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ABSTRACT

This guide introduces concerns and problems resulting from the use and abuse of alcohol and drugs among American Indian youth and addresses intergenerational substance abuse effects. Alcohol abuse among American Indians and Alaska Natives is the most visible effect of their cultural disruption and disorganization. Alcoholism among Native Americans has reached epidemic proportions, and death rates associated with alcohol have tripled since the 1960s. While the Indian Health Service provides services to reservation American Indians, delivery of health care and prevention services for urban Indians and Alaska Natives is more problematic. At least eight theories attempt to explain Indian drinking behavior. Alcohol education must recognize that (1) most of the adult American Indian population was raised in alcoholic settings, and (2) this population exhibits the characteristic behaviors of adult children of alcoholics (ACOAs). Therapy for ACOAs includes the resolution of delayed grief. Alcohol abuse prevention strategies for Indian youth should involve factual information, exercises aimed at changing attitudes, training in problem-solving skills and interpersonal communication skills, and positive social networks. This guide contains questions for discussion, tables of death rates by age and cause, lists of characteristics and needs of Native American at-risk students, hints for helping at-risk students, a summary of Washington laws concerning drug and alcohol use by minors, a bibliography of 20 related documents in the ERIC database, and directories of domestic violence services and alcoholism treatment services in Washington and the Portland area. (SV)

SUBSTANCE ABUSE AND THE AMERICAN INDIAN

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OVERVIEW

This curriculum guide will provide an introduction to concerns and problems resulting from the use and abuse of alcohol and drugs among American Indian youth. It also addresses the intergenerational carryover effects of alcohol and/or drug abuse that occur from one generation to another. Specialists in this field note that problems related to alcohol and/or drug abuse are likely to pass from one generation to another, and this is a factor that the Indian should consider seriously when designing treatment and prevention programs.

Within the past few years, there has been additional study of and increased attention paid to the issue of alcohol and substance abuse as it impacts American Indian youth. On a global scale, experts note that substance abuse is often attributed to the impact of a dominant culture imposing a new, alien system on Indian cultures. As a result, Indian people's lives have been so adversely affected that they utilize alcohol as a coping mechanism. Because Indian people's traditional lifestyles have been severely impacted through contact with a dominant culture, they have had to learn ways to cope and live with extremely stressful situations caused by forced assimilation.

Indian people and European explorers were on friendly terms at the time of initial contact, and Europeans often used alcohol as a trade item or as a gift of friendship. They encouraged the native population to use alcohol, but these people were unable and unprepared to deal with alcohol's negative effects. As explorers moved westward, conflicts occurred which often resulted in warfare; and as a result, treaties were signed between the United States Government and Indian tribes which placed Indian land in trust. The federal government assumed trusteeship over all Indian reservations (federal property). In order to carry out the education provisions of treaties, the federal government under the jurisdiction of the Bureau of Indian Affairs (BIA) established Indian boarding schools which played the dominant role in educating Indian youth between 1875 and 1925.

Indian children suffered from severe emotional trama by being confined to a reservation, being educated in an alien school system and environment (often located long distances from their homes) that denied their culture, and being raised in boarding schools without parental role models. The boarding school experience was confusing to Indian children because they were encouraged to sever all ties with their traditional heritage and make the transition to a dominant, alien culture. This assimilation resulted in Indian children being taken away from--and deprived of--their strong traditional education which emphasized spiritual, emotional, social, psychological, and emotional well being and, instead, were merely provided a mediocre education. These children were then returned to their communities ill prepared in two cultures. Added to this was the fact that American Indians and Alaskan Natives did not become United States citizens until 1924, even though they were the aboriginal inhabitants of the North American Continent. All of these factors created personal emotional problems for Indian families that, in one way or another, have been passed to succeeding generations. Washington's Indian population are among the state's poorest residents. One in four lives below the poverty line, unemployment runs as high as 80 percent on the state's 26 reservations, and suicide rates are high.

One of the methods used by Indian people to deal with intergenerational problems has been the use and abuse of alcohol. The effects of this use among American Indian people have been extremely damaging, particularly as it relates to education.

An educational institute conducted in the late 1970's noted:

> "The Institute has decided that the greatest research problem for minorities is psychological resulting from the impact of racism rather than the biological areas where more whites are disabled because of genetic deficiencies."(1)

Alcohol abuse among American Indians and Alaskan Natives is the most visible affect of cultural disruption/disorganization of North America's aboriginal peoples and directly resulted from contact with Europeans (Contact Period - 1620-1850). Among Indian people, alcoholism has reached epidemic proportions and its negative impact is felt both on and off the reservation. Alcohol was introduced into North America as European migration increased to the North American Continent as well as with subsequent interaction between Indian and non-Indian cultures. This curriculum is devoted to the problem of alcohol abuse as it exists for the American Indian and Alaskan Native and will suggest curriculum development and resources appropriate for abuse prevention.

CULTURAL CONTACT--RESULTANT STRESS

Literature is fairly replete with incidences of problems which occurred during the Contact Period between American Indians and European explorers. As European entrepreneurs immigrated to North America, conflicts developed for control and use of plentiful natural resources. Competition for resources has existed since that time; and during the last quarter of the twentieth century, there has been increasing competition for mineral resources. This conflict has resulted in dreadful situations for the American Indian; clearly the most detrimental result was being moved to and forced to live on reservations thus clearing the way for non-Indians to exploit the resources on the lands they formerly occupied.

R. F. Bales, who conducted research pertaining to alcoholism, noted in the Quarterly Journal of Studies on Alcoholism (1946) methods cultures utilize to cope with stress. Since the seventeenth century, American Indians have had to deal with unusual cultural disruption and adaption to a foreign culture. He states that there are three ways in which cultures can have an impact on the rate of alcoholism:

> "The first is the degree to which the culture operates to bring about acute needs for adjustment, or 'inner tensions in its members.' There are many of these: culturally induced anxiety, guilt, conflict, suppressed aggression, and sexual tensions of various sorts may be taken as examples. The second way is the sort of attitudes toward drinking which the culture produces in its members. . . The crucial factor seems to be whether a given

attitude toward drinking positively suggests drinking to the individual as a means of relieving his inner tensions, or whether such a thought arouses a strong counter anxiety. The third general way is the degree to which the culture provides suitable substitute means of satisfaction."(2)

Bales gives a clue as to how American Indian culture adapted by utilizing alcohol. However, it should be noted that American Indians faced a global issue due to the loss of their land base. The effect of this loss on people whose lifestyle and traditions are tied so closely with their surrounding environment was devastating.

American Indians are aware of the stress of living in contemporary society, and many health professionals have devoted much of their time to alcohol abuse prevention. With the advent of federal funding, many Indian people became involved in trying to solve the alcohol abuse problem at the local level. These efforts often focused on the rehabilitative phase of the alcoholic. Funds were also allocated to rehabilitate the long-time user who had become dependent upon alcohol.

THE PROBLEM

In 1971, the Indian Health Service (IHS) reported that it provided services to 469,632 people, 85 percent of whom were treated for alcoholism. These people lived in 24 states that have Indian reservations, and those served represented about one-half of the Indians in the United States. Other Indian people lived in cities where they did not receive health care or were members of "non-recognized" tribes, bands or clans (not recognized by the Federal Government and lacking a trust land base) and were ineligible to receive the care and services provided by IHS. "Non-recognized" is a pejorative term which contributes further to poor mental health and resultant self-hate, and feelings of shame that are frequent in culturally oppressed people.

Demographic data reveals that the Indian birthrate is almost twice that of the general population. In 1971, Indians had a birth rate of 33.0/1,000, while the general population had a rate of 17.3/1,000. The birth rate for Indians decreased slightly from 1955 to 1971 and remained fairly constant between 1971 and 1976.

IHS reports that the American Indian death ratio is 1.4 higher than the general population of the United States. Table 1 illustrates the death rate (by cause) of Indians compared to the general population of the United States. Note the statistics for cirrhosis of the liver as reported by IHS.

Table 1

Age-Adjusted Deaths Rates

	Indian Health Service	United States Total	United States White	All Other	Ratio of Indian to non-Indian in U.S.
All causes	968.8	701.8	667.6	965.4	1.4
Major cardiovascular disease	237.0	333.8	324.7	409.1	.7
Diseases of heart	167.7	249.3	244.9	283.1	.7
Cerebrovascular disease	53.0	65.0	61.0	101.3	.8
Arteriosclerosis	13.4	8.2	8.2	8.4	1.6
Hypertension	2.9	2.6	2.0	7.5	1.1
Accidents	202.7	52.0	49.8	68.8	3.9
Motor vehicle	117.1	27.0	26.6	30.6	4.3
All other	85.6	25.0	23.1	38.1	3.4
Malignant neoplasms	81.6	130.7	128.3	152.2	.6
Cirrhosis of liver*	66.0	14.9	13.5	25.4	4.4
Influenza and pneumonia	49.9	20.8	19.2	32.6	2.4
Diabetes Mellitus	28.4	13.6	12.2	26.0	2.1
Tuberculosis, all forms	9.1	1.7	1.3	5.9	5.4
Bronchitis, emphysema, and asthma	6.9	11.0	11.3	8.0	.6

1972 rates

*with mention of alcoholism

The death rate for Indian youth is very high, particularly in the age range of five to 24 years. The death rate for American Indians in this age range is 12 percent, while for the general population of the United States the rate is 3 percent. Another disparity is apparent when the death rate for Indian infants under one year of age is examined. Infant mortality is 10 percent for age one year and under, while the general population has a 4 percent death rate. (3)

Another way of examining the mortality rate of Indians is to note that 11.8 percent of Indians are 55 years of age or older, compared to 19 percent of the general population of the United States. The life expectancy of Indians in 1976 was at the same level that the general population had reached in 1944.(4) In 1989, an Indian person's average age at death is 47.(5)

Deaths related to cirrhosis of the liver increased from 128 in 1966 to 235 in 1973. This is an increase in the death rate from 10.7 to 30.5/100,000 population. Data published by the American Indian Policy Review Commission in 1976 indicate that deaths associated with alcohol have increased by 300 percent since the mid 1960s. Deaths attributed to cirrhosis of the liver are also linked to the death rate for alcoholism. It has been speculated that Indian alcoholics consume alcohol in such large quantities in a short amount of time that they die before the symptoms of alcohol abuse become apparent and can be

recorded by health authorities.(6) In 1985, Ms. JoAnn Kauffman, Executive Director of the Seattle Indian Health Board, a non-profit organization that provides health care to American Indians and Alaskan Natives in the King County area, cited federal research that Indian people die from alcoholism at a rate 550 percent greater than the general population.(7)

An examination of the following tables indicates the extent to which alcohol has made a negative impact upon the health of the American Indians and Alaskan Natives. Causes of death among Indians and Alaskan Natives are reported in Table 2. Death rates are noted in Table 3. They compare the American Indian and Alaskan Native death rates to all races in the United States.

