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Strategies to Resist Drug Offers Among Urban American Indian Youth of the Southwest: An Enumeration, Classification, and Analysis by Substance and Offeror

Stephen Kulis¹, Leslie Jumper Reeves², Patricia Allen Dustman², and Marissa O'Neill²

¹Sociology Program, School of Social and Family Dynamics, Arizona State University, Tempe, Arizona, USA

²Southwest Interdisciplinary Research Center, Arizona State University, Phoenix, Arizona, USA

Abstract

This study explores the drug resistance strategies of urban American Indian adolescents when they encounter people offering them alcohol, cigarettes, and marijuana. Data were collected in 2005 from 11 female and 9 male adolescents who self-identified as American Indian and attended two urban middle schools in the southwestern United States. In two focus groups—one at each school site—the youth described their reactions to 25 hypothetical substance offer scenarios drawn from real-life narratives of similar youth. Qualitative analysis of their 552 responses to the scenarios generated 14 categories. Half of the responses were strategies reported most often by nonnative youth (refuse, explain, leave, and avoid). Using ecodevelopmental theory, the responses were analyzed for indications of culturally specific ways of resisting substance offers, such as variation by specific substance and relationship to the person offering. Study limitations are noted along with suggestive implications for future research on culturally appropriate prevention approaches for urban American Indian youth.

Keywords

urban American Indian youth; drug resistance strategies; substance offers; resiliency

INTRODUCTION

American Indian communities and the public health agencies that serve them recognize that substance misuse and its attendant health problems pose a major challenge to the elimination of ethnic/racial health disparities in the United States. Harmful substance use has been identified by the Indian Health Service as the single most significant health problem affecting American Indian communities (Dixon, 2001; Indian Health Service, 2001). Among tribal leaders, tribal health directors, urban Indian clinic directors, and American Indian physicians, the top priority for health research on American Indian populations is addiction prevention, treatment, and aftercare (Association of American Indian Physicians, 2005; Joseph-Fox & Kekahbah, 1999). Among the array of coordinated strategies that are needed, prevention efforts specifically designed for American Indian youth are vital to halting or

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Address correspondence to Stephen Kulis, Director of Research, Southwest Interdisciplinary Research Center, Arizona State University, 411 N. Central Avenue, Suite 720, Phoenix, AZ 85004-0693; kulis@asu.edu.

Declaration of Interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

delaying the initiation of substance use and mitigating its subsequent adverse health effects in adulthood.

Although substance use prevention efforts have been developed for some American Indian populations (Marlatt et al., 2003; Schinke, Tepavac, & Cole, 2000), the needs of the rapidly growing numbers of urban American Indian youth have not been addressed adequately with prevention programs that are based on rigorous, scientific, and culturally grounded models. The current study focuses on a key element in the development of such programs: the identification of culturally specific and appropriate ways of resisting substance use offers and opportunities. The study explores how urban American Indian youth respond when they encounter substance use offers in hypothetical scenarios drawn from real-life narratives. The study analyzes the responses of these youth from the perspective of ecodevelopmental theory (Szapocznik & Coatsworth, 1999), placing the substance use risk¹ scenarios and the youth's responses to them within the social and developmental contexts of their lived experience. The analysis leads to several provisional conclusions about the culturally determined nature of vulnerability and resistance to substance use offers and opportunities for urban American Indian youth. These conclusions have suggestive implications for the design of prevention programs for this growing yet underserved American Indian population.

Substance Use Among American Indian Youth: Prevalence and Consequences

For many American Indian communities, health problems related to the misuse of alcohol, tobacco, and illicit drugs play a substantial role in their disproportionately high rates of morbidity and mortality (Indian Health Service, 2001, 2005). Age-adjusted death rates due to alcohol dependence among American Indians and Alaska Natives have been reported as much as seven times higher than that for the US population as a whole (Indian Health Service, 1999), and the corresponding rates in Arizona, the site of the current study, are also much higher for American Indians than that for the general population (Arizona Public Health Association, 2005). Of the 10 leading causes of death among American Indians, 4 are closely connected to substance misuse: injuries, liver disease and cirrhosis, suicide, and homicide (Centers for Disease Control, 2001). Similar health disparities related to substance use have been reported among the American Indian subgroups who are the focus of the current study: those living in urban areas, a group estimated to now constitute 61% of the total American Indian population (Castor et al., 2006; Urban Indian Health Commission, 2007), and American Indian youth (Chen, Hoyt, & Whitbeck, 2004; Substance Abuse and Mental Health Services Administration [SAMHSA], Office of Applied Studies, 2006).

On several indicators, American Indian youth appear at especially high risk of substance misuse and its associated health risks (Herring, 1994; LaFromboise, Trimble, & Mohatt, 1990). Compared with nonnative youth, American Indian youth report higher rates, earlier onset, and severer consequences of substance misuse and are more likely to perceive a minimal risk of harm from use of substances (Moncher, Holden, & Trimble, 1990; SAMHSA, 2004). Although usage varies by region and tribe, nearly one third of American Indian youth have tried alcohol by age 11 (Mail, 1995; National Institute on Alcohol Abuse and Alcoholism, 2002). Various reports indicate that by the end of adolescence, more than three fourths of American Indian youth have used alcohol (Cahape & Howley, 1992;

¹The reader is reminded that the concepts of "risk" and "protective factors" are often noted in the literature, without adequately delineating their dimensions (linear and nonlinear), their "demands", the critical necessary conditions (endogenous as well as exogenous ones, micro to macro levels), which are necessary for either posited process to operate (begin, continue, become anchored and integrate, change as de facto realities change, cease, etc.) or not to and whether their underpinnings are theory driven, empirically based, individual and/or systemic stake holder bound, based upon "principles of faith," or what. This is necessary to clarify if these terms and their posited processes are not to remain as yet additional shibboleths in a field of many stereotypes. Editor's note.

SAMHSA, 2006; Spicer et al., 2003), and half or more have tried marijuana (Indian Health Service, 2005) and other illicit drugs (SAMHSA, 2006), all at prevalence rates exceeding other ethnic groups by large margins. In addition to more prevalent use, American Indian youth subgroups have been identified as high-frequency users of alcohol, marijuana, and tobacco (Moncher et al., 1990; Novins & Mitchell, 1998).

