (a) the use of tobacco and marijuana, drunk driving and riding with a drunk driver; (b) risky sexual behaviors; and (c) suicidal behaviors (Potthoff, Bearinger, Skay, Cassuto, Blum & Resnick, 1998; US Department of Transportation, 2000).

While Native American youth generally report that they use substances as frequently, or, more frequently than other youth, there is a major difference in the age of first involvement and the degree of involvement (May & Moran, 1995). Native American youth begin abusing substances at an earlier age, with greater degrees of frequency and amount and they experience more negative consequences. Several studies have shown that substance abuse behavior is both encouraged and expected among peers as the “Indian thing to do” (May & Moran, 1995, p. 45). By the twelfth grade, 80% of Native American youth are active drinkers.

Over the last century, alcohol abuse has become a major crisis for Native Americans. Diller (2007) said that the “introduction of widespread alcohol use” (p. 27) was one of a series of recent experiences that have intensified the “cumulative effect” of the Native Americans historic past. According to Clay (1992), the Native Americans high
alcoholism rates were due to federal governments forcing them into a dependent role. Frank (2000) concluded that, initially, the responses that were held by Native Americans to alcohol were deeply imbedded by the example of Anglo frontiersmen who drank profligately and engaged in improper behavior while being drunk. Anglos also purposely pushed alcohol upon the Native Americans because it was a vastly lucrative trade and in addition, alcohol was used as an instrument of peacekeeping in dealings between authorities and Native American people.

Native Americans have often experienced problems with traditional substance abuse treatment. They have to overcome substance abuse counselors’ cultural stereotypes and generalizations, such as believing that all Indian people are the same and that all Indian people are drunks (Cliff, 2005). Native American alcoholism rates are high among all age groups, although many are poly-substance abusers as well (Garrity, 2000).

There has been a long history of Euro-American abuse and mistreatment of Native Americans as previously discussed. This historic trauma has caused unresolved grief through generations and as a result, self destructive behaviors have occurred (Brave Heart & DeBruyn, 1998). Due to this history and their own stereotypical beliefs, Native Americans may be hesitant to trust Euro-American counselors.

There is strong evidence that family factors play a large role in the onset of substance/drug abuse. LaFromboise, Hoyt, Oliver and Whitbeck (2006) found that in adverse situations such as parental drug use and financial hardship, involvement in traditional culture is related to positive outcomes for Native American Youth on
reservations. To further support these findings, it is crucial to explore participation in cultural or traditional ceremonies as a protective factor for Native American youth.

Leaders of many Native American tribes along with the United States government have agreed that eliminating health disparities and increasing the access of Native Americans to critically needed substance abuse services is a priority. The ways that are relevant and sensitive to the needs of diverse populations are greatly needed as alternatives to dominant culture approaches do not work (Nebelkopf & Phillips, 2003). By integrating a culturally relevant manual to assist in the process of treatment, the recovery process will be more accepted by Native American substance abusers than mainstream rehabilitation programs that ignore cultural and traditional factors (Milbrodt, 2002).

Statement of the Research Problem

Alcohol problems among Native American youth are well documented (Blum, Harmon, Harris, Bergeisen & Resnick, 1992; Cameron, 1999; Frank & Lester 2002; Beals & Mitchell, 2005; Potthoff et al., 1998). Despite efforts to implement treatment programs, alcohol abuse has persisted. In exploring relevant treatment programs for Native American youth through traditional healing practices, the term “Red Road” was used to describe the ways in which Native American culture looks at the quest for inner balance and harmony within the world, which encompasses a perspective that is widely understood and accepted when looking at Native American values.

Research is needed to investigate how the specific components of Native American self-reliance influences the stress experienced by Native American youth and
how interventions such as a culturally relevant treatment program can contribute to the coping ability of Native American youth. Additional studies are needed that use experimental designs with a treatment and control condition. This will test the effectiveness of culturally relevant treatment programs in comparison to other interventions/resources available to Native American youth abusing substances. The revision and testing of the intervention for use and appropriateness with other Native American tribal youth will contribute to the validity of an effective intervention for Native American youth substance abusers.

Many Native American substance abuse counselors believe that incorporating cultural and spiritual values into the treatment process is the only lasting solution to the problem. One of the few papers written about substance abuse and Native Americans basically states that the Native American worldview incorporates fusion and balance of cognitive, emotional, and spiritual processes within a protected layer of family and communal/cultural beliefs and practices that are encompassed in a larger environment (Hazel & Mohatt, 2001). When incorporating a manual many experts agree that including a journaling workbook allows the Native American youth to express their feelings and gain perspective on their body, mind and spirit.

**Purpose of the Study**

This researcher will produce a culturally appropriate manual to assist those wishing to help Native American youth through abstinence and recovery. It will ask Native Americans for their ideas about what information should go into the manual.
Theoretical Framework

Ecological perspectives have been adopted by numerous social sciences including public health, sociology, social work, psychology, education, and nursing. The universality of this paradigm lies in its description and application of addressing the interaction of reciprocal determinism between the individual and the environment (Green & Potvin, 2002). With growing interest in primary prevention of disorders, ecological frameworks are particularly relevant in that greater emphasis is placed on the role of persons, groups, and organizations as active agents in shaping health practices, risk reduction efforts, and policies intended to optimize both individual wellness and collective well-being (Stokols, 1996).

Ecology refers to the web of relationships among humans, animals, plants, natural forces, and land forms. To conceptualize the many forces driving youth substance abuse especially the relationships among those drivers. The basic ideas are that individual behavior is the result of interactions among the individual throughout his/her life course and sectors of his/her social environment. The social sectors are separated into those earliest/closest and those further away from the individual. The contributing cause of youth substance abuse is divided into four domains: individual; interpersonal family, peer and other close relationships; community, including school, work, and local culture and social institutions; and the broader society particularly, the tribal and Native American culture.

An ecological perspective in assessment and prevention is particularly relevant for Native American youth populations. For example, the unique impacts of poverty,
discrimination, and social isolation on the psychosocial development and adjustment of
Native American youth are ideally examined through an ecological perspective (Gibbs &
Huang, 1998). However, because of the span and complexity of ecological assessment,
questions arise as to which components of the ecosystem are most relevant, particularly
for Native American youth populations.

The ecological perspective will describe the relevance of an ecologically based
assessment approach for studying substance abuse problems of Native American youth
populations, and to describe its implications for the development of culturally grounded
primary prevention interventions. Ecologically based assessments serve as the foundation
for culturally grounded prevention for Native American youth because it identifies the
most relevant environmental and cultural variables that form the basis of effective
prevention practices.

An ecologically based assessment of the youths' social and cultural contexts can
be used to identify the areas in program content or program delivery that might need to be
changed or implemented, so that they reflect the realities of Native American youth more
closely. Some research has shown that the closer prevention interventions mirror the
cultural realities of targeted youth, the stronger the effects of the program. An
ecologically based assessment can be used to reveal the limits of the effectiveness of
prevention intervention programs across cultures, and can provide an outline on how to
alter these interventions to the cultural realities of Native American youth populations.

Finally, and perhaps most importantly, an ecological assessment has the beneficial
side effect of weighing the accessibility of the community to prevention efforts with a
specific Native American youth population. This is perhaps the most critical aspect of an ecological assessment conducted with Native American populations due to their unique social structure, which is often reflective of long-standing tribal/communal norms and values. Without the knowledge of community acceptance and readiness to participate in the program development process, a successful prevention intervention may not be implemented successfully.

An ecological assessment is a method of integrating research and practice (Biglan, 2004), particularly in the area of community implementation and planning of prevention interventions. It enables the customized development of prevention interventions that reflect the unique needs of the community. Ideally, this is achieved with the community participating as an integral partner. The participatory nature of program development is a primary component of “culturally grounded” prevention science (Gosin, Dustman, Drapeau & Harthun, 2003). It is particularly important, as Native American communities are increasingly specifying their own criteria for the conduct of research and program implementation involving their tribal members.

**Major Questions**

The overall purpose of this study is to develop a manual that provides relevant cultural information for Native American youth who were abusing alcohol. The specific questions that are relevant include: What information should be included in a culturally relevant manual for Native American youth? Will a culturally relevant substance abuse manual for Native American youth help to reduce the rate of alcohol use?
Assumptions

After examining several readings, this researcher assumes that traditional Native American curriculum used within the realms of recovery including traditional environment, and Native values and beliefs will lead to a successful recovery for Native American youth. The researcher also assumes that a culturally relevant substance abuse manual for those helping Native American youth is needed.

Justification

According to the National Association of Social Workers (NASW) preamble, the primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people and particularly focusing attention to the needs and empowerment of those individuals who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession’s focus on individual wellbeing in a social context and the wellbeing of society. This research will not only assist in making a difference in the profession of social work, but will also make a difference in the Native American community by providing a culturally relevant manual to assist in helping Native American youth stay abstinent and recover. The manual and treatment efforts will be geared toward restoring balance and well being for Native American youth. By looking at the socioeconomic factors and cultural factors one will better be able to understand a community who has lost their culture.

