

Exploring Culturally-Based Drug Resistance Strategies used by American Indian Adolescents of the Southwest'

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Abstract

This article presents the findings of a qualitative research study conducted with a group of 19 American Indian students attending a semi-urban middle school in the Southwest. Participants in small gender-specific focus groups reported on the strategies they most commonly use to avoid offers of alcohol and other drugs. Three primary strategies were identified. (1) redirecting, (2) avoiding/leaving, and (3) refusing. Implications for culturally-based substance abuse prevention are discussed, and suggestions for the incorporation of these strategies are made.

Key words. American Indian, adolescent substance prevention, culturally-based programs.

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Throughout the 1990s, empirical research has concluded that teaching refusal skills is one of the most effective approaches to youth drug use prevention (Shope, Copeland, Maharg, Dielman and Butchart, 1993; Hermann & McWhirter, 1997; Botvin, 2000). Ethnicity, gender, age, family context, and socioeconomic status have been identified as important factors influencing the type and frequency of use of different refusal strategies (Marsiglia, Kulis, & Hecht, 2001; Moon, Jackson & Hecht 2000; Alberts, Hecht, Miller-Rassullo and Krizek, 1992). Much research on resistance and

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refusal strategies, however, has given limited consideration to the unique characteristics of ethnic and racial groups. The culture of the child has often been overlooked and research conducted with White students has been adapted to serve ethnic minority students (Botvin, 2001). Recent research has questioned the effectiveness of this approach, especially when one controls for family influences (Barrera, Bigland, Ary, & Li, 2001).

The purpose of this study is to advance the existing knowledge of the drug resistance behaviors of American Indian youth. The assumption behind this research is that specific information about the strategies used by American Indian youth to resist drugs needs to be identified and incorporated into culturally-grounded prevention programs. Furthermore, it is suggested that such identification and subsequent integration of resistance strategies will improve the effectiveness of prevention efforts targeting Native American youth.

American Indian Youth and Drug Use

Use of alcohol and other drugs constitutes a serious health and social problem for many American Indian youth in their communities (Ehlers, Wall, Garcia-Andrade, & Phillips, 2001; Novins, Fleming, Somervell, & Manson, 2000). Native Americans have high rates of alcoholism and alcohol related mortality, as well as the highest prevalence of positive family history for alcoholism of all ethnic groups in the U.S. (Wall, Garcia-Andrade, Wong, Lau, & Ehlers, 2000). Native Americans also have the highest smoking rate among major ethnic groups in the U.S. (Kegler, et al., 1999). The overall health and social consequences of the reported high drug use rates have been well documented. For example, using alcohol, marijuana, or other drugs was identified as one of the key risk factors for suicide among a cross-sectional sample of Native American adolescents (Borowsky, Resnick, Ireland, & Blum, 1999).

American Indian youth are part of very diverse communities in terms of tribal affiliation, geographic location, and socioeconomic status. The existing Native-specific research tends to focus on reservation communities while urban American Indian communities representing over half of the Native American population in the U.S. are often overlooked (Burhansstipanov, 2000). There is a growing awareness of the need to develop culturally competent services for Native American youth that recognize tribal differences and the urban rural divide (Danna, 2000).

In addition, little research has been conducted on American Indian youth that do not use drugs. Against all odds, a significant number of urban Native youth do not use alcohol and other drugs. How do they refuse and resist drug offers? Are those strategies culturally-based? The present study

explores some possible answers to these broad questions. The guiding assumption of this research is that American Indian youth demonstrate a core set of shared refusal strategies or behaviors that need to be understood within the youth's cultural background and social context.

The Cultural Context of American Indian Youth Drug Refusal Behaviors

Native and White people interpret Native drug use behaviors differently, reflecting the distinct symbolic moral universes of the two groups (Holmes & Antell, 2001). Historical forces leading to the loss of traditional cultural values and norms have been identified as encouraging drug use among American Indians (Caetano, Clark, & Tam, 1998). The historical rage and grief that permeate Native communities may lead Native youth to a cycle of drug use, numbing the pain passed down throughout the generations. A growing body of literature related to causal factors in American Indian youth drug use highlights social factors such as stresses related to the legacy of colonialism and acculturation pressures (Frank, Moore, & Ames, 2000; Beauvais, 1998).