American Indian youth are also more likely to perceive the minimal risk of harm from substance use (SAMHSA, 2004). More than one half (57.5%) of American Indian youth reported that they thought there was moderate, slight, or no risk of harm from smoking marijuana once or twice a week, compared with 46.9% of other races/ethnicities. The consequences of drug use among American Indian youth are severe. Moncher et al. (1990) found that the amount of drug and alcohol use by these youth is associated with academic failure, delinquency, unemployment, and violent criminal behavior. When compared with other racial/ethnic groups, American Indian youth have severer health, social, and economic consequences related to drug use (Schinke et al., 2000), including depression, conduct disorder, posttraumatic stress disorder, and suicidality (Stiffman, Striley, Brown, Limb, & Ostmann, 2003). With the evidence of the early onset of drug use initiation and the negative consequences of drug use for American Indian youth, the need for effective drug use prevention among these youth is evident and critical.

Designing Prevention for American Indian Youth From an Ecodevelopmental Perspective

Although wide variations by region, tribe, and reservation or urban setting make it difficult to generalize, multiple factors have been implicated in the elevated prevalence and severe consequences of substance misuse among various groups of American Indian youth. Most of the identified factors relate to specific developmental, familial, and social contexts, including child-rearing practices (Herring, 1997a), instability in the home and family environment (Garrett & Herring, 2001), substance use offers and opportunities within the family and kinship group (Kulis, Okamoto, Rayle, & Nyakoe, 2006), excess unstructured time on reservations (Herring, 1997b), parental and community attitudes about drug use and adult substance use models (Moran & Reaman, 2002; SAMHSA, 2004), conflicts between cultural ideals and behavioral realities (Garrett & Herring, 2001; Herring, 1997a, 1997b), socioeconomic stressors (Clarke, 2002), and stress related to discrimination, forced assimilation, colonization, acculturation, and loss of culture (Beauvais, 1998; Frank, Moore, & Ames, 2000; Whitbeck, Chen, Hoyt, & Adams, 2004). Similar to other ethnic minority youth, American Indian youth may use substances to cope with pressure to fit within both the dominant culture and their own American Indian culture (LaFromboise et al., 1990; Schinke et al., 1988).

To better understand the interplay among these factors that may encourage or prevent substance use among American Indian youth, the current study draws from ecodevelopmental theory, which provides a framework for understanding American Indian youth's drug use through the multiple, interacting social contexts that influence development (Szapocznik & Coatsworth, 1999). The theory views substance use as reflecting the interaction of nested systems that influence American Indian youth. Microsystems are settings in which the youth participate directly (e.g., family, school, or peers). Mesosystems represent the relationship between microsystems that influence the youth indirectly (e.g., parent–peer or parent–school interactions). Macrosystems reflect broad social forces and structures that influence the youth (e.g., culture). Positive social support within and between these systems facilitates positive social outcomes, while conflict among them can lead to behavior problems, such as substance use. Finally, the ecodevelopmental theory posits that the family plays a primary role in the socialization of youth and therefore has a strong impact on either the development or prevention of problem behaviors.

Consistent with the ecodevelopmental theory, research has shown how substance use risk and resiliency for American Indian youth emerges from interdependent relationships with peers and family in schools, reservations, and communities (Hurdle, Okamoto, & Miles, 2003; Trotter, Rolf, & Baldwin, 1997; Waller, Okamoto, Miles, & Hurdle, 2003). Peers, siblings, and cousins (biological or ascribed) have been found to exert strong pressure to use or resist substance use. In a focus group study, Diné (Navajo) youth cited the substance use of older relatives (particularly siblings) and “wanting to stay with friends” as primary reasons for using substances themselves (Trotter et al., 1997). Using a similar methodology, Waller et al. (2003) described the impact of biological or ascribed cousins on the risk and resiliency toward the substance use of American Indian youth. They found that cousins were particularly influential in American Indian youth’s decisions to use substances, because they were exposed to them in multiple environments (e.g., school and their reservations). This may compound risk, as some American Indian youth felt unable to “escape” from the influences of their cousins’ substance offers, but also may serve to intensify protection, as cousins were “looking out” for them in multiple settings.

These qualitative findings considering the relational contexts of American Indian youth’s substance use have been echoed by quantitative studies. One study found that peers and cousins were more influential than parents or adult family members in American Indian adolescents’ decisions to use substances (Okamoto, LeCroy, Dustman, Hohmann-Marriott, & Kulis, 2004). In a sample of urban and semiurban American Indian youth, the most commonly encountered situations where alcohol or drugs were offered to them involved their cousins and family settings, and the youth rated offers of substances from a cousin as more difficult to handle than offers from parents (Okamoto et al., 2004). In an exploration of the association between particular substance offers and actual substance use, Kulis et al. (2006) found that the influence of parents versus peers/cousins varied by substance. Youth with more exposure to substance offers from their parents reported more frequent use of alcohol and cigarettes, while exposure to substances through cousins predicted more frequent use of marijuana. Further, gender differences emerged in the sources and difficulty of typical substance offers and in the connection between exposure to offers and levels of substance use (Rayle et al., 2006). Compared with boys, girls received significantly more offers from parents, family members, and friends and found it more difficult to resist these offers than boys did. Exposure to substances through parents predicted girls’ level of substance use more strongly than it predicted boys’ use. These influences have been noted in other studies detailing the sociocultural and relational contexts in which substance use occurs for American Indian youth. For example, Nielsen (1994) highlighted the need to help American Indian adolescents break intergenerational cycles of drug use by dealing with their parents’ misuse of substances. Other studies emphasize the influence of peer approval and of substance-using peers on the substance use trajectories of American Indian youth (Bates, Beauvais, & Trimble, 1997; Beauvais, 1992; Kegler et al., 1999; Sellers, Winfree, & Griffiths, 1993).

Broader implications of the ecodevelopmental theory for culturally specific drug use prevention emerge through its attention to the macrosystem, such as the influence on youth of American Indian sociohistorical experiences, culture, and institutions. Stress related to forced assimilation, colonization, and acculturation is a factor contributing to substance misuse among American Indian youth (Beauvais, 1998; Frank et al., 2000). These unique sociohistorical/cultural contexts may need to be recognized in drug use prevention efforts with these youth (Garrett & Herring, 2001), such as through the adoption of an “indigenist” perspective that acknowledges how substance-use-related problems are connected to American Indians’ colonized status and related sources of environmental, institutional, and interpersonal discrimination and stress (Walters, Simoni, & Evans-Campbell, 2002). These

factors create barriers to accessing services and lead to avoidance of care out of fear of encountering discrimination (Browne & Fiske, 2001).

