



Substance Abuse Resource Guide

American Indians and Native Alaskans



American Indians and Alaskan Natives have a proud heritage and rich history as the original inhabitants of our nation. These two indigenous cultures have had a significant influence on the development of our country. However, there are various factors that place both of these communities at risk of drug and alcohol abuse.

In the past, statistics indicated that alcohol was the most commonly abused substance within American Indian and Alaskan Native communities. However, new research shows that young Native Americans are using illicit drugs at increasing levels. Inhalant and marijuana use show up frequently in data collected from Native American youth.

At SAMHSA's Center for Substance Abuse Prevention, we focus on reducing alcohol abuse and illicit drug use by employing aggressive prevention strategies. We know that excessive alcohol and drug use are both treatable and preventable. We also know that with the proper emphasis, the occurrence of substance abuse in Native American communities can be significantly reduced when community leaders and service providers have the information resources they need to be effective.

This guide will help shed light on culturally appropriate prevention methods for drug and alcohol abuse in American Indian and Alaskan Native communities. As such, it will serve as a good reference for community leaders and professionals in the prevention, education, criminal justice, and health care fields.

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Prevention Materials

Making Prevention Work: Actions for American Indians/Alaska Natives

Organization: Center for Substance Abuse Prevention

Year: 1994

Format: Fact Sheet

Length: One Page

Topic: Substance Abuse Prevention

Target Audience: American Indians and Native Alaskans

Inventory Number: MPW017

Availability: NCADI, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. (free)

This fact sheet for American Indians and Alaska Natives presents 17 ways they can prevent substance abuse in their communities. The pointers offered include: (1) Take an active role, however you can, in Native American community affairs and governance. Get to know your leaders. Ask your neighbors to get involved, and (2) Help Native American youth deal with peer pressure by praising their good decisions and reinforcing their involvement with community and family.

None for the Road

Organization: Indian Health Service

Year: 1994

Format: Booklet

Length: 10 Pages

Topic: Impaired Driving Prevention

Target Audience: American Indians, Native Alaskans, Community Leaders

Availability: Regional offices of the Indian Health Service; or IHS, 12300 Twinbrook Parkway, Suite 610, Rockville, MD 20852; 301-443-1054. (free)

This booklet promotes the Indian Health Service's campaign to reduce the number of deaths and injuries to American Indians and Alaska Natives caused by impaired driving. The booklet points out that driving under

the influence of alcohol and drugs kills an American Indian or Alaska Native every 12 hours, kills our children, depletes our communities' health services, and can be prevented. It presents eight actions a community can take to become involved in reducing alcohol-related injury; provides highlights of campaigns underway in tribal communities; and features a detachable postcard to send for program information.

Communities at Risk: Speed and Other Unsafe Driving Behaviors

Organization: National Highway Traffic Safety Administration

Format: Brochure

Length: 4 Pages

Topic: Impaired Driving Prevention

Target Audience: American Indians, Native Alaskans, Community Leaders

Availability: Regional offices of the Indian Health Service; or IHS, 12300 Twinbrook Parkway, Suite 610, Rockville, MD 20852; 301-443-1054. (free)

Statistics show that tribal communities have extremely high motor vehicle death rates. This bulletin highlights the issue of impaired driving in Native American communities and what leaders can do to make the roads safer. The bulletin provides contacts for five tribal communities that have implemented successful programs, lists resources on traffic safety issues, and provides tips for action.

New Life: Love It and Respect It

Organization: Health & Education Resources, Inc.

Year: 1991

Format: Poster

Topic: Substance Abuse Prevention

Target Audience: American Indians

Availability: Health & Education Resources, Inc., P.O. Box 1853, Manhattan, KS 66506; 913-539-9541. (\$\$)

This poster pictures a Native American woman and man in the foreground, while images in the background include a person cuddling an infant who is drinking from a bottle, a globe, and a diagram of the AIDS virus. The slogan, "New life: Love & Respect It: Avoid Alcohol and the AIDS Virus," appears at the bottom of the poster.

Culture: Our Source of Values

Organization: Health & Education Resources, Inc.
Year: 1992
Format: Videotape
Length: 20 Minutes
Topic: Substance Abuse Prevention
Target Audience: American Indians, Senior High School Youth
Availability: Health & Education Resources, Inc., P.O. Box 1853, Manhattan, KS 66506; 913-539-9541. (\$\$)

This video contains a lecture by Dennis Bowen, a spokesperson on substance abuse prevention for youth. He speaks about values, their origins in family and cultural traditions, and how strong cultural identification and practice of values can protect Native American youth from substance abuse and other mental problems.

Values... What, When, and How for Prevention

Organization: Health & Education Resources, Inc.
Year: 1993
Format: Videotape
Length: 20 Minutes
Topic: Substance Abuse Prevention
Target Audience: American Indians, Senior High School Youth
Availability: Health & Education Resources, Inc., P.O. Box 1853, Manhattan, KS 66506; 913-539-9541. (\$\$)

Three 14-year-old female high school students and a Hopi college student talk about how family and cultural practices, and an alcoholic parent interact with negative peer pressure to confuse the

situation for teens because teens often play an adult role and take on responsibilities that are not their own.

Who Can I Talk To?

Organization: Health & Education Resources, Inc.
Year: 1992
Format: Videotape
Length: 12 Minutes
Topic: Substance Abuse Prevention
Target Audience: American Indians, Senior High School Youth, Parents
Availability: Health & Education Resources, Inc., P.O. Box 1853, Manhattan, KS 66506; 913-539-9541. (\$\$)

This video contains footage of parents talking with their teenagers about barriers to parent-teen communication. Barriers discussed include language barriers (e.g., the parents' native language vs. the teen's English), fear of punishment, embarrassment about sex, and denial or anger about teen's or parent's use of illicit substances.

Not a Nice Way To Die

Organization: Health & Education Resources, Inc.
Year: 1993
Format: Videotape
Length: 13 Minutes
Topic: Substance Abuse Prevention
Target Audience: American Indians, Senior High School Youth, General Public
Availability: Health & Education Resources, Inc., P.O. Box 1853, Manhattan, KS 66506; 913-539-9541. (\$\$)

Arizona residents from different ethnic backgrounds discuss their HIV infections or AIDS related illnesses. They describe and discuss their symptoms and tell of the impact that substance abuse and HIV/AIDS have had on their lives.

Inhalant Abuse: Its Dangers Are Nothing To Sniff At

Organization: National Institute on Drug Abuse

Year: 1994

Format: Booklet

Length: 8 Pages

Topic: Inhalant Abuse and Prevention

Target Audience: Parents, Researchers, Prevention Specialists

Inventory Number: PHD675

Availability: NCADI, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. (free)

Based upon recent research on the use and prevalence of inhalants, this research report presents information on the types of inhalants, the consequences of use, who is abusing inhalants, and where to get help.

Adolescent Inhalant Abuse

Organization: Alberta Alcohol and Drug Abuse Commission

Year: 1992

Format: Facilitator's Manual and Workshop Guide

Length: 124 Pages

Topic: Inhalant Abuse and Prevention

Target Audience: Prevention or Treatment Professionals

Availability: Alberta Alcohol and Drug Abuse Commission, 10909 Jasper Avenue, Second Floor, Edmonton, Alberta T5J 3M9 Canada; 403-427-7319; Fax 403-422-5237. (\$\$)

This facilitator's manual provides an outline for a 1- to 2-day workshop to be delivered to professionals and paraprofessionals in the chemical dependency and social service fields. The presentation is also adaptable to an audience of parents. The workshop will familiarize participants with the scope of the inhalant problem; adolescents' development and special needs in relation to substance abuse; and community strategies for prevention, intervention, and treatment.

Support materials and overheads are included.

Working It Out at Madison, "The Circle"

Organization: The Bureau for At-Risk Youth

Year: 1992

Format: Videotape

Length: 30 Minutes

Topic: Substance Abuse Prevention, Intervention

Target Audience: American Indians, High School Youth

Item Number: 2805

Availability: The Bureau for At-Risk Youth, 645 New York Avenue, Huntington, NY 11743; 800-99-YOUTH. (\$\$)

This videotape depicts a Native American teen and his family as they try to confront his growing substance abuse problem. The school intervenes and he begins to attend "The Circle," a traditional support program for Native Americans. He learns that the first step towards healing himself and stopping the addictive behavior of alcohol abuse is to confront his grief. A leader's guide is included.

Advice for Indian Women for a Safer Pregnancy and Healthier Baby

Organization: Indian Health Service

Year: 1994

Format: Brochure

Length: 1 Page

Topic: Substance Abuse Prevention and Pregnancy

Target Audience: American Indians and Native Alaskans, Women, and Teenagers

Inventory Number: IHS005

Availability: NCADI, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. (free)

Brief and easy-to-read, this pamphlet lists the "dos" and "don'ts" of pregnancy. Tips include a strong no-use message for alcohol, tobacco, and drugs. It also advises "You can

play a major part in helping your baby get a good start in life. Be careful with your body while pregnant, for it is also your baby's home. This will help the baby for the rest of his or her life."