Native people from different tribes and regions have been found to identify a set of common cultural themes pervading both their perceptions of and experiences with drug use (Watts & Gutierrez, 1997). Similarly, a unique Native cosmology may explain, in part, why American Indian adolescents often do not respond well to non-Indian, anti-drug programs (Herring, 1994). Attitudes toward the law have been linked to American Indian permissiveness toward drug use, while norms of peers and personal permissiveness appear to influence actual drug use (Sellers, Winfree, & Griffiths, 1993). Clearly, there is a need to understand the different types of resistance strategies that American Indian youth are using and the meaning assigned to them by the students in different environments and at different stages of development. Once those unique strategies are identified and tested, they can be incorporated into culturally grounded prevention programs.

American Indian Drug Prevention Programs

A variety of approaches to drug prevention have been developed in recent years. They have ranged from educational programs targeted exclusively to youth and provided in school settings to community-based and mass media approaches (Vega & Gil, 1998). While many programs are generic, in the sense that they are not designed for any specific ethnic group, others have been developed particularly for American Indian youth. There are many different designs to these programs. Some specifically target youth, while others integrate school-based programs for youth in community programs that involve tribal leaders, elders, and families

(Petoskey, Van Stelle, & DeJong, 1998; Van Stelle, Allen, & Moberg, 1998). Lastly, some programs are primarily focussed on creating change at the community or tribal level. This study has implications for the first two types of programs.

Prevention programs targeting Native American youth generally include a cultural component, including storytelling, music, and craft, and often include tools for handling peer and family pressure to use alcohol, decision making skills, and self-esteem building (Weaver, 1999). For example, a program developed by the Chippewa tribe in Wisconsin included a K-12 substance abuse curriculum, teacher training to implement the curriculum, and training of community leaders, who then trained parents, extended family and community members (Petoskey et al., 1998). The school curriculum focussed on developing positive attitudes toward school, tribal identity, disapproval of substance use, and awareness of risk. This multi-faceted approach did result in "slowing the rise of alcohol use shown in the comparison group" (p. 155). In other words, while substance use was not prevented in target youth, it was reduced.

Despite the demonstrated efficacy of some culturally-specific programs, a gap in the drug prevention literature is information about the real-world prevention strategies utilized by adolescents of color. Program might benefit from understanding the different types of resistance strategies used by youth of different cultures, in different environments, and at different stages of development. Once unique strategies are identified and tested, they can be incorporated into culturally-grounded prevention programs.

Theoretical Foundation

This research study was guided by two main theoretical approaches: communication competence and resiliency theory. In this section, a brief discussion of each will be applied to drug resistance research.

Drug Resistance as Communication Competence

A theoretical model of communication competence (Spitzberg & Cupach, 1984; Spitzberg & Hecht, 1984) argues that competence is a relational phenomenon and identifies four necessary components: knowledge, motivation, skills, and outcomes. The components of relational communication competence inform the development of effective drug prevention. Resistance competencies fall under the general area of social influence (McLaughlin, Cody, & Robey, 1980), a normative process in which messages are evaluated among a social acceptability dimension (Bostor, 1988). This approach studies how resistance skills are developed and adopted by youth. Educational researchers suggest that prevention strategies implemented early in a child's life can alter negative behavioral

patterns (Mconaughy, Kay, & Fitzgerald, 1999). Refusal, in general, requires the knowledge component of perspective taking (understanding the view of the person making the offer), and a large complex repertoire of refusal skills (Kline & Floyd, 1990).

In summary, a communication competency approach identifies commonly utilized resistance strategies and their effectiveness. This approach focuses on the exchange of messages (offer, refusal, response to refusal, continued resistance), the relationship between offerer and resister, and the knowledge, motivation, and skills of the resister that are used to achieve desirable outcomes.

