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The Development of Videos in Culturally Grounded Drug Prevention for Rural Native Hawaiian Youth

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Abstract

The purpose of this study was to adapt and validate narrative scripts to be used for the video components of a culturally grounded drug prevention program for rural Native Hawaiian youth. Scripts to be used to film short video vignettes of drug-related problem situations were developed based on a foundation of pre-prevention research funded by the National Institute on Drug Abuse. Seventy-four middle- and high-school-aged youth in 15 focus groups adapted and validated the details of the scripts to make them more realistic. Specifically, youth participants affirmed the situations described in the scripts, and suggested changes to details of the scripts to make them more culturally specific. Suggested changes to the scripts also reflected preferred drug resistance strategies described in prior research, and varied based on the type of drug offerer described in each script (i.e., peer/friend, parent, or cousin/sibling). Implications for culturally grounded drug prevention are discussed.

Keywords

Native Hawaiian; youth; drugs; alcohol; prevention

Introduction

Culturally grounded drug prevention includes approaches to ameliorate substance use that are grounded in the values, behaviors, and worldviews of a specific cultural group (Hecht et al., 2003). While there have been efforts to develop evidence-based, culturally grounded youth drug prevention programs for various ethnocultural groups, there is a documented lack of prevention research focused on Native Hawaiian youth (Edwards, Giroux, & Okamoto, 2010; Mokuau, Garlock-Tuiali'i, & Lee, 2008; Rehuher, Hiramatsu, & Helm, 2008). This

has become an issue of scientific and community concern. Numerous studies have found that Native Hawaiian youth have significantly higher substance use rates and earlier initiation of substance use compared with other ethnocultural groups in Hawai'i (Glanz, Maskarinec, & Carlin, 2005; Glanz, Mau, Steffen, Maskarinec, & Arriola, 2007; Kim, Ziedonis, & Chen, 2007; Lai & Saka, 2005; Ramisetty-Mikler, Caetano, Goebert, & Nishimura, 2004; Wong, Klinge, & Price, 2004). The lack of prevention research on indigenous populations, including Native Hawaiians, coupled with their disproportionate substance use rates has led to the recent emphasis on the development of science-based approaches to drug prevention for these populations by the National Institutes of Health (NIH) (NIH, 2011). The development of empirically driven drug prevention ultimately contributes to the NIH's overall mission to reduce and ultimately eliminate ethnocultural health disparities (NIH, 2002).

Consistent with federal scientific priorities, this study represents the early stages in the development of a video-enhanced, culturally grounded drug prevention program for Hawaiian youth in rural communities. Specifically, the purpose of this study was to adapt and validate narrative scripts based on drug-related problem situations described by rural Hawaiian youth in prior research. The scripts focused on drug offers from peers and family members in rural Hawai'i, and will be used to create culturally grounded drug prevention videos that will form the core of a school-based drug prevention curriculum for Hawaiian youth. Through the process of adapting and validating these scripts, youth articulated how they differentiated their use of different drug resistance strategies based on the social and relational context of each of the situations. The variations in resistance strategies described by the youth have implications for the development of the content of the drug prevention curriculum.

Literature Review

Pre-Prevention Research on Rural Hawaiian Youth

The development of the Hawaiian-specific youth drug prevention program described in the present study is based on a body of recent empirical research focused on the social and cultural context of substance use for rural Hawaiian youth. This body of research evolved from a multiyear study funded by the National Institute on Drug Abuse titled "Promoting Social Competence and Resilience of Native Hawaiian Youth" (or PSCR). PSCR is an etiological study that was designed to directly inform the development of the videos analyzed in the present study. Specifically, the drug-related problem situations described in these video scripts were drawn from qualitative research conducted in the early stages of the PSCR study. The social and environmental demands to use substances were described through a series of focus groups of middle/intermediate school students on the Island of Hawai'i. Youth participating in the focus groups identified the types of situations where drugs were offered to youth (i.e., indirect vs. direct drug offer situations; Helm et al., 2008), as well as a broad typology of drug resistance strategies employed by Hawaiian youth (i.e., confrontational vs. non-confrontational strategies; Okamoto, Po'a-Kekuawela, Chin, Nebre, & Helm, 2010).