Delimitations

The delimitations of this paper include the population being studied in this paper is only the Native American populations and the manual is specific to those who are
Native American. The treatments being looked at are only ones that are deemed culturally relevant to the Native American community. Finally, the paper does not include specific recollections of recovery methods.
Chapter 2
REVIEW OF THE LITERATURE

Introduction

The increasing rate of adolescent substance abuse problems in the United States has been accompanied by growth in research seeking to understand both the predictors of substance abuse among adolescents as well as more effective treatment interventions. Other issues that will be reviewed within this paper are the influences of family environments, loss of culture and integrative cultural practices on Native American youth. There is very little research that specifically examines or correlates that of adolescent substance abuse problems in ethnic minority groups, specifically Native American youth. This chapter will review select literature on Native American substance abuse issues.

Historical Background

There are approximately 4.1 million Native Americans living in the United States, making up about 1.5% of the total population (US Census Bureau, 2000). Native Americans are one of the smallest minority groups, yet they are the most diverse group living in the United States. There are currently more than 500 federally recognized tribes, consisting of varying cultural and historical backgrounds (Bureau of Indian Affairs, 2000).

There is strong evidence that family factors play a large role in the onset of substance/drug abuse. LaFromboise et al. (2006) found that in adverse situations such as
parental drug use and financial hardship, involvement in traditional culture is related to positive outcomes for Native American Youth on reservations. To further support these findings, it is crucial to explore participation in cultural or traditional ceremonies as a protective factor for Native American youth.

Native American people and the culture, which is filled with tribal traditions, have suffered through a long history of trauma at the hands of the United States government. This trauma consisted of violent deaths, rape, exposure to disease, forced assimilation into European culture, and forced removal of Native American children from their homes to boarding schools, where many children experienced physical, mental and sexual abuse (Szlemko, Wood & Thurman, 2006).

Historical trauma proved to be disruptive for traditional Native American Culture, destroying families, tribes and communities. This led to the obliteration of the political, economic and psychological well-being of Native American people in the United States (Szlemko et al., 2006; Manson & Trimble, 1997). Some of these psychological problems include post traumatic stress disorder, alcohol and drug abuse, depression and anxiety (Manson & Trimble).

In 1887, congress passed the Dawes Act. It was believed that by granting land to individuals and families, it would weaken the Indian community and separate them once and for all from their land (Otis, 1973). Traditional medicine and all religious practices were also outlawed by the Dawes Act. Indian identity was determined by the federal government through an enrollment process. The benefits of this enrollment process were the gaining of small allotted acreages on which the Indians could farm. Many White
farmers, along with government officials, knew that by allotting land, there would be a large scale transfer of Indian lands to White settlers.

During the 19th and 20th Centuries, Native people were compelled to adapt to European/American culture and were relocated from reservations into urban areas (Duran & Duran, 1995). The forced placement of Native American children into boarding schools continued, where children experienced trauma due to abuse and separation from their family and community. Therefore many of the problems experienced by Native Americans now have become part of their heritage; these problems include alcoholism, drug abuse and domestic violence to name a few (Szlemko et al., 2006).

Given the traumatic history of Native Americans in the United States, urban Native American youth continue to experience a number of distressing risk factors, such as acculturation, repeated traumatic loss, poverty, high rates of school dropout and alcohol abuse (LaFromboise et al., 2006).

What is Culture?

Culture has been defined in many ways but for the purpose of this paper, culture is a mixture of beliefs, values, emotions that together create behavior (Fabrega, 1992). Culture is transmitted through language and is always changing. It includes the stories, songs, art, and literature of a people. Culture is the framework in which childhood socialization takes place (Beauvais, 1992). Research shows that strong cultural identification makes adolescents less vulnerable to risk factors for drug use and more able to benefit from protective factors than adolescents who lack this identification (Zickler, 1999).
Eugene Oetting and Fred Beauvais (1989), respected researchers on American Indian youth, agreed that the effect of culture on substance use appears to be indirect. They believed that culture acts through the family, community, ceremonies and rituals that transmit its underlying spiritual values.

Although cultural affiliation and cultural identification have been studied for many years, Beauvais (1992) pointed out that research on the link between cultural identification and lower levels of drug and alcohol use is very inadequate, not just for Native American youth, but also for all other minority populations. This may be because the link between cultural identification and reduced alcohol and drug use is indirect and because researchers use different measures of cultural identification.

Nevertheless, powerful testimony from individual American Indians is in accordance with a 1989 youth survey reporting that American Indian adolescents who identify with Indian culture are less likely to be involved in alcohol use than those who lack this sense of identity (Oetting & Beauvais, 1989). Project Charlie (Chemical Abuse Resolution Lies in Education) found a significant correlation between increased affiliation with one’s culture and decreased alcohol and drug use. This project was implemented in the 1980s in Rhode Island by the Narragansett Tribe. Because storytelling is innate to American Indian cultures, implementing it as a prevention strategy is harmonious with the world view of these cultures. Cross (1998), who recommended storytelling as a family strategy, said that in telling the stories of people's lives skills are also passed to the next generation, which guide them in resiliency.
Loss of Culture

This loss of culture can be seen in many ways starting with the loss of language, traditions (dancing, ceremonies and songs), the loss of hunting grounds and the values that were instilled by tribes. The loss of culture is associated to the Western Civilization moving into territories that were already enveloped by Native American people. As the Native American people became separated from their lands, family members and educated by non-Natives, their culture seemed to gradually disappear. This loss greatly affected the Native Americans in their sense of belonging and who they were as people (Beauvais & LaBoueff, 1985).

The space made for Native Americans to maintain their way of life has continued to shrink over the years. Today, Native Americans are marginalized and their culture is suppressed by Western thought. If they wish to maintain in their native culture and heritage, they must live on the small reservations afforded them by the US government. Here they suffer from abject poverty and inadequate resources. The alternative, to acculturate into the Western culture, is equally distasteful.

The Western imposition on Native American culture, beginning with invasion and relocation and continuing throughout the years with the trivialization of culture and expectation of acculturation, has effectively caused identity crises (Beauvais, 1998). Native Americans no longer possess the freedom or resources to identify with their original culture; as a result, they have had to attempt to adapt to the Western imposition (Beauvais). Whether, as previously stated, by blending into the new society or by endeavoring to make do on the reservations, Native Americans are forced to make
changes dictated by the imposing society. Unfortunately, the ramifications of Western culture on America’s first people have been devastating, causing serious hardships for Native Americans both as individuals and as a struggling culture (Beauvais, 1998).

Many Indian people believe that the loss of their culture is the primary cause of many of their existing problems, especially those associated with alcohol. Many of the community-based alcohol treatment programs in Indian communities around the country have a strong cultural or spiritual component that is intended to revitalize traditional beliefs and serve as the primary source of individual strength in maintaining sobriety (Beauvais, 1998).

Substance Use/Abuse

The rate of alcohol and other substance use among Native American adolescents is higher than adolescents of other ethnic backgrounds (Beauvais, 1998). Furthermore, of all the ethnic groups in the United States, Native Americans have the highest historic prevalence of familial alcoholism (Harford, 1992). In general, parental substance abuse places children at increased risk for several emotional and behavior problems including abuse of alcohol and other drugs.

A study by Costello, Erkalani, Federman and Angold (1999) examined familial risk factors of substance abuse/use among Native American youth. Their findings suggested that children of parents with alcohol or drug problems had an earlier onset of alcohol use than other children.

Since genetic vulnerability places children of alcoholics at high risk for substance abuse, it is also important to pay attention to children exposed to alcohol and other drug
abuse in their environment. This familial risk factor places children in an adverse family environment. Children of parents abusing substances are more likely to be exposed to inconsistent, unresponsive and ineffective parenting (Grant, 2000).

Thus, this exposure becomes a risk factor for emotional and behavioral problems in children of parents with substance abuse issues. Many studies have found that parental alcoholism is associated with several emotional and behavioral problems in their children such as depression, anxiety, substance use/abuse, conduct disorders and delinquency (Chassin, Pitts & DeLucia, 1999; Kuperman, Schlosser, Lidral & Reich, 1999).

Hawkins, Cummins and Marlatt (2004) reported that most Native American youth in the United States prefer to use tobacco, inhalants, alcohol and marijuana as their choice of substances. A study by Yu, Stiffman and Freedenthal (2005) compared Native American youth tobacco users and non users from reservation and urban settings. The study suggested that tobacco users were more likely to have family mental illness and youth behavior problems than non-users.

Substance use and abuse in Native American communities can also be attributed to their traumatic history marked by loss of traditions, urbanization, boarding school abuses, and forced colonization. As intergenerational trauma impacts maladaptive family interactions and relationships, the youth are at higher risk of developing substance abuse/use disorders.

*Family Environments*

Family is one of the most important factors relating to adolescent development that the family unit is a primary source of transmission of basic social and cultural
environments (Avenevoli & Merikangas, 2003). In particular, for Native Americans, family may be more influential on their youth than other ethnic groups because family is typically defined as an extended and complex web of relations by tribe, clan and informal adoption as well as blood (Cross, 1986). Thus, the substance and drug abuse of cousins, aunts, uncles, as well as parents provides negative influences on motivation to abstain from the use of alcohol and drugs (Hurdle, Okamoto & Miles, 2003). Familial factors that influence Native American adolescent drug abuse include: family life stressful events, addicted family members and parent-adolescent relations.