Recommended practices in designing prevention efforts for American Indians include recognition of distinctive aspects of American Indian culture. These include the incorporation of American Indian narratives that use culturally appropriate symbols, metaphors, and relationships to convey concepts, and consciousness of nonverbal communication (More, 1989). Most American Indian cultures place great value on healing practices rooted in religious and spiritual traditions such as talking circles, fasting, smudging, offerings, and storytelling (Nebelkopf & Phillips, 2004). Recognition of essential differences in native and Western philosophies of wellness and healing is a fundamental step in the development of culturally competent interventions and services for American Indians. Increasingly, traditional healing practices are incorporated into medical and social services for American Indians and their role is significant in the healing and recovery process. Although the practices range widely, they often share a holistic approach that addresses the mind and spirit in addition to the body and involve the family, community, and larger cultural world of the individual (Alvord & Van Pelt, 1999). Identifying values and practices that have cultural significance across tribes is an essential task when attempting to understand and address the needs of urban American Indians.

One challenge in designing prevention programs for urban American Indian youth is ensuring that they respond to and incorporate core cultural values and reflect the community's social world. Strong identification with American Indian culture is a significant protective factor against risk behaviors for American Indian youth (Moran, Fleming, Somervall, & Manson, 1999; Stubben, 2001; Whitbeck, Hoyt, McMorris, Chen, & Stubben, 2001). Several successful intervention programs for American Indian youth have elements designed to strengthen connections to American Indian values, including those targeting substance misuse, self-esteem building, and family cohesion and problem solving (Moran et al., 1999; Stubben, 2001). Conversely, the "disease model" of substance abuse² used in many prevention programs has less relevance to American Indian youth because it does not recognize the complexity of their cultural traditions and bicultural life experiences (Garrett & Carroll, 2000; Stubben, 2001).

There have been substantial developments in recent years toward drug use prevention programs for American Indian youth that address their cultural heritages. Marlatt et al. (2003) described the development of the Journeys of the Circle Project, which is a culturally congruent life skills course targeted toward Northwestern American Indian youth. Similarly, Schinke et al. (2000) implemented and evaluated a culturally tailored life skills intervention with American Indian youth from 10 reservations in North and South Dakota, Idaho, Montana, and Oklahoma. In addition to the research conducted by Schinke and colleagues, however, the majority of prevention efforts with American Indian youth has not been rigorously evaluated for efficacy (Hawkins, Cummins, & Marlatt, 2004). Beauvais and Trimble (2003, p. 397) state that most of the prevention research on American Indian youth focuses largely on "commentary and recommendations and not on the science of prevention." The needs of certain American Indian populations have not, as yet, been targeted through scientifically based prevention efforts, including the large numbers of American Indian youth living in urban settings, and those living in the southwest region of the United States. The current study embarked on some initial steps to address this gap.

²The journal's style utilizes the category *substance abuse* as a diagnostic category. Substances are used or misused; living organisms are and can be *abused*. Editor's note.

Drug Resistance Strategies and Prevention

Research on the drug use resistance skills used by youth has shown that their posited vulnerability to substance use is related to the resistance strategies they employ. These strategies vary depending on the number and type of substance offers they receive and the degree of peer pressure to use substances (Alberts, Hecht, Miller-Rassulo, & Krizek, 1992). Some strategies, such as strongly asserted refusals (an unequivocal “No”), are associated with less use of substances (Epstein, Griffin, & Botvin, 2001), but also entail a higher risk of alienating one’s peers (Miller, Alberts, Hecht, Krizek, & Trost, 2000). Youth who use a diverse repertoire of strategies and are socially adept at turning down substance offers while maintaining relationships with peers are more successful at resisting substance use (Doi & DiLorenzo, 1993; Skara & Sussman, 2003).

This research on drug offer resistance strategies has influenced the design of prevention efforts (Gottfredson & Wilson, 2003). Youth substance use prevention programs have been shown to be more effective when they help develop specific skills to deal with substance use offers (Botvin & Griffin, 2003; Hecht et al., 2003; Tobler & Stratton, 1997). Prevention programs that include drug use resistance skill training assume that youth need not only motivation to resist drug offers but also knowledge about different strategies for resisting, when and with whom to use a strategy, and skill in implementing it.

Ethnicity and culture play an important role in the development of repertoires of drug resistance strategies because cultural backgrounds influence the social contexts of typical substance offers and the preferred choice of drug offer resistance strategy (Gosin, Marsiglia, & Hecht, 2003; Hecht, Alberts, & Miller-Rassulo, 1992; Marsiglia & Hecht, 2005). Some prevention research has led to calls to identify and find ways to cultivate resistance skills that are culturally appropriate for specific racial and ethnic groups, such as by including traditional cultural values and practices in prevention messages (Castro, Proescholdbell, Abeita, & Rodriguez, 1999; Gosin et al., 2003; Hecht et al., 2003). Programs that teach a repertoire of specific, culturally appropriate, drug refusal strategies—those that help youth select a strategy that is suited to both the situation and the youth’s cultural values—have been found to be effective among multicultural samples including Latino and African American youth (Botvin, Schinke, Epstein, & Diaz, 1994; Hecht et al., 2003). There is little systematic research, however, on culturally appropriate drug offer resistance skills employed by American Indian youth, and none specifically addressing urban Indian youth.

METHODS

Prior Phases of the Study

The current study is the third phase of a larger research project whose aim is to investigate culturally specific factors that contribute to resilience and drug offer resistance among urban and semiurban American Indian youth and to utilize that knowledge to inform culturally grounded prevention efforts for this population (see Okamoto et al., 2006). We first review selected methods and results of the earlier phases of the project because they provided the key data that led to the design of the current study. All phases of the project involved data collected from American Indian middle school students living in an urban area of the Southwest, or commuting daily between their reservation home and adjacent suburban middle schools that served predominantly nonnative youth.

Phase one elicited qualitative data from 10 gender-segregated focus groups, asking youth about the situational contexts where they encountered opportunities and pressures to use substances and identifying their culturally influenced ways of resisting substance offers (see Waller et al., 2003). Textual analyses extracted 173 situations where youth encountered substance use opportunities, and the relational contexts and social setting for each one were

detailed systematically. After redundant items were eliminated and highly similar situations were combined, the analysis produced a list of 62 typical situations of urban or semiurban American Indian youth encounters with substance use.