Drug Resistance as Resilience

The resiliency approach examines how individuals learn attitudes, behaviors, and strategies that foster strengths rather than undermine social competencies (Bogenschneider, 1996). The theory guides the exploration and evaluation of strengths and competencies related to preventing or halting drug use among families and individuals living in diverse communities (Link & Phelan, 1995). Resiliency researchers argue that greater attention needs to be paid to basic social conditions (Link, Northridge, Phelan, & Ganz, 1998). In order to craft effective interventions that improve the nation's health, individually-based risk factors need to be conceptualized by examining what puts people at risk and what protects them. Social factors, such as SES and social support, are relevant to disease prevention/treatment because they influence access to important resources and impact multiple disease outcomes, including drug abuse. Ethnicity and culture are also important social contexts that influence SES and shape social support.

Resiliency theory focuses on an ecosystemic perspective that attends not only to the relationship between the individual and the stressor but also the context in which this relationship takes place. Considering the relational and ecosystemic context of drug resistance further enhances our understanding of why some individuals use drugs and other do not (Saleebey, 1997). Interdisciplinary research has confirmed the role of three categories of protective processes at three different ecosystemic levels: (1) individual processes, (2) school processes, and (3) community and environmental support (Garmezy, Masten, & Tellegen, 1984). This particular study aims at understanding the communication competency of the participating youth in the context of their environment.

Method

Qualitative research methods have been identified as an effective means to respond to the lack of adequate knowledge on how to develop effective drug prevention programs for Native youth (Ma, Toubbeh, Cline, & Chisholm, 1998). These methods were utilized in this study as tools to accessing the students' narratives in their natural setting.

Participants of Procedures

Nineteen Native-American students (10 male and 9 female) participated in this study. The youth were between 12 and 15 years of age, and attended a semi-urban middle school in the Southwest. The school had a large ethnic minority enrollment, with Hispanic students comprising 57% of the total population of the school, followed by White (21%), American Indian/Alaskan Native (19%), and African American (3%). Sixty-one percent of the student population received free or reduced price lunch. This school was selected for this study, because it had a higher percentage of American Indian youth in comparison to the average enrollment within middle schools in the state. The tribal affiliation of the youth in this study was Pima, which is more urbanized than many of the other tribes in the Southwest region of the United States. Most of these students were bused to the school every morning from a nearby Indian reservation to their non-reservation public school. Subsequently, these adolescents literally lived in two worlds every day of the week.

This study used a focus group methodology guided by a semi-structured interview schedule (Madriz, 2000). Youth were recruited in collaboration with an American Indian school counselor, who also obtained parental permission for youth participation in the study. A convenience sample of American Indian youth that had success in resisting drug offers was selected. Prior to beginning data collection, these youth attended an orientation session during which the purpose of the study was described, confidentiality was discussed, and questions about the study was addressed. Each focus group ranged in length from 45 to 60 minutes. Six focus groups were conducted either at the lunch hour or after school at the middle school. Groups were gender, specific, with three boy groups and three girls group, and ranged from two to four members each.

The semi-structured interview schedule utilized in the focus groups was composed of questions related to delinquency and substance use. Using a "storytelling" format, participants were asked to share their experiences related to questions such as "Have you ever been offered cigarettes, drugs, or alcohol?" and "If your parents found out that you had been using [drugs], what would they do?" Two researchers participated in each group-one

primarily served as the group facilitator, while the other primarily served as note taker. The former role was responsible for deepening the level of discussion related to the semi-structured interview schedule, while the latter role was responsible for recording aspect of the speaker's nonverbal communication (e.g., gestures and facial expressions).

Data Analysis

All group sessions were tape-recorded, transcribed verbatim, and analyzed using a qualitative research software (QSR NUD.IST, 1999). QSR NUD.IST is one of several code-based theory-building programs (Weitzman, 2000). It has the ability to index textual data as codes, and allows the researcher to build higher-order classifications and categories. Proposed relationship between codes and categories can be postulated, tested, and validated with this program.