What Can a Man Do To Help His Wife and Unborn Baby?

Organization: Indian Health Service
Year: 1994
Format: Brochure
Length: 1 Page
Topic: FAS Prevention and Pregnancy
Target Audience: American Indians and Native Alaskans, Men
Inventory Number: IHS003
Availability: NCADI, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. (free)

This brief and easy-to-read pamphlet explains that fetal alcohol syndrome (FAS) is permanent but can be prevented if the mother does not drink while pregnant. Ways an expectant father can support his mate include encouraging her to get frequent medical checkups; avoid all alcohol, tobacco, and drugs; and practice healthy habits.

Fetal Alcohol Syndrome: Committed to Caring for People

Organization: Indian Health Service
Year: 1995
Format: Brochure
Length: 2 Pages
Topic: FAS Prevention
Target Audience: American Indians and Native Alaskans
Inventory Number: IHS004
Availability: NCADI, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. (free)

This brief and easy-to-read brochure defines fetal alcohol syndrome (FAS) and the physical and personality characteristics of a child with FAS. It emphasizes that FAS is totally preventable and urges the reader to stop drinking alcohol if pregnant.

Fetal Alcohol Syndrome Resource Guide

Organization: Indian Health Service
Year: 1994
Format: Book
Length: 63 Pages
Topic: FAS Prevention
Target Audience: American Indians and Native Alaskans, Prevention Specialists, Educators, Community Leaders
Inventory Number: IHS001
Availability: NCADI, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. (free)

This comprehensive resource for FAS information can benefit service providers both within and outside of the IHS system. The book provides resources for meeting the special needs of children with FAS/FAE, as well as parent education programs, cultural resources, and referrals to prevention and treatment services nationwide.

Fetal Alcohol Syndrome & Fetal Alcohol Effects: Informational Booklet for American Indians

Organization: National Indian Child Welfare Association, Inc.
Year: 1993
Format: Booklet
Length: 24 Pages
Topic: FAS Prevention
Target Audience: American Indians, General Public
Availability: National Indian Child Welfare Association, 3611 SW Hood Street, Suite 201, Portland, OR 97201; 503-222-4044. (\$\$)

This easy-to-read booklet brings together various facts, stories, and expert information about the devastating effects of alcohol consumption during pregnancy and breastfeeding. The booklet outlines the learning behaviors of FAS/FAE children, features Q and A, and highlights some personal stories from mothers and children. The authors emphasize the preventability of these

disorders. A FAS/FAE resource listing is provided.

Gathering of Native Americans (GONA) Trainer Guide

Organization: Center for Substance Abuse Prevention

Year: 1994

Format: Curriculum

Length: 10 Modules

Topic: Substance Abuse Prevention

Target Audience: Prevention Professionals, Native Americans, Community Service Groups, and Educators

Setting: Reservation

Readability: Fairly Difficult

Availability: Macro International, Inc.,
11785 Beltsville Drive, Calverton, MD
20705; 301-572-0200. (\$\$)

This 4-day curriculum incorporates belonging, mastery, interdependence, and generosity as foundations for preventing substance abuse among Native Americans. It is the Native American component of four culturally specific training institutes, which were developed in conjunction with CSAP's Community Partnership Training (CCPT) project. Native values such as traditional and historical teachings, storytelling, rituals, ceremony, and spirituality are included to facilitate the sessions. These values are fundamental to effective prevention. Transparencies, handouts, prepared newsprint, and other resources are provided to assist the trainer.

Gathering of Native Americans (GONA) Participant Manual

Organization: Center for Substance Abuse Prevention

Year: 1994

Format: Curriculum

Length: 10 Modules

Topic: Substance Abuse Prevention

Target Audience: Prevention Professionals, Native Americans, Community Service Groups, and Educators

Setting: Reservation

Readability: Fairly Difficult

Availability: Macro International, Inc.,
11785 Beltsville Drive, Calverton, MD
20705; 301-572-0200. (\$\$)

This participant manual accompanies the Gathering of Native Americans (GONA) curriculum. The substance abuse prevention strategies in this curriculum are based on values inherent among Native cultures: belonging, mastery, interdependence, and generosity. Module overviews, an agenda of each day's activities and exercises, and learning objectives are included. Issues such as family/team building, multigenerational trauma, personal and community development, and affirmation are discussed also.

The following audiotapes feature selected presentations from the conference, *Storytelling—Culture as Prevention*, which promoted the use of storytelling to foster resiliency factors that aid in the prevention of substance abuse.

Storytelling—Culture as Prevention

Organization: Arizona Affiliated Tribes, Inc.

Year: 1995

Format: Audiotape

Topic: Substance Abuse and Prevention

Availability: Conference Recording Service,
1308 Gilman Street, Berkeley, CA
94706; 510-527-3600. (\$\$)

The following audiotapes feature selected presentations from the conference, *Storytelling—Culture as Prevention*, which promoted the use of storytelling to foster resiliency factors that aid in the prevention of substance abuse.

Audiotapes available:

Hopi Migration Story

Inventory Number: CSP95-2

Roundtable Discussion and Questions

Inventory Number: CSP95-3

Open Microphone Storytelling and Music

Inventory Number: CSP95-5
Report from Youth Forum: Red House
Dancers: Closing Circle
Inventory Number: CSP95-6
Stories as Self and Community
Empowerment
Inventory Number: CSP95-7
Symbols of Self
Inventory Number: CSP95-8
Coyote Stories
Inventory Number CSP95-10
Native Images
Inventory Number: CSP95-11
Hopi Migrations, Creation, and Philosophy
Inventory Number: CSP95-12
American Indian Stories
Inventory Number: CSP95-21
How To Integrate Stories into Prevention
Inventory Number: CSP95-32
How To Tell Stories To Change the World
Inventory Number: CSP95-33
Tribal Team Poetry
Inventory Number: CSP95-38
Healing Forest
Inventory Number: CSP95-39

Gathering the Circle

Organization: Center for Substance Abuse
Prevention
Year: 1997
Format: Videotape
Length: 24 Minutes
Topic: Substance Abuse Prevention
Target Audience: Native Americans, Alaska
Natives, Community Service Groups,
and Alcohol/Drug Professionals
Inventory Number: VHS94
Availability: NCADI, P.O. Box 2345, Rockville,
MD 20847-2345; 800-729-6686. (\$\$)

This videotape spotlights nine prevention programs designed for Native American and Alaska Native populations. Prevention strategies which focus on the role of elders, rediscovery of traditional ways, self-determination, and the role of tribal communities are presented.

Saying Goodnight to the Sun

Organization: Center for Substance Abuse
Prevention
Year: 1997
Format: Videotape
Length: 30 Minutes
Topic: Substance Abuse Prevention,
Intervention
Target Audience: Alaska Natives, Native
Americans, Alcohol/Drug Prevention
Professionals
Inventory Number: VHS98
Availability: NCADI, P.O. Box 2345, Rockville,
MD, 20847-2345; 800-729-6686. (\$\$)

This culturally specific videotape profiles the Rural Providers Conference, a gathering geared toward substance abuse prevention and intervention strategies for the Alaska Native population. Viewers are shown conference activities that stress the importance of creative power; which enables the Alaska Native community to preserve what is cherished and take ownership of what is happening in their lives.

Cheyenne Visions for 2001

Organization: Cheyenne Cultural Center
Year: 1991
Format: Videotape, Curriculum guide,
Posters
Topic: Substance Abuse and Prevention
Target Audience: Cheyenne youth grades
5 through 8
Availability: Cheyenne Cultural Center,
Route 1, Box 3130, Clinton, OK 73601;
405-323-6224

The "Cheyenne Visions for 2001" video and curriculum guide focus on past and present tribal chiefs, reinforce Cheyenne

cultural values, and encourage young people to stay strong and in control of their lives. An emphasis is placed on how the Cheyenne have adapted to changes without using alcohol and other drugs. Historical data and interviews with contemporary chiefs are incorporated.

Babies-in-Waiting

Organization: FamilyCare
Communications, Inc.

Year: 1992

Format: Videotape

Length: 27 Minutes

Topic: Substance Abuse Prevention

Target Audience: Youth grades 9 and 10

Availability: FamilyCare Communications,
Inc., P.O. Box 46102, Eden Prairie, MN
55347; 612-944-5350

This videotape raises awareness of the link between a mother's behavior and her fetus' health by demonstrating the effects of alcohol, tobacco, tobacco smoke, crack, and marijuana on a growing fetus, as well as the benefits of not using these substances. The video uses cartoon characters and lullaby music to deliver its messages. Moms from different racial and ethnic groups are featured.

Healing Generation's Journey to the Year 2000: The National Agenda for American Indian/Alaska Native Youth

Organization: Unity/Youth 2000/United
National Indian Tribal Youth, Inc.