Based on the focus group findings, 62 discrete drug-related problem situations were developed, and were quantitatively validated in multiple studies (Okamoto, Helm, Giroux, Edwards, & Kulis, 2010; Okamoto, Kulis, Helm, Edwards, & Giroux, 2010; Okamoto, Kulis, Helm, Edwards, & Giroux, in press). The scripts developed, adapted, and validated in the present study were based on seven of the most frequently experienced and challenging problem situations experienced by rural Hawaiian youth, which have been outlined in Table 1. Each script also incorporated three unique, frequently used drug resistance strategies identified and described by youth within each situation (Okamoto, Helm, Giroux, Kaliades, et al., 2010). The overall efficacy of each of these responses was validated by community stakeholders (i.e., teachers, social service agency providers, or older youth) in the later stages of the PSCR study (Okamoto et al., 2011; Okamoto, Helm, Kulis, Delp, & Dinson, 2012).

Rationale of the Study

The rationale of the present study is based on the need to systematically validate the content of emerging drug prevention interventions for rural Hawaiian youth in order to provide the foundation for these interventions as evidence-based programs. While the topics of each script were based on a series of pre-prevention studies focused on Hawaiian youth, specific details described in each script, such as those related to settings, language, and behaviors, were written based on the knowledge and/or lived experiences of Hawaiian and “local” culture of the director/producer and primary investigators in the study. Focus groups with Hawaiian youth in the community were necessary to adapt and validate the details within the narrative scripts in order to accurately reflect the social, cultural, and developmental realities of rural Hawaiian youth. Qualitative research, particularly focus group research, is widely accepted as a “first step” in the process of behavioral intervention development in the health sciences (Jobe, 2011), and has been used in the development of culturally grounded prevention interventions with other youth ethnocultural groups (Gosin, Dustman, Drapeau, & Harthun, 2003). Qualitative research specifically contributes to the development of social validity in emerging prevention interventions. Social validity is defined as the social importance and acceptability of intervention goals, procedures, and outcomes (Foster & Mash, 1999), and has been described in past prevention research with indigenous youth populations (Okamoto et al., 2006). In addition to establishing the validity of the scripts in the present study, the focus groups also illustrated how Hawaiian youth differentiate their use of different resistance strategies, thereby elucidating and validating prior research findings and further informing the content of the prevention curriculum.

Methods

Sampling and Participants

Youth from six middle or intermediate schools and two high schools within two of the three public school complex areas on the Island of Hawai‘i participated in this study. Drug use has been described as a contributor to community violence on the Island of Hawai‘i (Affonso, Shibuya, & Frueh, 2007), highlighting the need for drug prevention efforts on this island. Furthermore, community stakeholders in rural areas across Hawai‘i (i.e., on islands other than O‘ahu, and in areas outside of East O‘ahu) have identified substance abuse as a primary

cause of health disparities (Withy, Andaya, Mikami, & Yamada, 2007). Thus, this study's focus on substance abuse prevention on the Island of Hawai'i addresses an important rural health issue across the State of Hawai'i. All of the schools in this study were located in areas with populations less than 50,000, and were embedded within communities that had a higher percentage of families receiving public assistance compared to those in the rest of the State (Accountability Resource Center Hawai'i, 2010). Because the primary investigators of the study were located on a different island from the schools participating in the study, students were recruited in collaboration with School-Based Research Liaisons. These liaisons were staff members working within the schools (e.g., teachers, school counselors), and most of them had long-standing professional relationships with the research team from prior work on the PSCR study. The liaisons' responsibilities included recruiting Hawaiian students, responding to student and parent questions about the study, distributing and collecting parental consent forms from the students, and securing space within their respective schools for the group discussions.

A total of 74 youth participated in the present study. The mean number of youth participating per school was 9.25 ($SD = 2.76$). The majority of these youth were in the 7th grade (38%), followed by the 8th grade (22%), 12th grade (18%), 6th grade (11%), 11th grade (7%), and the 9th and 10th grades (1% each). Most youth participants were female (60%), and their mean age was 13.21 years ($SD = 2.17$). In terms of ethnicity, approximately 88% of the youth indicated they were Hawaiian or part-Hawaiian; however, most of these youth also identified with additional ethnocultural groups, such as Chinese (42%), Filipino (54%), Portuguese (49%), and White (41%). Of the youth that indicated they were Hawaiian or part-Hawaiian, 80% indicated that they primarily identified with their Hawaiian background over their other ethnocultural backgrounds.