The effects of protective factors such as family and social support have been known and studied for many years. Strong families provide a secure and stable environment in which a youth has a chance to learn competencies, develop strengths, and incorporate cultural norms (Beauvais & Oetting, 1999).

A recent study of 404 children and adolescents, which included 112 American Indian youth, found that a negative concept of self and family led to significantly poorer outcomes for both American Indian and Caucasian youth (Fisher, Storck & Bacon, 1999). The first and most potent avenue for preventing substance use is through the family (Sanchez-Way, 2000). One of the strengths of American Indian culture is a strong belief in family relationships and the extended family (Oetting & Beauvais, 1989). In addition, the ceremony of “making relatives” provides the opportunity to ensure an extended family. Successful substance prevention programs are formed on the foundation of the family and pass on the cultural values held by the family. When the family has a high level of cultural identification and functions in a cultural context where its members are
meeting cultural demands successfully and where its members are being strongly reinforced by that culture in ways that are meaningful to family members; the family is successful in that culture (Beauvais & Oetting, 1999). Therefore, Indian families should be the primary focus of prevention (Beauvais, 1992).

The value of interpersonal relationships is often symbolized by the "circle of life" or "sacred hoop" in Native American culture (Beauvais, 1998). Decision making is generally a group process and must consider all the people who will be affected by such decisions. People related by blood, by marriage, and by community are all considered family.

When Native Americans successfully complete alcohol treatment, the return home is hazardous to sobriety (Beauvais, 1998). The tradition of peer group sharing is a powerful cultural tie; accepting what is offered, even alcohol, is just as important a sign of friendship as the act of offering (Beauvais). Even when a Native American intends to maintain sobriety, being excluded by the group may wear down those intentions. In addition, isolation and boredom are common among younger and unemployed members of the community (Beauvais).

Because of the community's uncertainty on how to react to intoxication, considerable enabling contributes to alcohol addiction among Native Americans (Beauvais & Oetting, 1999). Enabling is the conscious, or very often unconscious, aid of alcohol or drugs by family and extended family members. Moreover, because an intoxicated person is not considered to be in control of any actions, he or she is not punished for crimes committed while intoxicated (Beauvais & Oetting, 1999).
Native American Spirituality

Endless diversity exists among the nearly five million people who identify themselves as Native American or Alaska Native (Trujillo, 2000). More than 550 Native American tribes are recognized by the federal government and this number does not include those tribes only recognized by state governments or those who are currently fighting for their federal or state recognition. There is much diversity among the Native American populations when one considers that each tribe, recognized or unrecognized, is culturally distinct (Trujillo). Today the urban Native American populations accounts for the majority of the Native populations in the United States (over two thirds). There is no single understanding of Native American spirituality. The sacred is different among the many tribes, and understandings also vary among the tribal members and across the various regions. On another level, however, there are a number of commonalities that do exist among Native American traditions (Jackson & Turner, 2004). These commonalities serve to distinguish Native American spirituality from other expressions of spirituality with which most practitioners may be familiar (Richards & Bergin, 2000). It is also important to avoid the misconception that all Native American people have the same spirituality. The most commonly shared spiritual belief and one that is relevant to this paper is that of the relationship between spirituality and wellness (Cross, 1997).

Wellness through Balance and Harmony

Native Americans generally hold a culturally unique viewpoint about the origin of their problems and how those problems can be solved (Manson & Trimble, 1982). The dominant worldview is widely seen as individualistic, linear, and materialistic (Red
Horse, 1997). In turn, the mainstream guiding process reflects those assumptions about the nature of reality. The problem area where the functioning of individuals is looked upon is commonly isolated and interventions are only targeted at the local area (Little Soldier, 1999).

In contrast to these views, Native American worldviews are more collective, relational and spiritual (Trujillo, 2000). The creation is understood to be interconnected, incapable of being separated into various components which are isolated. Life continues in a circular, non-linear, manner. Life is not limited to material but coincides with the spiritual (Weaver, 2005). Mental, physical, and spiritual health is a direct outcome of balance and harmony. Wellness occurs when the multiple components of creation exist in harmonious relationships with one another (Weaver).

When looking at the individual, wellness can only occur when people maintain balance through the mental, physical, and spiritual aspects of their environment or circle of life (Cross, 1997). The number four is sacred in that there are four seasons, and four directions, as is the circle, representing, sun, moon, sky, and earth. The circle denotes the cycle of life, the seasons, personal growth, community and interconnectedness, and a continuous life path that does not simply end with death.

Ill health takes place when the spiritual, physical, and mental aspects in one’s environment become unbalanced (Frame, 2003). Since ill health is the direct product of unbalanced relationships, the main concern is to restore balance in the person’s life. Therefore, interventions are not typically focused toward a specific symptom but are focused on bringing the person into a balance with their self again. A Eurocentric view
would focus on teaching the people to treat the person, but in a Native American worldview you would teach the people to treat the balance (Cross, 1998).

Many Native Americans believe that health and wellness are impossible to achieve without addressing spirituality (Cross, 2001). Balance, the path to wellness, cannot be achieved without the spiritual. Ceremonies, rituals, and other spiritual practices play an instrumental role in the life of many Native Americans. Most tribes have regular ceremonies and celebrations throughout the year at which the whole tribe will gather. These spiritual practices reinforce the bond between the individual, community, and creator.

**Effective Substance Abuse Programs**

Treatment programs have been established around the United States to assist Native Americans in their efforts to treat and prevent alcoholism. The effectiveness of these programs has fallen short. It is acknowledged that programs such as Alcoholics Anonymous (AA) are not well served or observed as being helpful in how the Native American youth feel or what they are experiencing. More appropriate methods in promoting recovery in the Native American community, specifically the Native American youth community, are sorely needed (Walle, 2004).

Most youth treatment programs are based solely on the adult chemical dependency model of treatment and are strongly rooted in the AA tradition (Lawson, 1992; Ross, 1993). The difficulty with AA treatment programs is especially difficult for Native American youth who want to acquire mastery over their substance abuse problems while gaining the respect and trust of tribal members (Walle, 2004).
A program that is culturally relevant and matched to the unique needs of Native American youth is strongly needed (LaFromboise & Rowe, 1983). By all current accounts, non Native treatments fail to curb the abuse of alcohol and often lead to traumatic outcomes (Landau, 1996). In addition to high relapse rates, the research has also suggested that Native American youth have higher dropout rates for alcohol treatment than do other ethnic groups (Wickizier, Johnson, Whitbeck & Hoyt, 1994). Thus, it is imperative that substance abuse programs address the many barriers that prevent Native American youth from entering and remaining in treatment.

Substance abuse programs are best addressed at a community level in programs that stress traditional values and that are designed for and by Native American people (Nelson, Cross, Landsman & Tyler, 1992). Preliminary findings support this position and report that youth receiving a culturally sensitive treatment program have shown an improvement in school and have less involvement with the criminal justice system (Husted, Johnson & Redwing, 1995).

Native American healing and substance abuse programs that include beliefs, practices, botanical medicines, religion, spirituality, and rituals of several hundred Native American tribes are more effective than those that do not. Native American traditional healing and medicine is using practices shaped by long-standing cultural world-views and values. It is concerned as much with prevention as it is with curing. Where curing illness and repairing injury have done all they can, traditional healing provides reconciliation to the natural course of life including morbidity and mortality. Religion and spiritual matters are completely intertwined with health and treatment programs. The principal goals are a
balance in the four realms of spiritual, emotional, mental and physical health; following a
cultural path; and sharing in the cycle of life. Purification, cleansing, and cognitive
change are common themes.

Spirituality of Native American people is crucial to their treatment, as also to
everything in the traditional Native American way of life. Traditional belief is that
everything has a spiritual body, flowers, plants, inanimate objects (like rocks), and people
(Cohen, 1998). These spirits exist both in a spirit world and in the observable, material
world. Knowledge is received from the spiritual world, as are healing influences. A state
of harmony with the spirits is sought; good health and thriving depend upon it.
Connection to the spirit world is the sophisticated religious practice of healers (Cohen).

The goals of traditional Native American medicine and healing are wholeness,
balance, harmony, beauty, meaning, spiritual well-being, restoration of emotional and
physical health, and well-being (Cohen, 1998). Traditional healing and medicine confront
imbalance, negative thinking, and unhealthy lifestyles. The outcome is restoration of
well-being and harmony, and change of thought, feeling, and behavior. In particular,
indigenous medicine has the task of healing emotional pain. If anything, Native American
healing is more concerned with behavioral health than physical, although that distinction
is not made (Wirth, 1995). Healing also aims to alleviate the alienation of illness and to
achieve reintegration. It focuses on healing the person (or community) even more than
curing a disease.

Exposed to many traumas and much pain, and with little access to western
medicine, even for the illnesses, disorders, and injuries with which western medicine
does best, Native American people have had to rely on traditional healing and medicine by default. In dealing with disease, the goal may not be a cure. A good transition into the next world is important, even when mortality cannot be prevented (In western medicine, this is the goal of palliative care) (Wirth, 1995).

