

The DRAM, Vol. 20(3) - Culturally responsive alcohol and drug program for Native American youth

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There is an urgent need for programs that support Native American youth who use drugs and alcohol, given that such behaviors can contribute to a wide array of mental and physical [health conditions](#). However, programs targeting substance misuse among Native teens remain [scarce](#) and often fail to integrate culturally relevant practices reflective of specific community needs. This week, The DRAM reviews a [study by John Lowe and colleagues](#) that evaluated the effectiveness of two alcohol and drug use programs intended for Native American youth: one incorporating culturally responsive interventions and the other employing a conventional approach.

What was the research question?

Was the culturally relevant “Intertribal Talking Circle” program more effective at reducing alcohol and drug use among Native American youth than the conventional, “Be a Winner” program?

What did the researchers do?

This study was a part of a larger, five-year research project aimed at exploring the needs, priorities, and available resources within Tribal communities that addressed youth alcohol and drug use. Employing the [Native-Reliance theoretical framework](#), researchers enrolled 540 Native American youths aged 10-12 and randomly assigned them to two groups. The first group received a ten-session Intertribal Talking Circle (ITC) intervention, developed in collaboration with Tribal community members and designed to strengthen cultural identity while decreasing alcohol and drug use. The second group received a ten-session “Be a Winner” (BAW) intervention that was based on the [Drug Abuse Resistance Education \(DARE\)](#) program. For both groups, the researchers collected data at baseline and six and twelve months after baseline. Assessments included (1) the evaluation of cultural identity using the [Native-Reliance Questionnaire](#), (2) alcohol

use via the [Native American Alcohol Measure for Youth \(NAAMY\)](#), and (3) and drug use via the [GAIN-Q Drug Use Subscale](#). The researchers used a two-conditional, [quasi-experimental design](#) to compare the ITC and BAW interventions.

What did they find?

The results indicated a substantial increase in Native-Reliance scores for the ITC group compared to the BAW group at both six- and twelve-month post-intervention assessments, suggesting favorable effects on cultural identity. Additionally, the ITC intervention led to a notable reduction in alcohol and drug use scores among participants at both time points, while the BAW group demonstrated only temporary decreases in substance use, reverting to baseline levels by the twelve-month mark (see Figure).