Phase two used quantitative survey methods to assess how often youth faced these situations where substances were offered, and how difficult they were to handle. A newly recruited sample of 71 American Indian youth from three public middle schools was presented with the 62 typical substance offer scenarios in a self-administered questionnaire and asked to report the frequency with which they encountered each one and the perceived difficulty of dealing with the situation (Okamoto et al., 2004). The scenarios were highly salient: one fifth of the youth had experienced at least 42 of the scenarios, one third had experienced seven scenarios, and over half had experienced at least two scenarios. The scenarios were coded by the type of substance offered, the relationship to the person offering substances, the presence of others, and setting (home, school, or neighborhood). There were distinctive clusters of exposure to substances through peers, cousins, parents, and other adult family members.

Design of the Current Study

The data collection and analysis of the prior phases provided key information for the current study. This third phase utilized focus groups of urban American Indian youth to generate a list of ways that the youth might respond to scenarios where substances were offered to them (response enumeration). The methods aimed to generate real world, culturally specific, responses to realistic scenarios where youth faced opportunities to use substances. The methods at this stage were modeled after those used by MacNeil and LeCroy (1997) to identify culturally grounded and socially competent responses to challenging situations faced by youth.

Setting—The Phoenix, Arizona metropolitan area, the location for this study, has a large urban American Indian population that exemplifies key characteristics of urban American Indian communities: a distinctive migration history, multiracial community identities and values, and frequent contact with reservation communities (Lobo, 2001). Phoenix has a long history as a migration destination for American Indians, reflecting the Federal government's past assimilationist relocation policies, nonnative population growth that has encroached on Indian reservations adjacent to the city, and economic and educational opportunities that draw rural American Indians to the city. The US Census Bureau's 2005 American Community Survey counted 81,185 American Indian residents in the metropolitan area, not including those who identify as multiracial or live on reservations. American Indians in Phoenix report many different tribal affiliations, with the largest single tribe, the Diné/Navajo, accounting for about one fourth. The proximity to Phoenix of 21 American Indian nations in the state allows for frequent return visits for ceremonies and family responsibilities (Weibel-Orlando, 1991).

Sample—The participants in this study phase were a convenience sample of urban American Indian youth. They were students in two urban public middle schools and were already enrolled in a cultural enhancement program for native students, offered by the largest multiservice agency serving the local urban Indian community. Students are eligible to be invited to participate in this program if their parent(s) complete a Title VII form indicating their tribal affiliation when enrolling the student in school. In one school, six female students participated in the group session where data for the current study were collected. In the second school, 14 students (5 females and 9 males) participated in the session. In the first school, students collaborated as a single group. At the second school,

students self-selected into several small groups. Between the two schools, the student participants in the focus group session represented a wide variety of tribal backgrounds.

Facilitators—Adult program facilitators from the local urban Indian services agency were trained to guide the focus group session without leading students to answer in predictable ways. The training focused on the elements of brainstorming (rules, procedures) as well as different ways to group students to foster interactions. Brainstorming steps also included the importance of warm-up activities, large group active participation, and small group discussions.

Response Enumeration Session—The response enumeration session was designed so that groups of youth were presented with representative situations where urban American Indian youth might encounter offers of substances. These situations were selected from the 62 scenarios identified in the prior phase of the study (Okamoto et al., 2004). On the basis of the frequency with which youth had encountered each scenario, and the difficulty in dealing with it, the research team selected 25 scenarios organized into five sets. To ensure that the response enumeration encompassed the multiple ecodevelopmental social contexts of the youth, each set included a range of persons offering a substance (parents, other adult family members, cousins, friends, or other peers), a range of substances (alcohol, cigarettes, or marijuana), and a variety of settings (e.g., after school, party, home, or family gathering; see Table 1). The order of the items in the five sets of scenarios was rotated among different groups of students.

In a focus group format, the youth were presented with the scenarios and told these were situations that occur for many youth and that the researchers were interested in how they would react. For each scenario, students were asked “what would you say?” and “what would you do?” Using a brainstorming approach, students engaged in both large group interactions and small group discussions. To elicit the full range of potentially effective responses, students were encouraged to give all possible reactions to each of these situations. The facilitator read each real-life scenario, and then paused for students to write down their responses before moving on to the next one. Each of the 25 scenarios was considered by the focus group at each school site during a single 1-hour session.

Data Analysis—After the data were collected from the students at the response enumeration session, responses to each scenario were typed and compiled, thus combining information from the two sites. Highly similar responses, those sharing the same phrases or words, were grouped together. Working individually and in pairs, the research team looked for common actions to group the responses into categories and to assign an umbrella term or theme for each group. Intercoder reliability was ensured by rechecking and adjusting the initial coding decisions, each time with additional coders involved. After coding, responses were tallied within thematic categories and then analyzed according to the type of substance involved (alcohol, cigarettes, or marijuana) and the relationship connection to the person offering the substance (friends, other peers, cousins, parents, extended family, or other adults).

RESULTS

Table 2 presents a breakdown by thematic category of the range of strategies that participants generated for responding to the 25 substance offer scenarios. Definitions and representative examples of the responses in each category are presented. Students provided 410 responses, sorted in the table into 14 categories. However, over one third of these initial responses combined two somewhat distinct actions in sequence, such as making a statement (e.g., “No thanks”) and then a physical action (leaving the scene). In the third column of the

table, the responses were initially tallied within categories according to the first or primary action that was mentioned. That column lists the number and percentage of responses where the primary action fell into a particular category, as well as the number (in brackets) of the primary responses that were coupled with a second type of response. The last column adds the secondary responses to the tallies and treats those as distinct individual responses similar to the primary responses.

Over 10% of the responses involved simply accepting offered substances, usually in a straightforward manner. However, about one fifth of the acceptances (11 of 56) were conditional or contextual (e.g., depending whether anyone was watching, the gender of the offeror, or the specific type of substance).

All other responses were actions or statements that resisted acceptance of the substance, but in ways that varied in strategy and directness. The students' most commonly mentioned response was to refuse the offer with a clear statement, saying "no" or that they did not want to use the substance. This strategy was also the one that often was combined with a secondary strategy, 62% of the time. When combined with another response, refuse usually was followed by offering an explanation for declining the offer, leaving, or challenging the offeror.

Three groups of responses were the next most common—explain, leave, and challenge—with each one accounting for about one eighth of all the responses. Explanations for turning down the substance included concerns about the negative effects of substance use, getting into trouble with parents, and interfering obligations, including fabricated ones ("I have to babysit"). Students who chose to leave risky situations did so either in a calm manner ("I would just walk away") or in an attempt to flee ("I'd run away and hide and don't come back until they're done"), representing a dichotomy of emotional responses. An equally common response was to challenge the person offering the substance using strong or profane language, name calling, or forcefully stated opinions about substance use, but without explicitly refusing the offer. The explain and challenge responses were combined with secondary responses less than one third of the time, and the leave response even less often. When there was a secondary response with explain, challenge, or leave, the responses varied widely and did not cluster into particular categories.