Results

The respondents in this study identified three primary drug and alcohol resistance strategies that they utilized on the reservation, in the surrounding community, and in the school setting: (1) redirecting the discussion away from the topic of drugs or alcohol (2) avoiding or leaving the situation, and (3) saying "no" to offers. Respondents described detailed examples of their use of each of these strategies.

Redirection

Respondents described how they redirected discussions away from the topics of drugs or alcohol as a way of preventing offers to use illicit substances. Typically, redirection was employed as the first resistance strategy. If this failed, respondents either avoided/left the situation or said "no" to offers to prevent their substance use. One male respondent, who had never used drugs or alcohol, described how he attempted to redirect the conversation away from drugs and alcohol with his peers, and when this failed, how he left the situation.

SO: So, what happens when [friends offer you drugs or alcohol]?

R2: [I] try to brush them off and get off the subject.

SO: Really?

R2: Yeah.

SO: Can you describe that a little more?

R2: Like, um, [I] say something that has nothing to do with [drug or alcohol].

SO: Does that work, usually?

R2: Most of the time, yeah.

SO: Has there ever been a time when you've tried that and it didn't work, [and] they kept bringing [the subject] back to drugs?

R2: Yeah.

SO: What did you do?

R2: I just told them that I didn't want to do [drugs]. And, I just left

Similarly, another male respondent described how he wanted to redirect the conversation with his peers, but ultimately ended up leaving the situation altogether.

SO: So, in your situation, R6, when they were trying to give you pressure to do marijuana, what was going through your head at the time?

R6: I kept wanting to change the subject, I didn't want to get involved with that stuff. And, I kept wanting to go away or something.

SO: So, what did you end up doing?

R6: I just left.

In both of these scenarios, the respondents identified that there were minimal adverse social consequences to their abstinence from substance use. After his offer was declined in the former situation, R2 stated that his friend offering him alcohol said, "Oh, alright then," and left him alone, while in the latter situation, R6 stated the most of his peers were too "stoned" to care if he used drugs with them. Respondents stated that peers, for the most part, respected their decisions to refrain from using drugs or alcohol, and did not pressure or ridicule them about their decision.

Avoiding/Leaving the Situation

Respondents frequently described ways that they avoided or left situations where drugs or alcohol were being used. For example, one female respondent described how she typically leaves a situation when peers are using drugs or alcohol.

...I just tell people that is on you, if you get caught. I just walk away. I am walking out, I'll see you guys later. I'll walk around. By the time I get back, they're usually done going whatever they do.

Another male respondent described a more specific situation where he left a friend's house because of alcohol use.

R2: Me and my friend were at a couple of other friends' house, and they asked if we wanted any alcohol, and we said that we just had to get home.

SO: So, both of you guys kind of said it at the same time?

R2: Yeah, [We] kind of just went off of each other's leads.

SO: Did that help you that you had a friend that also said "no"?

R2: Yeah.

SO: What would have happened if your friend, "Yeah, OK, I'll [use alcohol with you]?"

R2: I would have left anyways [laughter].

Respondents also described other ways in which they avoided using drugs and alcohol. One male respondent described how he avoided alcohol consumption in situations when most of his peers were drinking.

For me, it's a lot easier, cause if they're already drinking, you play it off, like "yeah, maybe later," They're already drinking and they don't remember it. So it's a lot easier for me to brush it off, because they're already, like, half-intoxicated. They don't even know what they're saying.

Another female respondent described how she avoided her father's influences to use alcohol by staying close to her mother.

...[My siblings and I] usually stay around our mom all the time. So, we don't stay around my dad. When he comes home, we just pretend like we're asleep so he doesn't come around anywhere near us. That's cause that way he acts is scary. I think about it, and if I have kids in the future and I'm an alcoholic too, [my kids] are going to be scared of me just as [I'm] scared [of my father].

Three females respondents also discussed the importance of keeping busy in prosocial activities, so as to avoid the urge to experiment with drugs or alcohol.

R3: I keep myself busy, really wanting to go out and do something and keep [myself] busy. I make sure there's always something for me to do.