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 15 gender-specific focus groups (2–10 youth per group; $M = 4.63$, $SD = 2.33$), and the gender of the group facilitators matched that of the youth participants. Youth were given a copy of one of the narrative scripts, all of which were written with a similar structure: Each script began with a brief vignette based on a drug-related problem situation, followed by three different responses, such as avoiding the situation or saying "no." The problem situations and responses were developed and validated from prior research (Okamoto, Helm, Giroux, Edwards, & Kulis, 2010; Okamoto, Helm, Giroux, Kaliades, et al., 2010). Table 1 lists the names of the scripts and the drug-related problem situations upon which each script was based.

Youth were asked to read the scripts, and then to select roles to read in each of them. Upon completion of an initial read-through, the group facilitators asked the participants questions related to the realism of the script. Each script was reviewed by at least two different groups: (1) an *adaptation group*, in which youth were asked to change the settings, language, and behaviors of the narrative script to more accurately reflect the worldviews of rural Hawaiian youth in their communities, and (2) a *validation group*, in which youth were asked to

comment on the original version of the narrative script as well as the changes that were made by the adaptation groups. The semi-structured interview schedules for the adaptation and validation groups are listed in Tables 2 and 3, respectively. Participants were instructed 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.

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. To ensure data quality, at least two different research team members reviewed all transcripts for accuracy. 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, 2010). NVivo is one of several code-based theory-building programs that allow the researcher to represent relationships among codes or to build higher-order classifications (Weitzman, 2000). To establish intercoder reliability and validity, the entire research team collectively coded one transcript in order to clarify the definition and parameters of all the codes. Then, all subsequent 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 all transcripts were coded and entered into NVivo, the content of conceptually complex codes was again reviewed and validated by the research team. This allowed for further clarification and verification of the code content. After intercoder reliability and validity were established, the changes made to the narrative scripts were analyzed in order to examine the types of changes made to the settings, language, and behavior in each of the scripts, as well as the trends in changes to drug resistance strategies described in the scripts.

Results

Youth participants in all 15 focus groups affirmed the overall validity of the narrative scripts. Many participants described the scripts as being "realistic," and several indicated that they had either experienced the situation themselves or knew of friends or other family members who had experienced the situation. Although overall agreement with the problem situations described in each of the scripts was evident, the youth had detailed suggestions to further "ground" the scripts in the culture and context of rural Hawai'i. Most of these changes reflected two primary areas—changes in the settings within the scripts, or changes in the behaviors of the actors in the scripts. Regarding the latter, youth participants focused on the protagonists' responses to drug offers in the scripts, and modified them based on the protagonists' relationship to the drug offerer.

Setting Changes

In 11 focus groups, youth recommended minor changes to the settings within the scripts, which included changes in activities or props within the scenarios. For example, in "One

Time,” which describes a dating situation occurring at the beach, a female focus group debated whether the male protagonist should be boogieboarding or spongeboarding, rather than surfing. Ultimately, they felt that spongeboarding was more developmentally appropriate for middle school-aged youth in their community. In a male focus group adapting a different script (“Kanikapila Invite”), “Rerun” described the importance of showing food in images of youth “hanging out,” using drugs, and playing music. These images were not included in the original version of the script.

Rerun: Add some stuff that the kid might like, like pizza or ice cream. [There is] going [to] be pizza, ice cream, cake and stuff.

Facilitator: At the kanikapila party? So the food should be maybe [be] referenced somehow in the imagery. Just kind of have it like, when we have all the things like flashing around, not just the beers but then have food around [as well].

Director/Producer: Get some pizza or something.

Rerun: Or laulau.

Facilitator: Laulau, that’s good. Or poke, like in bowls.

Director/Producer: Grinds. So you would say “We have all the bruddahs, nice ‘kine chicks, grinds, choke beers, buds.”

