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“I No Like Get Caught Using Drugs”: Explanations for Refusal as a Drug Resistance Strategy for Rural Native Hawaiian Youth

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Abstract

This exploratory study examined the use of explanations for refusal as a drug resistance strategy for rural Native Hawaiian youth. Fourteen gender-specific focus groups were conducted within seven middle or intermediate schools on the Island of Hawai'i (N = 64). Participants were asked to describe drug resistance strategies in response to 15 hypothetical culturally specific drug-related problem scenarios developed from earlier research. The findings indicate that variations in the types of explanations used for refusal were based on the type of drug offerer in the associated scenario (i.e., peer/friend, cousin, or parent). Participants also described the rationales for the use of different explanations with different drug offerers. The findings suggest that culturally grounded drug prevention programs for Hawaiian youth should incorporate the use of specific types of explanations for refusal, depending on the youths' relationship to the drug offerer.

Keywords

Native Hawaiian; Youth; Drugs; Alcohol; Prevention

INTRODUCTION

Over the past two decades, studies have indicated that drug use is a major health-related concern for Native Hawaiian youth (Edwards, Giroux, & Okamoto, 2010), yet, there is a lack of research on this population (Edwards et al., 2010; Mokuau, Garlock-Tuiali'i, & Lee, 2008; Rehuher, Hiramatsu, & Helm, 2008). Compared with other ethnic groups, Hawaiian youth have been found to have significantly higher rates of substance use (Wong, Klinge, & Price, 2004; Lai & Saka, 2005), and earlier initiation into substance use (Lai & Saka, 2005). Further, Hawaiian youth have been found to suffer from more substance-related adverse effects compared with non-Hawaiian youth, such as suicidality (Else, Andrade, & Nahulu,

2007; Yuen, Nahulu, Hishinuma, & Miyamoto, 2000) and poorer academic achievement (Hishinuma et al., 2006). While some research indicates that Native youth populations may need culturally specific prevention interventions (e.g., Dixon et al., 2007), there is an overall lack of these types of programs, particularly for Native Hawaiian youth (Edwards et al., 2010; Rehuher et al., 2008).

The purpose of this study is to examine the rationale and functions of explanations for refusal as a drug resistance strategy for Native Hawaiian youth in rural communities. The present study is part of a multi-year, pre-prevention study focused on evaluating the social and cultural context of drug use for Native Hawaiian youth in rural communities. Prior years of the study focused on identifying drug-related problem situations, evaluating their overall frequency of occurrence, and gauging the perceived difficulty in refusing drugs in each of the situations (Okamoto, Helm, Giroux, Edwards, & Kulis, 2010). The present study examines a commonly described drug resistance strategy (explanations for refusal) identified from an earlier exploratory study (Okamoto, Helm, Giroux, Kaliades, et al., 2010). Recent research has pointed to explanations for refusal as an effective drug resistance strategy for youth (Nichols, Birmel, Graber, Brooks-Gunn, & Botvin, 2010; Okamoto, Helm, Giroux, Kaliades, et al., 2010); however, there is relatively little information related to the reasons why youth prefer the use of these strategies in drug-related problem situations. The present study uses the narratives of Native Hawaiian youth to elucidate the rationales and functions of explanations for refusal in the drug-offer situations, and how these explanations vary based on the relationship of the youth to the offerer.

LITERATURE REVIEW

Drug Resistance Strategies of Minority Youth Populations

Several comprehensive literature reviews and meta-analyses have indicated that training youth in the use of resistance strategies is one of the most effective approaches to youth drug prevention, particularly when conducted within a social influence model of prevention (McBride, 2003; Skiba, Monroe, & Wodarski, 2004). However, research on resistance skills training has focused primarily on white, middle-class populations (Botvin, 2000); therefore, little is known about how minority youth use these skills in their social and cultural milieu. Nonetheless, using a primarily minority youth sample, Wright, Nichols, Graber, Brooks-Gunn, and Botvin (2004) found that youth may require a variety of different responses to social pressure situations, including ignoring the pressure to use drugs or “reversing” the pressure back to the drug offerer through the use of sarcasm or aggression. The use of various drug resistance strategies for minority youth has also been developed within a culturally grounded prevention program targeted toward Mexican and Mexican/American youth (*keepin it REAL*). The program focuses on four commonly used drug resistance strategies for middle-school aged students—Refuse (saying “no”), Explain (providing explanations for drug refusal), Avoid (avoiding situations where alcohol or drug might be available), and Leave (leaving a drug-offer situation; Gosin, Dustman, Drapeau, & Harthun, 2003). Evaluations of the program have indicated that some strategies for refusal are utilized more frequently, depending on the cultural group (Hecht et al., 2003). For example, explanations for refusal as a drug resistance strategy were utilized more with Mexican American youth, because explanations were consistent with the cultural value of respecting others (Hecht et al., 2003).