R4: I do activities or I usually go outside to do sports.

R5: [I] try to clean my room. But, [it] doesn't always [get clean].

DH: [Laughter]. It keeps getting messed up again? So, is there anything else...

R5: I'll play catch outside with my mom.

Saying "No "

Respondents suggested that they felt compelled to say "no" to offers to use drugs or alcohol when they were being confronted to use them and there were limited options to employ other resistance strategies. For example, one male respondent described how he said "no" to his cousin, who offered him alcohol while they were driving together.

I guess about a week ago, he asked me [if I wanted to drink]. [My friend, my cousin, and I] were driving around in the car, [we] just got [in] my friend's truck, and I guess we went to [my cousin's] house, and he said, "You want a drink?" [We said] no, because me and my friend don't drink. So, I said no, I don't want to.

In this particular situation, due to the inability to avoid or leave the situation and the discomfort with redirecting the conversation with his cousin, the respondent may have felt compelled to say "no." Another male respondent described how direct confrontation with a group of unfamiliar men compelled him to say "no."

Well, my school wasn't that far from where I lived. I walked home everyday in the park.

The [part of the city] that I lived in was not really safe and there was (sic) always drive-bys, you could hear them at night ... always hear the police all the time. I was walking home and a group of older men were there, and they were smoking marijuana, and they offered me some. I said no, and when I said no, they said they might hurt me. So, I decided to try it.

For this respondent, safety concerns and fear may have limited his ability to develop and implement other strategies to resist drugs and alcohol. Saying "no" might have been the easiest strategy for him to implement and most direct way to deal with the unexpected confrontation.

Respondents also suggested that saying "no" was a way in which they asserted their identity and independence from their peers. For example, one female respondent described her use of this strategy with peers, which had the impact of asserting her independence from them.

Well, at first they want[ed] me to do it and the end of year, for, an end of the year thing. I didn't want to because it's bad for you and I just said I just didn't want to do it. And they were calling me "chicken" and I said, "Well, I'm not going to be the one that's gonna be losing my brain cells for stuff like that." And they just said, "Alright, you don't have to [do it] if you don't want to."

Another female respondent described how her peers expect her to say "no" to drugs and alcohol, because she has a reputation to uphold.

DH: So, if somebody's asking you to go someplace and use drugs or alcohol with them and you say, "no," do they ever give you [a] hassle about that?

R 1: No.

DH: No? Why not?

R1: Well, the people who ask me, they know who I am, Like, I let them know who I am. And, they know that I wouldn't ...I wouldn't like ever do that.

DH: SO, do you think that's because you sort of have a reputation that you're not going to do that stuff?

R 1: Yeah, pretty much.

Discussion

By using a qualitative research approach, this study was able to identify a set of strategies used to avoid drug use by a sample of American Indian adolescents. These strategies were described in the context of their daily lives, such as in school and in their family/tribal environment. From a resiliency perspective, one could conclude that the youth in this study had many individual strengths. Despite high-risk family and community environments, the data suggest that most of the youth in this study successfully refrained from drug use. The majority of the strategies that they utilized appear to reflect non-confrontational communication patterns consistent with Native American social norms (Green, 1999; Hornett, 1990). The participants preferred strategies that redirected conversations and activities away from alcohol/drug use and avoided involvement in such situations. These strategies became communicative competencies that youth utilized primarily on the reservation, but also in the school setting. Further, these approaches enabled the adolescent to preserve connections with their substance using peers or family members, while maintaining their personal abstinence. If the redirection or avoidance strategies were successful, the students then used a more direct refusal strategy. This approach enable the youth to manage their own behavior and was not typically coupled with comments about the inappropriateness of substance use or explanations of their views about usage.