Rerun: Good ‘kine grinds.

Daredevil: Yeah.

In six focus groups, youth suggested more substantial changes to the settings within the scripts. In adapting “Kanikapila Invite,” “Rerun” and “Daredevil” suggested to change a part of the script when an older cousin drives up next to his younger cousin and invites him to come to “kanikapila” (play music) and do drugs with him and his friends.

Rerun: I say [that] one of [the older cousin’s] friends [should be] driving, and then [the older cousin] stay riding in the back [of the truck]. And then, his cousin sees him, [so he] has the friend stop, and then-

Daredevil: [The older cousin] come[s] out [from the truck].

Rerun: And then a lot of people go on the [school] bus. So, maybe while they’re standing next to the bus, have the cousin walk up, tell ‘em that. [The younger cousin] says “no,” [and then he] gets on the bus.

These more substantial changes were validated by another focus group and were incorporated into the final version of the script. Youth indicated that these setting and behavior changes more accurately reflected the culture and context of youth on the Island of Hawai‘i.

Behavior Changes

The majority of the behavioral changes that the youth participants described focused on the responses to the drug offers within each script, and indicated their preference for indirect drug resistance strategies. This was the case particularly in scripts with drug offers from parents (“Pulehu”) or peers/friends (“Bacardi Recess,” “Bully Boy,” and “One Time”). Specifically, over 60% of the narrative content focused on changing drug resistance strategies from direct responses (e.g., saying “no”) to indirect responses (e.g., avoidance, walking away) was from focus groups that adapted or validated the “Pulehu” script. This was in contrast to 32% and 8% for focus groups that adapted or validated scripts focused on cousins/siblings or peers/friends, respectively. Several male participants, for example, described how it would be unrealistic for the protagonist in “Pulehu” (a 13-year-old girl) to yell out to her mother that her father offered her a beer.

Kurt: I don't think she would rat out her dad. "Oh, look what dad gave me."

Facilitator: You don't think that she would do that? You don't think she'd say "Mom, look what dad gave me" that way? You don't think she would yell it out?

Pyro: No.

Mario: She would just like walk back in the house and whisper to her mom.

"Kurt," "Pyro," and "Mario" further described the repercussions of "ratting" out the father in the script.

Facilitator: Why would she not want to [yell "Hey, look what dad gave me"]? What could happen if she did that?

Mario: Because the dad might get pissed off.

Pyro: Yeah, the dad might get pissed off, come into [the house and say], "Eh, why you go tell mom?" Like "Oh, you tell mom." Yeah, like he gonna get real pissed.

Kurt: And then [her] mom don't trust [him] anymore.

Several female participants were similarly critical of this overt response in "Pulehu." "Shirley" validated the ramifications of this type of response, and "Pink" emphasized how the refusal should have been more indirect.

Shirley: Her mom and her dad might have more fights now, and the mom will start not trusting the dad.

Pink: Or she could have just waited until she gone into the house and then told the mom.

Facilitator: Instead of yelling it.

Pink: Yeah and [instead of] telling in front of the dad, 'cause the dad's gonna get mad.

Approximately 60% of the narrative content focused on indirect responses as preferred drug refusal strategies was from focus groups that adapted or validated scripts with peers/friends as drug offerers. This was in contrast to 13% and 28% for focus groups that adapted or validated scripts focused on cousins/siblings or parents, respectively. In a focus group that validated "Bacardi Recess," several female participants criticized one of the protagonists' responses to an offer to drink alcohol at school by two peers. The protagonist in the script tells a teacher in school that two girls put alcohol in their juice bottle. The members of the focus group expressed concern that this response would sound like "tattling" and debated ways in which to make the response even less direct.

Facilitator: 'Cause what we had previously, the first time we wrote this up, the script that we had [had] Keala's line [as] "They put alcohol in Moana's juice bottle."

Blossom: Isn't that tattle-tailing?

Phoenix: Yeah.

Facilitator: Though some kids thought that was too direct and kind of-

Phoenix: [Interrupts] Yeah, that just gives out everything though.

Facilitator: So that's what I'm curious about. Is this line, "They stay hiding something" kinda [like] you're saying something but you're not really saying it?