Health means a person has a sense of purpose, follows inner guidance (inscribed by the Creator); walks on a path of beauty, balance, and harmony, has good thoughts, is grateful, respectful, and generous (Quintero, 1995). One concept of illness is disintegration of the soul with some parts lost to another dimension, reality, or world (Quintero). The soul illness is very much a part of substance abuse. The goal of soul healing is to attract back those fragments. Because illness is a matter of morality, balance, and spiritual forces not all presenting problems are treatable (Quintero). Some are nature’s retribution (for disrespect or violation of taboos).

Treatment includes teaching, mentoring, counseling; ritual, ceremony, prayer, songs; energy work; lying on of hands; smudging; community ceremonies (e.g., chanting, singing, dancing, and sweat lodge); and botanicals (Quintero, 1995). Traditional practitioners use the most powerful intervention known to any healing practice: skillful and effective use of well-known but sometimes misunderstood, powerful placebo effects. Prayer helps to focus the mind on becoming harmonious and balanced among all things, free of anger, fear, and conflict. Music invokes ideas and its rhythm entrains the mind. Smudging affects consciousness, feeling, and sensitivity through the ritual, possibly potentiated by the aerosols.
Counseling may be conducted at sacred venues like ceremonial lodges and associated sacred rituals. Ceremony affirms cultural values and identity, and involves communication with spirits, placating them, and gaining release from their perceived controlling influence (Quintero, 1995). A sweat lodge ceremony can overcome avoidance, denial, and get the patient back in touch with primal wisdom.

Culture-specific elements of youth substance abuse prevention interventions aim to make members of the indigenous culture feel valued, included, empowered and responsible; these are an off-set to historic marginalization and oppression (Wirth, 1995). Culture-specific elements tailor interventions by means of culturally appropriate language; terminology; traditional graphic elements; significant items of traditional dress (regalia); concept-laden symbols; ceremonial music (drumming); culturally-specific forms of common social process; social institutions (powwows); references to social structure (lineage, clan); ideas of spirituality and universal relatedness (Wirth, 1995).

Culture-specific elements of youth substance abuse prevention respond to the culturally unique meanings of youth substance abuse, identify and address the culturally unique risk and protective factors, and identify and utilize/accommodate the culturally unique interventions and opportunities to create such interventions (Quintero, 1995).

Adaptation of treatment interventions include dealing with causes of youth substance abuse and the unique circumstances of many Native American communities, and taking advantage of treatment models that are believed in by members of those communities. The 12-step process of Alcoholics Anonymous is a well-known protocol which underlies a number of interventions for the target population of alcoholic persons.
Discovering and rebuilding individuals’ cultural identity through flute playing, working with horses, traditional meditation, and mentorship are unique opportunities that Native American cultures provide for individual treatment of at risk persons. Others include Story Telling, Sweat Lodge, and Talking Circle.

Telling stories is powerfully healing and instructive. Many are now posted on the internet. They need little or no interpretation, ritual, musical or other adjuncts to have their impact (Quintero, 1995). However, the telling of stories carries additional impact related to the story-teller and the setting.

A sweat lodge ceremony is a widely used ceremony that involves steam made by hot rocks in a dark enclosure. Water, sometimes including herbs, is applied to the hot rock by a medicine person who also leads the ceremony. The ceremony includes the medicine person, subject, relations, and guardians. The sweat lodge has spatial orientation (four directions, spirit world) and is constructed to hold in heat and be dark. The ceremony is a physical and crucial commitment to accomplishing something, and requires courage. The outcome is physical and mental experiences (purification, renewal, and fresh start), affirmation of an individual’s sense of personal, and cultural identity (Cohen, 1998).

The talking circle is a group activity which enables orderly expression, unburdening, and consolation (Cohen, 1998). The circle is a symbol of connectivity and completeness. The outcome is emotional and social healing.

The vision quest begins with a basis that individuals are put on the earth for a reason, but the reason is often vague. The vision quest is a very serious, difficult journey
into the spirit world to learn what that purpose is (Cohen, 1998). It involves extensive preparation and guidance from a medicine man. Symbolic objects are made or gathered, prayers are said and a mind-set created, a ceremony is held, and the subject is taken to a certain spot where he remains for a given period of time during which he prays and has visions (Cohen, 1998). Then he is brought back to share the vision with the medicine man and to integrate the experience into his life.

*Integrative Cultural Practices and the Road to Recovery*

Treatment programs that focus on and integrate the cultural values and practices of this population have been proven to be more effective and accepted by Native American alcohol and drug abusers than the typical mainstream programs that do not take into account culture and practices (Milbrodt, 2002). The values that were once overlooked and lost during the traumas of previous generations are now an intricate part of appropriate curriculum.

Preventive efforts with Native American youth emphasize a holistic approach to health and integrate traditional values of the community (Vanderwagen, 1999). When developing an effective prevention program one must understand the strengths and values inherent in Native American communities. It is essential to promote the retention of positive Native American identity.

The Wellbriety movement is among one of these holistic approaches that integrate the values of a Native American community by looking at the culture and spirituality when dealing with addiction (White Bison Inc., 2002). The Wellbriety movement was developed by Native people for Native people with the traditional values as the center of
treatment (White Bison, Inc.). While there are various materials available for treatment of substance abuse and maintaining a cultural view, there are few treatment programs that are fully developed specifically for ethnicities.

Cultural beliefs among many Native American people place blame for behavior outside the person and in the dominion of spiritual forces, both good and evil. This differs widely from the Western approach in which each person is ultimately responsible for their behavior and change is achieved only through personal initiative or assistance of outside forces (Beauvais, 1998).

Research has shown that substance abuse treatment programs that integrate both the cultural practices and values of that population are more likely to be accepted by Native American substance abusers than mainstream programs that ignore cultural factors (Milbrodt, 2002).

While sweat lodge ceremonies, peyote ceremonies, smudging and traditional dancing and singing are incorporated into treatment programs no controlled studies have been conducted to test the efficiency of those efforts (Beauvais, 1998). However, when considering various interventions the best source of information is the Native American clients themselves (Weaver, 2005). Native American clients are situated to assess whether or not an intervention or program is appropriate. By acknowledging this reality to the Native American client one is empowering the client. When reviewing the intervention with Native American clients, it is important that the focus be on bringing the client back to this sense of balance.
Chapter 3

METHODOLOGY

Design

This researcher used a qualitative design for this project. Qualitative research is multifaceted in focus, and involves an interpretive, naturalistic approach to subject matter. This means that qualitative research studies things in their natural settings and attempts to make sense of or interpret phenomenon in terms of their meanings people associate with them. Qualitative research involves the studied use and collection of a variety of empirical materials—case study, personal experience, introspective, life story, interview, observational, historical, interactional, and visual texts that describe routine and problematic moments and meanings in individual lives (Denzin & Lincoln, 1994).

The researcher chose the qualitative study based on the nature of the research and the research question and the need for the topic to be explored. The variables are not easily identified and there are few theories that can explain the behaviors of the population of study. Another reason this researcher chose a qualitative study design was based on the need to present a detailed project/manual that focuses on current answers to the problem or issue. This enabled the researcher to look at people in their natural setting and allowed for the gathering of materials and asking those people who are involved in the field their opinions regarding the subject matter.
Variables

The overall purpose of this study was to develop a manual that provided relevant cultural information for Native American youth who were abusing alcohol. The specific questions that are relevant were: What information should be included into a culturally relevant manual for Native American youth? Will a culturally relevant substance abuse manual for Native American youth reduce the rate of alcohol use?

The first question addresses specifically what information should and would be most useful when putting together a culturally relevant manual for Native American youth. The second question addresses the need for a culturally relevant substance abuse manual and if the manual would reduce the rate of alcohol use amongst Native American youth.

Participants

The researcher will be focusing specifically on Native American youth. The participants were those that work with Native American youth in all realms of health care and substance abuse. The participants were from various agencies including SNAHC (Sacramento Native American Health Center), surrounding tribes and Rancherias, and other Native American health centers. The participants included six women and two men. The ages of the participants were not of interest to the researcher. Ethnicity and tribal affiliation were the following: eight American Indians of those, one was of the Navajo nation, one was of the Oglala Sioux tribe, and three were part of the Maidu tribe and three were part of the Shingle Springs Rancheria.
Instrumentation

The researcher conducted a meeting in which a focus group was formed. The researcher developed a questionnaire based on the need for a culturally relevant manual for Native American youth. The questions addressed any concerns that the participants may have in their own tribe regarding substance and drug abuse and if a manual for Native American youth would be effective in their agencies, health centers, and tribes. If so, what they thought should be included into the manual for their youth.

Data Gathering Procedures

The researcher set out to gain the cooperation from agencies and respondents by sending out emails requesting their participation in the project along with a letter explaining the nature of this researchers’ project. Initially there were few respondents, however, after word got out about the nature of the researcher’s project and manual interests soon arose and the researcher had received confirmation from 15 participants.

On the day of the presentation, eight of the 15 respondents came to the presentation. The researcher began the presentation with an overview of the project and what it was she hoped to achieve. The researcher then went on to review a brief history of substance abuse in the Native American community and how it has severely affected the lives of many tribes, families, and youth. The participants were then asked to answer several questions regarding their own tribes and substance abuse issues on a questionnaire that the researcher handed out.