Format: Booklet

Length: 32 Pages

Topic: Alcohol/Drugs and Prevention

Target Audience: Native Americans

Language: English

Readability: Difficult

Availability: Unity/Youth 2000/United National
Indian Tribal Youth, Inc. P.O. Box 25042,
Oklahoma City, OK 73125; 405-424-
3010

This booklet urges specific efforts to be undertaken in 12 broad areas by Native

Americans (primarily youth) by the year 2000. The broad areas include spiritually, environment, heritage, health and sobriety.

Positive Self-Esteem Can Protect Native American Youth

Organization: Native American
Development Corporation

Year: 1991

Format: Booklet

Length: 24 Pages

Topic: Alcohol/Drugs and Prevention

Target Audience: Community Service
groups, Native Americans, and
Recreation/Sports Personnel

Language: English

Readability: Fairly Difficult

Availability: Native American Development
Corporation, 1000 Connecticut
Avenue, NW, Suite 1206 Washington,
DC 20036

This booklet suggests that a primary strategy to help Indian young people avoid choices that lead to alcohol and substance abuse is to involve youngsters in programs that build positive self-esteem through substance-free activities. Examples of three programs are described.

Strong Tribal Identity Can Protect Native American Youth: How Can We Help?

Organization: Native American
Development Corporation

Year: 1991

Format: Booklet

Length: 24 Pages

Topics: Alcohol/Drugs and Prevention

Target: Alcohol and Drug Prevention
Professionals, Community Service
Groups, Native Americans

Language: English

Readability: Fairly Difficult

This booklet promotes the idea that youngsters will make better choices about alcohol and substance use if they recognize and understand their tribal backgrounds. It presented examples of four types of tribal

programs that encourage youth involvement.

Faces Yet To Come

Organization: American Indian Institute
Year: 1997
Format: Videotape
Length: 10 Minutes
Topic: Fetal Alcohol Syndrome
Target Audience: Native American Women
Availability: The American Indian Institute,
College of Continuing Education,
University of Oklahoma, 555
Constitution Street, Suite 237, Norman,
OK 73072-7820

This video which is suitable for 11 year olds to adults informs the viewer about Fetal Alcohol Syndrome. It shows how Native views of spirituality, the earth, and the significance of the Seventh Generation promote the well-being of future generations.

The Substance Abuse and Media (SAM) Project

Organization: The Substance Abuse and Media Project, University of Arizona
Year: 1994
Format: Video and Audio Public Service Announcement
Topic: Substance Abuse and Prevention
Language: Navaho, Hopi, and English
Target Audience: Native American High School and Middle School Students
Availability: The Substance Abuse and Media Project (SAM), University of Arizona, College of Medicine, Rural Health Office, 2501 East Elm Street, Tucson, AZ 85716-3416; 520-626-7946

Through the SAM Project, 250 high-risk youth produced their own media projects and were involved in creating 13 PSA's with substance abuse prevention messages. One of the PSA's uses three languages: Navaho, Hopi, and English.

Using Indian Culture to Develop Alcohol and Drug Materials for Indian Adults and Youth

Organization: American Indian Institute
Year: 1984
Format: Three Volume Book Set
Length: Book I (57 Pages) Book II (59 Pages)
Book III (49 Pages)
Topic: Curriculum Lessons for Alcohol and Drugs
Target Audience: American Indians, Community Leaders, Prevention Professionals, Mental Health Professionals, Educators
Availability: American Indian Institute,
College of Continuing Education,
University of Oklahoma, 555 East
Constitution Street, Suite 237, Norman,
OK 73072-7820; 405-325-4127. (\$\$)

These manuals represent an attempt to develop culturally relevant information for Indian youth and adults. Information from the manuals can be utilized in discussion groups, group counseling sessions, and individual counseling situations by alcohol and drug workers in both classroom and treatment settings.

Honor the Circle

Organization: National Association for Native American Children of Alcoholics (NANACOA)
Year: 1991
Format: Poster
Topic: Alcohol Abuse and Prevention
Target Audience: Native Americans
Availability: NANACOA, 1402 Third Avenue, Suite 1110, Seattle, WA 98101; 206-467-7686. (free)

The two posters in the prevention poster series were designed by renowned artist Sam English, Sr. The first, **Honor the Circle-Honor Your Tribe**, has the image of an eagle whose great wings surround two Native women and a man as they are facing one direction. The second, **Honor the Circle-Honor Your Family**, has the image of an eagle flying over a group of Natives, some

standing, others sitting, and a beautiful child kneeling and reaching upward.

Hope for Children of Alcoholics

Organization: National Association for
Native American Children of Alcoholics
(NANACOA)

Format: Videotape

Length: 30 Minutes

Topic: Alcohol Abuse and Prevention

Target Audience: Native Americans
Caregivers

Availability: NANACOA, 1402 Third Avenue,
Suite 1110, Seattle, WA 98101; 206-
467-7686. (\$\$)

This inspirational video portrays the plight of Native American adult children of alcoholics and survivors of other types of historical trauma. The message that healing from inter-generational family alcoholism can happen is told through the personal stories of Native American survivors. This video can be used in many community settings to bring about awareness of the healing journey among Native people today. A discussion guide for facilitators is also provided.

Sacred Trust: Protect Your Baby Against Fetal Alcohol Syndrome

Organization: United States Department of
Agriculture, Food and Consumer
Service

Year: 1995

Format: Videotape

Length: 14 Minutes

Topic: FAS Prevention

Target Audience: Native American and
Alaska Native Women, WIC Program
Participants

Inventory Number: VHS100

Availability: NCADI, P.O. Box 2345, Rockville,
MD 20847-2345; 800-729-6686. (\$\$)

This video which was produced by USDA, Food and Consumer Service for use in the WIC program addresses Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE). Individuals of various Nations

present messages that encourage women to say "NO" to alcohol. These messages are presented as a family of Plains Indians prepares throughout the day to attend a powwow. During the video, the image of Chief Sitting Bull appears conveying a message of spiritual value. While the individuals in the video represent a few Nations, the message is of vital importance to all Native Americans and Alaska Natives.

The Honor of All

Organization: The Alkali Lake Indian Band

Format: Videotape

Length: 3 Videos (60 Minutes each)

Topic: Alcohol Abuse and Prevention,
Intervention/Treatment

Target Audience: Native Americans

Availability: Film West, 2399 Hayman Road,
Kelowna, BC, Canada V1Z 1Z7; 250-
769-3399 (\$\$)

This film documents the history of alcohol abuse among the Alkali Lake Indian Band. It shows the struggle of the community to achieve and maintain sobriety after once having a 100 percent alcoholism rate.

Studies, Articles, and Reports

Prevalence of Use

Boozing, Sniffing, and Toking: An Overview of the Past, Present, and Future of Substance Use by American Indians

Mail, P.D.; Johnson, S.

American Indian and Alaska Native Mental Health Research 5(2):1-33, 1993

This paper provides an overview of Indian peoples, alcohol misuse, and the prevalence of drug and inhalant experience. Early use of alcohol among North American Native people may represent early chemical warfare to gain European advantage over an "enemy." The magnitude of the present-day problem of alcohol and substance misuse is described in mortality rates and proportionate use reports. The use of other drugs and substances, such as inhalants, amphetamines, sedatives, and hallucinogens is examined. A brief overview of the history and complex relationships between American Indians and alcohol from the time of initial contact to the present is sketched out before approaches to primary, secondary, and tertiary prevention are considered. The issue of potential conflict between tribal statutes and health objectives is noted. Some possible solutions are proposed.

Alcohol and Suicide in Alaska Natives

Kettl, P.; Bixler, E.O.

American Indian and Alaska Native Mental Health Research 5(2):34-45, 1993

A retrospective review of hospital records from the Alaska Native Medical Center, controlled for age, sex, and race, is presented for 33 Alaska Natives who committed suicide between 1980 and 1984. Suicide rates for Alaska Natives were twice the national average during this study

period. The only significant difference between the suicide and control groups was the history of a prior suicide attempt (p 0.003). Alcohol abuse was diagnosed more often than any other psychiatric disorder in the suicide group and appears to be the most important antecedent of suicide in this study.

Attitudes About Drugs and the Drug Use of Indian Youth

Beauvais, F.

American Indian and Alaska Native Mental Health Research 5(1):38-42, 1992

Alcohol, marijuana, and inhalants are the easiest drugs to obtain, but all drugs are available to some students. Younger students feel that inhalants were easier to get than marijuana. Availability does not have a major effect on use; if there is motivation to use, drugs are available. Perceived harm is linked to use, and eighth-grade reservation youth show the lowest belief that drugs are harmful; only 51 percent believe that using marijuana regularly will lead to "a lot" of harm. In general, non-Indian youth show higher rates of perceived harm, congruent with their lower rates of drug use.

Drug Use Patterns Among American Indian and Alaska Native Youth: Special Rural Populations

Beauvais, F.; Segal, B.