Phoenix: Yeah. 'Cause I mean they would be hiding [some]thing.

Facilitator: Which one sounds better, "They stay hiding something" or "They put alcohol in Moana's juice bottle"?

All Participants: "They stay hiding something."

While the majority of the changes in characters' behaviors reflected changes toward indirect or non-confrontational drug resistance strategies, this was not the case for focus groups that adapted or validated scripts with cousins or siblings as drug offerers, in which

approximately 50% of the narrative content focused on direct responses as preferred drug refusal strategies. This was in contrast to 23% and 29% for focus groups that adapted or validated scripts focused on parents or peers/friends, respectively. For example, “Eagle” described how he would modify the protagonists’ response to a drug offer from her brother in “Oh Brother.” His response reflected a heavier use of Pidgin English, and had an angrier, more confrontational tone.

Eagle: Response 3 seems, da ‘kine, realistic.

Rocky: Yeah.

Facilitator: So, Response 3 is [a] question, and sort of an intervention, right? So, Cora says, “David, where you got that stuff? You would get in so much trouble with mom. I mean, why you wanna mess up your life?” So, how do you think that [that] response plays out? Is that something you could see a 13-year-old girl [saying]?

Eagle: I can see ‘um in that way, but in different words.

Facilitator: Well, how would the words be different?

Eagle: Like, uh. Like, I don’t know. “Brah, why you like mess up your life for some stupid drugs? What’chu think Mom going think of you when she catch you?”

Casey: “Why you wanna mess up your life?”

Illustrating the same point, “Queen” describes how she would modify the protagonists’ response to a drug offer from a cousin in “P ‘ina.” In this scenario, adult family members are getting “drunk” and “wasted” at a family get-together, so cousins at the party can steal alcohol from coolers without being noticed. Similar to “Eagle’s,” “Queen’s” response had an angrier, more confrontational tone.

Queen: ‘Cause like, you know how all the adults are getting drunk and wasted? I would just have [my cousins who are offering me beer] look at them and say, “Does that really look like fun?” ‘Cause obviously I wouldn’t want to do that. I wouldn’t want to be that stupid.

Discussion

The purpose of this study was to adapt and validate narrative scripts to be used to film the video components of a culturally grounded drug prevention program for rural Native Hawaiian youth. Consistent with earlier research focused on rural Hawaiian youth (Okamoto et al., 2010), all participants in the present study affirmed the overall realism of the narrative scripts. However, participants also critiqued some of the details related to the settings, language, and behavior in each of the scripts. For example, some participants stated that images of local foods and riding in the bed of a pickup truck would enhance the realism of the scripts. In several cases, youth altered the use of Pidgin English to more closely reflect the regional dialect of the Island of Hawai‘i. Such modifications increased the social validity of the drug prevention videos for rural Native Hawaiian youth (Okamoto et al., 2006).

The behavioral changes to drug resistance strategies that the participants suggested for each of the scripts followed an interesting pattern. In the scripts where the drug offerer was a parent or a peer/friend, participants appeared to favor indirect or non-confrontational drug resistance strategies. These strategies may be a method by which rural Hawaiian youth preserve their social relationships with peers and friends in the school setting. Within the family setting, indirect or non-confrontational drug resistance strategies may similarly play a role in preserving social or relational harmony within the family system, as 47% of the

coding references¹ related changing direct drug refusal strategies to indirect strategies also related to preserving social or relational harmony with cousins, siblings, or parents. Future prevention research should further examine this phenomenon in order to provide more depth and meaning behind the use of indirect drug resistance strategies within family situations. Specifically, future research should examine youths' comfort with using these strategies and the overall efficacy of these strategies in drug-related problem situations involving adult family members.

Unlike in situations where drug offers were made by a parent or a peer/friend, participants indicated that responses to drug offers from same-generation family members (i.e., cousins or siblings) should be more direct in nature. Several participants suggested that the responses to situations involving cousin or sibling offerers should be more angry or sarcastic in tone than the versions presented on the original versions of the narrative scripts. PSCR research has suggested that angry or aggressive drug resistance strategies are condoned more within the Hawaiian culture, and may play an important function in drug resistance (Helm, Okamoto, Kaliades, & Giroux, 2012; Okamoto et al., 2010; Okamoto et al., 2011). For example, Okamoto, Helm, Giroux, Kaliades, et al. (2010) described how angry or aggressive drug resistance strategies may have the dual function of communicating drug resistance as well as of expressing care and concern for the safety and well-being of the cousin or sibling who is offering drugs. Socially and culturally acceptable ways to express anger in drug resistance may thus be an important component in culturally grounded drug prevention for rural Hawaiian youth.