Table 2

Selected Causes of Death of Indians
And Alaska Natives in Reservation States

	1973	Crude Death Rates, 1955	Percent Change
All causes	772.5	927.2	-17
Accidents	174.3	155.6	+12
Diseases of heart	131.0	133.8	-2
Malignant neoplasms	62.0	59.1	+5
Cirrhosis of liver	45.5	14.2	+220
Cerebrovascular disease	42.8	46.4	-8
Influenza and pneumonia	41.1	89.8	-54
Certain causes of mortality in early infancy	19.6	67.6	-71
Diabetes Mellitus	20.4	13.9	+47
Homicide	25.5	15.9	+60
Suicide	19.4	8.7	+123
Congenital anomalies	10.1	19.0	-47
Tuberculosis	6.0	55.1	-89
Arteriosclerosis	11.8	(1)----------	
Nephritis and nephrosis	5.2	(1)----------	

(1)Not available

Table 3

Alcoholism Deaths and Death Rates of Indians and Alaska Natives in 25 Reservation States and U.S., All Races

	1966	1967	1968	1969	1970	1971	1972	1973
Number of deaths--Indians and Alaska Natives in 25 reservation states:								
Alcoholism	55.0	51.0	91.0	81.0	97.0	107.0	101.0	159.0
Alcoholic psychoses	5.0	6.0	10.0	7.0	8.0	10.0	8.0	5.0
Cirrhosis of liver with mention of alcoholism ..	128.0	126.0	165.0	179.0	167.0	217.0	205.0	235.0
Total	128.0	188.0	266.0	267.0	272.0	334.0	315.0	399.0
Alcoholism death rates - Indians and Alaska Natives in 25 reservation states:								
Alcoholism	8.9	8.0	13.8	11.9	13.8	14.8	13.6	20.7
Alcoholic psychoses	.8	.9	1.5	1.0	1.1	1.4	1.1	.7
Cirrhosis of liver with mention of alcoholism ..	20.7	19.7	25.0	26.3	23.8	30.1	27.4	30.5
Total	30.3	28.6	40.3	39.2	38.8	46.3	42.1	51.9
Alcoholism death rates - United States all races:								
Alcoholism	1.6	1.5	2.0	2.0	2.1	2.1	2.1	2.2
Alcoholic psychoses	.3	.3	.3	.3	.3	.3	.2	.2
Cirrhosis of liver with mention of alcoholism ..	4.8	4.8	5.0	5.2	5.5	5.8	6.0	6.0
Total	6.7	6.6	7.3	7.5	7.9	8.2	8.3	8.4

Because data from their studies revealed that alcohol abuse was having a traumatic effect on the Indian culture, the IHS has gathered statistics since the early 1960s (nearly 30 year history). Listed below are some of the statistics indicating the extent to which alcohol abuse has impacted the life of the American Indian:

1. The alcohol-related death rate of Indians ranges from 4.3 to 5.5 times higher than the United States all-race rate.

2. Two-thirds of these alcohol-related deaths are the result of cirrhosis of the liver, 30 percent resulted from alcoholism itself and the remainder due to alcoholic psychoses.

3. The arrest rate for alcohol-related offenses for the Indian population is twelve times that of non-Indians.

4. Indian alcoholics frequently die in jails as a result of delirium tremens, internal bleeding, head injuries, pneumonia, or suicide.

5. The Indian homicide rate is almost three times the national average.

6. The high accident rate for this population is closely correlated to use of alcohol.

7. Broken families, divorce, juvenile delinquency, and child neglect and abuse have become common in a population where they had rarely existed before contact with and forced assimilation by non-Indians.(8)

This data highlights the issue of how intergenerational alcoholism and cultural oppression are manifested in American Indian culture. These symptoms are not issues by themselves but reveal the larger issue of stifling the full development of a culture.

Urban Indian Health Care

American Indians have been moving to cities in increasing numbers, particularly since World War II. Approximately one-half of the American Indian population resided in cities by the 1970s. Until the 1970s health services were not available to American Indians living in the cities, but with the development of the Seattle Indian Health Board (SIHB), these much needed services became available to Seattle's Indian residents. As of 1988, a full range of health care is provided such as alcohol treatment, alcohol prevention, and medical and dental services. Health professionals have now designed and are implementing an alcohol prevention and/or alcohol rehabilitation program which is specifically designed for Indian people.

The federal government, which regulates IHS, originally encouraged many Indian families to leave the reservation and move to urban centers. In 1952, the Bureau of Indian Affairs (BIA) offered incentives in the form of vocational training, living allowances and job placement for Indians to relocate to urban areas. About one-third of the Indian population took advantage of the various relocation programs and moved to the cities. The federal government's relocation program was eventually phased out and these newly-arrived Indian urban dwellers were cast off and left to fend for themselves, since they often did not have enough money to return to their designated reservation. After moving to the city with encouragement, financial support and other incentives from the federal government, American Indian families were abandoned in these urban areas with no funds, job training, support network, or services; and they were forced to find health care the best way they could. It should be remembered that this occurred at a time preceding the establishment of urban Indian centers (i.e., the Seattle Indian Center and the Seattle Indian Health Board)

which today provide important networking services, counseling, support, and health care services to urban Indians. Indian people residing in urban areas often cannot receive free or low cost health care services guaranteed by treaty unless they return to their reservation which may be located thousands of miles away.

Urban Indian health programs have helped deliver health care to urban Indians, but they have had to develop self-sustaining programs, and staff involved in these programs have to deal and attempt to network with local, regional and state officials who may often be unsympathetic to their concerns or who merely do not understand the health concerns of the American Indian. Too often people assume that the health needs of the American Indian are met by the Bureau of Indian Affairs when, in fact, that has not been the case since at least 1955.

Certain cities have large Indian populations: Seattle, 20,000; Minneapolis, over 25,000; San Francisco, 45,000; Los Angeles County, 80,000; Sacramento, 12,000; and San Jose, 7,000. Many moved to these cities from the mid-1950s to the mid-1970s.

Urban Indian programs have attempted to design the delivery of health care to service the Indian population, which is highly mobile and is not confined to one area of the city but is scattered throughout the urban area.

Alaskan Native Health Concerns

Alaska has a land mass twice as large as Texas. The combination of Alaska's immense size and remoteness of the native villages has allowed the aboriginal Eskimos, Athabascans and other Alaska Native people to maintain portions of their traditional culture. They are able to hunt and fish in a manner similar to that of their ancestors. But the Alaskan Native culture has also been affected by contact with White culture, resulting in social disorganization similar to that experienced by American Indians.

Isolation is a key problem in the delivery of health services. A patient may be transferred one or two thousand miles to a hospital. Alaska is very close to the Asian continent. Alaskans on Little Diomede Island in the Bering Strait are only two and one half miles from Russia. Remote village life and the long distance to hospitals remains a major problem for the Alaskan Native needing quality health care.

Besides the isolation, other problems in health care delivery are: unavailable surface transportation, atmospheric interference with radio communication, absence of telephone communication, and the lack of health care professionals. Other difficulties include poor housing and lack of running water in many villages.

The Indian Health Service in Alaska has responsibility for approximately 60,000 Alaskan Natives. Some health problems have been attacked with vigor. Tuberculosis, for example, has been a major health problem for the Alaskan Native who was often sent to hospitals outside of the state for treatment. Until the mid-1950s, Alaskan Natives were referred to the Cushman Hospital in

Tacoma, Washington for tuberculosis treatment. They currently have health facilities in Alaska, eliminating most of the need to travel to the "lower 48" states for treatment.

The Russian Influence

Alaskan Natives historically have been negatively impacted by other cultures. For example, between 1741 and 1867 the Aleuts suffered at the hands of the Russians who became their dominant influence. The Aleut culture was impacted and disrupted on almost every level including the prohibition of their religious practices, introduction of a new language, loss of indigenous health and medicinal knowledge, resettlement of village populations, introduction of new food, change in the structure of authority, and transition from a communal life to individual living arrangements.

The Russians eliminated large numbers of Aleuts during their reign. In 1840, Ivan Veniaminov recorded in Notes on the Islands of the Unalaska District that Davydov killed 3,000 and that Sarychev killed 5,000. Another tragedy was the 1837-38 smallpox epidemic which killed one-half of the Alaskan Native population. The Aleuts lacked immunity to diseases such as smallpox and their populations were ravaged by epidemics, resulting in the consolidation of many villages.

During Russian dominance, the Aleuts were reduced to a maximum population of 2,000; and they had a declining birthrate due to malnutrition, starvation, venereal disease, and inferior or non-existent health care. The culture was in great disarray due to the impact of Russian occupation.

Contemporary Period

The Aleut population coped with societal stress throughout the twentieth century, and conditions did not improve until after World War II. Seventy-five percent of the Nikolski village population suffered from tuberculosis. Birthrate was low and infant mortality was high. For example, in one village from 1948 to 1952 only two children were born.(9) One-half of all Aleut children died before they were six years of age. During the Korean War one-half of the Aleuts serving in the United States Armed Forces were discharged because they were physically unfit.(10)

Aleut culture has been attempting to cope with external forces for two hundred years. Any culture is hard pressed to deal with issues over which they have little control, and the Aleuts are rebuilding their cultural institutions so they can better manage their social environment and not be subject to self-hatred and substance abuse.

Drinking Theories

Fenton E. Moss, a noted alcohol health professional at the Western Regional Indian Alcoholism Training Center, University of Utah, has identified several theories that have been put forth as causes of Indian drinking. He noted that

there are at least eight theories that attempt to explain the Indian mode of drinking. The following is an outline of these theories:

1. "Defiance to prohibition" theory: American Indians and Alaskan Natives were prohibited from drinking alcohol until 1953. This prohibition resulted in the Indian developing unhealthy attitudes toward drinking that transferred to an overindulging pattern once the drinking was made legal.

2. "Lack of drinking norms" theory: The Public Health Service stated as recently as 1969 that Indians have not been drinking long enough to develop the social norms which result in moderate alcohol drinking habits.

3. "Cultural disruption" theory: Dozier, Whitaker, Daily, and Reifel all point to the fact that the Federal Government seriously disrupted the Indian culture through the Contact Period. Dozier referred to the cultural disruption as a "cultural invasion." The resultant breakdown in cultural controls along with the disruption of the tribe, band or clan are causative factors in the rate of Indian alcoholism.

4. "Government paternalism" theory: This theory is closely linked to the cultural disruption theory in which the American Indian was subjugated by the military, forced to become dependent on the Federal Government, humiliated, and subject to the political climate of the day. All of these factors have contributed to the Indians' overuse of alcohol.

5. "Drinking celebration" theory: The idea behind this theory is that drinking alcohol surrounds festive occasions, similar to that of non-Indian culture.

6. "Perpetuation of drinking practice" theory: This theory contends that the Indian overindulges and does not adapt to a more moderate social style of drinking.

7. "Curative" theory: The belief among some Indians that alcohol has certain powers of healing health problems.

8. "Permissiveness" theory: This theory states that the cultural factor which allows an individual Indian to drink results in behavior that leads to alcoholism.(11)

These theories present what anthropologists and others believe to be unhealthy attitudes regarding alcohol use by the American Indian. Ideas such as these provide a scholarly framework for understanding the alcohol abuse problem among the American Indian.

Adult Children of Alcoholics (ACOA)

A current alcohol education phenomenon is the recognition that much, if not all, of the adult American Indian population suffers some effect from alcohol abuse. This residual problem needs to be addressed along with current alcohol prevention programs for young Indian people. People raised within alcoholic settings are known as Adult Children of Alcoholics (ACOA).

There are certain behavior patterns exhibited in an alcoholic family which the child (ACOA) learns at an early age and then retains as a style of intrapersonal behavior into adult life. They may not be consciously aware that they are exhibiting these modes of behavior.