The next most common groups of strategies—avoid/evade, destroy/discard, redirect, and deny/disclaim—each represented about 5% of the total responses. The avoid/evade responses fell almost equally into two groups, staying away ("I wouldn't go near them") or remaining present but evading substance use (e.g., playing a drinking game but drinking water instead of alcohol). The next group responses that destroyed or discarded the substance were usually open and confrontational ("throw it on the floor"), but at times were less overt, such as dropping or spilling the substance. Redirect strategies, the third group, encompassed a wide range of responses, all of which had the effect of shifting the focus of the interaction away from the substance offer. They included responses that changed the subject and attention-getting irrelevant remarks, all unrelated to the substance offer. The deny/disclaim responses in the last group were remarkable because they did not accept the premise behind the scenario that the students were asked to respond to. These responses either denied that the scenario would happen ("My parents would never say that") or stated unequivocally that the student would not use substances, without indicating explicitly how they would resist the offer. Although the avoid/evade and deny/disclaim strategies were seldom accompanied by a secondary response, half of the destroy/discard strategies were followed by a secondary response, usually leave. Two fifths of the redirect strategies had a secondary response, mostly avoid/evade or leave.

The remaining groups of responses each accounted for less than 5% of the total, but they represented distinctive strategies for dealing with substance offers. In order of their relative size, the first group involved simply passing on the substance to another person, usually without verbal comments. In the second group were responses that called into question the relationship between the student and the person offering, implying that the substance offer was inappropriate for their relationship or lack thereof. The third group included ways to pretend to use the substance without actually doing so, and the fourth group involved a small number of angry or aggressive reactions to the offer. The fifth group, although rare, represented a very different way of contending with the substance offer. These were responses that involved watching or reflecting on the scene, sometimes passing negative judgment on the substance-using participants, and imagining the consequences of acting or becoming like them.

With a few notable exceptions, the types of responses mentioned most commonly did not vary markedly for different substances (Table 3). For all three substances, around 10% of the responses were to accept the offer. Refuse was the most common strategy for resisting offers of all three substances, yet mentions of this strategy also varied the most across substances. Refuse was mentioned more often to deal with marijuana offers than for cigarette offers, and even less often for alcohol offers. Explain was also mentioned more frequently for dealing with marijuana and alcohol than for cigarette offers. In contrast, the leave strategy was used more often for alcohol than for marijuana and cigarette offers. Finally, students mentioned the challenge and destroy strategies more often for cigarette offers than for alcohol offers, and least often for marijuana offers. Except for the proportions of students mentioning refuse and explain, however, the differences across substances were less than 5%.

A final breakdown of the types of strategies was by the relationship between the student and the person offering, whether the offer was from a friend, another peer less well known, or a parent, cousin, or other extended family member (often aunts or uncles in the scenarios in this category; see Table 4). Another type of offeror—an adult not in the family—was represented by only one of the 25 scenarios and garnered too few responses to analyze proportionally. As with the breakdowns by substances, there were many similarities across offerors in the proportions of responses falling into each category. However, there were a few more sizable differences as well. The largest variations involved offers from parents, which generated relatively more responses in the redirect category than when other people offered the substances. Conversely, the refuse strategy was mentioned relatively less often to deal with offers from parents than for other people offering substances. Offers from parents also generated relatively fewer explain responses than for other people offering substances.

Two types of very different responses received relatively more mentions when the offeror was a family member (parent, cousin, or other extended family): challenge and deny/disclaim. Students were most likely to say they would challenge the person offering the substance if that person were a cousin, and most likely to deny or disclaim the scenario when it involved a parent or an extended family member. These very strong responses were mentioned less often for offers from friends and other nonfamily peers. Friends offering substances stood out as more likely to generate an avoid/evoke response than for other people offering substances, and offers from friends also elicited relatively more responses in the explain category, as did offers from extended family members. Finally, offers from other peers, who were generally portrayed in the scenarios as not well known or even strangers to the students, elicited relatively more leave responses than were mentioned when other people offered the substance. Further, these nonfamily other peers were the only type of offeror to generate appreciable proportions of responses in the categories of pretend and set relationship boundaries.

DISCUSSION

The chief aim of this study was to enumerate, codify, and analyze the range of responses that urban American Indian middle school students would consider when they confront offers of alcohol, cigarettes, and marijuana. Students were presented with scenarios that other American Indian youth like them had actually encountered. Thus, their responses reflected the social and cultural contexts in which these youth navigate through risky situations. It was notable that the vast majority of their responses to the scenarios—90%—entailed ways to resist the offer of the substance rather than accept it. Also of note was the variety of ways of resisting the offers.

A substantial proportion of the responses to the scenarios fell into the same categories of drug offer resistance strategies used by youth from non-Indian backgrounds. Four strategies have been reported as the most commonly employed by US youth from a variety of ethnic backgrounds, as well as by some youth in Mexico: refuse, explain, leave, and avoid (Alberts, Miller-Rassulo, & Hecht, 1991; Hecht et al., 1992; Kulis, Marsiglia, Castillo, Becerra, & Nieri, 2008). About half of the responses reported by the urban American Indian students represented one of these four strategies. Their most common response—to refuse the offer by saying no—is also the strategy most commonly used by other US youth (Alberts et al., 1991). It is possible that the design of the study—asking for responses to scenarios that were presented as having already occurred—underrepresented the frequency with which urban American Indian youth may use an avoidance strategy to prevent encounters with substance users and substance use opportunities. Nonetheless, the responses indicated that urban American Indian youth share much of the repertoire of resistance strategies used by other youth.

One explanation for the similarities between the strategies used by urban Indian and non-Indian youth is media influence. Often the students mentioning an explain strategy—providing a reason or an excuse not to use the substance—appeared to reflect current media messages about the negative consequences of drug use. Students internalized these antidrug messages, and co-opted the messages to resist substance offers by integrating them into daily language use and reconstructing them to meet their own challenges. Comments reflected both general and personal knowledge of the physical destruction and detrimental effects of substance use. Mass-mediated drug messages (e.g., just say No!) also were apparent in the range of responses comprising the refuse category. Although it was the most common response, refuse was typically used in combination with another strategy, most often a strategy of explaining why they said “no” to the offer or leaving the scene. These follow-ups to the initial flat refusal are notable for being nonconfrontational and perhaps more culturally acceptable among American Indians.