Implications for Prevention

The validated and adapted scripts in this study form the core of an emerging, innovative drug prevention program for rural Hawaiian youth. Historically, drug prevention interventions have been de-contextualized and reduced to relatively simplistic strategies to resist substances. The video components based on the scripts adapted and validated in the present study will reflect the behavioral and cultural norms of rural Hawaiian youth, and will be filmed within familiar locations and settings. Findings from this study, as well as findings from culturally grounded prevention research with other ethnocultural groups (Hecht et al., 2003), suggest that these qualities will increase the impact of the filmed scenarios.

The development of this program fulfills an important community and scientific need. Because there are currently no nationally recognized evidence-based drug prevention programs for Hawaiian youth populations (Edwards et al., 2010; Mokuau et al., 2008; Rehuher et al., 2008), drug prevention interventionists in Hawai'i are forced to adapt programs developed and normed on other Mainland youth ethnocultural populations. This has the potential to create problems related to community acceptability and efficacy of these adapted interventions (Castro, Barrera, & Holleran Steiker, 2010). The development of culturally grounded drug prevention for rural Hawaiian youth fulfills the community need for effective and relevant drug prevention interventions in the State of Hawai'i.

¹In NVivo, a "coding reference" refers to a single narrative unit of text within a transcript.

More broadly, the development of the culturally grounded videos and associated curricular components may also allow for a conceptually “closer” adaptational “bridge” for drug prevention to related Pacific Islander youth populations and/or other indigenous groups within the Pacific region. A similar adaptational process has occurred with another drug prevention program (*keepin’ it REAL*), which is an evidence-based, culturally grounded drug prevention program for Mexican/Mexican American youth of the southwest United States. *keepin’ it REAL* is in various stages of adaptation to related youth populations in Monterrey and Guanajuato, Mexico (Kulis, Marsiglia, Ayers, Calderón-Tena, & Nuño-Gutierrez, 2011; Marsiglia, Kulis, Martinez Rodriguez, Becerra, & Castillo, 2009), and in Galicia, Spain (Marsiglia, Kulis, Luengo, Nieri, & Villar, 2008). Similarly, a fully conceived video-based prevention program for rural Hawaiian youth could be adapted to related youth populations in other Pacific islands or regions.

Limitations of the Study

The limitations of the present 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. School-Based Research Liaisons indicated that higher risk youth were not given parental permission to participate in several of the years of the PSCR study, which may have influenced the research findings from that study (Okamoto et al., in press). Similar to the samples collected as part of the PSCR study, middle/intermediate school-aged youth in the present study may have had relatively little exposure to drug offer situations. Subsequently, it was unclear if younger youth in the current sample had direct experience in dealing with the drug-related problem situations described in the scripts. Future research might focus on including a larger proportion of higher risk or actively using Hawaiian youth to validate the realism of both the scripts and the associated responses. Furthermore, because this study occurred in rural communities on one island, it is unclear to what extent the current findings are generalizable to populations in rural areas on other Hawaiian islands, or to those in urban or suburban areas in Hawai‘i.

Conclusions

Federal efforts to enhance the health and well-being of Pacific Islanders have been recently established through an executive order signed by the U.S. President (Obama, 2009). Consistent with this mandate, the present study described the adaptation and validation process of prevention videos as part of the early-stage development of a culturally grounded drug prevention program for rural Native Hawaiian youth. Methodologically, the present study provides a model for the initial development of video-based components of drug prevention interventions for indigenous and/or Pacific Islander youth populations. The findings from this study further validated those from earlier pre-prevention research, and also provided necessary changes to further “ground” the videos in the realities and worldviews of rural Hawaiian youth. Future research will evaluate the impact of these videos along with complimentary drug prevention curricular components. These effectiveness studies will highlight individual-level variables, such as substance use attitudes

and behaviors, and community-level variables, such as community acceptability and feasibility.