They often perpetuate an ACOA behavior when their own life does not require it. For example, they may not be an alcoholic or even drink socially, but they persist in behavior patterns learned in childhood. Alcoholics drink compulsively, and children learn this and exhibit compulsive mannerisms in everyday events. Therefore, the ACOA, perhaps a teetotaler regarding alcoholic use, can become compulsive in a number of ways:

> "Often in attempts to continue delayed grief and pain from the past, ACOAs compulsively work, spend money, eat, exercise, gamble, become addicted to relationships, or behave in other compulsive ways. Sadly, many adult children begin their own patterns of compulsive drinking or drug use."(12)

There is a long list of behaviors that are ascribed to the ACOA, and other children of trauma; i.e., holocaust survivors, cultural oppression victims, chronic illness, etc., and the following list by Jane Middleton-Moz and Lorie Dwinnell outline the problem (it should be noted that not all ACOA exhibit all of these behaviors):

1. FEAR OF TRUSTING: Children of alcoholics often grew up in family systems that were unpredictable and unresponsive to the needs of children. Children grew up trusting themselves more than others in terms of self-care.

2. PERVASIVE SENSE OF GUILT: Often children in alcoholic families grow up with a sense of total helplessness. Frequently these children gain control in their lives by believing that they cause the responses and behaviors of others rather than feeling the victims of the behavior. For example: "It's my fault that mom and dad drink. If I was only better . . . ."

3. HYPERRESPONSIBILITY OR CHRONIC IRRESPONSIBILITY: Children from alcoholic families become hypervigilant in response to their environments, again believing that their actions determine the behaviors of others. Some give up, feeling that nothing they could do would ever be good enough.

4. PERFECTIONISTIC: Children in alcoholic families develop a fear of making mistakes or being "visible." They walk on eggs in fear of results of doing something wrong.

5. COUNTER-DEPENDENCE/FEAR OF DEPENDENCY: The attitude develops early in life that "I have no needs. I can do it myself thank you." When needs are repeatedly not met or parents "aren't there" emotionally or physically, children learn to stop needing and in fact fear times of normal dependency.

6. NEED TO BE IN CONTROL: Fearing normal feelings leads to compulsive needs to control and live life as Sharon Wegsheider-Cruse states, "in a constant rehearsal for living."

7. DIFFICULTY IN HEARING POSITIVES: Because of poor self images developed in childhood, ACOA either discount positive feedback from others, feel a sense of distrust for those complimenting them, or feel a deep feeling of pain or loss upon hearing positive things about themselves.

8. OVERACHIEVEMENT OR UNDERACHIEVEMENT: ACOAs live in a black and white world. They often develop patterns in early childhood of trying to gain self-esteem from the outside world, seeking applause in place of love; sometimes giving up and isolating, getting ill, beginning their own substance abuse patterns or "dropping out."

9. POOR SELF IMAGES: ACOAs judge themselves extremely harshly internalizing early abuse, neglect, or emotional distance from parents and never feeling "good enough."

10. COMPULSIVE BEHAVIORS: Often in attempts to continue delayed grief and pain from the past, ACOAs compulsively work, spend money, eat, exercise, gamble, become addicted to relationships, or behave in other compulsive ways. Sadly, many adult children begin their own patterns of compulsive drinking or drug abuse.

11. NEED TO BE RIGHT: Often the need to be always correct, appropriate and "right" replaces an original desire to be loved.

12. DENIAL: It used to be thought that only the alcoholic was in denial. What is realized is that all members of the alcoholic family suffer from denial. Denial is one of the major defenses employed by children abandonment. ACOAs are terrified of abandonment as adults and will deny all feelings in order to stop the pain of abandonment.

13. FEAR OF CONFLICT AND ANGER: Because of fears of the destructive anger or threat of violence experienced in childhood, and frequently because of the fear of their own unexpressed rage, ACOAs develop patterns of placation, seek approval, or isolate when faced with conflict. ACOAs frequently loose their own identities in the process.

14. CHAOS JUNKIES: Because of the turmoil and unpredictability in their early lives and subsequent survival roles developed, ACOAs frequently find themselves more comfortable with chaos than with quiet times. Keeping the chaos going or involving themselves in professions where turmoil exists, frequently staves off unresolved grief of the past.

15. FEAR OF FEELING: Expressing feelings or allowing feelings often was not safe or comfortable in an alcoholic family. Children often were only allowed particular feelings and all others expressed risked abandonment or angry outbursts from parents. Some children in alcoholic homes learned from an alcoholic or co-dependent parent that normal feelings held the power of life or death or drinking and sobriety. Because they learned to numb out feelings in early childhood, they have lost the ability to feel or express emotions. Frequently good feelings such as excitement, joy and happiness are sacrificed as well as feelings of anger or sadness. Some ACOA can cry but never allow feelings of anger; others can allow anger but never risk tears.

16. FREQUENT PERIODS OF DEPRESSION: Anger that is not expressed becomes depressed and frequently all feelings of anger or disappointment are turned in against the child inside. Some ACOA show signs of depression in early childhood; difficulty sleeping, over or under eating, nightmares, shoplifting, sleepwalking, difficulty in school, etc., and have chemical depression as well as delayed grief.

17. FEAR OF INTIMACY: Because of frequently emotionally destructive enmeshments in the alcoholic family, children of alcohclics frequently learn only to play roles or join families with further enmeshment and loss of self, knowing only how to relate with "images" and not themselves and fear of getting close for fear of abandonment.

18. FEAR OF INCOMPETENCE - "I'M FEELING YOU:" Because children from alcoholic homes early on learn to please and relate to the world with acceptable images rather than true selves, there is always a felt discrepancy between what is felt inside and what is shown outside thus leading to a belief that "if others really knew me, they wouldn't like me".

19. HYPERSENSITIVITY TO THE NEEDS OF OTHERS - "I'LL ACT IN YOUR PLAY:" Survival in an alcoholic family frequently meant being constantly aware of the most minor shifts in moods of adults leading the child to be far more aware of what others were doing and feeling than what was being felt inside.

20. REPETITIVE RELATIONSHIP PATTERNS: Internal beliefs often equal reality and frequently ACOA find themselves recreating the painful experiences of their childhoods in new relationships. They are drawn to what is familiar and to what is known. Children from healthy families work out childhood traumas in the playroom while ACOA find themselves working out painful traumas of the past in real life.

21. INABILITY TO RELAX, LET GO AND HAVE FUN: While other children were busy learning to relate, compete, play and develop social skills, children of alcoholic parents were learning the tough lessons of survival. Living becomes more difficult than continued survival and playing or having fun becomes terrifyingly stressful. The child inside is terrified still of making a mistake or doing it wrong. Letting go means being out of control.(13)

Kellerman has stated that the pathological drinking becomes integrated into family systems and leads to predictable, compulsive behavior both in individual and family members, and in the interactions between them.(14)

In a training manual for Native American Adult Children of Alcoholics, From Nightmare to Vision, prepared by Jane Middleton-Moz for the Seattle Indian Health Board, it was noted that an educational approach should include consistent self care, cross cultural values clarification, and problem solving skills.(15)

ACOAs must be taught how to be responsible for their needs in a consistent and patient manner. They must be allowed to grieve their losses. ACOAs need: (1) To talk about those losses with someone they trust, (2) be validated for the feelings and event, and (3) grieve with a therapist or counselor.

In order for healthy grieving to take place, an individual must have:

1. Validation of the loss.

2. Time.

3. A relationship of trust with a supportive person who can listen.

The six stages in the resolution of delayed grief are:

Stage 1) Out of Denial:

Until denial is disrupted, they will lack a context for seemingly disconnected feelings and will not be able to walk through and integrate their losses.

Stage 2) A Cognitive Life Raft:

The security of an intellectual understanding of what it means to be an adult child ("and a survivor of cultural oppression" - Anna Latimer). Perhaps the most important part of the cognitive life raft is that the child is validated and the struggle is normalized ("or 'operationalized' if we look to the wisdom of Sitting Bull" - Anna Latimer).

It is important for ACOAs to understand they are not "crazy" (or "less than", "stupid", or "unwanted" - Anna Latimer), as many have feared, but instead are survivors of childhood trauma ("and the trauma from cultural oppression" - Anna Latimer).

Stage 3) Building a Relationship:

In order to grieve, an individual must have a safe and supportive environment, an emotional net, in order to risk building a relationship of empathy with the child within.

Stage 4) Griefwork:

Grief is one of the few processes in life that heals itself provided we don't get in our own way and provided others don't impede our working it through. It is the act of giving "the child a face."

Stage 5) Mourning & Integration:

Grief work is the process of feeling empathy with that child in the past, giving the child a face separate from the parent. Mourning is, then, giving the parents ("grandparents and great grandparents" - Anna Latimer) a face. Mourning cannot occur until an individual can feel herself/himself as a separate individual. After grief work, an individual develops new empathy for the parents ("grandparents and great grandparents" - Anna Latimer) as they really were

rather than the fantasy parent or "as if" parent they needed them to be. With mourning comes a new awareness of the parent and the self generationally. The ACOA is able to move on and attach to life, feeling sadness rather than despair, about the past.

Stage 6) Behavior Change:

After the tears, ACOAs take spontaneity and choice into their own life. They free the child within from the bondage of past generations and with that freedom regain choice. ACOAs find themselves spontaneously free from past compulsions and living life rather than surviving and being held captive by the unmet needs and expectations of others.

Prevention

Alcohol abuse has received increased attention since the late 1960s when U.S. Senator Hughes directed national attention to the problem. A report entitled The Impact of Alcoholism recorded the hearings before the Special Subcommittee on Alcoholism and Narcotics of the Committee on Labor and Public Welfare, United States Senate, in 1969. This was a comprehensive report which covered the issue of alcohol abuse, but it did not deal with prevention. It did not focus on the issue of changing drinking attitudes of families and communities to prevent dependence on alcohol.

It appears that the importance which an individual attaches to alcohol is a major factor in their dependence upon it. As alcohol becomes essential to an individual, the more difficult it will be to break the cycle of dependence. The message that alcohol use is appropriate is taught to them at an early age. They receive positive messages from their culture, filtered through the parents, that drinking is an acceptable method for dealing with stress. These messages, transmitted at an early age, encourage Indian youth to become dependent upon this drug at an early age.

Of course, this problem also exists for the country at large. Children from all strata of society are confronted with alcohol and encouraged through advertising to drink. Messages are conveyed in the media that drinking is acceptable, is a sign of success, and is a recommended form of behavior. Children receive the message from the significant people in their lives that drinking alcohol is acceptable.

American society has used alcohol for a variety of coping purposes. It has become a staple of business and an all-purpose method of dealing with stress, anxiety, loneliness, tension, and other frustrations. Indian youth also learn from important people in their life that alcohol is one coping method for living in a hostile society. That our society produces high anxiety for Indians as well as others is probably not questioned by anyone--what is open to question is the proper method of dealing with the stress of living in a modernized state. Furthermore, some American Indians consider society not only stressful but often racist with the cards stacked against their Indian culture. A conclusion that some Indian people draw, is that alcohol is a coping mechanism which provides relief from situations in which they cannot win.

It may not be possible to change society at large, but it is possible to change attitudes toward coping and adjusting to societal stress. Perhaps a remark made by Sitting Bull makes a relevant statement:

> "I have advised my people this way: When you find anything good in the white man's road, pick it up. When you find something that is bad, or turns out bad, drop it and leave it alone."
>
> Sitting Bull

Prevention Goals

The first step in alcohol prevention is to develop goals for intervention among American Indian and Alaskan Native youth. Below are several guidelines that should be incorporated into developing goals for alcohol prevention.