Research has also indicated differences in drug resistance strategies among different Native youth populations. For example, Okamoto, Hurdle, and Marsiglia (2001) found that American Indian youth of the Southwest U.S. preferred to use non-confrontational drug resistance strategies (e.g., avoidance) in drug-related problem situations. Okamoto, Helm, Po’a-Kekuawela, Chin, and Nebre (2010) found more of a balance between the use of overt/

confrontational and non-confrontational drug resistance strategies among a sample of Native Hawaiian youth. The wide variety of drug resistance strategies used by Hawaiian youth has been described in recent quantitative research (Okamoto, Helm, Giroux, Kaliades, et al., 2010). While these studies described the breadth of strategies used by Hawaiian youth, they are limited in identifying the variation in the use of these strategies based on the social context of the drug-offer situation, as well as identifying the rationales that the youth have in using specific resistance strategies.

The Social Context of Drug Use for Native Hawaiian Youth

Research on Indigenous youth populations have suggested that substance use is largely determined by who is offering the substances, rather than the type of substances being offered (Kulis, Okamoto, Dixon-Rayle, & Sen, 2006; Okamoto, Kulis, Helm, Edwards, & Giroux, 2010). In particular, Native Hawaiian youth have been shown to have significantly more exposure to drug offers from peers and family members than their non-Hawaiian counterparts (Okamoto, Helm, Giroux, Edwards, et al., 2010). Okamoto, Kulis, et al. (2010) found that the types of drugs used by Hawaiian youth were determined by the youth's relationship to the drug offerer, with drug offers from family members predicting the use of the widest variety of substances. Research has also elucidated the social and cultural context of drug use for Native Hawaiian youth through qualitative methods. Helm et al. (2008) found that these youth were exposed to drug use through direct offers from peers and from immediate and extended family members, but were also exposed to drugs indirectly through complex social situations where there was a strong expectation to use drugs. Collectively, these findings indicate that Native Hawaiian youth often find themselves in complex, multilayered drug-offer situations which can make drug refusal complicated and difficult. As such, more research is needed to identify ways in which these youth can effectively refuse substances within their specific social and cultural context.

Relevance of the Study

Overall, the literature indicates that effective drug resistance strategies are a necessary social skill for Native Hawaiian youth in order to prevent drug-related health disparities later in life. In order to develop a typology of these strategies, an exploratory analysis of these strategies used by Hawaiian youth in hypothetical drug-offer situations was recently conducted (Okamoto, Helm, Giroux, Kaliades, et al., 2010). Explanations for refusal were found to be one of the top three types of primary drug resistance strategies used by Hawaiian youth. These findings are consistent with studies that have also supported the use of explanations as an effective drug resistance strategy for minority youth (Wright et al., 2004; Nichols et al., 2010). Further, the youth in the Okamoto, Helm, Giroux, Kaliades, et al. study often paired these explanations with other refusal strategies, such as saying "no". While this study broadly identified preferences and trends related to explanations for refusal as a drug resistance strategy, it did not examine in depth the functions and rationales behind the use of this strategy. This is important information, because it may allow these youth to successfully differentiate between various types of explanations for refusal, in order for them to employ the most appropriate ones to achieve drug refusal in specific situations. The findings from Okamoto, Helm, Giroux, Kaliades, et al. (2010) point to the need to further examine the preferences for explanations as drug refusal for these youth, in order to provide a foundation for culturally grounded drug prevention for Native Hawaiian youth. The goal of the present study is to elucidate the different explanations for refusal described by Okamoto, Helm, Giroux, Kaliades, et al., in order to provide the necessary foundation for drug prevention for these youth.