After the participants were finished with the questionnaires, the researcher gathered the questionnaires and placed them into a locked drawer in her office. The
researcher then asked if they had any further questions regarding her research and the manual. There were no further questions. The researcher said “thank you” and told the participants they were free to go.

Protection of Human Subjects

There will be a level of “minimal risk” associated with this researcher when the probability and magnitude of harm or discomfort anticipated for participants is no greater than what may be encountered in a daily living setting or during a routine examination or test. This researcher asked participants about their own youth and substance abuse issues within their tribes. Further, there were no questions regarding personal information and those that participated were already involved in the field. This researcher also did not collect any personal information and the information that was collected, was stored in a locked drawer separate from any other notes related to the project.

The researcher also utilized informed consent through a form explaining the nature of the project and how their participation will be utilized.
Chapter 4
PROJECT

Reflections

In reviewing the response forms (questionnaires), the majority of Native American participants wanted to know how to help their youth. They stated that a manual specifically directed at helping or guiding them was said to be beneficial throughout the response forms. Another suggestion that was mentioned by the majority of Native American participants was to know and understand the prevalence of alcohol and drug use and abuse amongst their Native American youth across the board. A few of the participants wanted culturally relevant prevention models provided within the manual to guide them on working with their own youth. Lastly, the majority of Native American participants expressed frustration and anger with substance abuse amongst their youth, within the community, and within their own lives. The manual produced can be found in Appendix B.
Conclusions

The researcher encourages all readers of this work to interpret and reinterpret this research for the purpose of developing a course of action for the appalling and persistent problems of substance abuse among Native American youth. If one understands their history, knows what they have witnessed, and realizes that their narrative identity is informed and fixed by their traditional practices and beliefs, they can provide effective substance abuse treatments that are culturally appropriate.

A continual agony that modern Indians have to face is the possibility that their culture may die. In another twenty years, fifty years, or a hundred years, the language will no longer be spoken, their beliefs will exist only in written texts, complex knowledge and skills acquired over thousands of years will have disappeared from the earth. For those who grew up experiencing the richness of this traditional culture, the threat of its demise is horrifying, painful, and almost unendurable. In recent years, the specter of cultural extinction has inspired many with a sense of urgency and personal responsibility to learn the old ways and to pass them on (Margolin, 1981).

Recommendations

The strongest recommendation is for more research to be done using an interpretive approach to treating substance abuse. Conversations with adults, and perhaps
parents and other relatives of Native American youth would certainly provide more insight.

To understand that this cultural extinction is a reality for a people is to be horrified. The history of their ancestors hangs over present day heirs. It is clear to the researcher that this project has shown the resiliency of a people to overcome vast obstacles that have stood in their way. With encouragement and support from their people, Native American youth will succeed in their quest to overcome substance abuse.
APPENDICES
APPENDIX A

Questionnaire: Will a Manual Be Effective?
Will A Manual Be Effective?

<table>
<thead>
<tr>
<th>What tribal affiliation are you? And, what if any, are the concerns in your tribe regarding substance and drug abuse in your youth?</th>
<th>Would a substance abuse manual for Native American youth be effective? If so, what should be included in this manual?</th>
</tr>
</thead>
</table>

Thank You for Your Time!!!!
APPENDIX B

Journeys of the Circle
Journeys of the Circle

A Manual for Those Wishing to Help Native American Youth
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Introduction

Substance abuse is a relatively recent problem in Native America, taking root only over the last few centuries. Nonetheless, it has become discouragingly pervasive problem, especially among Indian youth. Statistics show that illicit drug use in this group is higher than among the youth of any other ethnic group. The alcohol-related death rate of Indian youth is seventeen times the level for all others. Clearly, treating substance abuse among Indian youth is a pressing challenge – and a difficult one. According to statistics from the State of Washington, simply being Native American is the primary indicator for failure in youth inpatient treatment. Other indicators include poor health, poverty, lack of services, and lack of education, all of which disproportionately affect American Indians.

Individual Indian nations often struggle to offer their youth effective, culturally relevant substance abuse treatment. Divergent tribal and federal priorities and limited resources have meant that tribes relying on direct service from the Indian Health Service (IHS) have rarely received the benefit of community-based substance abuse treatment programs for youth. Some tribes have been able to remedy this by contracting to take over certain IHS programs under the provisions of the Indian Self-determination and Education Assistance Act of 1975 (P.L. 93-638) and re-prioritizing spending to create local, youth-focused treatment programs. Despite this opportunity, smaller tribes still find it difficult to support inpatient facilities on their own. And, while some tribes have been able to form inter-tribal programs under P.L. 93-638, many have been reluctant to do so,
making it even more difficult to provide tribal citizens (and tribal youth) with adequate resources to address substance abuse related problems.

An effective youth substance abuse treatment program would offer a holistic, and culturally relevant treatment.

*Substance Use*

Large-scale national surveys provide comprehensive data on alcohol, tobacco, and illicit drug use trends among youth. However, because of small sample sizes, they often do not include analyses of substance use patterns for American Indians. Fortunately, though, much is known about trends in Indian adolescent drug use because of research from three main sources. The first is school-based surveys conducted by the Tri-Ethnic Center for Prevention Research at Colorado State University (http://triethniccenter.colostate.edu).

For more than 25 years, these anonymous surveys have been administered annually to a nationally representative sample of 7th through 12th graders living on or near reservations. Each year more than 2,000 youth respond to questions about their drug use, risk and protective factors, violence, and victimization. The second source of information comes from an examination of data from the Monitoring the Future (MTF) project, which has been in existence since 1975 (www.monitoringthefuture.org).

Almost 45,000 adolescents and young adults from more than 400 schools across the country annually complete a survey about their substance use and related attitudes and beliefs. Wallace et al. (2002) analyzed data collected between 1996 and 2000 from approximately 64,000 high school seniors, thus sufficiently increasing the sample size of
Native Americans to perform analyses of substance use trends. The last source includes reports that combine multiple years of data from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Household Survey on Drug Abuse (NHSDA; www.drugabusestatistics.samhsa.gov). The NHSDA is designed to provide drug use estimates for all 50 states plus the District of Columbia over a five year sampling period. Every year the NHSDA is administered as an in-person interview to more than 68,000 people who are representative of the civilian, non institutionalized US population age twelve or older. Using these three national databases, plus supplementary research where available, prevalence data are reviewed for the substances most commonly used by American Indian and Alaska Native youth across the country, namely tobacco, inhalants, alcohol, and marijuana.

**Alcohol**

Estimates of the prevalence of alcohol use among American Indian adolescents vary significantly. On the basis of national data of American Indian students collected from 1975 to 1994, Beauvais (1996) reported that 15% of Native youth had consumed alcohol or used drugs at least once by the age of 12, 62% had been intoxicated at least once by age 15, and 71% of seventh through twelfth graders had used alcohol during their lifetime. May (1986) re reported that approximately one third of Native Americans had tried alcohol by eleven years of age. The latter rate is substantiated by another study, which found that 44% of fourth and fifth graders surveyed in the Pacific Northwest and Oklahoma (mean age 10.3 years) had tried alcohol (Moncher, Holden & Trimble, 1990).
Among American Indian boarding school students, the lifetime prevalence rate of alcohol use was found to be 93%, with 53% of these considered to be at risk for serious alcohol abuse (Dinges & Duong-Tran, 1993). A longitudinal study following urban American Indian adolescents in Seattle showed that at Year 5 (mean age _ 15.8 years) 41.5% of the youth reported having drunk alcohol to the point of intoxication (Walker et al., 1996). Beauvais (1992a) compared drinking rates for reservation Indians, non reservation Indians, and White students in the eighth and twelfth grades. Eighty percent of Non reservation Indian eighth graders were more likely to report lifetime alcohol use than reservation Indian or White eighth graders 70% and 73%, respectively. However, lifetime prevalence rates for twelfth graders were highly comparable among these three groups. Reservation Indians in both the eighth and twelfth grades were most likely to report having been drunk in their lifetime (49% of eighth graders, 87% of twelfth graders), followed by non-reservation Indians (42% and 76%) and Whites (27% and 73%). A similar pattern was found for the 30-day prevalence of having been drunk, with eighth and twelfth graders on reservations having the highest rate, followed by non reservation Indians, than Whites.

In 1998, the National Institute on Drug Abuse reported slightly higher rates of alcohol use for American Indian youth as compared with youth from other ethnic groups. They reported that 93% of American Indian and 87% of non-American Indian high school seniors had tried alcohol during their lifetime. More recently, Wallace et al. (2002) reported a past-year alcohol use prevalence of 76.5% and a 30-day prevalence of 55.1% for American Indian twelfth graders, rates similar to other ethnic groups. In comparison
to all other ethnic groups combined, however, American Indian students had the highest rate of daily alcohol use (6.1% vs. 3.5%) and were the group most likely to have consumed five drinks or more in a row in the previous two weeks (37.0% vs. 30.8%).