1. Factors should be identified that assure healthy physical, mental, spiritual, and psychosocial growth and development in the American Indian individual and family;

2. Development of optimum social, cultural, and environmental conditions which would minimize the development of alcoholism;

3. Alcohol education which identifies sober support adults in the community, family and school;

4. Control and/or regulation of the use of alcoholic beverages;

5. Consideration of the numbers and types of personnel needed.(16)

Prevention Strategies

1. Information and attitudes: To make reasoned choices about drugs and alcohol, Indian young people need factual information, preferably presented visually in a way that will interest them. Role models can describe successes that would not have been possible were they drug- or alcohol-dependent. Models can share their use of native customs, language and healing practices. Group exercises can put information and attitudes within personal contexts as youths imagine the effects of substance abuse on their lives (i.e., imagine their lives as young adults and think about the way drug and alcohol abuse could affect their later friendships, education, physical appearance, careers, and material acquisitions).

2. Problem solving: Indian youth need to manage drug- and alcohol-related problems and can learn to anticipate and specify difficulties with substance abuse by generating, ranking and selecting solutions for drinking and drug-taking problems. Problem solving, like any learnable skill, is gradually mastered with practice. Workers can facilitate and practice by giving youths homework assignments that apply problem solving in routine situations, not necessarily involving drugs or alcohol.

3. Coping statements: Coping statements can be used by Indian youths to lower stresses that could stimulate substance use. These statements can be introduced by making the observation that drugs and alcohol can be at once sources of stress and stress reducers. Young people can learn coping statements by saying them aloud, expressing them subvocally and thinking them.

4. Interpersonal communication: Interpersonal communication is a way for young Indian people to prevent their own drug taking and drinking, help others not to abuse substances, and promote their own and others' healthy functioning. Verbal and nonverbal behaviors can be demonstrated emphasizing communication skills particularly suited for young Indian people. Next, youths can practice communication.

5. Social networks: Social networks are significant in preventing substance abuse with Indian young people. Family, friends and the community can foster nonabusive life-styles. Prevention-group members can brainstorm ways for youths to get involved with dance societies, intertribal sports, clan events, and pow wows. Plans to build positive social networks can be discussed during prevention sessions. Added social networks can be formed where youths are paired as buddies. Buddies can assist each other not to abuse drugs and alcohol after prevention groups end. Social networks, with information, positive attitudes, problem solving, coping statements, and interpersonal communication, can help young Indian people explore healthy forms of recreation.(17)

The following services can be utilized in the prevention of alcoholism:

Prevention	Coordination
Information and Referral	Surveys and Reports
Medicine People	Teacher Training Programs
Cross Cultural Therapists	Cross Cultural Information For Teachers
Support People in the Schools	Social Agencies
Consultation	Research
Resource Materials	Extended Family
Educational Activities	Formation of a Self-Supportive Peer Group

Resources

Alcoholism prevention strategies are being developed by American Indians and Alaskan Natives throughout the United States. They have become vitally concerned with the problem of alcohol abuse and are going beyond concerns of alcohol rehabilitation. Many of the dedicated workers who are addressing

themselves to the issue are recovered alcoholics, concerned community and church members, natural community helpers, medicine people, elders, and children. They realize the importance of alcohol abuse prevention because of the devastating effect alcohol has had on their own lives. These people have encouraged the development of programs that will utilize all the available health resources to combat the problem.

American Indian and Alaskan Native professionals have often concluded that to make an impact on future generations, they would have to develop an alcoholism prevention program that would intervene with youth prior to the time they incorporate the use of alcohol into their lifestyles.

In the city of Seattle, important leadership in alcoholism prevention has been provided by Harold Belmont. He has developed part of his work through the Seattle Indian Health Board Alcoholism Program. They have worked in the areas of rehabilitation and prevention. The Seattle Indian Alcohol Prevention Team Project (SIHB) has pioneered work that has had a positive impact upon the community. An important function of the program is to provide communication among the other community agencies having responsibility for youth activities and to integrate ACOA information, support and education into the adult Indian communities.

Prevention, broadly defined, involves and concerns a wide variety of agencies. When these agencies coordinate their work, they extend the resources that are allocated to each individual program. The result is that they are more likely to intervene at a variety of levels in the life of the American Indian and the Alaskan Native youth.

Summary

Cross-cultural alcohol specialists are careful to point out that cultural disruption and oppression of the American Indian beginning in the Contact Period and continuing to modern times has contributed to the intergenerational stress that is passed from one Native American family to another. The years between the Contact Period and the granting of United States citizenship to American Indians in 1924 was such a very disruptive era in which Indian people were stifled from carrying on their traditional heritage, that severe cultural conflict resulted and was passed on to succeeding generations of Indian families.

Once the United States treaty-signing period with American Indian nations ended in 1871, the responsibility for educating American Indians fell to the federal government via the Bureau of Indian Affairs. Indian children were sent away to boarding schools where they were discouraged from (and often punished for) living in their traditional way, speaking their own languages and perpetuating their culture--rather they were expected to adopt a new, alien culture and adapt to a dominant society model. Students were placed in a confusing and often frightening situation. They were expected to learn the dominant educational system within a quasi-military institutional setting. They were required to speak only English, dress in uniforms, be separated from their families, eat unfamiliar foods and, in general, drop or forsake their Native American culture and become part of the so-called "melting pot." Upon

completion of their boarding school education, these children were often sent back to their families on the reservation. There, they were surrounded by the traditional culture the boarding school experience tried to make them forget. Now they felt out of place in both Indian and non-Indian societies.

The educational system, as much as anything else, contributed to cultural disruption which was passed from the boarding school participants to their children.

Native cultures throughout the North American continent have had an experience of intrusion by larger, dominant cultures upon their indigenous lifestyle. The intrusion process has caused disruption of native cultures and resulted in a tense, stressful, threatening environment in which to raise their families. Indian people have attempted to cope with the problem by turning to a variety of escape mechanisms, including alcohol consumption, which in turn has contributed to intergenerational stress for the family unit. Indian families have often internalized behaviors associated with substance abuse to their personal behavior, and effective substance educational programs need to take the family history into consideration when designing prevention strategies.

Questions for Discussion

1. What would you theorize is the cause of the substance abuse problems among American Indians and Alaskan Natives?

2. Imagine that you are a professional health worker. How would you attempt to solve the substance abuse problem among the American Indian and Alaskan Native?

3. Identify the health agencies in your community and indicate their roles in alcoholism prevention?

4. Write an essay in which you state alternatives to using alcohol as a way for American Indian and Alaskan Native youth to cope with stress.

5. What American Indian values can assist in coping with our stressful contemporary society?

6. Develop a curriculum project that would indicate essential criteria for alcoholism prevention. Be sure to mention:

   A. Parent/child communication skills.

   B. Development and reinforcement of a positive self-concept.

   C. Communication between the Indian community and Indian and Alaskan Native youth regarding alcoholism prevention.

   D. The development of intervention strategies to offset institutional racism that can result in alcohol abuse by Indian youth.

7. Indicate what information teachers should have in their education that would equip them to advise youth in the area of American Indian alcohol abuse prevention.

8. What strategies can teachers employ to instruct youth to resist the "follow the leader" mentality into self-destructive activities.

9. What problems are likely to emerge when developing alcoholism prevention programs? Develop strategies that would address these problems, and arrive at a solution.

10. Be able to define each of these key words in one sentence or one paragraph:

alcoholism
cirrhosis
prevention
death rate
intrusion
intergenerational
rehabilitation
Indian Health Service
Bureau of Indian Affairs
institutional racism
mental health

FOOTNOTES

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(4) Ibid. pp. 42-43.

(5) "Indian Renaissance," The Seattle Times, Delores Tarzan Ament, April 2, 1989.

(6) "Report on Indian Health," U. S. Task Force Six, Final report to the American Indian Policy Review Commission (U.S. Government publication, Superintendent of Documents, Washington, D.C.), 1976, p. 45.

(7) "Tribes in Transition," Seattle Post Intelligencer, Ashley Dunn, November 27, 1985.

(8) "Report on Indian Health," U. S. Task Force Six, Final report to the American Indian Policy Review Commission (U.S. Government publication, Superintendent of Documents, Washington, D.C.), 1976, p. 69.

(9) Tribal Specific Health Plan, Don Bantz and Associates, (Aleutian-Privilof Islands Association Health Department, Anchorage, Alaska), no date, p. 6.

(10) Ibid., p. 6.

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(13) Ibid., pp. 1-8 to 1-11.

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(16) "Alcoholism Program Development," Western Regional Alcoholism Training Center, Community Alcohol Education Program, University of Utah, Course Number SWTC183, January 7, 1975.

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CHARACTERISTICS OF NATIVE AMERICAN AT RISK STUDENTS

1. Dislikes school (school phobia)
2. Low grades
3. Lack of participation in school activities
4. Truancy
5. Disrespectful
6. Moves from residential to urban area
7. Enrolled in a school experiencing frequest staff turnovers
8. Loss of cultural identity (especially urban area)
9. Has limited access to secondary alternative schools (especially on the reservation)
10. Loss of Indian language and cultural base
11. Low self-esteem
12. Dysfunctional families
    a. Alcohol/substance abuse
    b. Abuse and neglect
13. Several grades below grade level
14. Lack of good role models at home
15. Victim of prejudice and discrimination
16. Confusion of values
17. Conflict of values
18. Relational learning style vs. cause/effect style
19. Has difficulty maintaining high self-esteem
20. Religious abuse
21. Inconsistent parenting
22. No rules/no routine
23. Separation from guardian
24. Improper nourishment
25. Inappropriate hygiene
26. Less eye contact
27. Avoids direct communication
28. Underlying anger
29. Responds well to humor
30. Creative and imaginative
31. Sense of hopelessness
32. Sense of isolation
33. Poverty/limited resources
34. Vulnerability to peer pressure
35. Poor decision skills (present oriented)
36. Experiences subtle prejudice
37. Fatigue
38. Lack of coping skills to deal with grief
39. Lack of Indian spokepersons (leadership)
40. Lack of elder role models
41. Poor social skills (sexual permissiveness, resulting in high teenage pregnancy)
42. Isolace themselves with music
43. Verbal and nonverbal incongruency
44. Behavior extremes
45. Being raised in non-Indian homes (foster placement and adoption)

46. Suicidal (especially males)
47. Parents are unemployed
48. Vulnerable to ridicule and embarrassment
49. Has double income family
50. Parents poorly educated and fear school system
51. Enrolled in school with no Native American employees
52. Effects of 300 years of cultural generations - difference
53. Has difficulty acknowledging self worth
54. Capacity to gain understanding through imagination
55. Inappropriate child care
56. Self-destructive behavior
57. Lack of career goals
58. Quiet nature
59. Takes on adult responsibilities at young age

NEEDS OF NATIVE AMERICAN AT RISK STUDENTS

1. To know someone cares
2. Parental involvement
3. Verbal stimulation/encouragement of language skills
4. Guidance and support for child and parent
5. Education prior to kindergarten
6. Spiritual guidance
7. Safe environment (home or otherwise)
8. Realistic goal expectations and ability to know choices
9. Realistic communication and counseling
10. Need for caring for others
11. Need for positive role models
12. Need for more resources
13. Need for structure and discipline
14. Family involvement with school
15. Lots of encouragement
16. Need to develop a process more in harmony with Native American population (i.e., holistic approach)
17. Need an understanding/clarification of bicultural existence
18. Ownership of responsibility and definition on one's self and culture
19. Activities for children
20. Good nutrition
21. Security
22. Tutoring classes
23. Different teaching styles to match different learning styles
24. Bicultural assertiveness skills
25. Skills for living in two worlds
26. Teaching choice/consequence (either plus or minus)
27. Acceptance of self
28. Day care/co-op
20. Teen centers/activities

HINTS FOR HELPING NATIVE AMERICAN AT RISK STUDENTS

1. Pride in learning about Indian heritage
2. Drug awareness days
3. Cultural sensitivity
4. Structured time for hobbies and family activities
5. Fund raising events to promote financial responsibilities
6. Parenting skills
7. Alternative activities (band, sports, etc.)
8. Parent involvement
9. Better ways of identifying at risk students
10. Reward students for coming to school (incentives)
11. Have student forums (solicit their input)
12. Peer tutoring
13. Indian teachers
14. Inservice workshops
15. Ongoing integration of culture into classroom
16. Foster grandparents in school
17. Holidays (Indian language in school)
18. Cultural education/support
19. Day care/co-op
20. Teen centers/activities

ALCOHOL, OTHER DRUGS AND THE LAW

This is a summary of the Washington laws pertaining to the possession and use of alcohol and other drugs by minors, and to the adult responsibility for the use of alcohol and other drugs by minors. For more information, please contact your attorney or local law enforcement agency.