This study has implications for both generic and Native-specific drug prevention programs. The application of real-world resistance strategies of American Indian adolescents is a significant contribution to culturally-specific prevention programming. Programs are often developed based on strategies identified by educators or experts on adolescence, but rarely on strategies that teens themselves have chosen to use in problematic situations. For example, the hierarchy of strategies utilized by the youth in this study contrasts with prevention programs that teach overt refusal skills coupled with explanations as the primary drug resistance strategy (e.g., D.A.R.E). Integrating real-world resistance strategies into drug prevention programs builds these programs from the "ground up," thereby potentially improving the effectiveness of those programs for all types of problem behaviors.

Limitations and Future Research

While this study has profound implications for substance abuse prevention programming with American Indian adolescents, several limitations should be noted. As with most qualitative research, this study used a small sample of adolescents. The ability to generalize the findings from such a small sample is limited. Furthermore, all of these teens are members of the same Southwest American Indian tribe, although many have family relationships with other tribes as well. While the over 500 American Indian tribal entities have many similarities, there are also distinct differences. Therefore, the culturally-based strategies identified by these teens should be evaluated for their applicability to other tribes and indigenous peoples.

Conclusions

Culturally-based substance abuse prevention programs based on strategies identified and used by American Indian adolescents is a promising approach to effectively preventing drug abuse for these youth. Efforts need to be made to examine the real-world resistance skills utilized by vulnerable populations, and how these skills can help inform prevention programs for them. Further, research is needed to evaluate the efficacy of these types of drug prevention programs.

Reference

- Alberts, J.K., Hecht, M.L., Miller-Rassullo, M., Krizek, R.L. (1992). The communicative process of drug-resistance among high school students. *Adolescence, 27, (105), 203-226.***
- Barrera, M., Biglan, A., Ary, D., & Li, F.Z. (2001). Replication of a problem behavior model with American Indian, Hispanic, and Caucasian youth. *Journal of Early Adolescence, 21, 2, 133-157.***
- Beauvais, F. (1998). American Indians and alcohol. *Alcohol Health and Research World, 22(4), 253-259.***
- Bogenschnieder, K. (1996). An ecological risk/protective theory for building prevention programs, policies, and community capacity to support youth. *Family Relations, 45, 127-138.***
- Borowsky, I.W., Resnick, M.C.D., Ireland, M., & Blum, R.W. (1999). Suicide attempts among American Indian and Alaska native youth-Risk and protective factors. *Archives of Pediatrics & Adolescent Medicine, 153(6), 573-580.***
- Boster, F.J. (1998). Comments on the utility of compliance-gaining message selection tasks. *Human Communication Research, 15, 169-177.***

- Botvin, G.J. (2000). **Preventing drug abuse in schools: Social competence and enhancement approaches targeting individual-level etiologic factor.** *Addictive Behaviors, 25(6)*, 887-897.
- Botvin, G.J. (2001). **Preventing binge drinking early adolescence: One and two year follow-up of a school-based prevention intervention.** *Psychology of Addictive Behaviors, 15(4)*, 360-365.
- Burhansstipanov, L. (2000). **Urban Native American health issues.** *Cancer, 88(5)*, 1207-1213.
- Caetano, R., Clark, C.L., & Tam, T. (1998). **Alcohol consumption among racial ethnic minorities-Theory and research.** *Alcohol Health & Research World, 22(4)*, 233-241.
- Dana, R.H. (2000). **The cultural self as locus for assessment and intervention with American Indian/Alaska Natives.** *Journal of Multicultural Counseling and Development, 28(2)*, 66-82.
- Ehlers, C.L., Wall, T.L., Garcia-Andrade, C., Phillips, E. (2001). **Effects of age and parental history of alcoholism on EEG findings in mission Indian children and adolescents.** *Alcoholism-Clinical and Experimental Research, 25(5)*, 672-679.
- Frank, J.W., Moore, R.S., Ames, G.M. (2000). **Historical and cultural roots of drinking problems among American Indians.** *American Journal of Public Health, 90(3)*, 344-351.
- Garnezy, N., Maten, A.S., & Tellegen, A. (1984). **The study of stress and competence in children: A building block for developmental psychopathology.** *Child Development, 55*, 97-111.
- Green, J.W. (1999). *Cultural awareness in the human services. A multi-ethnic approach (3rd ed.)*. Boston: Allyn and Bacon.
- Hermann, D.S., & McWhirter, J.J. (1997). **Refusal of resistance skills for children and adolescents: A selected review.** *Journal of Counseling and Development, 75, 3*, 177-187.
- Herring, R.D. (1994). **Substance use among Native American Indian youth: A selected review of causality.** *Journal of Counseling and Development, 72(6)*, 578-584.
- Holmes, M.D. & Antell, J.A. (2001). **The social construction of American Indian drinking: Perceptions of American Indian and white officials.** *Sociological Quarterly, 42(2)*, 151-173.
- Hornett, D. (1990). **Elementary-age tasks, cultural identity, and the academic performance of young American Indian children.** *Action in Teacher Education, 12(3)*, 43-49.