Tobacco

Tobacco is one of the most frequently used drugs by Native youth. According to data for twelve to 17 year-olds from the last available NHSDA, 27.5% of American Indians/Alaska Natives were current smokers, compared with 16.0% of Whites, 10.2% of Latinos, 8.4% of Asian Americans, and 6.1% of African Americans (SAMHSA, Office of Applied Studies, 2002). A study using MTF data (Wallace et al., 2002) reported that among twelfth graders, the 30-day prevalence of cigarette smoking for American Indians is 46.1%, as compared to 34.3% for the overall population. Native American twelfth graders also have the highest rate of smoking half a pack or more of cigarettes a day, at 17.1% versus an overall total rate of 12.7% (Wallace et al., 2002). LeMaster, Connell, Mitchell and Manson (2002) used data from the Voices of Indian Teens Project to determine the prevalence of cigarette and smokeless tobacco use among Native adolescents. Their sample consisted of 2,390 youth, ages 13 to 20 attending high schools in five Indian communities west of the Mississippi. Approximately 50% of the youth reported having smoked cigarettes, with 30% smoking “once in a while.” Slightly less than three percent (2.8%) reported smoking eleven or more cigarettes a week, and only 1.2% said that they smoked a pack or more a day. The lifetime prevalence of smokeless tobacco use was 21%, with 3.6% reporting use four to six days a week and 6.7% reporting use every day.
Inhalants

Inhalants are commonly among the first substances used by Indian youth, often preceding the use of alcohol (Beauvais et al., 1989). Beauvais (1992a) reported that Indian youth living on reservations had higher lifetime inhalant use rates than did Indian youth not living on reservations or White youth. Among eighth graders, 34% of reservation Indians reported lifetime inhalant use, compared with 20% for non reservation Indians and 13% for Whites. The twelfth graders surveyed reported lifetime use rates of 20% for reservation Indians, 15% for non reservation Indians, and ten percent for Whites. Reservation Indians in the eighth grade also had the highest rates of 30-day inhalant use (15%), followed by non reservation Indians (eight percent), and Whites (five percent). Among twelfth graders, non reservation Indians had the highest rate (three percent), with reservation Indian and White students using at the same rate (two percent). Native youth living apart from their families in boarding schools were also found to have extremely high prevalence rates, with 44% of students reporting that they had used inhalants (Okwumabua & Duryea, 1987).

In contrast, a study conducted with urban American Indian adolescents found that 12.3% of the youth surveyed reported some lifetime inhalant use (Howard, Walker, Silk Walker, Cottler & Compton, 1999). MTF survey data reviewed by Wallace et al. (2002) revealed that American Indian twelfth graders had the highest past-year prevalence rate for inhalant use at 9.4%, as compared with twelfth graders of all other ethnic groups combined at 6.6%. The 30-day prevalence rate was also higher than all but one other
ethnic group at 4.3%, in contrast to an all-ethnic groups rate of 2.4% (Cuban Americans were the only group with higher 30-day prevalence, at 6.6%).

*Marijuana*

Marijuana use is also significantly higher among American Indian and Alaska Native adolescents than other groups. Beauvais (1996) found that nearly 50% of Indian students in the seventh through twelfth grades reported having used marijuana on at least one occasion. In another study (Beauvais, 1992a) he found that of the eighth graders surveyed, 47% of reservation Indians, 26% of nonreservation Indians, and 13% of Whites reported lifetime marijuana use. For eighth graders, 30-day prevalence was also highest for reservation youth (23%), followed by nonreservation (ten percent) and White youth (five percent). Twelfth-grade adolescents living on reservations had higher lifetime (77%) and 30-day (33%) rates of use than did nonreservation Indian (58% and 21%) and White students (38% and 13%). Data from the MTF surveys (Wallace et al., 2002) also show that American Indian teens had the highest annual (45.3%) and 30-day (29.6%) marijuana prevalence rates as compared with teens of other ethnic groups. In addition, they were more likely than teens of other ethnic groups to use on a regular basis. Almost ten percent of Indian twelfth graders said that they use marijuana daily, compared with 5.4% of the total twelfth grade population.

A study using data from the Voices of Indian Teens Project sampled ninth to twelfth graders in seven predominantly American Indian schools in four western communities. Using a total sample size of 1,464 youth, Novins and Mitchell (1998) found that 55.7% of Native teens reported using marijuana at least once during their lifetime,
and 40.0% had used marijuana in the past month. Among those adolescents who had used marijuana in the past month, 42.5% reported using one to three times, 27.5% reported using four to ten times, and 30.0% said that they had used eleven or more times.

**Patterns of Substance Abuse**

According to the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000), substance abuse is characterized by a maladaptive pattern of use leading to recurrent and significant impairment or distress. For example, criteria for alcohol abuse include problems at work or school due to drinking, or repeatedly driving while intoxicated. Substance dependence is a more severe disorder and is additionally marked by the development of tolerance or withdrawal symptomatology (American Psychiatric Association, 2000). Terms such as *addiction* or *alcoholism* generally refer to substance dependence disorders. Whereas diagnostic criteria for adults are clearly defined, there is less standardization for the diagnosis of substance use disorders in adolescents. To a large extent, this is the result of significant developmental, physiological, and social differences between adult and adolescent substance use and misuse. For example, research indicated that young people drink less frequently than adults but that they tend to consume larger amounts when they do drink (Oetting & Beauvais, 1989; White & LaBouvie, 1989).

Among youth, drinking and drug use is more likely to be associated with “partying”. This pattern decreases the likelihood that substance abusing youth will experience tolerance or withdrawal symptoms, which are necessary criteria for a diagnosis of substance dependence.
May (1996) reported that both American Indian youth and adults frequently consume large amounts of alcohol in a short period of time, a style often referred to as *binge drinking* (commonly defined as five or more drinks in a row for males and four or more drinks in a row for females; (Wechsler, Lee, Kuo & Lee, 2000). Beauvais (1992c) has observed two distinct types of drinkers among American Indian adolescents. He reported that approximately 20% of American Indian youth in the seventh through twelfth grades begin heavily using alcohol and other drugs at an early age and continue this use into adulthood. These adolescents are at high risk for lifelong problems with alcohol abuse and dependence. The second type of drinker, which is also estimated to account for 20% of American Indian youth, uses alcohol socially and recreationally. Drinking for this group is often experimental in nature and highly dependent on the environment. This pattern is less likely to lead to long-term problems.

It has been noted that in addition to using alcohol and other drugs at high rates, American Indian and Alaska Native youth often tend to use in ways different from other adolescent groups. Numerous studies have examined gender and regional or cultural differences. However, research findings often contradict one another, highlighting the complexities of making general statements about this very heterogeneous group.

*Regional and Tribal Differences*

Although tribal differences have been noted in rates of adult drinking (Levy & Kunitz, 1971; May, 1996; Silk-Walker, Walker, & Kivlahan, 1988), Indian adolescents appear to use alcohol at similar levels regardless of tribe (Beauvais, 1998). However, other factors do appear to affect drinking patterns. Higher levels of alcohol use have been
found among youth who live on reservations (Beauvais, 1992a), youth who attend boarding schools (Dick, Manson, & Beals, 1993), and youth who drop out of school (Beauvais, Chavez, Oetting, Deffenbacher, & Cornell, 1996).

Similarly, inhalant use seems to be more prevalent among youth living on reservations or in other rural areas due to the low cost, easy availability, and the difficulties of obtaining other substances. A study that compared Alaska Native and American Indian youth found that Native adolescents living in Alaska were almost twice as likely to smoke on a daily basis (Blum, Harmon, Harris, Bergeisen, & Resnick, 1992). SAMHSA’s Office of Applied Studies (2002) reported a regional difference in cigarette smoking rates: For other racial/ethnic groups, adolescents living in the South are more likely to smoke than their peers in the western United States. This difference is nonexistent among American Indians, with youth in the southern and western regions of the United States smoking at approximately the same rate (SAMHSA, Office of Applied Studies, 2002). On the other hand, a study that surveyed students in seven predominantly American Indian high schools west of the Mississippi River found differences in the prevalence of marijuana use based on tribe; however, tribal membership stopped being a predictor when other covariates (such as past month alcohol use and report of having peers that encouraged alcohol use) were entered into the regression equations (Novins & Mitchell, 1998).

**Risk Factors**

Research shows that although American Indian teens may have lifetime alcohol use rates similar to non-American Indian teens, they tend to drink more frequently and to
consume alcohol in larger quantities when they do drink. In addition, they are more likely
to have tried tobacco, inhalants, and marijuana, and to use these substances on a regular
basis. Furthermore, the age at which American Indian youth initiate substance use tends
to be younger than what is found in other groups. These trends are likely to significantly
impact the development of American Indian adolescents by interfering with the learning
of age-appropriate behaviors and skills (Bentler, 1992). In addition, these trends place
them at increased risk for participating in potentially dangerous behaviors and for
experiencing acute negative consequences of use (May, 1982). Substance-abusing youth
have a greater likelihood of suffering social and interpersonal consequences because of
their violation of parental, societal, and legal norms. Although most teenage substance
use is believed to “mature out” (Kandel & Logan, 1984; Mitchell, Novins, & Holmes,
1999), early onset of substance use and problem drinking has been linked to a multitude
of negative outcomes.