1. Minor in possession, or consuming alcohol:

   Any person under the age of 21 who has alcohol in their possession may be guilty of misdemeanor, punishable by a fine up to $500 and/or 60 days maximum in jail. It is also unlawful for a person under age 21 to consume alcohol unless: 1) it is done with parental or guardian approval at the parent's or guardian's home, 2) it is administered by a physician or dentist for medical purposes, 3) it is consumed in connection with a religious or ceremonial event. Consumption of alcohol by a minor under any other circumstances is a misdemeanor punishable by a fine up to $500 and/or imprisonment up to 60 days. (RCW 66.44.270)

2. Parental Permission:

   Any parent or guardian may permit his or her child, who is under 21, to consume alcohol in their home. (RCW 66.44.070)

3. Supplying liquor to minors:

   Any person, other than a consenting parent or guardian who furnishes alcohol to a minor is guilty of supplying liquor to a minor. This includes a person who allows a minor to consume alcohol on premises under his/her control. Such an offense is a misdemeanor punishable by a fine up to $500 and/or imprisonment of up to 60 days. (RCW 66.44.270)

4. Driving while under the influence of intoxicants and/or drugs:

   It is unlawful for a person under the influence of intoxicating liquor or other drugs to drive. Driving under the influence of alcohol/other drugs is a gross misdemeanor punishable by a minumum fine of $400 and up to 180 days in jail (mandatory jail sentence of one day). Upon convictin, the operator's license will be suspended until age 19 for a minor. Subsequent offenses result in greater fines and penalties. (RCW 46.61).

5. Minors in taverns:

   It is unlawful for any person under age 21 to be found in or about a tavern, regardless of whether that person is consuming alcohol. This offense is a misdemeanor and punishable by a fine of up to $350 and/or imprisonment up to 90 days. (RCW 66.44.310)

6. False identification to obtain liquor:

   It is a misdemeanor for a person under age 21 to use identification to make false representations as to his age to obtain liquor. It is also

illegal to transfer identification to a person under age 21 for such purposes. Violation results in a fine up to $350 and/or imprisonment of up to 90 days. (RCW 66.44.325)

7. Alcohol in a public park:

It is a misdemeanor for any person, regardless of age, to have alcoholic beverages in a public park. Such an offense is a misdemeanor and punishable by a fine up to $350 and/or imprisonment of up to 90 days. (BCC Section 3.33.010-A)

8. Possession of marijuana:

It is unlawful for any person to knowingly possess marijuana. The possession of a small quantity (less than 40 grams) is a misdemeanor which may result in a fine of up to $350 and/or imprisonment of up to 90 days. It is a felony, if the quantity confiscated exceeds 40 grams. It is also unlawful to possess controlled substances (narcotics, cocaine, hallucinogenic chemicals, prescription drugs belonging to someone else, etc.). Such possession carries even greater penalties than the possession of marijuana, since it constitutes a felony.

9. Opening/Consuming Alcohol in a Public Place:

It is unlawful to open or consume liquor in a public place. Violation is a misdemeanor, with a potential fine of $100. (RCW 66.44.290)

10. Drunk Driving Laws:

A. DWI - A person is guilty of DWI (driving while intoxicated) if blood alcohol concentration meets or exceeds 0.10% or is under the influence or affected by alcohol and/or other drugs.

B. PHYSICAL CONTROL - Anyone found in a parked vehicle, who is under the influence or affected by alcohol and/or other drugs may be charged with physical control, resulting in the same penalties as a DWI. A person may be charged, even if he is in the back seat of the vehicle.

C. IMPLIED CONSENT - Anyone with a driver's license is deemed to have given consent to a chemical test of breath or blood to determine the alcohol and or other drug content.

D. OPEN CONTAINER LAW - Alcoholic beverages may not be drunk in a moving vehicle, or an open container may not be carried in reach of driver or passengers. This is a traffic infraction and the driver will be fined.

STATE OF WASHINGTON

NATIVE AMERICAN

ALCOHOLISM TREATMENT FACILITIES

CERTIFIED

AND

NON-CERTIFIED

AND

OTHER NETWORKING AGENCIES

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NON-CERTIFIED

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Jamestown Kallam Tribal Office 305 Old Blyn Highway Sequim, WA 98382 Phone (206) 683-1109 Contact: Sandy Robinson/Liz Mueller	Information and Referral Education and Prevention
Kalispel Tribe Attn: Tribal Substance Abuse Prevention Program P.O. Box 39 Usk, WA 99180 Phone (509) 445-1147 Addie Burns/Dina Nomee, Coordinators	Information and Referral Education, Prevention and Intervention
Lower Elwha Alcoholism Program 1666 Lower Elwha Road Port Angeles, WA 98362 Phone (206) 452-8471 John Fincher, Director	Outpatient, Information and Referral, Alternative Projects
Makah Alcohol and Drug Program P.O. Box 115 Neah Bay, WA 98357 Phone (206) 645-2201 Edith Hottowe, Director	Outpatient, Information and Referral, Youth Prevention Education
Nisqually Indian Alcohol Program 4820 She-Nah-Num Drive S.E. Olympia, WA 98503 Phone (206) 456-3309, -5221 Charleen Fitzgerald, Director	Outpatient, Information and Referral, Education and Prevention
Port Gamble Klallam Tribe P.O. Box 280 Kingston, WA 98346 Phone (206) 297-2646/478-4583 Donna Jones-Coleman, Adult Services Counselor	Information and Referral, Education and Prevention

NON-CERTIFIED

Quileute Tribal School P.O. Box 39 La Push, WA 98350 Phone (206) 374-6163 Andy Callicum, School Counselor	Information and Referral School Prevention Project
Sauk-Suiattle Alcoholism Program 5318 Chief Brown Lane Darrington, WA 98241 Phone (206) 436-0131 (206) 436-0132 Marge Fitchen, Counselor CAC II	Outpatient, Information and Referral
Seattle Public Schools Indian Heritage Program 5950 Delridge Way S.W. Seattle, WA 98106 Phone (206) 281-6527 Health Counselor	Education and Prevention, Information and Referral, Individual Counseling, Intervention
Shoalwater Bay Tribe ATTN: Tribal Substance Abuse Prevention P.O. Box 130 Tokeland, WA 98590 Phone (206) 267-6766 Lucinda Shipman, CHR	Information and Referral, Education and Prevention
Skokomish Tribal Alcoholism Program North 80 Tribal Center Road Shelton, WA 98584 Phone (206) 426-4232 Pam James, Director	Outpatient, Information and Referral, Education and Prevention
Snoqualmie Tribal Alcohol Program 18525 Novelty Hill Road Redmond, WA 98052 Phone (206) 885-7464 Marge Fitchen, Counselor	Outpatient, Information and Referral, Prevention
Stillaguamish Tribal Alcoholism Program 3439 Stoluciquamish Lane Arlington, WA 98223 Phone (206) 652-7362/435-9338 Cindy McDonald, Counselor	Outpatient, Information and Referral, Prevention

NON-CERTIFIED

Suquamish Tribal Alcoholism Program P.O. Box 498 Suquamish, WA 98392-0498 Phone (206) 598-3311 Steve Old Coyote, Director	Outpatient, Information and Referral, Alternative Projects Prevention and Education
Swinomish Tribal Alcoholism Program P.O. Box 388 LaConner, WA 98257 Phone (206) 466-3163 Joe Dunn, Director	Outpatient, Information and Referral, Prevention and Education
Upper Skagit Tribe Substance Abuse Prevention Project 2293 Community Plaza Sedro Woolley, WA 98284 Phone (206) 856-5501, 856-4200 Ext. 30 Marilyn Williams, Coordinator	Information and Referral, Education, Prevention and Intervention

OTHER NETWORKING AGENCIES

AGENCY	SUBSTANCE ABUSE SERVICES
Indian Health Service Portland Area Office 1220 S.W. Third Avenue, Room 476 Portland, OR 97204 Phone (503) 221-4138 John E. Mackey, Area Alcoholism Coordinator	Portland Area Alcoholism Coordination
IHS-Colville Service Unit P.O. Box 71 Nespelem, WA 99155 Phone (509) 634-4711 Thomas J. Ambrose, Service Unit Director	Consultation and Coordination
IHS-Lummi Service Unit 2592 Kwina Road Bellingham, WA 98226 Phone (206) 676-8373 Terry Farrow, MSW, Alcoholism Project Officer	Consultation and Coordination
IHS-Neah Bay Service Unit P.O. Box 418 Neah Bay, WA 98357 Phone (206) 645-2233 Shirley Johnson, Alcoholism Project Officer	Consultation and Coordination
IHS-Puget Sound Service Unit 4735 East Marginal Way South Seattle, WA 98134-2381 Phone (206) 764-6552 Deb Oriero, Alcoholism Project Officer	Consultation and Coordination
IHS-Spokane Service Unit P.O. Box 357 Wellpinit, WA 99040 Phone (509) 258-4517 Kay Moyer, Alcoholism Project Officer	Consultation and Coordination
IHS-Taholah Service Unit P.O. Box 219 Taholah, WA 98587 (206) 276-4405 Rebecca Kingsbery	Consultation and Coordination

IHS-Yakima Service Unit Route 1, Box 1104 Toppenish, WA 98948 Phone (509) 865-2102 Ext. 33 Joyce Reyes, MSW, Alcoholism Project Officer	Consultation and Coordination
Coeur d'Alene Tribal Alcoholism Program Tribal Headquarters Plummer, ID 83851 Phone (208) 274-3101	Outpatient, Information and Referral, Alcohol Information School, Education and Prevention
Native American Rehabilitation Association 2022 NW Division Gresham, OR 97030 Phone (503) 669-7889 Morris Brewer, Executive Director	Outpatient, Inpatient-Intensive Information and Referral, Education and Prevention, Women's Residential
Northwest Indian Certification Board 15165 Sunwood Boulevard C-33 Seattle, WA 98188 Phone (206) 433-1733 Leo Whiteford, Chairman Patrick Paul, Secretary	Counselor Certification (Drug, Alcohol, Chemical Dependency)
Northwest Indian Council on Chemical Dependency 2209 East 32nd Street Tacoma, WA 98404 Phone (206) 597-6220 Leo Whiteford, Chairman	Professional Association of NW Indian Program Directors and other members
Red Willow American Indian Treatment Center, Inc. P.O. Box 138 765 Seventh Street Gervais, OR 97026 Phone (503) 792-3697 Ray Leatham, Director	Youth Certified Intensive Residential Treatment (CIRT) Information and Referral
Red Willow American Indian Treatment Center 708 Washington Street Eugene, OR 97401 Phone (503) 343-3749	Outpatient, Information and Referral, Education and Prevention
Shoshone-Bannock Chemical Dependency Program P.O. Box 306 Fort Hall, ID 83203 Phone (208) 238-3921	Primary Residential Treatment, Information and Referral, Prevention Education

Umatilla Tribal Alcoholism Program P.O. Box 638 Pendleton, OR 97801 Phone (503) 276-4974 (Admin.) 276-7996	Outpatient Information and Referral, Education and Prevention
Warm Springs Community Counseling Center P.O. Box C Warm Springs, OR 97761 Phone (503) 553-1161	Outpatient, Information and Referral, Education and Prevention

ERIC PRINTS

DIALOG File 1: ERIC - 66-85/SEP

EJ255328 RC504439
Indian Alcoholism and Education
Journal of American Indian Education, v21 n1 p31-33 Nov. 1981
Available from: Reprint: UMI
Language: English
Document Type: JOURNAL ARTICLE (080); REVIEW LITERATURE (070); POSITION PAPER (120)
Journal Announcement: DIJABR82
Educational programs about alcohol should be presented in the formal school setting for Indian youth and in the communities for the general population. The primary outcome of these programs would be the development of self management skills. (Author)
Descriptors: *Alcohol Education; *Alcoholism; *American Indian Education; *American Indians; Antisocial Behavior; Community Education; Elementary Secondary Education; *Individual Development; *Self Determination.