- Kegler, M.C., Kinglsey, B., Malcoe, L.H., Cleaver, V., Reid, J., & Solomon, G. (1999). The functional value of smoking and nonsmoking from the perspective of American Indian youth. *Family and Community Health*, 22(2),31-42.
- Kline, S.L., & Floyd, C.H. (1990). On the art of saying no: The influence of social cognitive development on messages of refusal. *Western Journal of Speech Communication*, 54(5), 454-472.
- Link, B.G., Northridge, M.E., Phelan, J.C., & Ganz, M.L. (1998). Social epidemiology and fundamental cause concept. *The Milbank Quarterly*, 76, 375-402.
- Link, B.G., & Phelan, J. (1995). Social conditions as fundamental cause of disease. *Journal of Health and Social, Behavior*, (extra issue, 80-94.
- Ma, G.X.Q., Toubbeh, J., Cline, J., & Chisholm, A. (1998). The use of a qualitative approach on fetal alcohol syndrome prevention among American Indian youth. *Journal of Alcohol and Drug Education*, 43(3), 53-65.
- Madriz, E. (2000). Focus groups in feminist research. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd Ed.) (pp. 835-850). Thousand Oaks CA: Sage.
- Marsiglia, F.F., Kulis, S. & Hecht, M.L. (2001), forthcoming). Ethnic Labels and ethnic identity as predictors of drug use and drug exposure among middle school students in the Southwest. *Journal of Research on Adolescence*, 11(1), 21-48.
- McLaughlin, M.L., Cody, M.J., & Robey, C.S. (1980). Situational influences on the selection of strategies to resist compliance gaining attempts. *Human Communication Research*, 7, 14-36.
- McConaughy, S.H., Kay, P.J., & Fitzgerald, M. (1999). The achieving, behaving, caring project for preventing ED: Two-year outcomes. *Journal of Emotional and Behavioral Disorders*, 7, 224-239.
- Moon, D.G., Jackson, K.M., & Hecht, M.L. (2000). Family risk and resiliency factors, substance use, and the drug resistance process in adolescence. *Journal of Drug Education*, 30, 4, 373-398.
- Novins, D.K., Fleeting, C.M. Beals, J., & Manson, S.M. (2000). Commentary: Quality of alcohol, drug, and mental health services for American Indian children and adolescents. *American Journal of Medical Quality*, 15,(4),148-156.
- Petoskey, E.L., Van Stelle, K.R., & DeYoung, J.A. (1998). Prevention through empowerment in a Native American Community. In J. Valentine, J.A. DeJong, & N.J. Kennedy (Eds.), *Substance abuse prevention in multicultural communities* (pp. 147-162). New York: Haworth Press.
- QSR. Nudist IST 4.0. (1999). [Computer Software]. Thousand Oaks, CA: Sage Publications.