METHOD

Sampling and Participants

Seven middle or intermediate schools within two of the three public school complex areas on the Island of Hawai'i participated in this study. All of the schools were located in areas with populations less than 50,000, and were within communities that had a higher percentage of families receiving public assistance compared to the State (Accountability Resource Center Hawai'i, 2008). Because the university researchers were located on a different island from the schools in the sampling frame, students were recruited in collaboration with School Based Research Liaisons, who were staff members (e.g., school counselors, health teachers) working within the schools. The liaisons were responsible for recruiting Hawaiian students for participation in the study, responding to student queries regarding the study, distributing the parental consent forms to the students, and securing space within their respective schools for the group discussions. Most of the liaisons had long-standing professional relationships with the research team from prior phases of the overall study.

Across all schools, 66 parental consent forms were collected from students; however, two of these forms specified non-participation for the youth in the study. Thus, 64 youth participated in the study. The majority of these youth were in the 8th grade (47%), followed by the 7th grade (42%) and the 6th grade (11%). Half of the youth participants were female, and their mean age was 12.58 years ($SD = 0.612$). In terms of ethnicity, approximately 95% of the youth identified as Hawaiian or part-Hawaiian; however, the majority of these youth also identified with additional ethnocultural groups, such as Chinese (53%), Filipino (52%), Portuguese (50%), and White (41%).

Procedures

All research procedures were approved by the Institutional Review Boards at Hawai'i Pacific University, the University of Hawai'i at Mānoa, and the State of Hawai'i Department of Education. Youth participated in 14 gender-specific focus groups (2–7 youth per group), and the gender of the group facilitators matched that of the youth participants. The group process lasted approximately 90 minutes and consisted of three parts: (1) An *elicitation activity*, in which youth were asked to generate as many potential or viable responses as possible to selected drug-related problem scenarios developed from prior research (Okamoto, Helm, Giroux, Edwards, et al., 2010; see Table 1 for the list of selected scenarios), (2) a *rank ordering activity*, in which youth were asked to rank order their responses to each selected scenario by their perceived level of competence, and (3) a *focus group discussion*, in which youth were asked to describe and/or justify their decisions for their rank order. The present study focused primarily on the third part of the group process (i.e., the focus group discussion). Findings from the first two parts of the study are described elsewhere (Okamoto, Helm, Giroux, Kaliades, et al., 2010). For the focus group discussion, participants were asked why specific responses were ranked in a particular order, and/or why certain responses were ranked higher or lower than others. They were also asked to comment on any trends or patterns that evolved from the ranking process (e.g., "Why are all of the angry refusal strategies ranked eighth or higher?"). Participants were informed to keep all youth disclosures in the group setting confidential. Because we audio recorded the interviews, we asked youth to use pre-selected pseudonyms to refer to one's self and others in the group discussions, as well as to refer to individuals in their stories. Because this step enhanced the anonymity of the participants, it most likely created a "safe" environment for participants' honest and candid disclosures in the focus groups. In effect, the use of pseudonyms most likely enhanced the credibility of the study, which is one of Guba's (1981) key criteria for trustworthiness in qualitative research. All participating youth were

provided with a 5-dollar gift card to a local food establishment and refreshments as compensation for their participation in the study.