Despite these similarities to other youth, the urban American Indian students also mentioned other, somewhat distinctive ways of resisting substance offers. These included both relatively passive strategies, such as pretending to use the substance, simply passing it on, or changing the subject, and highly assertive or confrontational approaches, such as angry, aggressive, or challenging responses, deliberate destruction of the substance, and efforts to set relationship boundaries. This wide range of approaches suggests that it is ill-advised to make rigid assumptions about the communication styles or preferences of urban American Indian youth.

Many responses revealed the social competencies of urban American Indian youth within their social and cultural orbit. Although mostly early adolescents, some students were skillful in employing pretense as a drug offer resistance strategy that they could identify, name, and accept. Similar social skills were suggested by half of the avoid/evade responses

where the students remained in the social interaction when the substance was offered but found a way to evade using it. Along with the strategy of passing the substance on to someone else, these three approaches all shared a potentially important characteristic: they allowed the student to remain in social situations where substances are presented to them through key members of their social networks, without using the substance. These strategies may be very important for youth who do not think they can leave these networks without risking disapproval or negative consequences. In contrast, offers from people outside of the key networks in which the youth are embedded may evoke the opposite kind of response—questioning the relationship to the offeror or setting boundaries on it.

Developed social competence can also be seen in the majority of the destroy/discard responses where students threw away or otherwise destroyed the substance in front of the offeror and others in the scene. This strategy not only prevented personal use of the substance but that of others as well. Moreover, half of the destroy/discard responses were combined with other effective strategies, most often leaving the scene. The destroy and leave combination may at times reflect a need to escape quickly after a confrontational action. In others, destroy and leave is a way to reject the use of the substance clearly, both for oneself and others, without personally rejecting the person offering it, such as by resorting to profanity and name calling.

Another group of responses revealed limited communication and/or social competence. These included the few aggressive or angry responses and the majority of the more numerous challenging responses that employed profane language. Unlike the remaining challenge responses, those that used profane language were seldom combined with another strategy that softened its impact or lessened its potential offensiveness. Profanity was also sometimes used in responses that accepted the substance offer. The use of profanity can offer insights into social competency and self-efficacy. Students may think that profanity and strong derogatory remarks will impress the offeror with their social prowess and breadth of personal experience. This may reflect a difficult adolescent developmental transition when the student's level of maturity is in question or needs to be established. Here, a culturally inappropriate response may be preferred to being viewed as socially impotent—of not knowing what to do or how to respond.

The deny/disclaim responses provided mixed indications of social competence. On the one hand, some indicated a sense of confidence that they were safe from substance offers from certain quarters, such as denying that their parents would ever use or offer substances. On the other hand, more often, these responses had in common a lack of awareness or planning and an unrealistic expectation of never receiving an offer or of somehow knowing how to respond, should an offer be made, without specifying what the response would be. The denials illustrated a hypothetical approach to problem solving that may be impractical in real situations. They did not demonstrate personal experience or knowledge, or a thoughtfully deliberated plan to address offers.

The apparent social competence of the redirect responses also varied. Some of these responses included obtuse comments in seemingly clumsy attempts to distract the attention of the offeror. Others were more skillful ways of changing the subject, including playful teasing or suggestions for alternate activities. Both types are notable because, unlike direct refusals, open destruction of the substance or challenging the person offering, redirect strategies are nonconfrontational. Possibly considered as more culturally appropriate, students may choose these redirect strategies to cloak their rebuke by shifting the attention of the offeror to other topics.

Another unusual and relatively rare strategy—distance/reflect—may have particular cultural resonance for youth from American Indian backgrounds. Somewhat similar to those in the deny/disclaim category, distancing responses represent an attitude of being at arm's length, watching or reflecting on the scene, and being present without actively participating in it.

An analysis of the relative frequency of different categories of responses by substance and offeror revealed more similarities than differences. The relative stability of the distribution of responses in each category across different types of scenarios, substances, and offeror suggests that these youth would consider the same widely ranging repertoire of resistance strategies in all these risky situations. But there were some appreciable differences by substance. The refuse strategy was employed more often for an illicit substance, marijuana, than for cigarettes and alcohol, while leaving the scene was used somewhat more often for alcohol than for other substances. Because it is illegal and more highly stigmatized, youth may be able to reject marijuana offers with a direct and simple refusal, while feeling a need to explain why when turning down an offer of licit, commonly used and widely available substances such as alcohol.

Variations in the responses to substance offers from parents, cousins, other family, friends, and peers provided suggestive evidence of how the social, cultural, and developmental contexts of urban American Indian youth shape their exposure to substance use and ways to deal with it. When offered substances by their parents, students were less likely to employ refuse or explain strategies and more likely to use redirect strategies than when the offers came from others. Children may feel that they lack the power to refuse a parent directly or provide a compelling explanation for declining the offer, and instead seek to change the subject or shift the focus of the interaction. On the other hand, students employed challenge strategies more often for offers from parents, cousins, and other extended family members than when offered by friends and other peers. There may be a higher level of comfort in issuing a challenge to a blood relation because of the permanence of the relationship. Similar challenges to friends and peers might threaten to end the relationship. Other challenge responses with family members may reflect a lack of communication competence for dealing with conflict in family settings. Students who say they would resort to strong or profane language may actually be expressing a sense that they cannot imagine alternative and more skillful ways of handling offers from family members.

Offers from people outside the family also elicited a somewhat different profile of responses than offers from family members. Offers from friends were met relatively more often by avoid/evade and explain responses, both of which eschew confrontation and allow the student to preserve the relationship. Offers from other peers—mostly casual acquaintances—generated relatively more responses involving leaving, pretending to use, and setting relationship boundaries. Perhaps because the scenarios with other peers as the offerors defined these as short-term relationships, the students may feel that they could question the nature or adequacy of the relationship, leave without expecting to see the person again, or pretend to use with less concern that their feigning will be detectable.

STUDY'S LIMITATIONS

The enumeration of responses in these focus group settings reflected the views of a nonprobability sample of urban American Indian youth from one city. Although the youth came from a wide range of tribal backgrounds, their responses may reflect the particular cultural orientations of the urban American Indian residents of this southwestern metropolis. In addition, these youth may have been distinctive in that they agreed to be part of and had participated in a cultural enrichment program focusing on their native heritage, and their

parents had identified them as American Indian. Thus, the responses may reflect the views of urban Indian youth who have a relatively strong sense of American Indian identity.