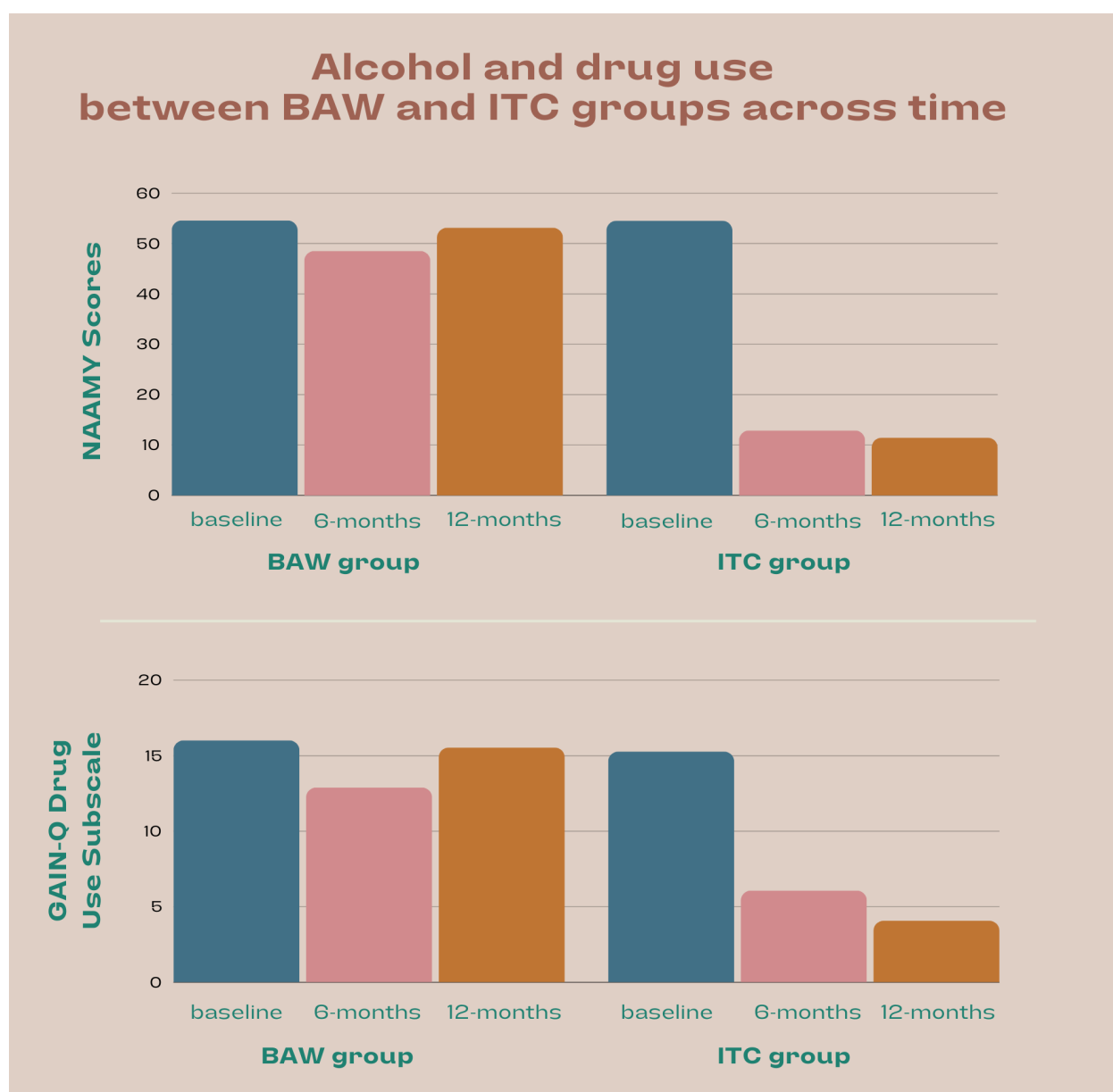


Figure. NAAMY and GAIN-Q Drug Use Subscale scores for “Be a Winner” (BAW)

and Intertribal Talking Circle (ITC) groups. Click image to enlarge.

Why do these findings matter?

These findings underscore the effectiveness of the ITC intervention in fostering cultural identity and reducing alcohol and drug use among Native American youth over time, suggesting its potential for lasting impact in addressing substance use in these communities. Providers can adopt a strengths-based approach similar to the ITC program, acknowledging and building upon the strength and resilience of Native American youth and their communities by emphasizing positive cultural identity and values as protective factors against alcohol and drug use. Programs developed by and for Tribal communities, such as [xaʔtúʔ \(First Face\) for Mental Health](#), exemplify successful culturally tailored interventions. The study also highlights the need for more financial resources, awareness of, and support for [culturally relevant programs](#) targeting alcohol and drug use among Native American youth.

Every study has limitations. What are the limitations in this study?

The study focused on three specific Tribes in North Carolina, North Dakota, and Oklahoma. These findings might not be [generalizable](#) to all Native American communities across the country due to regional and cultural differences. The study relied on [self-reported](#) data which might be subject to [social desirability bias](#) or [recall bias](#).

For more information:

[xaʔtúʔ \(First Face\) for Mental Health](#) includes a [library](#) of videos and research, as well as a [list](#) of Native-focused resources. The [National Institute on Alcohol Abuse and Alcoholism](#) has tips and resources for people struggling with problem drinking. For additional drinking self-help tools, please visit our [Addiction Resources](#) page.

— Nakita Sconsoni, MSW

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