Data Analysis

All interviews were audio recorded and transcribed verbatim by a member of the research team. As an added layer of research protection, participants' self-selected pseudonyms were replaced by a researcher-selected pseudonym in the analyzed transcript. Transcripts were then reviewed for accuracy by at least two different research team members. A comprehensive set of open codes (Strauss & Corbin, 1990) were identified by the Principal and Co-Principal Investigators, and were imported into a qualitative research data analysis program (NVivo). NVivo is one of several code-based theory-building programs that allow the researcher to represent relationships among codes or build higher-order classifications (Weitzman, 2000). In order to establish intercoder reliability and validity, all members of the research team collectively coded two transcripts, in order to clarify the definition and parameters of all of the codes. Then, all subsequent interview transcripts were separately coded by at least two different research team members. Narrative segments that were not identically coded by the team members were identified, discussed, and justified for inclusion or exclusion in the data set. As an additional validation check, after approximately one-third of all transcripts were coded and entered into NVivo, the content of each code was reviewed and validated by the entire research team. This allowed for further clarification and verification of the code content, and also served as a way to control for coding biases from each investigator. Thus, this step enhanced the confirmability of the study, which another of Guba's (1981) key criteria for trustworthiness in qualitative research and is analogous to objectivity in quantitative research. Upon establishing intercoder reliability and validity, a content analysis of the Explanation code was conducted, which examined the use of explanations for refusal as a drug resistance strategy. Specifically, a conventional content analytic approach was employed (Hsieh & Shannon, 2005), in which categories of explanations for refusal were derived primarily from the data in the study rather than from existing theory. Variations of the explanations based on the type of offerer in the associated scenarios (i.e., peer/friend, cousin, or parent) were examined. Two of the scenarios (4 and 10) focused on unique drug offerers (an uncle and sibling, respectively), and lacked substantive data related to explanations as a drug resistance strategy. Thus, these two scenarios were dropped from the analysis in this study.

RESULTS

All of the focus groups described the use of explanations for refusal as a drug resistance strategy. The mean percentage of coverage for the Explanations code was 30.421. Overall, there were 137 separate explanations described by the participants in the study. The majority of these explanations were described in situations where friends or peers were drug offerers (54%), followed by cousins (38%) and parents (8%) as drug offerers. The types of explanations described by the youth participants varied depending on the type of drug offerer in the situation.

Adult Drug Offerers

Scenarios 9 and 14 focused on parents as drug offerers. Over half (56%) of the drug-refusal explanations that the youth participants described for these situations functioned as reminders to their parents about their role as an authority figure and to reinforce the boundaries of the parent/child relationship. In one boys' group, for example, youth described how they would state to their mother that "it is bad for kids to be drinking" because they are

¹In NVivo, "coverage" refers to the amount of text in a transcript that is devoted to a specific code.

“underage.” Similarly, three female participants discussed why they would explain to their mother that they have to go to school the next day and are “too young” to be drinking in response to her drug offer. While they debated the efficacy of each of these responses, their rationales reflected the importance of reinforcing parental roles and boundaries in response to a parental drug offer.

Mystique: When you are telling them that you are too young, you are just reminding them that you are not old enough to drink. [And] if you tell them that you have school tomorrow, it will remind them that you are still in school and if you go to school reeking of alcohol, you can get in trouble.

Ladybug: “I’m too young” is like telling them, like reminding them that you are still young and if you drink too much you can get alcohol poisoning. But, if [you say] “[I] get school tomorrow” they are not going to really care and they are still going to force you to drink at least one [alcoholic beverage].

Facilitator (SH): OK, so [saying “I have school tomorrow”] is not quite strong enough.

Rapunzel: Saying “I’m too young” is like giving many reasons why you shouldn’t drink beer or do marijuana, either one. But, [if you say] “[I] get school tomorrow,” your parent could just say, you don’t need to go to school tomorrow, you can just skip school. Just go and get your missed assignments the next day. If you say “I’m too young,” [or] giving many reasons why you shouldn’t be drinking or smoking, it is like saying, “Yeah, you should be following the law.”

“Rapunzel” further described how telling her mother “I’m too young” to be drinking may need to be restated in different ways in order to reestablish the boundaries between parent and child:

“I’m too young” can be eighteen and below. [But, if you say to your mother “FYI, I’m like 14” you are] expressing your real age. So, when you say “FYI” and “fourteen”, [it] is like saying your exact age, so they know that you are still [too] young. There are a lot of sixteen year olds drinking already, so from eighteen and below, there are a lot of people still drinking. But when you express your age it is saying, “Oh yeah, you are still [too] young, you should just wait.”

Youth Drug Offerers

Scenarios 1, 2, 5, 7, 8, 12, and 13 focused on peers or friends as drug offerers, while scenarios, 3, 6, 11, and 15 focused on cousins as drug offerers. The fear of “getting in trouble” comprised 20% of the explanations described as a response to drug offers from peers, friends, or cousins. Specifically, many youth described getting “in trouble” by parents as a rationale for drug refusal. For example, several boys discussed how they would tell a friend who was offering them drugs that they feared their mother might “catch them” if they accepted their offer.