Drugs and Society 7(1/2):77-94, 1992

American Indian and Alaska Native communities illustrate the great diversity found among the rural populations of the United States. These communities are marked by cultural, socioeconomic, and historical patterns that differ from other rural groups, causing a distinctive set of social problems. American Indian and Alaska Native youth show exceptionally

high levels of drug use compared to the national average for youth. Because Native groups share a number of similar cultural characteristics, it could be hypothesized that the rates of drug use among them are related to cultural traits. However, non-Native Alaskan youth also have high rates of drug use, indicating factors in the social environment other than culture that account for drug use. Possible explanatory factors include uncertain economic conditions, family instability, and lack of access to cultural values. Although rural living in itself is not necessarily a contributing factor to drug use, it does place some constraints on intervention efforts. Geographic isolation and lack of adequate health and social service resources make it difficult to develop adequate prevention and treatment services.

Legal Attitudes, Permissive Norm Qualities, and Substance Use: Comparison of American Indian and Non-Indian Youth

Sellers, C.S.; Winfree, L.T.; Griffiths, C.T.

Journal of Drug Issues 23(3):493-513, 1993

Youthful drug use violates both formal law and informal norms for conventional behavior. Analyses of influences on permissive drug attitudes and behaviors among adolescents should, therefore, focus on both attitude toward the law and the informal normative climate of these youths. Legal attitude and norm qualities, however, can vary depending on the cultural and situational context. The authors examine the effect of legal attitude and norm qualities on drug permissiveness attitudes, as well as actual alcohol and marijuana use of 196 adolescents comprising three cultural groups: American Indian residents of a rural community, non-Indian residents of the same community, and transient Indians attending a job-training program in the community. In general, for all three groups, legal attitude primarily affects permissiveness toward drug use, while norm qualities of peers and personal permissiveness influence actual substance use. However, the three cultural groups

vary in the relative salience of these variables.

Views of Problem Drinking Among Native American, Hispanic, and Anglo Children

Sigelman, C.; Didjurgis, T.; Marshall, B.; Vargas, F.; Stewart, A.

Child Psychiatry and Human Development 22(4):265-276, 1992

Native American, Hispanic, and Anglo sixth-graders reacting to an example of teenage problem drinking expressed similar beliefs and attitudes in many respects. The following results of the study were seen: (1) Native American children saw problem drinking as less serious than other children; (2) Native American children endorsed the disease theory of alcohol dependence to a greater degree than did other children; (3) Native American children attributed less responsibility to the individual; and (4) Native American children adopted a less aggressive approach toward treatment. It is concluded that the children were more alike than they were different, although socialized values, early exposure to drinking, and internalization of the belief that Native Americans are biologically predisposed to become alcoholic may contribute to later drinking problems of Native American youth.

Early Modeling of Drinking Behavior by Native American Elementary School Children Playing Drunk

Mail, P.D.

International Journal of the Addictions 30(9):1187-1197, 1995

A report of games played by elementary school children on a Native American reservation in the United States illustrates how intoxicated adult behavior is perceived as funny. Only later does one develop an awareness that the consequences of misuse can be injury, illness, and death. Prevention messages targeted at elementary school children need to provide positive

alternatives to the humor in drunkenness and may need to be culturally adapted. Examples of some culturally specific approaches are discussed.

Attributional Antecedents of Alcohol Use in American Indian and Euroamerican Adolescents

Sage, G.P.; Burns, G.L.

American Indian and Alaska Native Mental Health Research 5(2):46-56, 1993

American Indian and Euroamerican adolescents were compared in regard to the events that they saw as responsible for their alcohol use. American Indian males believed that heredity played a more important role in their use of alcohol than Euroamerican males. American Indian males also believed that fate was a more important influence on their use of alcohol than American Indian females and Euroamerican females and that environmental events (e.g., problem at home) were a less important influence than the three other groups. Euroamerican females saw distressing events as more responsible for their alcohol use than the American Indian females and Euroamerican males. Euroamerican females also saw themselves as more responsible for their alcohol use than the American Indian females and males and Euroamerican males. The treatment implications of these attributional differences in reasons for alcohol use are discussed, especially in regard to American Indian adolescent males.

Alcohol Use Among Male and Female Native American Adolescents: Patterns and Correlates of Student Drinking in a Boarding School

Dick, R.W.; Manson, S.M.; Beals, J.

Journal of Studies on Alcohol 54(2):172-177, 1993

This study examined the patterns and correlates of alcohol use in a Native American boarding school. Specifically,

stressful life events, social support, and emotional distress were associated with quantity as well as frequency of alcohol use in this population. A sample of 188 students (52 percent female) in grades 9-12 attending a boarding school in the midwest were administered self-report measures of these above constructs as part of a larger battery. Family support, and to some degree stressful life events and emotional distress, correlated significantly with alcohol use. The implications of these findings for Native American adolescents in general, and in a boarding school population specifically, are discussed. The need for longitudinal research to explore further the temporal sequence of depression, stressful life events, and social support in relation to alcohol use is addressed.

Urban - Rural Comparisons of Drug-Taking Behavior Among Alaskan Youth

Segal, B.

The International Journal of the Addictions 29(8):1029-1044, 1994

This study explores drug-taking behavior among Alaskan youth in urban, rural, and semiurban communities. It finds significant differences among these locations, which are largely attributable to variations in age of first trying marijuana and alcohol. Racial group effects specific to initiation into marijuana, and gender differences related to initiation to alcohol, are also found. The implications of these findings for education and prevention of drug-taking behavior are discussed, with special emphasis on racial and cultural factors.

Comparison of Drug Use Rates for Reservation Indian, Non-Reservation Indian and Anglo Youth

Beauvais, F.

American Indian and Alaska Native Mental Health Research 5(1):13-31, 1992

Rates of drug use and involvement were compared for three groups: Indian youth

living on reservations, Indian youth living off reservations, and Anglo youth. A consistent pattern emerged, showing the lowest rates of use among Anglo youth, higher rates among non-reservation Indian youth, and the highest rates among Indian youth on reservations. Rates of tobacco use, both smoked and smokeless, and marijuana use are especially high for Indian youth. Indian youth also show a pattern of earlier initiation to drug use. Gender differences reveal slightly higher rates of use for males, although the differences are not great enough to suggest that prevention efforts for males should have a higher priority.

Annotated Bibliography of Papers on Drug Abuse Among Indian Youth by Staff of the Tri-Ethnic Center for Prevention Research

Beauvais, F.

American Indian and Alaska Native Mental Health Research 5(1):68-78, 1992

References and abstracts of articles on drug and alcohol use by American Indian youth that have been published by staff of the Tri-Ethnic Center for Prevention Research are provided. Publications begin in 1978, noting high rates of use, particularly of inhalants. Subsequent papers are concerned with epidemiology, psychosocial correlates of use, prevention, and treatment.

Examining Conceptual Models for Understanding Drug Use Behavior Among American Indian Youth

King, J.; Thayer, J.F.

In: M.R. DeLaRosa and J.R. Adrados, Eds., *Drug Abuse Among Minority Youth: Methodological Issues and Recent Research Advances*. NIDA Research Monograph No. 130

Rockville, MD: National Institute on Drug Abuse, 1993. 348 p (pp. 129-143)

Two promising theoretical models for predicting substance abuse were examined. The life stress and social support theory

identified life stress as a significant influence on levels of family support and drug use but for unknown reasons it did not predict levels of alcohol use. Family support moderates rates of alcohol use and is itself also influenced by life stress factors. Overall, life stress appears to be a major influence on factors related to substance use. The peer cluster theory also identified factors significant to substance use. Family strength or parental expectations were found to influence levels of friend support, family support, and school adjustment. Adolescents who received greater friend support and had better school adjustment chose same-age peers to drink with.

Drug Use and HIV Risk in Alaska Natives

Fisher, D.G.; Cagle, H.H.; Wilson, P.J.

Drugs & Society 7(3/4):107-117, 1993

Data were collected using the Risk Behavior Assessment focusing on high risk behaviors for HIV. To be eligible for the study, a subject had to: (1) be 18 years of age or older; (2) test positive for either cocaine, morphine, or amphetamine on a urine test; (3) present visible track marks indicative of recent injection drug use; and (4) not have been in drug or alcohol treatment within the last 30 days. There were 352 interviewees of whom 62 were self-identified Alaskan Natives. The Alaskan Natives in this sample were younger than the non-Natives. It may be that Natives have only recently begun moving to both smoking and injecting cocaine, as their historical drug of abuse has been alcohol. A younger age of HIV infection may be associated with drug use in this population if HIV has only recently entered the American Indian/Alaskan Native population, as has been suggested. Alaskan drug use was found to be heavily influenced by conditions along the Pacific Coast and Hawaii. There were found to be more Alaskan Native female injectors than male injectors. This is the major way that Alaskan Native women are at risk for HIV infection. It also was found that female Alaskan Natives had a greater percentage of

sex partners who were needle users than any other sex-race group.

Predictors of Driving While Intoxicated (DWI) Among American Indians in the Northwest

James, W.H.; Hutchison, B.; Moore, D.D.; Smith, A.J.