Another important caveat in assessing the responses is that they were elicited as a brainstorm of responses to hypothetical scenarios. Although the youth were told that these were real-life scenarios reported by youth just like them, the responses they volunteered may substantially differ from the strategies they would actually employ if confronted with the same situations. It would be useful in future research to obtain random samples of urban youth from different cities and assess the drug offer resistance strategies they have actually used.

CONCLUSION

This convenience sample from one city and region provides evidence for several provisional conclusions about the types of drug offer resistance strategies that urban American Indian youth consider when confronting substance use opportunities and suggestive evidence of cultural influences on the strategies they select. Within their repertoire of strategies are the strategies most often used by youth from other ethnic backgrounds, suggesting that prevention efforts that teach those strategies can be employed productively for urban American Indian youth. However, the tendency of the study participants to combine certain of those strategies with other, less direct or confrontational ones, suggests that standard prevention models need to be reassessed and adapted for this very underserved and underresearched population of youth, who now account for a majority of all American Indian youth. Participants mentioned a wide range of responses and strategies—from highly assertive, challenging, and proactive to indirect, nonverbal, reflective, and relatively passive. Strategies such as destroy or discard resisted substance use nonverbally but effectively and proactively, in a way that protected others from use. Evasive techniques, pretending to use, and passing on the substance to others may be important strategies for cultural reasons because they allow the youth to remain connected to others in networks they do not want to or cannot exit. It may be possible to teach these and other strategies, such as the distance/reflect approach, in ways that preserve underlying cultural values while also providing clear communication about resisting use of substances. Finally, the results suggest that while most strategies in the repertoire could be applied in different situational contexts, some prevention strategies for these youth may need to be differentially targeted toward substance offers from family, especially parents, and nonfamily members.

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Biographies

Stephen Kulis, Ph.D. (Columbia University, 1984), is Cowden Distinguished Professor of Sociology in the School of Social and Family Dynamics at Arizona State University (ASU)

and Director of Research at the Southwest Interdisciplinary Research Center at ASU, which is a Center of Excellence funded by the NIH/National Center on Minority Health and Health Disparities. His research has focused on cultural processes in health disparities, such as the role of gender and ethnic identity in youth drug use and prevention interventions; cultural adaptation of prevention programs for ethnic minority youth; contextual neighborhood and school-level influences on individual-level risk and protective behaviors; gender and racial inequities in professional careers; and the organizational sources of ethnic and gender discrimination.

Leslie Jumper Reeves, M.A., is a Faculty Associate at the Arizona State University (ASU). Through ASU's Southwest Interdisciplinary Research Center, she develops and implements culturally specific substance abuse interventions. An enrolled Western Band Cherokee tribal member, her research examines the effects of oral narrative on identity and resiliency within Urban American Indian families.

Patricia Allen Dustman, Ed.D., taught for 5 years before beginning her administrative career. In Ohio, she served as Middle School Assistant Principal, Elementary Principal, High School Principal, Assistant Superintendent, and Superintendent of Schools. Relocating to Arizona, she was an Administrator with the Scottsdale Public Schools before becoming Superintendent of Schools in Queen Creek, AZ. She joined the research team at the Southwest Interdisciplinary Research Center (SIRC) in 1999 as the Director of Development and Implementation. She is heavily involved in the field-based projects that incorporate community-based participatory research methods. Her primary responsibilities include ongoing coordination with research sites, IRB approvals, development of implementation strategies for field-based projects, and grant proposal facilitation.

Marissa O'Neill, M.S.W., is a Ph.D. candidate in social work at the Arizona State University. Her research interests include Indian child welfare, the foster care system, and attachment.

GLOSSARY

Drug resistance strategies

Communication skills and behaviors employed to decline substance use offers or avoid substance use opportunities.

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TABLE 1

Substance offer scenarios

Scenario type	Full scenario
A1: Parents offer beer	You are at home with your cousin, and your mother and father are drinking beer. They offer some to both you and your cousin.
A2: Adult with parents offers liquor	Your parents take you to the bar with them and someone there offers you some liquor.
A3: Family offers cigarettes	Your whole family goes to a celebration party and everyone takes out cigarettes to smoke, and they pass them around to everyone who does not have them.
A4: Cousin offers marijuana	All the cousins are together and one of the older ones passes a joint of marijuana around the group, calling everyone names who does not want to take a hit.
A5: Older peers offer liquor	You and your friends run into some older kids who are drinking. They offer you a bottle of liquor.
B1: Parents offer cigarette	When you and your family attend celebrations, your brothers and sisters are smoking cigarettes. When you tell your parents, they laugh and say, "Try it, if you want to."
B2: Family offers marijuana	When you have gone over to a family member's house, they tell you to try some marijuana and they tell you "it's no big deal."
B3: Cousins offer liquor	At a family celebration, your cousin holds out some liquor to you and keeps telling you over and over, "Take a drink, c'mon, what are you scared of?"
B4: Peers offer marijuana	You start talking to a kid in your class whom you do not know well, and after school the kid asks you if you want to stop by the park on the way home and smoke some marijuana.
B5: Friends offer marijuana	One night you are out with your friends. Everyone goes out back behind your one friend's house to smoke marijuana and get high.
C1: Parents offer liquor	You go home after school and your mom and dad are at home with a couple of friends and they have been drinking and are pretty messed up. They give you some liquor and say you need to learn how to hold your own.
C2: Aunts and uncles offer beer	You are at a family gathering, and a bunch of your aunts, uncles, and cousins are playing a drinking game with beer. Several of your aunts and uncles invite you to play the game with them.
C3: Cousin offers marijuana	While walking home from school with two of your cousins, one of them asks you if you have ever tried marijuana. Right then, the other cousin pulls out a joint, lights it up, and offers it to you.
C4: Friend offers marijuana	At a friend's house after school with several of your friends, someone passes around a joint of marijuana. The joint comes around to you.
C5: Peer offers liquor	Your friend and you are at the corner store with this person whom you both know, who is trying to find someone who will buy you a bottle of liquor.
D1: Family offers liquor	You are visiting some family members. They tease you about not being tough enough to make it in the world while they are handing you some liquor.
D2: Cousin offers marijuana	You are over at your cousins' house, talking and stuff. One of your cousins rolls up a joint of marijuana and hands it to your other cousin, and says if you want, you can have a hit too.
D3: Older peers offer beer	You are the youngest one in a whole carload of teenagers. They begin to pass a bottle of beer around to everyone in the car, and make fun of anyone who does not take a big drink.
D4: Peers offer liquor	You are hanging out outside with these really cool kids, and they pass around a bottle of liquor and everyone takes a drink.
D5: Friends offer marijuana	Two of your friends are walking home from school with you, and one of them asks if you have tried marijuana. The other friend pulls out a joint, lights up, and offers it to you.
E1: Parents offer beer	Your parents have been drinking and says "Help yourself to a beer."
E2: Aunts and uncles offer beer	At your cousin's house, your aunt and uncle are drinking beer. They offer a bottle of beer to both you and your cousins.
E3: Cousins offer beer	All the cousins are together and one of them passes a bottle of beer around the group.
E4: Friends offer marijuana	A group of kids corner you at school and they pressure you to drink beer with them.
E5: Peer offers marijuana	It is Saturday night and you are at a party with some friends. There is a lot of music and many people of all ages are drinking and smoking. Your friend comes over to you with this person whom you do not know, who offers a joint of marijuana.