Speedster: You don’t want to get caught by your mom and get grounded.

Dr. Dre: Because what if you’re at the skate park and then you start smoking and your mom just pulls up right there, then it’s like...

Speedster: Then that’s like grounded for life.

Dr. Dre: Worse than grounded [other boys laugh].

Facilitator (SO): So, does what your mom or dad think really affect what you do with your friends?

Multiple Respondents: Yeah.

Facilitator (SO): Really? OK, why is that?

Dr. Dre: Because you're still going to have to go home. So, you can always get caught.

Firebird: Because you mom can probably smell it on you.

Frost: Or, see your eyes.

Firebird: Yeah, or see your eyes.

Youth also described getting “in trouble” outside of the family setting. In different boys’ groups, participants described the fear of being “expelled” from school or “going to prison” as rationales for refusing drugs from friends. “Sansei” references the social consequences of describing the fear of being “expelled” from school as a drug resistance strategy. Despite the negative social consequences from peers, he describes the importance of this approach:

They'd make fun of you, or tease you, [to] try to make you do that, but you won't, [because] you wouldn't want to do it, because it [would] ruin your school record. If you want to get a job in the future, they'll look at it or something, and it will look really bad and [if] you get caught for doing it, [employers] won't accept you.

Peers/Friends—Thirty eight percent of the explanations described as a response to drug offers from peers or friends reflected turning the pressure of the offer back onto the offerer, through the use of sarcasm or suggestion that the youth should not engage in the behavior. For example, “Nightcrawler” describes how he would “reverse the pressure” related to an offer to use marijuana from a friend:

I would [tell them] “No, I don't smoke, and you shouldn't either,” ‘cause it's like, you're telling them that they shouldn't [smoke] and that [I] shouldn't do that ‘cause it could hurt [me].

In response to a drug offer from a friend while at a fair, several girls described how they would “reverse the pressure”.

Dawn: Tell them, “Oh, no thank you, I came here to have fun, not to ruin my night.”

Lydia: I don't want to be stoned out of my mind on the rides [laughs]. You know, frickin' not knowing you never locked your belt (referring to the safety belt on a carnival ride).

Stitch: Before you [know it, you're] fall[ing] off. You wouldn't want to smoke weed and stuff, and then like you are riding all the rides and you are too stoned to think about where you are. And, [then] you are wondering why [you're falling out of the ride].

Lydia: Because when you are stoned, you are not even in the right [state] of mind. You don't even know what to do, when to do it, or how to do it. You don't know how [to] use the phone or dial the numbers!

Cousins—Similar to explanations used as drug resistance to offers from friends or peers, participants described how they would “reverse the pressure” against drug offers from cousins. Forty three percent of the explanations described by participants in response to an offer from a cousin reflected an attempt to “reverse the pressure”. However, with cousins, participants described explanations that were much more aggressive in nature compared with those used with peers and friends. For example, several youth described how they

would tell their cousin that they didn't want to be "stupid" like them. Several boys discussed this option.

Facilitator (SO): "I would tell my cousin that I'm not that dumb." Is this [response] number five?

Magneto: Yes.

Facilitator (SO): Why is that number five?

Magneto: 'Cause you're [being] straightforward.

Colossus: Yeah, that's a good one.

Facilitator (SO): So, with cousins, you're saying it's good to be straightforward?

Hawk: Yeah, 'cause it's family.

Several girls discussed how telling their cousin that they were "stupid" could cause problems if the cousin (or other family members around them) were intoxicated. The youth struggled to find an assertive method of refusing drugs that would not incite an altercation between family members.

Facilitator (SH): We have these two [responses]: "Get away, I don't do that kind of stuff" and "Get away, I don't want to be stupid like you."

Dakota: Oh, "Get away, I don't want to be stupid like you."

Lucy: When you drink, there [are] a lot of people fighting. [Saying] that is going to be [a] reason for a person to pick on you and hit you and get into a fight. Say[ing] "you stupid." Yeah, and you calling them stupid.

Facilitator (SH): Saying "stupid" will get them mad?

Lucy: Because you are saying [they're] stupid.

Facilitator (SH): What about [saying] "stop following me"?