Journal of Drug Education 23(4):317-324, 1993

This study compares DWI arrest records for American Indians to those of the general population in Washington State. Within the period January 1987 through December 1987, 1,067 American Indians were arrested for DWI. This sample was compared for age, gender, and occupational status to 28,130 total DWI arrestees during the same period. The data indicate that American Indian were the most over-represented population as they were two-and-one-half times as likely to be arrested for DWI, compared to overall DWI arrest population. The population of American Indians arrested for DWI was three times as likely to be unemployed as compared to the resident labor force of all American Indians. This research supports the conclusion that DWI arrests may be viewed as a symptom of alcohol misuse, abuse, or chemical dependency for American Indians, and that a DWI prevention approach should include education, prevention, intervention, treatment, aftercare, and law enforcement efforts that are sensitive to tribal diversity.

Relationship Between Socioeconomic Status, Health Status, and Lifestyle Practices of American Indians: Evidence from a Plains Reservation Population

Cheadle, A.; Pearson, D.; Wagner, E.; Psaty, B.M.; Diehr, P.; Koepsell, T.

Public Health Reports 109(3):405-413, 1994

This paper presents information on the prevalence of a variety of health behaviors and health conditions on an American Indian reservation in the Plains region of

the western United States. In addition, data from two non-Indian comparison groups were used to examine the extent to which differences in health status and health behaviors between Indians and non-Indians could be explained by differences in socioeconomic status. The American Indian data were from a survey conducted in 1988 during an evaluation of a local community-based health promotion program, part of the Kaiser Family Foundation's Community Health Promotion Grants Program. The comparison groups were 12 communities in California surveyed in evaluating the Community Health Promotion Grants Program and three Plains States participating in the Behavioral Risk Factor Surveillance Survey.

Policy

Alcohol Policy Considerations for Indian Reservations and Bordertown Communities

May, P.A.

American Indian and Alaska Native Mental Health Research 4(3):5-59, 1992

For some topics, particularly in public health, summaries are dangerous because they may create the idea that a single or simple solution exists. This topic is one where a summary can create a false expectation of simplicity. There is no simple or easy solution to the problem of alcohol abuse in any community, especially reservation and bordertown communities in the western United States. The solution is complex, it must be comprehensive, and it will take a great deal of effort over time to reduce alcohol and substance abuse in any individual community. Indian communities must develop a comprehensive, consistent, and clearly defined alcohol prevention/intervention policy. Such a policy must utilize a systematic, public health approach that considers the physical, mental, and social well being of each and every individual within the region. It must address all types of problematic alcohol consumption, from sporadic alcohol

consumption (light and heavy) to regular alcohol abuse and chronic alcoholism, for the problems found in Indian and bordertown communities arise from a variety of different drinking patterns. Presented in this paper are a large number of policy and prevention options that have been used successfully in human societies in various parts of the world and in the United States. The intent of the paper is to present and describe the variety of options for addressing alcohol problems that have been found to be of value in the control and reduction of alcohol abuse and related problems. The three broad categories of approach are: controlling the supply of alcoholic beverages through statute and regulation; shaping drinking practices directly; and reducing the physical and social environmental risks. Indian tribal councils and Native communities can, if they so desire, consider, debate, and enact any or all of these measures. The important issue is that they should be aware of these ideas for prevention and consider them carefully. If the preventive measures described here can be applied systematically and reasonably within the social and cultural contexts of a Native community, then the ultimate result should be positive. Readers are encouraged to read this paper carefully, to study the tables and figures, and if more detail is desired, to consult some of the many references found in the back. Comprehensive and positive alcohol policy has been ignored for too long in Indian country, and the resultant toll in morbidity, mortality, and suffering is too high. This paper presents the ingredients for a comprehensive policy. Each community needs to work up its own recipe.

The Need for Community Consensus as a Condition of Policy Implementation in the Reduction of Alcohol Abuse on Indian Reservations

Beauvais, F.

American Indian and Alaska Native Mental Health Research 4(3):77-81, 1992.

The call for broadly based interventions brings to the fore the question of community cohesiveness and the ability to reach consensus on the shared values that are to be reflected in policy. Policy changes can lead to changes in individual behavior; however, it is possible that these changes would occur without the massive efforts to alter individual behavior through education and promotion of changes in values and attitudes. The process by which communities reach consensus regarding alcohol issues needs attention; policy implementation in Indian communities must occur with community members having a vested interest if they are to work. The richness and salience of Indian culture can provide a marked advantage when community members gather to explicate what values and behaviors will be sanctioned. An accurate picture of the extent and nature of alcohol abuse on reservations is still lacking; however, studies to date have shown significantly higher rates of alcohol involvement among Indian as compared to non-Indian youth, and that there is only modest variability in alcohol involvement from reservation to reservation.

Do We Care Enough to Attempt Change in American Indian Alcohol Policy?

Mail, P.D.

American Indian and Alaska Native Mental Health Research 4(3):105-111, 1992

Prohibition is not a reality in Indian communities. It is suggested that solutions to substance abuse and other community issues should be sought within the indigenous community and not imposed

from the outside. Although self-determination legislation provides for Tribes to resume their own political management, prevention leadership could be provided by the Indian Health Service (IHS), an agency of the U.S. Public Health Service. All non-Indian staff seeking to work within the Indian cultures need specific training in cross cultural sensitivities and perspectives.

Alcohol Policy Considerations for Indian People

Thompson, J.W.

American Indian and Alaska Native Mental Health Research 4(3):112-119, 1992

The primary prevention of alcohol-related problems is an enormous task. Any programs formulated must contain a clearly identifiable intervention that is to be focused upon a specific problem or risk factor and which targets a specific target group. Another important point about focused programs is that even though much of the public health approach relates to populations, most prevention programs require attention to the individual at some point. It is essential to set up data-oriented surveillance mechanisms and formal evaluations. Policy changes must be instituted at all levels of prevention: primary, secondary, and tertiary. Alcohol problems cannot be approached in the same way in every case.

Alcoholic Beverage Control Policy: Implementation on a Northern Plains Indian Reservation

Van Norman, M.C.

American Indian and Alaska Native Mental Health Research 4(3):120-125, 1992

Federal regulation of liquor traffic and the authority delegated to Indian Tribes to regulate the use and distribution of liquor throughout their territories are examined. The need to dispel the myths surrounding Indians and alcohol abuse is discussed. The experience of one Northern Plains Indian tribe in fighting alcohol abuse is described.

Promoting Tobacco Control Policies in Northwest Indian Tribes

Lichtenstein, E.; Glasgow, R.E.; Lopez, K.; Hall, R.; Gilbert, S., et al.

American Journal of Public Health
85(7):991-994, 1995

A culturally sensitive consultative process to facilitate adoption by tribal councils of more effective tobacco control policies was developed and evaluated. Thirty-nine Northwest Indian Tribes were randomized to early intervention or late intervention conditions. Early intervention Tribes received a policy workbook and consultation by means of meetings and telephone calls. Late intervention Tribes were assessed but received no assistance or encouragement regarding tobacco use policies. The stringency of the policies was assessed via telephone at baseline and after intervention. At postintervention there were consistent, and generally statistically significant, differences in adoption of more stringent and comprehensive smoking policies for early intervention Tribes compared with late intervention Tribes. The intervention could be used in other Indian settings.

Prevention

Effects of Primary Prevention on Attitudes and Alcohol and Other Drug Use with At-Risk American-Indian Youth

Conner, J.L.; Conner, C.N.

In: *Working with Youth in High-Risk Environments: Experiences in Prevention (CSAP Prevention Monograph-12)*, C.E. Marcus, J.D. Swisher, Eds., pp. 164-173. Rockville, MD: Center for Substance Abuse Prevention, 1992. 210 p.

(Available from NCADI, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. Inventory Number BKD80.)

The impact is assessed of an intensive retreat for American-Indian youth in high-

risk environments. It was found that the experience greatly reduced excessive drinking among the targeted adolescents. The evaluation design used was unique in assessing attitudes that were and were not expected to change. Those variables not expected to change because they were related to the goals of the retreat served as a control for the attitudes that were expected to change. The results were consistent with these expectations and the model for evaluation was appropriate for demonstration programs.

Drug Prevention in Zuni, New Mexico: Creation of a Teen Center as an Alternative to Alcohol and Drug Use

Stivers, C.

Journal of Community Health 19(5):343-359, 1994

A project to provide safe and enjoyable alternatives to substance use for youth of the Zuni Tribe in New Mexico is described. The project, funded by the Center for Substance Abuse Prevention, Department of Health and Human Services, developed messages oriented to alcohol use prevention. A lengthy needs assessment determined that Zuni teenagers often used alcohol and drugs because they had little else to do in their free time.

Communications products were developed that publicized and promoted the creation of a Zuni Teen Center as a fun and safe alternative to drug use. These products, then, are serving as a catalyst for mobilizing the Zuni community around the cause of preventing alcohol use among their teens via the conversion of an old warehouse to a Zuni Teen Center. The article describes the needs assessment, product development and distribution, and evaluation of the project's success.

Substance Abuse Prevention Programs for American Indian Youth

Hill, A.; Hill, V.

In: G.W. Lawson and A.W. Lawson, Eds.,
Adolescent Substance Abuse: Etiology, Treatment, and Prevention.

