

Substance Use Prevention and Intervention among Native Youth
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Research Overview

Research on substance use among American Indian and Alaska Native (AI) youth has evolved over the years. Many different substances and types of use, including daily, weekly, monthly, binge, and lifetime use, have been examined in AI youth. Over the past several decades, compared to other American ethnic and racial groups, AI youth have shown significantly higher rates of alcohol and substance use. Notably, significant substance abstinence in tribal communities has also been documented, alluding to various risk and resilience factors. Differences in use is also seen within AI youth by region, grade, and gender. Risk and resilience factors have also varied for AI youth, especially cultural factors, which have revealed issue with measurement. Thus, a lot has been learned through the research conducted thus far, not only about substance use outcome among AI youth, but also about the research process and journey, as data will always be needed to promote and produce data-driven and empirically-supported projects and outcomes.

Although more data is helpful in specifically understanding substance use, AI communities have requested youth substance use prevention and intervention efforts to try and start to change these outcomes. Funding agencies have heard and tried to answer this request to move the research forward and examine more empirically supported programs in AI communities. More specifically, in 2011 the NIH started the Intervention for Health Promotion and Disease Prevention in Native American (NA) Populations program to reduce mortality and morbidity in NA communities. To date, this funding mechanism has awarded 35 grants with at least 13 projects examining a variety substance use prevention and/or intervention among AI youth. Data on these programs is forthcoming and the next steps in research on substance use in AI youth will then be defined.

Research, in general, takes several years to complete. Additionally, due to historical trauma and other ethical considerations, there is added time to build trust and collaborate with AI communities. These important complexities are a part of the reason why community-based participatory research (CBPR) has become the standard approach when conducting research in AI communities. Research centers across the Nation have been collaborating with each other and various AI communities for decades and have built the relationships needed to produce reliable and valid information that has been used to guide and tailor a number of substance use prevention and interventions for AI youth.

Although there has been a response from academic research centers and funding agencies to meet the needs of AI communities to combat substance use in AI youth, there remains a gap in capacity on the ground in AI communities to conduct and contribute to this research. Many AI communities have established institutional and research review boards, which is a step in the right direction to building research capacity. However, more is needed in the way of research capacity within AI communities – such as educating the local community about research, training local research assistants, creating a local research center, promoting local Principal

Investigators (PIs) – to conduct the research needed to produce reliable and sustainable research. Creating local research centers will also enable AI communities to define their own research needs and priorities as well as mutually collaborate and promote research and data-driven outcomes with academic researchers and funders.

Thiwahe Gluwas’akapi Family Based Substance Use Prevention Program for Northern Plains Youth Ages 10-14 Years Old and Their Families

Thiwahe Gluwas’akapi (TG; translated as sacred home where families are made strong) is a cultural adaptation of the Iowa Strengthening Families Program for Parents and Youth 10-14 (SFP 10-14) and their families. This project was a 5-year research project funded by the National Institutes on Drug Abuse (NIDA) under the NIH Health Promotion and Disease Prevention in Native American (NA) Populations program (Nancy Whitesell, PI). This project was cultivated out of a long-term research relationship between the University of Colorado Centers for American Indian and Alaska Native Health (CAIANH) and a Northern Plains AI Indian Reservation in response to high rates and early substance use among AI youth.

A CBPR approach was used for this research project. A Community Advisory Board (CAB) urged researchers to involve families in prevention efforts. The SFP 10-14 program was presented to the CAB and included youth, caregiver, and family sessions. Although the framework and core components were thought to be relevant to the community, it was decided that this program needed to be culturally-adapted before use. The cultural adaptation was conducted with the input of SFP 10-14 program developers and staff, the CAB, and the CAIANH team, which was comprised of local community members and university staff. Overall adaptations included the recording of all program videos using local actors and scenery, changes to certain scenarios that were not relevant to the context and community, the inclusion of extended family in the place of nuclear family throughout the curriculum examples, the addition of a session on the impact of trauma for adults, as well as a rearranging of sessions to promote skills that were seen as more important to the local community (i.e., the listening for feelings and communication sessions was moved from week six to week two).

The major research component of this project was an innovative experimental process to examining three potential adaptations: use of Tribal language for kinship terms, a social media component, and the removal of youth substance use resistance skills content. Different versions of the TG program were delivered to different groups of families using this research design. Analysis was used to select the most effective components to be retained in the final TG program being built for this community. The relative effect of each of these components was estimated and Tribal language and substance use resistance skills were maintained, while social media was not included in the final TG curriculum. It was concluded that using this systematic approach honored both the local community and culture and the scientific evidence, positioning TG to be both acceptable and effective.

This first step of the TG project was completed and can arguably be deemed to be both scientifically and culturally successful. The success and completion of this project is due to the fact that this project was completed by local AI researchers in collaboration with local schools and community members. There were many trials and tribulations along the way, but the local

AI leadership on this project was invaluable in finding and implementing solutions while maintaining scientific and cultural integrity. This speaks the needs for local research capacity to ensure rigorous research in AI communities. The next step of this project is a randomized control trial of the TG program, which is currently funded and was set to start in the Spring of 2020. However, this research project is now on hold due to the COVID-19 pandemic.

Link to all of the NIH Intervention Research to Improve Native American Health (IRINAH) awarded projects: <https://cancercontrol.cancer.gov/nativeamericanintervention/funded.html>.