Glam: No, because [saying] "stop following me" [is] not really powerful [enough]. I tell that to my brother all the time.

Within other groups, youth participants similarly struggled to find the right balance between using a "strong" enough explanation for drug refusal with a cousin, which would not cause problems in their relationship. In a girls' group, several participants described how saying "no" is not a strong enough response to use with cousins, and that an aggressive explanation may be necessary to stop drug offers from occurring. "Lulu" brainstormed ways in which to do this.

Lulu: Say "no" and then walk away [or tell them] "you must be high."

Facilitator (SH): So, [saying] "no" isn't enough?

Lulu: 'Cause then, after you say "no," they just ask you the same questions again.

Tornado: Like, "Why not?" [Meaning, "why don't you want to use drugs with me?"]

DISCUSSION

Using qualitative methods, this study examined the use of explanations for refusal as a drug resistance strategy for rural Native Hawaiian youth. The findings suggest that Native Hawaiian youth use different types of explanations based on the type of drug offerer, and have different reasons for using specific types of explanations. With parental offers,

participants described explanations for refusal that were intended to reaffirm the roles and boundaries of the parent/child relationship. With offers from other youth, participants typically described explanations for refusal that reflected an external locus of control, such as “not getting in trouble” from parents, teachers, or police officers. Participants also described how they would “reverse the pressure” to use drugs back onto the youth offerer, through the use of sarcasm or aggression. Wright et al. (2004) found that divergent responses to peer pressure situations, which included “reversing the pressure” or making an excuse, were found to be better tools for resisting deviant behavior than socially appropriate, assertive, and non-aggressive responses (e.g., saying “no”). The findings from this study appear to validate Wright et al.’s findings.

While “reversing the pressure” was frequently described in situations with youth drug offerers, there appeared to be a qualitative difference in the tone and language of this approach, depending on whether the offerer was a peer/friend or a cousin. With peers or friends, the tone and language was typically assertive (e.g., “No thanks, I have my own friends”) while with cousins, the tone and language appeared to be more aggressive (e.g., “I don’t want to be stupid like you”). Okamoto, Helm, Giroux, Kaliades, et al. (2010) suggested that aggressive explanations may serve the dual function of communicating shock and dismay at a cousin for offering drugs, while at the same time expressing concern for the well-being of the family member. This was suggested by both “Magneto” and “Hawk” in the present study, although they described aggressive explanations as being “straightforward”. Overall, the findings from this study indicate that Native Hawaiian youth make context-specific decisions about the types of explanations for refusal that they would employ, which are largely based on the type of offerer involved in drug-related problem situations. These findings further support the relational emphasis in drug refusal for Indigenous youth populations (Kulis et al., 2006; Okamoto, Kulis, et al., 2010).

Implications for Prevention

The findings from this study have implications for culturally specific drug prevention programming for Native Hawaiian youth. They emphasize that resistance skills training needs to move beyond training youth in socially appropriate and assertive resistance skills, such as saying “no”. While these types of strategies have largely been at the center of drug prevention programs for years, Nichols et al. (2010) found that they were deemed largely ineffective by youth. Hawaiian youth need a repertoire of different drug resistance skills, and in particular, need to develop a variety of culturally and contextually relevant explanations for refusal. Training in the use of explanations for refusal should be conducted with their use as a primary drug resistance strategy as well as one that is used in tandem with other resistance strategies (e.g., saying “no”, avoidance). Drug prevention programs might develop exercises, discussions, and role play rehearsals around refusal strategies with different drug offerers, in order to promote social competence in the use of explanations for refusal as a drug resistance strategy. In particular, role plays related to “reversing the pressure” in youth drug-offer situations would most likely be engaging and entertaining for youth participants, while at the same time would promote relevant strategies that they could use in real world social settings. Role plays focused on adult drug offerers might promote respectfully assertive explanations for refusal, in order to reaffirm the parent/child roles and boundaries while simultaneously demonstrating the respect for elders that is indicative of the Hawaiian culture (Morelli & Fong, 2000; Morelli, Fong, & Oliveira, 2001). These programmatic components have relevance for school social workers engaging in drug prevention efforts with Native Hawaiian and/or Pacific Islander youth populations.