Gaithersburg, MD: Aspen Publishers,
1992. 532 p (pp. 491-500)

(Available from Aspen Publishers, Inc., 200
Orchard Ridge Drive, Suite 200,
Gaithersburg, MD 20878)

Current data on substance abuse among Indian youth indicate important cultural considerations in the development of substance abuse prevention programs. Chronic unemployment, poverty, and low education levels, combined with substandard housing, malnutrition, inadequate health care, lack of community resources, and acculturational pressures toward urbanization, are among the problems of Indian youth. Rates of criminal arrests and juvenile delinquency among American Indian youth are the highest of any ethnic group in the Nation; the number of offenses committed under the influence of substances is four times that of African American youth and 10 times that of white youth. It is contended that forced acculturation through urbanization, failure to form a traditional frame of reference, and early exposure to ceremonies, rituals, and life style has increased the developing Indian youth's vulnerability to psychological disturbance. Not surprisingly, depression and adjustment disorders are common among American Indians. The family may provide the best arena for preventing and combating substance use. Indian youth need strong family supports if they are to develop and remain rooted in a strong sense of cultural identity, self-esteem, and values that are lacking in their peers who are prone to substance use. The primary sources of strength in the American Indian family are interdependence, group affiliation, and social respect. Family members' independent and interdependent actions and interactions with peers and of the larger

group maintain the sources of family strengths.

Cultural Competence for Evaluators: A Guide for Alcohol and Other Drug Abuse Prevention Practitioners Working with Ethnic/Racial Communities

Orlandi, M.A. (Ed.)

Rockville, MD: Center for Substance Abuse Prevention, 1992. 299 p.

(Available from NCADI, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. Inventory Number BKD79.)

Two types of competence are needed in substance abuse prevention program practitioners: program evaluation competence and cultural competence. The relationships between culture and health within the context of social science theory are explored. Substance abuse problems are discussed as public health challenges and the prevention approaches that have evolved as solutions to these problems are summarized. Program evaluation is characterized as a communication process with both scientific and artistic dimensions. Program evaluation competence and cultural competence are distinguished; these need to be synthesized to address the challenge of effective substance abuse program evaluation in ethnic/racial communities. A three-part approach is offered for achieving such a synthesis that provides a rationale for the eight cultural-specific looks at four ethnic/racial groups: Hispanics; African-Americans; American Indians and Alaska Natives; and Asian/Pacific Islanders.

Pile Sorts, a Cognitive Anthropological Model of Drug and AIDS Risks for Navajo Teenagers: Assessment of a New Evaluation Tool

Trotter, R.T.; Potter, J.M.

Drugs & Society: A Journal of Contemporary Issues 7(3/4):23-29, 1993

This article presents data which support the use of a cognitive anthropology research method, "pile sorting," to compliment and enhance the qualitative and quantitative evaluation tools used by drug prevention programs. The method was employed in the assessment of a drug, alcohol, and AIDS prevention program conducted by a community based organization. It produced significant information on the cognitive models of risks held by Native American teenagers, and provided a method of determining target areas for revision of the prevention and intervention program, as well as assessing the impact of the existing program. Pile sorting proved to be simple to administer, fun for respondents, and provided analytical information at a positive ratio between time-on-task compared to richness of result.

Using the Behavioral Risk Factor Surveillance System to Monitor Year 2000 Objectives Among American Indians

Sugarman, J.R.; Warren, C.W.; Oge, L.; Helgerson, S.D.

Public Health Reports 107(4):449-456, 1992

The Behavioral Risk Factor Surveillance System, a data set based on telephone surveys that have been conducted by States in collaboration with the Centers for Disease Control and Prevention, has been used to estimate the prevalence of behavioral risk factors for adults in the United States so health objectives can be set and progress towards accomplishing them measured. Data for adult American Indians in this regard have not been available generally. The use of these data to estimate behavioral risk prevalence for American Indians for geographic region was examined and the results compared with those for white Americans. In addition, data from the system were compared with other data sets, including the results of selected surveys in American Indian communities, to explore the validity of the system as a tool for evaluating the behavioral risks of Indians. Behavioral Risk Factor Surveillance System data for the period of 1985 to 1988 were

used. During this period, the 1,055 American Indian respondents constituted 0.63 percent of those responding under the system and 0.70 percent of the population of the participating States. Separate (sex-specific) behavioral risk prevalence estimates were derived for Indians and whites for four geographic regions—Southwest, Plains, West Coast, and Other States. The system's behavioral risk estimates for the Plains regions were compared with available data from behavioral risk surveys done in three American Indian communities in Montana (Blackfeet, Fort Peck, and Great Falls) from 1987 to 1989. The behavioral risk factors compared include use of automobile seat belts, current smoking, current use of smokeless tobacco, heavy drinking, drinking and driving, overweight, hypertension, and sedentary lifestyle. Although large regional differences in the prevalence of these risk factors were found, the magnitude and direction of the differences are frequently similar among American Indians and whites living in the same geographic regions. The findings from the Behavioral Risk Factor Surveillance System among American Indians are largely consistent with independently collected data from more resource-intensive household surveys, at least when surveys in Montana are compared with system data from the Plains. These data are generally consistent with other epidemiologic studies. When they are used in conjunction with community-specific surveys, the Behavioral Risk Factor Surveillance System data may be useful for monitoring the progress of American Indians towards the Year 2000 national health objectives. The value of the surveillance system for monitoring trends in behavioral risk factors among Indians would be enhanced if States attempted to oversample regions (such as Indian reservations) with a high proportion of Indian residents. It appears that aggressive health promotion and disease prevention efforts will be needed if these objectives are to be achieved.

Community Development as Context for Alcohol Policy

Dorpat, N.

American Indian and Alaska Native Mental Health Research 4(3):82-84, 1992

If development of clear and consistent policy is to occur through action of primary social groups among Native Americans, it follows that development efforts enhance the level of cohesiveness of the community and the viability of primary social groups. A public health approach is outlined as a basis for community-based social change. The following are guidelines for a sequential approach to the development of a public health policy: (1) define a primary message or community goal; (2) define safe drinking practices; (3) define and promote specific safe behaviors and practices; and (4) build a broad base of community support.

Next Twenty Years of Prevention in Indian Country: Visionary, Complex, and Practical

Fleming, C.M.

American Indian and Alaska Native Mental Health Research 4(3):85-88, 1992

Drug problems are complex and cannot be reduced solely to the level of individual or personal behavior. An integrated approach to prevention emphasizes a shared responsibility for addressing problems. An integrated approach to prevention also emphasizes long-term planning as well as short-term crisis intervention. While crises will always occur and must be planned for, communities need to do more than short-term problem solving. It is necessary to disseminate information about the harmful effects of drugs, but this is rarely sufficient to bring about changes in behavior. Comprehensiveness is an important part of an integrated approach. Four action steps communities can follow to develop a comprehensive alcohol abuse prevention plan include: (1) form a consensus of the problem; (2) define safe drinking practices; (3) define and promote specific safe provisions; and (4) build community

support for a comprehensive prevention plan.

Much Remains To Be Done

Gregory, D.

American Indian and Alaska Native Mental Health Research 4(3):89-94, 1992

Beginning in 1986, due to fundamental shifts in the problem of alcohol and drug abuse, the perception of the problem of alcoholism and the risks associated with chemical dependency brought profound changes in social behavior and values in many Indian communities. To a limited extent, those changes are supported by public resources. Under P.L. 99-570, for example, Tribes drafted Tribal Action Plans. Many addressed issues of economic development on the reservation. Many planned recreational facilities and programs to provide alternative activities for their members. Some Tribes undertook expansion of alcohol/drug programs, including in at least one case establishing their own primary residential treatment facility. Public health efforts, including prevention and treatment, are making progress and should be continued and increased. Public awareness of the consequences of alcoholism and drug abuse is increasing because there is finally some hope of progress.

An Emphasis on Solutions Rather Than Problems

Lujan, C.C.

American Indian and Alaska Native Mental Health Research 4(3):101-104, 1992

There are no simple or easy solutions to the problem of alcohol abuse in any community. Communities must develop a comprehensive, consistent, and clearly defined alcohol prevention/intervention policy. The policy must involve a public health approach focusing on the community and integrating all major institutions, such as the family, school, religion, law enforcement, courts, health services, community services, and media. Value and attitude changes must be promoted because

social change in public health occurs after value and behavior shifts in primary social groups. There needs to be greater emphasis on strengths within the Native American community to initiate successful prevention programs. There are numerous committed, articulate, and well-educated tribal leaders who encourage developing innovative programs within the communities that are tailored to meet the specific needs of the community. Intervention and treatment programs are beginning to focus on aftercare and the family. Tribes are working cooperatively in their efforts to provide services to their membership. The sale and control of alcohol in the Native American community should be regulated without polarizing the community. To adequately address the problem, Tribes need to gain greater control over the sale and regulation of alcohol on or near the reservation, and to work with the alcoholic beverage companies to eliminate dangerous and offensive advertising.

Let the Debate, Study, and Action Continue: Response to Twelve Critiques

May, P.A.