Adolescent alcohol use is associated with a wide range of high-risk behaviors,
such as driving while drinking (Beauvais, 1992b), delinquency and running away (U.S.
Congress, OTA, 1990; Zitzow, 1990), and unprotected sexual activity (Rolf, Nansel,
Baldwin, Johnson, & Benally, 2002). It is also associated with psychiatric distress,
including concerns such as depression, conduct disorder, and suicide (Dinges & Duong-
Tran, 1993; Grossman, Milligan, & Deyo, 1991; Manson, Shore, & Bloom, 1985; May,
Congress, OTA, 1990); academic difficulties (Beauvais, 1996; US Congress, OTA,
and later problems with substance abuse (J. D. Hawkins et al., 1997; May & Moran, 1995).

Substance misuse is directly implicated in the disproportionately high morbidity and mortality rates found among American Indian teens. American Indian youth (ages 15 to 24 years) have an all-cause mortality rate 2.1 times higher than that of the general population (196.5 vs. 95.3 per 100,000 population) and 2.3 times higher than that of Whites, the group with the lowest rate (196.5 vs. 84.3 per 100,000 population; Indian Health Service, Office of Public Health, Program Statistics Team, 1999). Of the 10 leading causes of death for American Indian adolescents, at least 3 are related to heavy use of alcohol: accidents, suicide, and homicide (Indian Health Service, Office of Public Health, Program Statistics Team, 1999). In addition, the alcoholism death rate for Native youth served by Indian Health Services was 11.3 times higher than the combined all-races rate (Indian Health Service, Office of Public Health, Program Statistics Team, 1999). This statistic does not include alcohol-related deaths due to accidents, suicide, or homicide.

Cultural Factors

Cultural epidemiologists have suggested that the stresses of forced acculturation, urbanization, and cultural disruption have increased the vulnerability of American Indian youth for developing psychological problems (Beauvais & LaBoueff, 1985; Kemnitzer, 1973; Spindler & Spindler, 1978). Among American Indians and Alaska Natives there is a historical and generational trauma that underlies this risk (see Brave Heart & DeBruyn, 1998, for a comprehensive discussion of historical trauma and grief). Many Indian
communities share similar experiences of warfare and colonization, coercive methods of assimilation, loss of traditional land and customs, boarding school educations and abuses, longstanding struggles to maintain treaty rights, poverty, and high rates of unemployment and disease. These factors, plus many more that are tribe or community specific, are often viewed as risk factors for substance use, as tobacco, alcohol, and other drug use may offer a method of coping with these stressors.

Specific cultural factors that have been associated with increased substance use include ethnic dislocation (May, 1982; Oetting, Beauvais, & Velarde, 1982; Trimble, Padilla, & Bell-Bolek, 1987), acculturation stress (LaFromboise, 1988), alienation from the larger culture (Moncher et al., 1990), and an excessive amount of unstructured time on reservations, during which drinking is often a response to boredom (E. D. Edwards & Edwards, 1988). In addition, Whitbeck, Hoyt, McMorris, Chen, and Stubben (2001) have found perceived discrimination to be a risk factor for alcohol and drug use. In their study, 49% of fifth–eighth-grade students from three reservations in the upper Midwest reported experiencing significant discrimination. This was strongly associated with early onset substance abuse, a relationship that was mediated by adolescent anger and delinquent behaviors.

Prevention for Native American Youth, universal, selective, and indicated substance abuse prevention programs are all commonly found in American Indian communities. Distinctions between different types of prevention are often blurred, however, as commonly the entire community is considered at risk and is the focus of intervention. Unfortunately, the majority of prevention efforts in Indian Country have not
been rigorously evaluated for efficacy. In addition, specific details of these programs often are not published or available in a manner that allows them to be easily shared with other communities.

Moran and Reaman (2002) provided information on prevention programs that have not been published in the mainstream literature. Limited program information can also be found through SAMHSA’s Center for Substance Abuse Prevention (2003; see also Western Center for the Application of Prevention Technologies, 2002). While many of these programs have the potential for success in combating Indian adolescent substance abuse and for making valuable contributions to the development of prevention efforts in other communities, this article focuses on reviewing those studies that have been evaluated and published in peer refereed journals.

Limitations of Current Approaches

This resource manual reviews prevention programs that have been evaluated and have demonstrated some degree of efficacy in reducing the prevalence of substance abuse and related consequences. However, the number of such programs is too few considering the magnitude of substance use problems experienced by American Indian and Alaska Native adolescents. It is vital that an evaluation component be established in the development and implementation of all prevention efforts. Critical aspects of effective evaluation include formulating a research design that allows for a comparison or control group while respecting a community’s expectation of universal inclusion (Parker-Langley, 2002), recruiting a large enough sample size to perform more sophisticated statistical analyses, maintaining a follow-up period of suitable duration to ascertain the
long-term effects of an intervention, and assessing both process and outcome variables. Only by doing this can the effectiveness of prevention programs be determined and, thus, resources be directed more competently toward addressing issues of substance misuse.

It has been said before, but it bears repeating: American Indians and Alaska Natives are an extremely culturally diverse group. Programs developed for one segment of the Indian population may not be generalizable to another. This may be due to actual geographical or cultural differences that render prevention efforts incompatible between certain groups, or it may reflect a longstanding desire on the part of some communities to assert and maintain a unique and independent identity. Regardless of reason, programs developed in one community may not work in or be accepted by others. Problems of generalizability are often mentioned in limitations sections, but the discussion ends there. Often, there is no additional dialogue or recommendations offered regarding how to adapt interventions for use with other groups. This situation is extremely unfortunate, as information of this sort would likely benefit and guide the efforts of other communities struggling with these same concerns. Given the extensive need for effective substance abuse prevention among Indian adolescents, researchers need to address this very important issue.

Of all the programs reviewed, only one specifically targeted multi tribal urban youth (Moran, 1998; Moran & Reaman, 2002). This reflects a critical gap in prevention services and research. Although approximately two thirds of all American Indians and Alaska Natives now live in urban areas (US Census Bureau, 1993), the vast majority of studies that are reported use a reservation-based sample. One reason for this may be that
individuals in these communities tend to be easier to identify and are presumed to be more culturally homogenous. In addition, research funding mechanisms often specifically target tribal populations rather than urban groups. These factors greatly impact the development and implementation of prevention programs.

However, substance abuse prevention efforts for Native adolescents are critically limited by the lack of published accounts of culturally and developmentally appropriate strength-based urban programs. Urban youth are likely to have a much different relationship with their local and tribal community than do rural or reservation-based youth. In contrast to reservation-based adolescents who are likely to be more similar, urban youth represent a diverse spectrum of tribal nations, cultural knowledge, and traditional cultural participation. As a consequence, prevention research conducted with reservation samples may not transfer easily to adolescents living in metropolitan areas. More attention clearly needs to be focused on this overlooked and poorly understood group.

The body of literature regarding Indian adolescent substance use and abuse would benefit further from an expansion of current research efforts. Published studies tend to revolve around prevalence data and cross-sectional reports of risk factors. Very few published studies have explored risk prospectively and longitudinally (e.g., Federman et al., 1997; Walker et al., 1996). In addition, there are few published accounts of protective factors or avenues of resiliency for substance abuse problems among American Indian youth. Further exploration of these factors is essential to the development of effective interventions. Developing prevention programs that are meaningful and relevant for
American Indian youth is of critical importance. It is clear that simply applying adult and majority culture definitions and conceptualizations of problem drinking to Indian adolescents is neither appropriate nor useful. Instead, there needs to be a recognition that different developmental trajectories exist, with important individual differences in causes, course, and consequences of substance abuse (Baer, McLean, & Marlatt, 1998). Prevention programs that are culturally relevant and matched to the unique needs of Native adolescents are strongly indicated (Bobo, 1986; LaFromboise & Rowe, 1983; Schinke et al., 1988; Stone, 1981).

One method of assuring that programs are appropriate for their target population is extensive collaboration with and involvement of community members. Often this means going beyond the boundaries of traditional academic research and grant funding. It requires making a significant commitment of time and resources toward developing the trust and respect of community members and learning from them the best methods of designing and implementing a local program. In addition, such involvement entails providing community members with information, training, and technical assistance to maintain a program once it has been established. Most Indian communities are wary of researchers, and rightfully so. There has been a long history of “parachute” academics who “drop in” to a community with prevention program in hand, collect data, and then leave to move on to other projects. The time has come to make a long-term commitment to the Native American population by working with communities to develop and sustain effective prevention programs. Although Indian communities are marshalling their resources to address substance-related harm and to find solutions that work for their
community, these endeavors are not well evaluated or documented. Across the country there are innovative programs that are likely helping to reduce the negative consequences associated with alcohol and drug use. However, within the scientific literature there is a paucity of studies that offer both qualitative findings and quantitative data on efficacy. Nor has there been much discussion of attempts to culturally adapt prevention programs found to be effective with mainstream youth or with other segments of the Indian adolescent population. In general, available research often lacks the more sophisticated methodologies seen in mainstream research. To truly ameliorate the problems of alcohol misuse among Indians, these limitations need to be addressed and new, more inclusive models advanced.