TABLE 2

The enumeration of responses to substance offer scenarios

Category	Example(s)	N 1st [with 2nd] (%)	N 1st or 2nd (%)
<i>Accept</i> —accept the substance offered or agree to take it, including conditionally	I would say okay, I will.	55	56
	Take a sip.	13.4%	10.1%
<i>Anger/aggression</i> —verbal or physical negative response	Get mad and cuss at my mom.	5 [3]	8
	Splash it on their face.	1.2%	1.4%
<i>Avoid/evade</i> —stay away from the situation or take an evasive action while remaining	I would not take it, I would just sit in the car outside.	12 [1]	29
		2.9%	5.3%
<i>Challenge</i> —counter the offer with strong language, name calling, or forceful opinions; challenge the offeror's status or authority	I would say I do not care, at least I am not stupid enough to do stupid stuff.	44 [14]	67
		10.7%	12.1%
	I would say you are a dumb ass and walk off.		
<i>Deny/disclaim</i> —view offer as hypothetical or counterfactual; state that (s)/he and/or other people would not use the substance	They would not do that (offer substances).	24 [2]	29
	My dad is in a 12-step program (and) my mom would not drink around him.	5.9%	5.3%
<i>Destroy/discard</i> —destroy the substance, openly, confrontationally, or discreetly; eliminate the possibility for others to use it	I would take it and go spill it down the toilet.	16 [8]	26
	(I) would take the bottle and bust it and walk away.	3.9%	4.7%
<i>Distance/reflect</i> —assess or judge others' substance use in a detached manner; distance oneself from their actions or from them	Think about how you feel watching them trying to give you (a) beer and think if you want to be that person.	4 [2]	5
		1.0%	0.9%
<i>Explain</i> —give a reason for resisting the offer, including a fabricated reason	I would say I am scared of getting cancer.	36 [9]	68
	I would say I am not old enough to drink.	8.8%	12.3%
<i>Leave</i> —leave the surroundings altogether or move away from the offeror or substance	I would walk away.	34 [4]	65
	I would not take it ... I will go outside to play.	8.3%	11.8
<i>Pass</i> —pass on the offered substance to someone else	I would take the bottle and pass it to the other person but not take a drink.	18 [8]	19
		4.4%	3.4%
<i>Pretend</i> —create a pretense of accepting the offer without using the substance	Take it and act like you drink it.	9 [6]	10
	I would pretend to take a drink.	2.2%	1.8%
<i>Redirect</i> —change the subject or offer a substitute activity; give an irrelevant or inane response unconnected to the offer	I will change the subject and ... talk about ATV's or hummers or cars or trucks.	24 [10]	34
		5.9%	6.2%
	I would say you are gonna waste your money on that.		
<i>Refuse</i> —say "No" to the offer or that you do not want to use the substance	I would say no.	116 [73]	122
	I will say I do not want to smoke a cigarette.	28.3%	22.1%
<i>Set relationship boundaries</i> —question the appropriateness of the offeror's behavior, given their relationship	Tell him you do not know him that well to smoke with him.	13 [3]	14
		3.2%	2.5%
	"You're not my Dad!"		
Total		410	552
		100%	100%

Note: In square brackets is the number of responses in this category that combined multiple strategies.

TABLE 3

Primary or secondary responses to substance offers, by substance

Category	Alcohol		Cigarettes		Marijuana	
	N	%	N	%	N	%
Accept	34	10.5	4	8.5	18	9.9
Anger/aggression	5	1.5	0	0.0	3	1.7
Avoid/evade	11	3.4	3	6.4	14	7.7
Challenge	42	13.0	7	14.9	18	9.9
Deny/disclaim	18	5.6	3	6.4	8	4.4
Destroy/discard	17	5.2	4	8.5	5	2.8
Distance/reflect	4	1.2	0	0.0	1	0.6
Explain	39	12.0	4	8.5	25	13.8
Leave	49	15.1	3	6.4	13	7.2
Pass	9	2.8	3	6.4	7	3.9
Pretend	10	3.1	1	2.1	0	0.0
Redirect	31	9.6	5	10.6	13	7.2
Refuse	52	16.0	9	19.1	47	26.0
Set boundaries	3	0.9	1	2.1	9	5.0
Total	324	100	47	100	181	100

TABLE 4

Primary and secondary responses to substance offers, by relationship to offeror

Category	Friends		Other peers		Parents		Cousins		Extended family	
	N	%	N	%	N	%	N	%	N	%
Accept	8	12.1	12	7.7	11	13.3	13	14.0	11	8.4
Anger	1	0.0	3	1.9	2	2.4	2	2.2	0	0.0
Avoid/evade	9	9.1	7	4.5	0	0.0	2	2.2	8	2.3
Challenge	1	7.6	11	7.1	11	13.3	18	19.4	24	16.8
Deny/disclaim	3	3.0	6	3.9	8	9.6	5	5.4	4	7.6
Destroy/discard	3	6.1	10	6.5	3	3.6	3	3.2	7	3.8
Distance/reflect	0	0.0	0	0.0	1	1.2	1	1.1	3	2.3
Explain	10	15.2	17	11.0	6	7.2	10	10.8	20	15.3
Leave	5	7.6	22	14.2	10	12.0	8	8.6	13	9.9
Pass	6	9.1	3	1.9	1	1.2	2	2.2	7	5.3
Pretend	0	0.0	7	4.5	0	0.0	2	2.2	2	1.5
Redirect	4	6.1	18	11.6	19	22.9	2	2.2	6	4.6
Refuse	15	22.7	31	20.0	10	12.0	24	25.8	24	18.3
Set boundaries	1	1.5	8	5.2	1	1.2	1	1.1	2	1.5
Total	66	100	155	100	83	100	93	100	131	100