- Saleebey, D. (1997). The strengths perspective in social work practice (2nd Ed.).**
New York: Longman.
- Sellers, C.S., Winfree, L.T., & Griffiths, C.T. (1993). Legal attitudes, permissive norm qualities, and substance use—a comparison of American Indian and non-Indian youth.** *Journal of Drug Issues*, 23(3), 493-513.
- Shope, J.T., Copeland, L.A., Maharg, R., Dielman, T.E., & Butchart, A.T. (1993). Assessment of adolescent refusal skills in an alcohol misuse prevention study.** *Health Education Quarterly*, 20(3), 373-390.
- Spitzberg, B.H., & Cupach, W.R. (1984). Interpersonal Communication Competence.** Beverly Hills, CA: Sage.
- Spitzberg, B.H., & Hecht, M.L. (1984). A component model of relational competence.** *Human Communication Research*, 10, 575-599.
- Van Stelle, K.R., Allen, G.A., & Moberg, D.P. (1998). Alcohol and drug prevention among American Indian Families: The family circles program.** In J. Valentine, J.A., DeJong, & N.J. Kennedy (Eds.), *Substance abuse prevention in multicultural communities* (pp. 53-60). New York: Haworth Press.
- Vega, W.A., & Gill, A.G. (1998). Drug use and ethnicity in early adolescence.** New York: Plenum Press.
- Wall, T.L., Carcia-Andrade, C., Wong, V., Lau, P., & Ehlers, C.L. (2000). Parental history of alcoholism and problem behaviors in Native American children and adolescents.** *Alcoholism-Clinical and Experimental Research*, 24(1), 30-34.
- Watts, L. & Gutierrez, S. (1997). A Native American-based cultural model and substance dependency and recovery.** *Human Organization*, 56, 9-18.
- Weaver, H. (1999). Indigenous people and the social work profession: Defining culturally competent services.** *Social Work*, 44, 217-225.
- Weitzman, E.A. (2000). Software and qualitative research,** In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd ed.) (pp. 803-820). Thousand Oaks, CA: Sage.

A. Research/creative achievements

Published Refereed Articles

- Napoli, M., Marsiglia, F.F., Kulis, S. (2003). Sense of belonging to school as a protective factor against drug use among urban Southwest Native American pre-adolescents. *Social Work in the Addictions*, 3, 2, 25-42.
- Gosin, M., Marsiglia, F.F., Hecht, M.L. (2003). Keepin'it REAL: A drug resistance curriculum tailored to the strengths and needs of pre-adolescents of the Southwest. *The Journal of Drug Education*, 33, 2, 119-142.
- Kulis, S., Marsiglia, F.F., Hurdle, D. (2003). Gender, ethnicity, and drug use: Exploring differences among adolescents in the Southwest. *Journal of Community Psychology*, 31, 2, 167-188.
- Marsiglia, F.F. (2002). Navigating in groups ... experiencing the cultural as political. *Social Work with Groups*, 25, 129-137.
- Marsiglia, F.F. & Waller, M. (2002). Language preference and drug use among Southwestern Mexican American middle school students. *Children & Schools*, 25, 3, 145-158.
- Holleran, L., Dustman, P., Reeves, L. & Marsiglia F. F. (2002) Creating culturally grounded videos for substance abuse prevention: A dual perspective on process. *Journal of Social Work Practice in the Addictions*, 2, 1, 55-78.
- Kulis, S., Napoli, M. & Marsiglia, F.F. (2002). The effects of ethnic pride and biculturalism on the drug use norms of urban American Indian adolescents in the Southwest. *Social Work Research*, 26, 2, 101-112.
- Harthun, M.L., Drapeau, A.E., Dustman, P.A. & Marsiglia, F.F. (2002) Implementing a prevention curriculum: An effective researcher-teacher partnership. *Education and Urban Society*, 34, 3, 353-364.
- Marsiglia, F.F. & Daley, J. M. (2002). Latinos participating in multiethnic coalitions to prevent substance abuse: A case study. *Journal of Human Behavior in the Social Environment*, 5, 3/4, 97-121.
- Kulis, S., Marsiglia, F.F., & Hecht, M.L. (2002). Gender labels and gender identity as predictors of drug use among ethnically diverse middle school students. *Youth and Society*, 33, 3, 442-475.
- Okamoto, S., Hurdle, D., & Marsiglia, F.F. (2001). Exploring culturally-based drug resistance strategies used by American Indian adolescents of the Southwest. *Journal of Alcohol and*

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