Community Involvement

Effective substance abuse prevention in Indian Country requires the involvement of community members in all stages of program development and implementation. This includes partnering with elders, parents, families, schools, juvenile justice, and mental health, chemical dependency, and medical professionals, as well as representatives from other relevant tribal and/or urban Indian organizations. Without a high level of collaboration, prevention efforts are likely to fail. In most instances, researchers are from outside the community, and there is an initial amount of distrust and skepticism expressed toward them. Nevertheless, overcoming these barriers and establishing good working relationships is essential to develop culturally relevant and sensitive programs.

While researchers and academics might bring with them a certain degree of scientific knowledge and technical skill, it is important to remember that community
members are the experts on their community and culture. Their input needs, not only to be solicited, but also used to direct the project at every stage from initial planning through implementation and evaluation.

In many communities, a universal prevention approach that targets the entire community, rather than an individual or group, may be most appropriate. Involving multiple systems in the effort to change substance use behavior can be an effective mode of intervention. For many reasons, this may be especially true in smaller communities. First, in a smaller community there is likely to be less individual privacy and confidentiality. Community-wide interventions can reduce the stigma that might otherwise be associated with only targeting high-risk individuals. In addition, social institutions and agencies may work more closely with one another than those in larger cities, increasing the likelihood of making and maintaining systemic changes. Forming community partnerships when designing this kind of intervention is vital to it being accepted and successful.

The community readiness model advanced by the Tri-Ethnic Center for Prevention Research at Colorado State University provides a useful framework for communities that are seeking ways to reduce the degree of substance use and related problems among their youth (Edwards, Jumper-Thurman, Plested, Oetting & Swanson, 2000). A community readiness model can help guide prevention efforts by assessing how ready a community is to accept and support a program. The idea of community readiness emphasizes that unless a community is ready to initiate a prevention program, it is likely to not happen at all, or to fail. The Tri-Ethnic Center developed the idea of community
readiness into a comprehensive model that includes methods of measuring readiness, suggestions for interventions appropriate for each level, and strategies for increasing a community’s level of readiness. The theory of community readiness is very loosely based on the stages of change model described previously (Prochaska & Di-Clemente, 1983). However, because of the added complexities of dealing with group organizations and processes, a multidimensional nine-stage model was advanced. The nine stages of community awareness are as follows: no awareness, denial, vague awareness, preplanning, preparation, initiation, stabilization, confirmation/expansion, and professionalization. Edwards and colleagues (2000) from the Tri-Ethnic Center offered a method of assessing a community’s readiness for implementing programs, using key informants (people who are involved in community affairs and knowledgeable about the issues at hand, although not necessarily leaders or decision-makers). In addition, they presented practical suggestions for ways to increase community readiness at each stage. As such, this model provides a valuable vehicle to gauge and increase a community’s readiness and desire for prevention programs.

_Navigating Life’s Challenges: The Canoe Journey_

In the Pacific Northwest, a team of researchers from the University of Washington has been working with the Seattle Indian Health Board to develop a prevention program that addresses these issues in ways that are culturally congruent with the urban community and based on empirically validated principles. This project, named Journeys of the Circle, began with a series of focus groups with urban Native youth (Mail et al., 2003). These youth described a cultural experience unique to Northwest Coastal
tribes: the Canoe Family. Throughout the year, youth who belong to the Canoe Family participate in a wide range of activities designed to prepare them for annual canoe journeys to visit other tribes both in British Columbia and the Pacific Northwest. Such activities include participation in “talking circles” with elders and respected community members, the construction of large ocean-going canoes that can carry groups of paddlers from one community to another, and learning how to navigate the waters of Puget Sound. When visiting canoes arrive at a particular destination, the event is celebrated with cultural protocols that include feasting on local specialties, singing, dancing, and participation in potlatches (gift giving ceremonies). The only requirement for involvement in the Canoe Family is that youth make a commitment to being clean and sober throughout all activities. Participation in the Canoe Family is clearly a desirable and prestigious alternative to being involved in activities associated with drinking and taking drugs. Using this information, researchers partnered with the Seattle Indian community to develop a prevention program based on the principles of the Canoe Family.

Community members have been involved in every aspect of the program’s development and evaluation, providing input and feedback through community meetings, focus groups, and an advisory board. The curriculum, entitled “Canoe Journey, Life’s Journey”, (La Marr & Abab, 2003) was recently pilot tested with urban Native youth who are at risk for alcohol and drug problems. The program consists of eight lessons and is administered in small co-ed groups to teens between the ages of 13 and 19. The course adopts the medicine wheel as a metaphorical image to organize the Canoe journey itself. The medicine wheel is divided into quadrants, each representing one of the four cardinal
directions (as on a compass). Two lessons are devoted to each of these quadrants: north (mental or cognitive skills), west (emotional coping skills), south (physical skills) and east (spiritual coping). Group didactics, discussion, role-playing, and completion of homework assignments are used to train youth in goal setting, decision making, and effective communication, coping with negative emotions, protecting the physical body, and enhancing spiritual values. The overall goal of the course is the same as the Canoe Family: learning how to cope successfully with various life challenges and risks, so as to complete the journey safely and to enhance the value of a clean and sober lifestyle. One advantage of the canoe journey metaphor is that it emphasizes both the value of personal skills and the community values of the canoe team as a whole. Each canoeist must master basic skills ranging from navigation to survival. At the same time, each individual contributes to the overall success of the team effort. More than 120 Indian adolescents participated in the prevention program, and data evaluation is underway. Although it is too early to report findings, preliminary analyses suggest positive outcome trends at the three month follow-up (Cummins, Burns, Hawkins & Marlatt, 2003; Marlatt et al., 2003).

Next Steps

The purpose of this manual was to review the field of substance use prevention for American Indian and Alaska Native adolescents. Data indicated that the level of substance use problems experienced by this population is endemic. Indian youth are using alcohol and drugs at high frequencies and quantities and are at great risk for a wide variety of associated negative consequences. The need for effective prevention and treatment services is paramount. Unfortunately, the majority of interventions currently
On the basis of the review of the published outcome literature, the researcher offered in the manual, a set of best-practice approaches to help guide the development and implementation of prevention programs for Native American youth. These include conceptualizing prevention along a continuum, using a stepped-care model to match interventions to the adolescent’s needs, incorporating bi-culturally adapted life skills training into programs, and maintaining extensive community involvement and collaboration in every stage of the process. These are similar to the strategies for model prevention programs outlined by the Division of Knowledge Development and Evaluation at SAMHSA’s Center for Substance Abuse Prevention (1999). SAMHSA suggested six approaches that can be used alone or in combination with each other. The first is information dissemination, which entails increasing knowledge and altering attitudes by providing information about the nature, prevalence, and consequences of substance abuse and addiction. The second strategy is prevention education, or teaching life and social skills. Third are alternatives, or providing drug-free activities to meet the developmental needs of youth and decrease their participation in events where substances are likely to be used. The fourth strategy is problem identification and referral; this suggests that prevention programs should have a method of identifying youth who have already begun experiencing substance-related problems in order to refer them to more intensive services or treatment as needed. Fifth are community-based process, or building interagency coalitions and providing community members and agencies with training in
substance use education and prevention. The last strategy is an environmental approach, or altering policies that can reduce risk factors or increase protective factors. These six strategies are highly consistent with the best-practice approaches recommended here, as well as with Native American community values and needs.

Contemporary prevention efforts within Native communities often emphasize a holistic approach to health and thus resonate with Native American community values (Vanderwagen, 1999). Programs have begun to incorporate spiritual components with increasing frequency in hopes of instilling traditional values and a respect for sobriety before young people begin experiencing substance-related problems (Mail & Johnson, 1993). The development of effective prevention programs requires an understanding of the strengths and values inherent in Indian communities. Incorporating these cultural factors into prevention efforts will enhance the acquisition of culturally relevant coping skills and, ultimately, lead to a reduction in substance misuse.

The project described earlier was developed to incorporate these best-practice approaches and strategies and to address the need for prevention efforts that are both relevant and cultural in their approach. Through a partnership with the local American Indian community, researchers created a prevention program that incorporates substance abuse education, bicultural life skills training, and after-school alternative activities. All participants were screened for alcohol and drug problems prior to entering the program and were referred for more intensive services where indicated. Although developed specifically for urban American Indian youth in Seattle, it may be relevant and useful for
tribal communities as well. The core components can be modified and delivered using relevant cultural traditions and metaphors.

In the Pacific Northwest, the canoe journey symbolism was a culturally congruent mode of delivering the curriculum. In other geographic and cultural regions, local stories, myths, and resources can be used to adapt the course to be more relevant and effective. Further research will lend information critically necessary to guide efforts to transfer and adapt the Journeys of the Circle program for use in other urban and reservation communities.

This manual suggests programs that utilize Indian strengths, values, and beliefs to promote healthy behavior and reduce the harm associated with high-risk behaviors, including substance misuse, are strongly indicated. The discriminating and thoughtful use of pan-tribal commonalties to adapt approaches found to be effective in mainstream populations is perhaps the most promising and cost-effective practice currently available. These programs can be customized for implementation in individual community settings. Such interventions provide the foundation for programs that are both scientifically validated and culturally sensitive. By building on the recommendations outlined here and evaluating their results, the field of social work can continue advancing the knowledge base concerning substance use prevention in Native communities and thereby more effectively help Native adolescents create and maintain healthier lifestyles.
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