EJ240030 CG520147
American Indian Drinking Behavior: Some Possible Causes and Solutions
Mail, Patricia D.
Journal of Alcohol and Drug Education, v26 n1 p28-39 Fall 1980
Available from: Reprint: UMI
Language: English
Document Type: JOURNAL ARTICLE (080); GENERAL REPORT (140); BIBLIOGRAPHY (131)
Journal Announcement: CIJJUN81
The greatest difference between American Indians' drinking and Caucasians' drinking seems to be style of drinking and behavior patterns. Indian culture and the history of Indian treatment by Caucasians have contributed to stress that can lead to drinking. An interdisciplinary alcohol education program is needed. (JAC)
Descriptors: Alcohol Education; *Alcoholic Beverages; *American Indian Culture; *American Indians; *Behavior Patterns; Behavior Problems; Cross Cultural Studies; *Drinking; Literature Reviews; *Stress Variables.

EJ223637 EC122441
Quality Programs
Smith, Judy
Pointer, v24 n1 p114-20 Fall 1979
Available from: Reprint: UMI
Language: English
Document Type: JOURNAL ARTICLE (080); PROJECT DESCRIPTION (141)
Journal Announcement: CIJOCT80
Four programs for exceptional children (including physically disabled, minority and delinquent) are described in the column. Contact names and addresses for each program are provided. (Author/PHR)
Descriptors: *American Indians; *Camping; *Disabilities; *Drug Education; *Minority Groups; Parent Participation; Physical Disabilities; Program Descriptions; *Special Health Problems; Teacher Education Programs; Teacher Participation; Workshops.

EJ223043 CG518224

Perception of Alcohol and Alcoholism Among Alaskan Communities

Peterson, W. Jack; And Others

Journal of Alcohol and Drug Education, v25 n1 p31-35 Fall 1979

Available from: Reprint: UMI

Language: English

Document Type: JOURNAL ARTICLE (080); RESEARCH REPORT (143)

Journal Announcement: CIJOCT80

This study was conducted to learn how Alaskans perceive alcohol and alcoholism. Findings indicate that differences in attitudes toward and knowledge of alcohol are related to both urban/rural and native/non-native differences. Implications of findings are discussed with respect to alcohol education programs. (Author)

Descriptors: *Alaska Natives; *Alcohol Education; *Alcoholism; Attitude Measures; *Attitudes; Demography; *Public Opinion; Rural Urban Differences.

Identifiers: *Alaska.

EJ161826 CG512484

Myths Versus Data on American Indian Drug Abuse

Streit, Fred; Nicolich, Mark J.

Journal of Drug Education, 7, 2, 117-122 1977

Language: ENGLISH

Journal Announcement: CIJE1977

A drug and alcohol use prevalence study was conducted among Montana Indians by Montana Indians. The results raise questions about culture transmission as a drug prevention strategy. Also, there is evidence of a high proportion of youth with deceased fathers. Implications for further prevention needs are presented. (Author)

Descriptors: *Alcoholism; American Indian Culture; *American Indians; *Cultural Influences; *Drug Abuse; *Drug Education; *Environmental Influences; Minority Group Children; Research Projects.

Identifiers: *Montana.

ED234936 RC014230

Caring, Coping, Change: Challenges for the 80's. A Report of the National Indian Child Conference (4th, Albuquerque, New Mexico, September 12-16, 1982)

Save the Children, Albuquerque, New Mexico

1982 53p.; For related document, see ED 214 733.

Sponsoring Agency: Save the Children, Westport, Connecticut

EDRS Price - MF01/PC03 Plus Postage

Language: ENGLISH

Document Type: CONFERENCE PROCEEDINGS (021)

Geographic Source: U.S.; Connecticut

Journal Announcement: REIFEB84

The report of the fourth National Indian Child Conference (1982), sponsored by Save the Children, contains a statistical portrait of the American Indian child, synopses of 7 major presentations and 64 workshops, recommendations, a conference evaluation, and lists of conference staff, presenters, and tribal representation. Topics of major presentations are traditional Indian medicine; ways to teach children a Native American perspective; microcomputers in education; trends in education; Save the Children; family day care; and leadership. Workshop topics include self-esteem, creative writing, community planning, cultural awareness/ preservation, handicapped children, suicide prevention, mental health programs, parenting, bilingual education, adult

education, child abuse, fund raising, local school boards, teenage pregnancy, preventative health education, early childhood education, gifted children and substance abuse and therapy. Recommendations presented are for increased funding for Indian Child Welfare Act programs; improved communication between federal agencies affecting Indian children; opposition to closure of the Southwestern Indian Polytechnical Institute and other Indian schools; dissemination of information regarding the 1982 Indian Housing Act to Indian communities; continued pre-kindergarten programs through Indian Student Equalization Programs; increased community involvement in planning preventative health education curriculum; school-age parenting classes and child care in Indian communities; and encouraging use of native foods through the schools. (MH)

Descriptors: Adult Education; Alcohol Education; *American Indian Education; American Indians; Bilingual Education; Child Abuse; Children; *Child Welfare; Cultural Awareness; Cultural Education; Day Care; Educational Trends; Elementary Secondary Education; Family Programs; Health Education; *Health Programs; *Human Resources; Leadership; Microcomputers; Parenthood Education; Preschool Education; Self Esteem; *Special Programs; Tribes; *Youth Problems.

Identifiers: *National Indian Child Conference 4th; Save the Children Fund; Traditional Healing.

ED232811 RC014225

Alcoholism: Devastation for Indians. 36 Lessons on Alcoholism

Pike, William A.

Bureau of Indian Affairs (Dept. of Interior), Washington, D.C.

1979 120p.; Light print may not reproduce clearly.

EDRS Price - MF01/PC05 Plus Postage.

Language: English

Document Type: INSTRUCTIONAL MATERIAL (051)

Geographic Source: U.S.; District of Columbia

Journal Announcement: RIEDEC83

In an attempt to educate American Indians about the problems of alcohol abuse, the 36-lesson book presents historical, cultural, legal, medical, social, and personal facts about alcohol and alcohol abuse. Each 3- or 4-page lesson is narrative, learning activities, and follow-up questions. The lessons include information about the difference between Indians and non-Indians in their use of alcohol; the history of the use of alcohol in the world, in the United States, and among Indians; cultural variations regarding socially acceptable alcohol use; legal aspects of alcohol use; the sickness of alcoholism and its effects on the body, the family, and the community; the chemistry of alcohol; alcohol use among children; statistics on alcoholism in Aberdeen, South Dakota; and alcohol recovery programs. The lessons also include the personal histories of five recovered alcoholics. Many of the lessons contain references to famous Indian leaders or otherwise present an interesting perspective for Indian students. (SB)

Descriptors: *Alcohol Education; *Alcoholism; American Indian Culture; American Indian Education; *American Indians; Community Characteristics; Cultural Differences; Family Problems; Laws; *Learning Activities; Medicine; Personal Narratives; Rehabilitation Programs; Secondary Education; Units of Study.

Identifiers: South Dakota (Aberdeen).

ED220242 RC013553

Alcoholism Among Indian Students: Walking Like You Talk

Zephier, Richard L.; Hedin, Charles

17 May 1981 16p.; Paper presented at the National Indian Child Conference (Albuquerque, New Mexico, May 17-21, 1981).

EDRS Price - MF01/PC01 Plus Postage.

Language: English

Document Type: REVIEW LITERATURE (070); PROJECT DESCRIPTION (141); CONFERENCE PAPER (150)

Geographic Source: U.S.; New Mexico

Journal Announcement: RIEJAN83

The paper reveals: alcoholism is the leading cause of death among Native people; Native Americans have a higher alcoholism rate than any other minority group in the country; 20 to 80% of a tribal population had drinking problems; these numbers involve men, women, children, and the unborn; and the trend is toward more alcoholism. The impact on tribes shows how the most important human resource of the tribal group, i.e., the school age children in grades K-12, are abusing alcohol to the point that they cannot take advantage of the gains made by the Indian people during the decade of the 1980's. Lists of suggestions for dealing with student alcohol problems include fundamentals of alcohol education, preparing to deal with the problem drinker, and student drinking. The second section covers implementation of youth prevention programs. The section emphasizes the need for the total community to be involved in alcohol and drug prevention efforts but, the logical place to begin with is the individual and the school. Prevention approaches include providing support to existing alcoholism programs, implementing prevention activities in schools via the spontaneous approach or the subject area integration approach, and developing a community-based prevention project. (AH)

Descriptors: *Alcohol Education; *Alcoholism; *American Indians; Children; *Community Action; Elementary School Students; Elementary Secondary Education; Family Problems; Fathers; Females; Infants; Males; Mothers; Parent Influence; Parent Role; Peer Influence; *Prevention; *Secondary School Students; Teacher Role; Trend Analysis; Tribes; Youth.

ED204040 RC012728

A Study of Multi-Cultural Alternatives to Drug Abuse in New Mexico

Murrell, William G.

Western Interstate Commission for Higher Education, Boulder, Colorado, Resources Development Internship Program.

10 December 1979 64p.; Prepared for the Substance Abuse Bureau, Behavioral Health Services Division, Health and Environment Department, Santa Fe, New Mexico

EDRS Price - MF01/PC03 Plus Postage.

Language: English

Document Type: EVALUATIVE REPORT (142)

Geographic Source: U.S.; New Mexico

Journal Announcement: RIENOV81

Five minority alternative drug abuse prevention programs (three Indian and two Hispanic) in New Mexico were evaluated to determine which elements were successful or unsuccessful in addressing the needs of Indian and Hispanic youth regarding the relationship of substance use and abuse, cultural differences, and self-concept. The programs were evaluated on the basis of program description, staff-client action/interaction, community support, and criteria of success. Data indicated: (1) ability to communicate meaningfully with

ethnic participants in alternative prevention activities may depend upon the prevention staff's ability to understand the mental and physical circumstances specific to their ethnic target population, which contribute to dependencies on chemical substances; (2) funding should be solicited from federal, state, and local levels, with emphasis on local funding to insure program longevity free of federal/state funding reductions; (3) a needs assessment of the community in which the program will operate is essential; (4) goals and objectives should reflect community and specific target populations; (5) documentation of program activities is vitally important for program accountability; (6) community awareness and support are fundamental to a meaningful drug prevention program; and (7) program success will depend on the program's ability to meet community needs. (CM)

Descriptors: *American Indians; *Community Support; Counseling; *Counselor Client Relationship; Cultural Differences; Cultural Influences; Delivery Systems; *Drug Abuse; Drug Education; Ethnic Groups; Evaluation Criteria; Financial Support; *Hispanic Americans; Needs Assessment; *Outreach Programs; Program Evaluation; Research Methodology; Self Concept; Young Adults; Youth.