Limitations of the Study

The limitations of the study include issues related to sample selection and transferability of the findings to other regions and communities. Because the participants required active parental consent to participate in this study, youth that were at higher risk for substance use may not have been represented in the sample. Several School Based Research Liaisons indicated that higher risk youth were not given parental permission to participate in previous years of the overall study, which may have influenced the earlier research findings (Okamoto, Kulis, et al., 2010). Similar to prior years of the overall study, youth in the present study may have had relatively little exposure to drug-offer situations. Subsequently, it is unclear as to whether youth in the current sample would have responded to the situations as they described in the group sessions, if they actually were confronted with them. Future research might focus on drug resistance strategies of higher risk or actively using Hawaiian youth to validate the effectiveness of explanations for refusal as a drug resistance strategy. Further, because this study occurred in rural communities on one island, it is unclear as to the level of transferability of the findings to populations in rural areas on other Hawaiian islands, or to those in urban or suburban areas in Hawai'i.

CONCLUSION

Prevention research has emphasized the importance of training youth in a variety of diverse resistance strategies (Alberts, Hecht, Miller-Rassulo, & Krizek, 1992; Wright et al., 2004). This study emphasized the cultural relevance of one type of resistance strategy—explanations for refusal—including variations in the strategy based on the type of offerer described in drug-related problem situations. Practice parameters for drug use prevention with Native Hawaiian youth are largely unknown, due to the lack of research in this area (Rehuher et al., 2008). This study provides an initial step toward understanding these parameters, and therefore, provides the foundation for future culturally grounded drug prevention interventions for this at-risk population of youth.

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TABLE 1

Drug-Related Problem Scenarios (Okamoto, Helm, Giroux, Kaliades, et al., 2010)

Item	Scenario	Offerer	Drug
1	One of your classmates always hangs around with this group of older kids and they smoke weed everyday. One day, your classmate asks you if you'd like to eat lunch with them.	Peer/Friend	Marijuana
2	A big, bulky boy in school is known to be the leader of a group of "tough kids," who fight and do drugs. He approaches you one day at recess and asks you if you'd like to hang out with his group.	Peer/Friend	Drugs
3	You're at a party with your 'ohana (family), and one of your older cousins offers you to take a sip of beer. You tell him you gotta go, but he keeps following you and asking you to drink some.	Cousin	Alcohol
4	You're at a New Year's Eve Party with your 'ohana, and your auntie's boyfriend offers you some of his beer.	Uncle	Alcohol
5	Your friends bring Bacardi to school and mix it with juice. They are drinking it on campus during recess. They offer you some.	Peer/Friend	Alcohol
6	You are at a family party where the adults have coolers full of beer. They are getting drunk, so you and your cousins can take a beer without the adults noticing. One of your cousins says to you, "Let's grab one."	Cousin	Alcohol
7	You see some of your friends at the fair, so you go cruise with them for the night. Your friend has weed with her and wants to smoke. She offers you some.	Peer/Friend	Marijuana
8	Your best friend offers you marijuana. You don't know what might happen to your friendship if you said "no".	Peer/Friend	Marijuana
9	Your dad, uncles, papa, and dad's friends are making pulehu (barbecue) in the yard, and you are with them. Your mom is inside the house. They are drinking a lot of beer, probably already drunk. Your dad offers you a beer.	Parent	Alcohol
10	Your older brother enters your bedroom, closes the door, and asks you if you'd like to smoke some weed.	Sibling	Marijuana
11	On the nights that there is a full moon lots of the older kids like to go out at night because they can kanikapila (play music) and smoke marijuana and drink beer outside. Your older cousin invites you to come along.	Cousin	Drugs
12	You are at school, and some of your friends want to skip class so that they can smoke pakalolo (marijuana). They ask you to join them.	Peer/Friend	Marijuana
13	You are with a girl/boy you like and some other friends. They are all hiding in the bushes and smoking weed. They ask you if you want to try some. After you say no, they say, "Just try this once, it's cool."	Peer/Friend	Marijuana
14	You are at home having dinner with your family. Your parents are drinking beer with dinner, and your mom offers you some.	Parent	Alcohol
15	Your older cousin is walking with you to the mall. He takes out some marijuana and says "don't tell my parents. You like some?"	Cousin	Marijuana