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Table 1

Narrative script names and drug-related problem situations

Script Name	Situation	Offerer	Drug
Bacardi Recess	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
Bully Boy	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	Multiple Drugs
Kanikapila Invite	On the nights that there is a full moon lots of the older kids like to go out at night because they can kanikapila and smoke marijuana and drink beer outside. Your older cousin invites you to come along.	Cousin	Multiple Drugs
Oh Brother	Your older brother enters your bedroom, closes the door, and asks you if you’d like to smoke some weed.	Sibling	Marijuana
One Time	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
P ‘ina	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
Pulehu	Your dad, uncles, papa, and dad’s friends are making pulehu 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

Table 2

Semi-structured interview schedule for cultural adaptation groups

Pre-Focus Group Description for Youth Participants. The purpose of this group discussion is for you to react to a generic script focused on a drug-related situation developed by middle school aged youth on the Big Island in order to change the content and language of the script to reflect how kids in your community would act or talk in this situation. Your feedback is very important because we want to make sure that the scripts are realistic for youth who live in your community. We will be using your feedback to modify the script, which will then be used as the main dialogue in a filmed vignette related to drug or alcohol use.

Semi-Structured Interview Schedule	
1	What did you think about the situation described in this script? <ul style="list-style-type: none"> Are youth in this community exposed to these types of situations?
2	Describe in as much detail as possible the setting in which you see this situation occurring. <ul style="list-style-type: none"> Where would this situation occur in your community? Who do you see as being present in the situation? Who is involved in the discussion and who is in the background? When do you see this situation occurring in your community?
3	What do you think about the dialogue described in the script? <ul style="list-style-type: none"> How would you change the language to fit in with the way kids in this community talk? Are there things that were not included in the script that, if included, would make the dialogue more consistent with the way kids in this community talk or act (e.g., additional language, non-verbal reactions, etc.)?
4	Based on responses to Questions 1–3, facilitators will make some on-the-spot revisions to the narrative script. After this has been finished, select the same group participants to read the parts of the revised script. <ul style="list-style-type: none"> What do you think about the changes that were made to the script? Are there any other changes that should be made to make the script more consistent with the way kids talk and act in this community?
5	How do you think kids in this community would react to a video vignette using this script if it was presented as part of a drug prevention program in your school?

Table 3

Semi-structured interview schedule for cultural validation groups

Pre-Focus Group Description for Youth Participants. The purpose of this group discussion is for you to react to a script focused on a drug-related situation developed by middle school aged youth on the Big Island. This script has recently been adapted by a group of middle school aged youth on the Big Island, so that the dialogue reflects the way kids in this community act and talk. We would like you to make sure that the changes made by the previous group are accurate and make sense to you. Your feedback is very important because we want to make sure that the scripts are realistic for youth who live in your community. We will be using your feedback to further modify the script, which will then be used as the main dialogue in a filmed vignette related to drug or alcohol use.

Semi-Structured Interview Schedule	
1	What did you think about the situation described in this script? <ul style="list-style-type: none"> Are youth in this community exposed to these types of situations?
2	Describe in as much detail as possible the setting in which you see this situation occurring. <ul style="list-style-type: none"> Where would this situation occur in your community? Who do you see as being present in the situation? Who is involved in the discussion and who is in the background? When do you see this situation occurring in your community?
3	What do you think about the dialogue described in the script? <ul style="list-style-type: none"> How would you change the language to fit in with the way kids in this community talk? Are there things that were not included in the script that, if included, would make the dialogue more consistent with the way kids in this community talk or act (e.g., additional language, non-verbal reactions, etc.)?
4	Based on responses to Questions 1–3, facilitators will make some on-the-spot revisions to the narrative script. After this has been finished, select the same group participants to read the parts of the revised script. <ul style="list-style-type: none"> What do you think about the changes that were made to the script? Are there any other changes that should be made to make the script more consistent with the way kids talk and act in this community?
5	How do you think kids in this community would react to a video vignette using this script if it was presented as part of a drug prevention program in your school?