Identifiers: Mescalero Apache (Tribe); Navajo (Nation); *New Mexico; Zuni (Pueblo).

ED197882 RC012467

Choices & Careers: Free to Choose: Alcoholism

Krueger, Debbie Tucker

Wisconsin University, Madison, University Extension.

1978 57p.; For related documents, see ED 158 936-944 and RC 012 455-466, RC 012 468-470 and RC 012 507. Some pages may not reproduce clearly.

Sponsoring Agency: Extension Service (DOA), Washington, D.C.

Available from: Women's Education Resources, University of Wisconsin Extension, 430 Lowell Hall, 610 Langdon Street, Madison, WI 53589 ($2.00).

EDRS Price - MF01/PC03 Plus Postage.

Language: English

Document Type: INSTRUCTIONAL MATERIAL (051); TEACHING GUIDE (052)

Geographic Source: U.S.; Wisconsin

Journal Announcement: RIEJUN81

This unit for American Indian girls 15 to 18 years old and for their parents is an attempt to create a better understanding of alcoholism. The narrative section focuses upon the following ideas: (1) what alcoholism is; (2) frequency of alcoholism; (3) physical effects; (4) the effect of alcoholism on the family; (5) causes of alcoholism; (6) signs of alcoholism; (7) understanding the alcoholic parent; and (8) teenage drinking. The activities section consists primarily of six case studies which should be useful in promoting discussion and in increasing understanding of the problem. There is a quiz entitled "Questions About Alcoholism." The leaders' guide provides the answers to the quiz, and also a series of sketches which can be used in discussing alcoholism. (Author/CM)

Descriptors: Adolescents; *Alcohol Education; *Alcoholism; American Indian Education; *American Indians; *Case Studies; *Females; Individual Development; Leaders Guides; Learning Activities; Parents.

Identifiers: *Career Development Project for Tribal Girls.

ED196630 RC012450

Preventing Drug Abuse among American Indian Young People.

Beauvais, Fred

Colorado State University, Fort Collins, Colorado.

August 1980 70p.; Co-sponsored by the Six Sandoval Indian Pueblos Drug Abuse Program.

Sponsoring Agency: National Science Foundation, Washington, D.C.

EDRS Price - MF01/PC03 Plus Postage.

Language: English

Document Type: RESEARCH REPORT (143)

Geographic Source: U.S.; Colorado

Journal Announcement: RIEMAY81

The three-part report summarizes existing research on drug abuse in American Indian communities, suggests ways to combat the problem, and describes many different kinds of drugs and their effects. In Part I, much recent research is cited. Although methodology and results vary greatly, the research clearly points to a serious drug problem in many Indian communities. High and ever-increasing rates of marijuana, alcohol, and inhalant use are noted. Among the factors correlated with high drug use among Indian youth are the absence of one or both parents, peer encouragement in use of drugs, school troubles, and negative self-image. Part II contains many suggestions for ways to fight drug abuse, some of which are in use. Role model programs, cultural activities, treatment and prevention programs, and drug education geared to all segments of the community are discussed. Part III is a discussion of nine major drugs; inhalants, marijuana, alcohol, amphetamines, barbiturates, psychedelics, cocaine, heroin, and PCP. This section describes how the drugs work, what they are, how they are taken, how they affect the user, and what their dangers are. The report is intended for use by people in the field who work with the drug abuse problems of American Indian youth. (SB)

Descriptors: American Indian Culture; *American Indians; *Community Involvement; Drinking; *Drug Abuse; *Drug Education; Drug Rehabilitation; Drug Use; Family Influence; Lysergic Acid Diethylamide; Marijuana; Poverty; *Prevention; Sedatives Self Concept; Stimulants; *Youth.

Identifiers: Inhalants.

ED190689 UD020721

Minority Drug Abuse Prevention: An Overview of the State of the Art (Draft)

Garcia, John L.

Center for Multicultural Awareness, Arlington, Virginia

November 1979 16p.; Paper presented at the National Conference of Religious and Lay Leaders on the Impact of Alcohol and Other Drugs on Contemporary Life (Indianapolis, Indiana, November 26-28, 1979).

EDRS Price - MF01/PC01 Plus Postage

Language: English

Document Type: REVIEW LITERATURE (070); CONFERENCE PAPER (150)

Geographic Source: U.S.; Virginia

Journal Announcement: RIEDEC80

This paper describes (1) the role of the Center for Multicultural Awareness (CMA) in providing technical assistance and identifying and designing culturally relevant materials for the prevention of drug abuse among minority groups, and (2) the current status of state and local drug abuse programs in relation to minority groups. The development of a federally funded program for addressing drug related problems among blacks, Native Americans, Puerto Ricans, Asian/Pacific Americans, and Mexican Americans under the National Institute on Drug Abuse (NIDA) is briefly traced. Resources, philosophy, and objectives underlying current prevention and treatment programs are discussed. The need for developing strategies for prevention through the resolution of family, economic and educational problems is stressed. Also called for are

increased professional training, technical assistance, and funding of minority group drug abuse programs. The scarcity of available information on minority drug abuse (especially for Asian/Pacific Islanders, Native Americans, and Alaska Natives) is also pointed out. A number of prevention strategies (information dissemination, drug education, alternatives, and intervention) are identified, and examples of how these strategies are being followed by programs throughout the country are presented. Finally, prospects for increasing minority group drug abuse prevention programs are assessed, and CMA's commitment to this goal is reaffirmed. (GC)

Descriptors: American Indians; Asian Americans; Blacks; *Cultural Influences; *Drug Abuse; *Drug Education; Mexican Americans; *Minority Groups; *Prevention; Puerto Ricans.

Identifiers: Pacific Americans.

ED173494 UD019573

Alcohol Abuse Training Relevant to Minority Populations Handbook: Native Americans

Southern Area Alcohol and Education Training Program, Inc., Atlanta, Georgia.

1977 27p.; For related documents, see UD 019 573-575; not available in hard copy due to author's restrict

Sponsoring Agency: National Institute on Alcohol Abuse and Alcoholism (DHEW/PHS), Rockville, Maryland.

Grant No.: 3-t21-AA00161-01

Available from: Southern Area Alcohol Education and Training Program, Inc., 4875 Powers Ferry Road, N.W., Atlanta, Georgia 30327 ($10.00)

EDRS Price - MF01 Plus Postage. PC Not Available from EDRS.

Language: English

Document Type: DISSERTATION (040); NON-CLASSROOM MATERIAL (055)

Geographic Source: U.S.; Georgia

Journal Announcement: RIENOV79

Target Audience: Practitioners

The intent of this manual is to provide counselors with essential background information about alcohol abuse among American Indians and with a practical, workable model for organizing and structuring a training program. The nature and extent of alcohol abuse among American Indians and the particular pattern of drinking behavior observable among them are discussed. A model program for training persons who will be working with American Indian alcoholics and alcohol abusers is outlined. In addition a modular outline of a general alcohol education program for use in training alcohol abuse counselors is presented. Included is an alcohol awareness test which can be used for pretraining assessment of the trainers' needs and post training evaluation of the effectiveness of the program. A bibliography of pertinent printed materials and a list of available film and audio-visual aids are provided. (Author/EB)

Descriptors: *Alcohol Education; *Alcoholism; *American Indians; Cooperative Programs; Coordination; *Counselor Training; *Cross Cultural Training; *Educational Programs; Guides; Program Development; Program Guides; Sensitivity Training; Social Influences; Sociocultural Patterns; Training Objectives.

ED167306 RC011179

American Indian Student Counselor Handbook

Evans, Wayne H.

Sep 1977 169p.; Not available in hard copy due to publisher's preference

Sponsoring Agency: Black Hills State College, Spearfish, South Dakota
EDRS Price - MF01 Plus Postage. PC Not Available from EDRS.
Language: English
Document Type: NON-CLASSROOM MATERIAL (055)
Geographic Source: U.S.; South Dakota
Journal Announcement: RIEJUL79
Target Audience; Practitioners

The handbook, a first in the attempt to collect information about counseling Indian students, represents the results of 1976-77 counselor training workshops in South Dakota. The handbook contains article reprints, ideas, and suggestions from many counselors and non-counselors, and is intended not as expertise but as a resource primarily for counselors of Indian students at all educational levels. The information is presented in six major sections. "Counseling the Indian Student" presents a counselor's Code of Ethics; notes potential cultural differences and conflicts; and discusses the role, responsibilities, and relationships of a counselor. Two sections detail counselors' activities, roles, and responsibilities at the elementary and secondary level, and include reprints on elementary school counseling and on financial aid. In "Counseling the Indian College Student" there is discussion of college application and admission, financial aid, housing, course selection, cassette/filmstrip programs and films by title, with appropriate level, cost, and time. The "Miscellaneous" section contains brief excerpts on general resources, counseling skills, drug/alcohol counseling, evaluation, and other topics. (SB)

Descriptors: Alcohol Education; American Indian Culture; *American Indian Education; *American Indians; Audiovisual Aids; *College Students; *Counseling; Counselor Attitudes; Counselor Client Relationship; Counselor Role; Cross Cultural Training; Elementary Education; *Elementary Secondary Education; *Postsecondary Education; School Counseling; Student Adjustment; *Student Characteristics; Tribes.

Identifiers: Oglala Sioux (Tribe).

ED164155 RC010765

Navajo Area Health and Physical Education Curriculum Guidelines
Tomah, Kent; And Others
Bureau of Indian Affairs (Dept. of Interior), Window Rock, Arizona.
October 1974 151p.; Not available in hard copy due to sideways reading material
EDRS Price - MF01 Plus Postage. PC Not Available from EDRS.
Language: English
Document Type: CLASSROOM MATERIAL (050)
Geographic Source: U.S.; Arizona
Journal Announcement: RIEMAY79
Government: Federal
Target Audience: Practitioners

Based on health education needs of Navajo children as established by the Navajo Area health and physical education committees, this curriculum guideline for health and physical education is delineated into three phases reflecting emphasis of instructional techniques (introductory, exploration/extended learning, widened learning) and three levels reflecting approximate grade levels at which skills, concepts, and activities are initiated. Levels encompass grades K-8. Major headings under goals and objectives are personal and community health (cleanliness), systems (digestive, circulatory, respiratory, reproductive, nervous), community health (dental care, immunizations, physicals, hospital/medical personnel, health careers), safety, first aid,

physical education, human growth and development, mental health, consumer health education, and alcohol, narcotics, tobacco. For the numerous secondary goals and objectives under each major heading, skills, activities and concepts are listed, along with material and resources (books, films, pamphlets, filmstrips). The guideline provides sample unit plans for each major topic and tests to be used for evaluation. Appendices contain a unit of instruction on the ear and material on planning a physical education curriculum, including rationale, yearly plan, activities by grade level, and equipment. The publication also gives Navajo Area Health Curriculum Committee recommendations. (RS)

Descriptors: Activities; *American Indians; Consumer Education; *Curriculum Guides; Drug Education; Elementary Education; Family Life Education; First Aid; *Health Education; Human Body; Human Development; *Hygiene; Mental Health; Movement Education; *Physical Education; *Public Health; Research Methodology; Safety Education; Sex Education.