American Indian and Alaska Native Mental Health Research 4(3):126-132, 1992

The most profound and permanent social changes that affect public health occur in primary groups. While there is variation in individual drinking style among Indians, influenced by genetic variation, family characteristics, peer groups, exposure, learning, spiritual beliefs, and psychiatric variables, community-based, policy-oriented issues are important. Sociocultural change will go far in reducing and preventing alcohol problems. It is contended that legalization can be a tremendous tool for many communities. Blackouts, which appear to be more frequent among Native Americans than in the general population, are a behavior/experience that results mainly from life experience, not from inherited or genetic traits. Therefore, current arguments of innate physiological

susceptibility for American Indians or Native Americans are pernicious.

Drug Prevention Research with Native-American Populations: Some Considerations

Castro, F.G.; Harmon, M.P.; Coe, K.; Tafoya-Barraza, H.M.

In: *Scientific Methods for Prevention Intervention Research. NIDA Research Monograph 139*, A. Cazares and L.A. Beatty (Eds.), pp. 235-248. Rockville, MD: National Institute on Drug Abuse, 1994. 281 p.

(Available from NCADI, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686. Inventory Number M139.)

This chapter focuses on research concerns regarding American Indian/Native American populations in a central context, with a focus on drug abuse prevention intervention research as an established need in Native communities. This chapter is designed to serve as a tool for those who pursue grants and wish to develop research reflecting considerations important to Native Americans. The author believes that the research concerns for Native Americans are actually broad concerns. The chapter first discusses general research concerns followed by a review of drug abuse prevention needs in American Indian groups. Also examined are the issues of heterogeneity of American Indians, barriers to drug abuse research, needs in American-Indian communities conceptual problems, and barriers to research design, and setting research priorities.

An Eagle's View: Sharing Successful American Indian/Alaska Native Alcohol and Other Drug Prevention Programs

Hayne, B.

Northwest Regional Educational Laboratory, Western Regional Center for Drug-Free Schools and Communities, September 1993. 79 p.

(Available from Western Regional Center for Drug-Free Schools and Communities, 101 SW Main Street, Suite 500, Portland, OR 97204; 503-275-9500)

This volume summarizes 36 programs, events, and activities to prevent substance abuse problems among American Indian/Alaska Native people throughout the United States. It was compiled by the five agencies under the auspices of the Regional Centers for Drug-Free Schools and Communities Program. Programs include ongoing prevention programs, as well as annual, standalone events that are school- or community-based. Each listing provides program contact name and address, focus group, main feature, description, activities, strategies, and evaluation.

Eagle's View, Volume II: Sharing Successful American Indian/Alaska Native Alcohol and Other Drug Prevention Programs

Hayne, B.

Northwest Regional Educational Laboratory, Western Regional Center for Drug-Free Schools and Communities, September 1994. 55 p.

(Available from Western Regional Center for Drug-Free Schools and Communities, 101 SW Main Street, Suite 500, Portland, OR 97204; 503-275-9500)

This report summarizes programs, events, and activities to prevent substance abuse by American Indian/Alaska Native people. Programs from the Western, Midwest, and Southeast Regional Centers for Drug-Free Schools and Communities are listed. Community programs and programs for

pregnant, postpartum women, and their infants are also included. Information includes program contact name and address, target audience, program description, and activities. Programs were not evaluated before inclusion in the report.

Native American Perspective

Robbins, M.L.

In: *Managing Multiculturalism in Substance Abuse Services*, J.U. Gordon (Ed.), pp. 148-176. Thousand Oaks, CA: SAGE Publications, Inc., 1994. 262 p.

(Available from SAGE Publications, Inc., 2455 Teller Road, Thousand Oaks, CA 91320)

Alcohol is the most serious health and social problem facing American Indians. Demographic data show that most American Indians needing substance abuse services will be in a nonreservation or urban setting. Stereotypes, such as "drunken Indian," hamper treatment of the American Indian population. Four points are important in prevention and treatment programs: (1) A knowledge of Native characteristics, such as tribalism, Indian identity, spirituality, acculturation, and biculturalism is essential for integrating conventional counseling techniques; (2) There is no single explanation for Indian substance abuse; (3) Counselors have a better chance of reducing abuse frequencies if they acknowledge that substance use is learned in a cultural context. It is an important element of some Native cultures and is considered to have positive social functions; (4) A treatment orientation based on the notion that alcoholism is a disease is not applicable because it excludes the social and cultural aspects of drinking. Community-based treatment allows the incorporation of elements aimed at the unique problems of the targeted community.

Treatment

Walking in Balance on the Red Road

Elk, G.T.

Journal of Emotional and Behavioral Problems 2(3):54-57, 1993

The programming of children as alcoholics is summarized in a four stage progression. The Red Road curriculum is holistic, addressing the cognitive, affective, and experiential needs of Native American students. This approach teaches Native American youth to abandon the unnatural environment in which they are stripped of their own traditional ways. The school-based program begins by teaching children about their cultural heritage. Video art is used to demonstrate the power of imprinting. As in other programs targeting children of alcoholics, further sessions deal with such issues as codependency, grieving, and sexual abuse.

Recovery and Prevention in Native American Communities

Rush, A.G.

National Native American AIDS Prevention Center, June 1992. 10 p.

(Available from Resource Center, California Department of Alcohol and Drug Programs, 1700 K Street, Sacramento, CA 95814; 916-327-3728; Publication Number 9407-R)

Native American prevention efforts must directly address individual and community issues that are unique to the Native community. The trauma of the individual is reflected in the need for healing and recovery. The struggle against cultural dissociation is reflected in the need to empower the individual and integrate Native traditions and values. The importance of the family, clan, and tribe is reflected in the need to empower communities to heal themselves. Finally, health and wellness in Native communities must be approached in an integrated

fashion, and the links between substance abuse and other social and health problems must be addressed. These are the keys to reclaiming Native communities from substance abuse. They are the keys to prevention and health for future generations.

Hospital Resource Utilization by American Indians/Alaska Natives for Alcoholism and Alcohol Abuse

Hisanick, J.J.; Erickson, P.M.

American Journal of Drug and Alcohol Abuse 19(3):387-396, 1993

Previous work examining the issue of alcoholism and alcohol abuse among American Indians and Alaska Natives can be broadly categorized as either descriptions of the consumption patterns and behaviors of specific Tribes or mortality studies, focusing on deaths due to alcoholism, alcohol abuse, chronic liver disease, or cirrhosis. A major shortcoming of previous studies has been that they have not looked at the burden this problem has imposed upon the system of health care delivery for this minority population. By using an International Classification of Diseases, Ninth Revision, Clinical Modification taxonomy of diagnostic codes developed by the National Institute on Alcoholism and Alcohol Abuse (NIAAA) and the national Indian Health Service (IHS) inpatient data base for direct and contract admissions, utilization patterns for 43 IHS facilities were investigated. The period of study was 1980-1988, and the case definition included any individual 14 years and older who had any mention upon discharge of an alcohol-related diagnosis (ARD). For the 9-year period under investigation, 43,302 adult inpatient admissions occurred at the 43 IHS facilities for ARD. These admissions accounted for an overall estimated per annum rate of 13.7 percent of the adult inpatient days. In addition, age and gender specific discharge rates for ARD were estimated and compared to reported ARD discharge rates of the United States civilian population prepared by the NIAAA using the National Hospital Discharge Survey over the period 1979-1988.

In contrast, the IHS discharge rates for ARD were three times greater than reported ARD discharge rates for the United States civilian population.

Cultural Considerations for the Native Client

Hill, A.

In: *Alcohol & Drug Problems: A Practical Guide for Counsellors*, B.M. Howard, S. Harrison, V. Carver, L. Lightfoot (Eds.) pp. 299-331.

Toronto, Ontario, Canada: Addiction Research Foundation, 1993. 461 p. (Available from Marketing Department, Addiction Research Foundation, 33 Russell Street, Toronto, ON M5S 2S1; 800-661-1111)

Four Native family types are outlined, along with the range of acculturation in light of contemporary Iroquois society and a short commentary on its significance in assessment and treatment planning for the Native client. The reserve-based and bicultural Native family types are, in contrast to the migratory and transitional Native family types, the most functional family types, both socially and psychologically. Based on the range of acculturation among Native family systems and the four family types outlined, addiction counselors also must recognize the cultural diversity that exists. Each family type must be viewed with an understanding of the particular culture of the Native client. The Native family structure becomes an important cultural consideration in terms of assessment and treatment for the Native addicted client.

Comparison of Values of Alaska Native and Non-Native Alcoholics and Their Counselors

Berryhill-Paapke, E.; Johnson, M.E.

International Journal of the Addictions 30(4):481-488, 1995

Values of 42 Alaska Native clients, 30 Alaska Native counselors, and 19 non-Native counselors at seven Indian Health

Service inpatient alcoholism treatment programs in Alaska are compared. Using the Rokeach Value Survey, differences were revealed on six instrumental values and six terminal values. The primary value disparities were between Alaska Native groups and non-Native counselors. Specifically, both Alaska Native groups placed greater importance on values that were other-focused while the non-Native counselors placed more importance on values that were self-focused. Minor differences were noted also between clients and both groups of counselors. Therapeutic implications of such values disparities are discussed as are possible avenues to remediate the problem.

Groups, Organizations, and Programs

Al-Anon/Alateen Family Group Headquarters, Inc.

1600 Corporate Landing Parkway
Virginia Beach, VA 23454
804-563-1600
800-344-2666 (U.S.)
800-443-4525 (Canada)

Alcoholics Anonymous World Services Inc.

475 Riverside Drive
New York, NY 10115
212-870-3400

American Indian and Alaska Native Caucus of the APHA

c/o American Public Health Association
1015 15th Street, NW
Washington, DC 20005
202-789-5600

American Indian Health Care Association

404 Lafayette Street
New York, NY 10003
212-598-0100

American Indian Institute

555 Constitution Street
Suite 237
Norman, OK 73072-7820
405-325-4127
<http://www.occe.ou.edu/aii/index.html>
E-mail: aai@cce.occe.ou.edu

Americans for Indian Opportunity

681 Juniper Hill Road
Bernalillo, NM 87004
505-867-0278

Association of American Indian Physicians

1235 Sovereign Row
Suite C7
Oklahoma City, OK 73108
405-946-7072

Department of Health and Human Services

Administration for Native Americans
200 Independence Avenue, SW
Room 348 F
Washington, DC 20201
202-690-7776

Healthy Nations

UCHSC Department of Psychology
A011-13
4455 East 12th Avenue
Denver, CO 80262
303-372-3272

Indian Health Service

Alcoholism and Substance Abuse Program
Room 5A-20
5600 Fishers Lane
Rockville, MD 20857
301-443-4297
<http://www.tucson.ihs.gov>

Minnesota Indian Women's Resource Center

2300 15th Avenue South
Minneapolis, MN 55404
612-728-2000

Nar-Anon Family Groups

P.O. Box 2562
Palos Verdes Peninsula, CA 90274
213-547-5800

Narcotics Anonymous
P.O. Box 9999
Van Nuys, CA 91409
818-780-3951

**National Association for Native American
Children of Alcoholics (NANACoA)**
611 12th Avenue South, Suite 200
Seattle, WA 98144206-324-9360
800-322-5601

**National Clearinghouse for Alcohol and
Drug Information (NCADI)**
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686
800-487-4889 TDD

**National Congress of American Indians
(NCAI)**
2010 Massachusetts Avenue, NW
Washington, DC 20036
202-466-7767
<http://www.ncai.org>

**National Indian Council on Aging
(NICOA)**
6400 Uptown Boulevard, NE
Suite 510W
Albuquerque, NM 87110
505-888-3302

National Indian Health Board
1385 South Colorado Blvd.
Suite A708
Denver, CO 80222
303-759-3075

**National Native American AIDS
Prevention Center**
2100 Lakeshore Avenue
Oakland, CA 94606
510-444-2051
800-283-AIDS

**National Organization for Fetal Alcohol
Syndrome (NOFAS)**
1815 H Street, NW
Suite 1000
Washington, DC 20006
202-785-4585
800-66-NOFAS
Office of Minority Health Resource Center
PO Box 37337
Washington, DC 20013-7337
800-444-MHRC

**UNITY (United National Indian Tribal
Youth, Inc.)**
P.O. Box 25042
Oklahoma City, OK 73125
405-424-3010
<http://www.unityinc.org>

Internet Access Sites

Federal Resources

Bureau of Indian Affairs

<http://www.usgs.gov/doi/bureau-indian-affairs.html>

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/cdc.htm>

Indian Health Service

<http://www.tucson.ihs.gov/>

National Health Information Center (NHIC)

<http://nhic-nt.health.org>

National Institutes of Health

<http://www.nih.gov>

National Clearinghouse for Alcohol and Drug Information (NCADI)

<http://www.health.org>

National Indian Health Board

<http://www.cia-g.com/~tfisher/nihb.htm>

U.S. Department of Health and Human Services

<gopher://gopher.os.dhhs.gov>

<http://www.os.dhhs.gov>

Other Resources

Al-Anon and Alateen

<http://solar.rtd.utk.edu/~al-anon/>

Alcoholics Anonymous Resources Online

<http://www.casti.com/aa/>

Canadian Centre on Substance Abuse

<http://www.ccsa.ca>

Injury Control Resource Information Network

<http://www.pitt.edu/~hweiss/injury>

Join Together Online

<http://www.jointogether.org>

Men's Issues Page

<http://www.vix.com/men>

National Indian Policy Center

<http://gwis.circ.gwu.edu/~nipc/>

National Parent Information Network

<http://ericps.ed.uiuc.edu/npin/npinhome.html>

Native American Net Server

<gopher://alpha1.csd.uwm.edu:70/11/UWM-Information/Native-American-Net-Server>

NativeNet

<http://www.fdl.cc.mn.us/natnet/>

NativeWeb Home Page

<http://www.nativeweb.org>

The Selkirk Healing Centre

<http://www.native.org/selkirk.html>

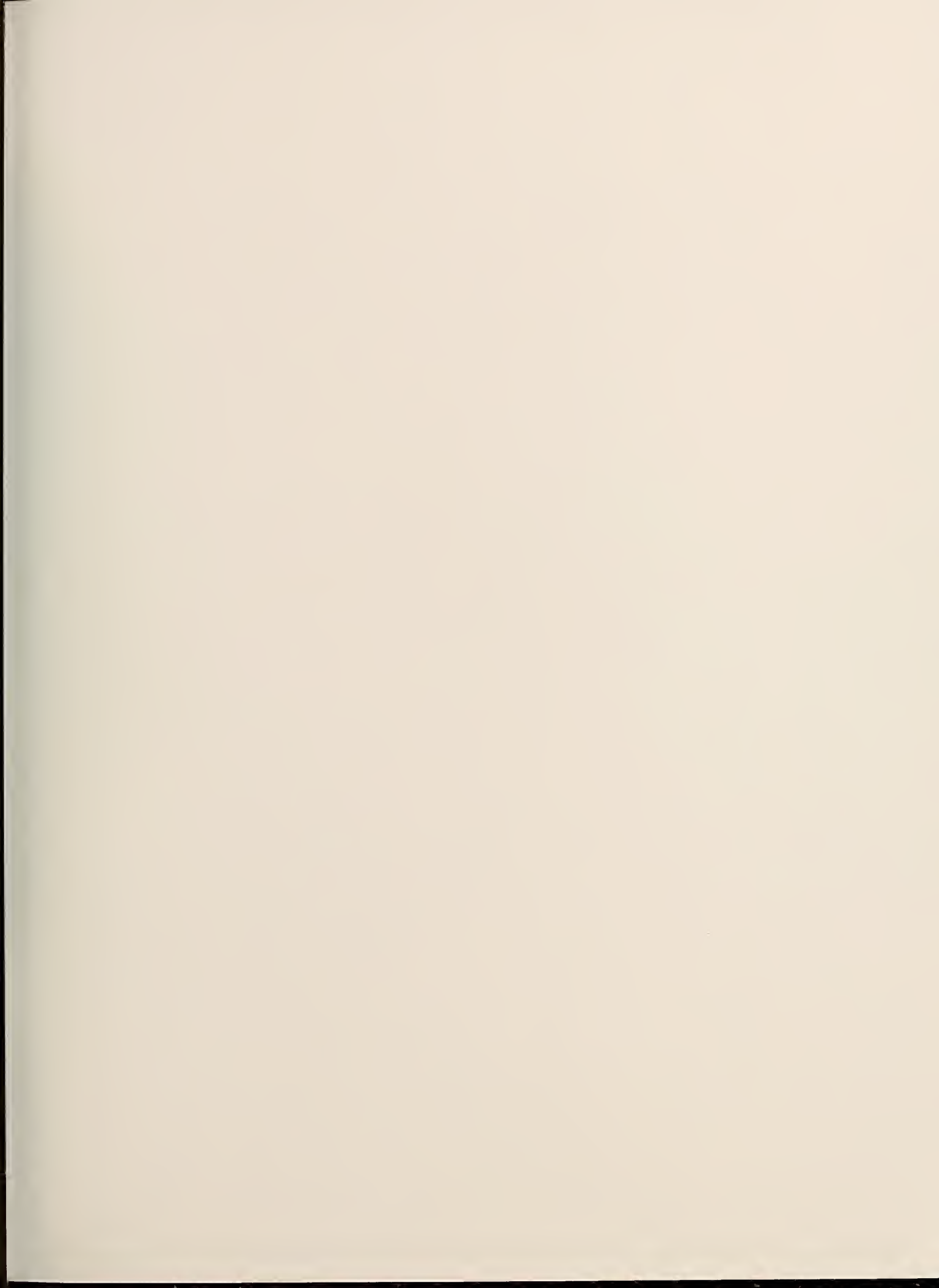
Unity

<http://www.unityinc.org>

Web of Addictions

<http://www.well.com/user/woa/>





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