Identifiers: *Navajo (Nation).

ED149890 RC010283

Process for Developing a Turn-on Science Program for Native Indian Students at the Secondary Level

Kaira, R. M.

Educational Research Institute of British Columbia, Vancouver, Canada.

September 1974 227p.

EDRS Price - MF01/PC10 Plus Postage.

Document Type: CLASSROOM MATERIAL (050)

Journal Announcement: RIEJUN78

Target Audience: Practitioners

The project aims to illustrate the extent of Native Indian scientific achievements and to correlate this information with the science concepts taught in schools; to make some practical suggestions to teachers and prospective teachers, in order to make science education more meaningful to Native Indian students; to propose a model of the process used to develop science curriculum material for these students; and to develop the "Turn-On Science Program" (TOSP) for Native Indian students. TOSP is designed for junior high school students who are disinterested in science and potential dropouts. The units cover: the technical world; environmental science; psychic drugs, alcohol, and you; Native Indian scientific knowledge; plants and Native peoples in British Columbia; suggested activities in physical sciences; and science is fun--Christmas and Easter chemical demonstrations, a science fair, and science and the national economy. Each unit describes its content, references, objectives, materials, examples, activities, and evaluation. These units utilize only the materials concerning Native Indians which the teacher can easily secure and is designed to provide useful scientific learning. Their organization is partly in the form of problems and the laboratory work is included as an integral part of the problem. A new approach to the examination and evaluation of science education for Native Indian students is provided. Additional suggested readings and biographical information of five successful Indians is included. (NQ)

Descriptors: *American Indians; *Canada Natives; Community Influence; Course Content; Course Organization; Cultural Activities; Curriculum Development; Drug Education; Environmental Education; Junior High School Students; *Program Development; *Science Activities; Science Education; *Science Instruction; Secondary Education; *Secondary School Science; Student Evaluation; Unit Plan.

ED149889 RC010282

Turn on Chemistry Program with a Focus on Community Values

Kalra, R. M.

1973 21?p.

EDRS Price - MF01/PC09 Plus Postage.

Document Type: CLASSROOM MATERIAL (050)

Journal Announcement: RIEJUN78

Target Audience: Practitioners

The program is a terminal course in chemistry for 9-12 grade students who are non-science majors, low achievers, and/or American Indians. Its objectives include to provide a systematic and practical overview of the discipline of chemistry; to change student behavior through this knowledge; to develop social responsibility, scientific attitude, and the ability to apply what is learned to community situations; and to demonstrate knowledge about the great scientists, including the contributions made by American Indians. The units cover: our chemical world--the chemist's work, the world around us, contributions of scientists; fundamentals of chemistry-- symbol and valence, atomic structure, mole concept, acids, bases, salt; environmental chemistry--air and water pollution and purification; chemistry in home and in farming; psychic drugs; chemistry and medical technology; space explorations; and, chemistry is fun--Christmas and Easter demonstrations, a chemical fair, chemistry and the national economy. Each unit first describes content, references, and objectives. The text of the units appears under four column headings: (1) Content, e.g., use of bleach; (2) Examples, Apparatus and Materials, e.g., drinking water, beaker, bleach; (3) Activities, e.g., students purify the water by adding bleach to it; and (4) Evaluation, e.g., students write a report on water purification methods used in their community. (Author/NQ)

Descriptors: *American Indians; Atomic Structure; *Chemistry; *Community Influence; Course Content; Course Organization; Drug Education; Environmental Education; Fundamental Concepts Instructional Materials; Interdisciplinary Approach; Learning Modules; *Low Achievement; *Science Instruction; Secondary Education; Secondary School Science; Space Sciences; Student Evaluation; *Unit Plan.

ED141011 RC009947

Report on Urban and Rural Non-Reservation Indians (Task Force Eight: Urban and Rural Nonreservation Indians). Final Report to the American Indian Policy Review Commission. Committee Print

Congress of the U.S., Washington, D.C.

1976 147p.; Not available in hard copy due to small print size of original document

Available from: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 ($1.70)

EDRS Price - MF01 Plus Postage. PC Not Available from EDRS.

Language: ENGLISH

Document Type: LEGAL MATERIAL (090)

Journal Announcement: RIENOV77

The result of a 12-month investigation of rural and urban nonreservation American Indian needs, this report is the final product of a task force assigned by the American Indian Policy Review Commission to: (1) examine statutes and procedures for granting Federal recognition and extending services to American Indians; (2) collect and compile data re: the extent of present and projected Indian needs; (3) explore the feasibility of alternative elective bodies to facilitate maximum decision making participation. Included

in this report are: the executive summary of findings and recommendations; task force methodology (contact with 167 urban Indian organizations, 12 regional hearings, and a need classification including 18 broad subject areas); an historical review of the Indian and Federal government relationship; a legal review (emphasis on authorizing services to nonreservation Indians); a social needs assessment (employment; education; housing; health; frequently mentioned need areas--legal services, adoption, elderly care, alcoholism counseling, facilities, transportation; the Indian Center; rural nonreservation; and Indian poverty levels and income characteristics); exploration of alternative elective bodies (an independent Indian agency to manage Federal funding and services and councils of off-reservation advisors for the Bureau of Indian Affairs and the Indian Health Service). (JC)

Descriptors: *Accountability; Adoption; Advisory Committees; *Agency Role; Alcohol Education; Decision Making; Education; Employment; Facilities; *Federal Government; Health; Housing; Legal Aid; *Needs Assessment; *Nonreservation American Indians; Older Adults; Participation; Policy Formation; Program Development; Rural Population; *Social Services; Transportation; *Urban American Indians; Urban Population.

Identifiers: Bureau of Indian Affairs; Indian Health Service.

ED078987 RC007094

Supplementary Projects and Activities for Wisconsin Native Americans

Wisconsin State Department of Public Instruction, Division of Instructional Services, Madison, Wisconsin.

[1972 34p.

EDRS Price - MF01/PC02 Plus Postage.

Language: ENGLISH

Journal Announcement: RIENOV73

The booklet contains a brief listing of supplementary projects and activities for Wisconsin American Indians in which the Department of Public Instruction assumes a primary role. Examples of the projects and activities are: American Indian enrichment project, audio listening center, audio-visual program development on post-high school opportunities for Indian students, drug education, Elementary and Secondary Education Act (ESEA) Title I project offering services to Indians, and workshops for teachers of Indian children. Special funds provided to the local public school districts for eligible Indian students on non-taxable lands under the Johnson O'Malley and Federally Impacted Aid programs have not been included. In addition, programs funded with state and/or Federal resources which benefit Indian students but also are provided to non-Indian students have not been listed. (FF)

Descriptors: *Activities; *American Indians; Audiovisual Instruction; Drug Education; *Educational Development; Federal Aid; *Program Descriptions; State Aid; *Student Projects; Teacher Education; *Teaching Methods.

Identifiers: *Wisconsin.

ED023520 RC002720

Alcohol and American Indian Students

Boyce, George A.

Bureau of Indian Affairs (Department of Interior), Washington, D.C.

September 1965 45 p.

EDRS Price - MF01/PC02 Plus Postage.

Language: ENGLISH

Journal Announcement: RIEMAR69

The growing problem of teenage drinking and alcoholism in the United States, especially among Indian segments of society, increases the necessity for adequate education concerning alcoholism. This document is prepared for the Bureau of Indian Affairs (BIA) schools to acquaint Indian students with social concepts of alcohol outside their cultural experience. It also attempts to acquaint students and teachers with the consequences of excessive alcoholic consumption. Although designed primarily as a curriculum guide for teachers and administrators, the document can be used as a text for students. It contains suggested activities for carrying out discussions concerning the responsibility of education and individual students in dealing with the problems of alcoholism. (DK)

Descriptors: *Alcohol Education; Alcoholism; *American Indians; *Cultural Influences; Curriculum Development; *Curriculum Guides; Learning Activities; Policy Formation; *Student Welfare.

PROVIDERS OF DOMESTIC VIOLENCE SERVICES

Following is a list of agencies the Division of Children and Family Services contracts with to provide domestic violence services.

Domestic Violence Contractors

Abused Deaf Women's Advocacy Services
P.O. Box 15114
Seattle, WA 98115

(206) 522-9475 Crisis Line/24 hours
Preferably TTY
522-3155 Business

Alternatives to Violence
P.O. Box 8517
Moscow, ID 83843

(509) 332-4357 Crisis Line/24 hours
(208) 882-3720 Business

Alternatives to Violence
North 260 Oak
Colville, WA 99114

(509) 684-6139 Crisis Line/24 hours
684-3796 Business

Broadview Emergency Shelter
420 Terry Avenue
Seattle, WA 98104

(206) 622-4933

CADA/Citizens Against DA
P.O. Box 190
Oak Harbor, WA 98277

(206) 675-2232 Crisis Line/24 hours
675-5975 Business

Care Services
P.O. Box 337
Chehalis, WA 98532

(206) 748-6601 Crisis Line/24 hours
748-0547

Catherine Booth House
Box 20128
Seattle, WA 98102

(206) 324-4943 Crisis Line

Central WA Comp. Mental Health
P.O. Box 959
Yakima, WA 98907

(509) 575-4200 -- or
1-800-572-8122 Crisis Line/24 hours
575-4084 Business

Dawn/DV Womens Network
P.O. Box 1521
Kent, WA 98032

(206) 854-7867 Crisis Line/24 hours
852-5529 Business

Eastside Domestic Violence P.O. Box 6398 Bellevue, WA 98008-0398	(206) 746-1940 451-8295	Crisis Line/24 hours
Emergency Support Shelter P.O. Box 877 Kelso, WA 98626	(206) 425-2620 425-1176	Crisis Line Business
Family Crisis Network P.O. Box 959 Newport, WA 99156	(509) 447-5483	Crisis Line
Ferry County Domestic Violence P.O. Box 406 Republic, WA 99166	(509) 755-3341	Crisis Line/24 hours
Forks Abuse Program P.O. Box 1775 Forks, WA 98331	(206) 374-2273	Crisis Line/24 hours
Harbor Shelter Service P.O. Box 1825 Aberdeen, WA 98520	1-800-562-6025 533-5100	Crisis Line
Jefferson DV/SA Program P.O. Box 743 Port Townsend, WA 98368	(206) 385-5291	Crisis Line/24 hours
Neighbors (The) P.O. Box 1773 Walla Walla, WA 99363		
New Beginnings P.O. Box 75125 Seattle, WA 98125	(206) 522-9472	Crisis Line/24 hours
Nuestro Lugar-Our Place P.O. Box 506 Moses Lake, WA 98837	(509) 765-1214	Crisis Line
Pacific County Crisis Support HCR 78 Box 336 Naselle, WA 98638	1-800-435-7276 (206) 484-7191	Crisis Line Business
Recovery P.O. Box 1132 Shelton, WA 98584	1-800-562-6025 426-5878	Crisis Line/24 hours Business

Safehome Program P.O. Box 1858 Port Angeles, WA 98362-0279	(206) 452-4357 452-3811	Crisis Line Business
Safeplace P.O. Box 1605 Olympia, WA 98507	(206) 754-6300 754-6302	Crisis Line Business
Skagit Rape Relief-Battered Womens Services P.O. Box 301 Mount Vernon, WA 98273	(206) 336-2162 336-3591	Crisis Line/24 hours Business
Skamania County Council P.O. Box 477 Stevenson, WA 98648	1-800-562-6025 (509) 427-5636	Crisis Line/24 hours Business
Stop Abuse 2731 - 10th Street Everett, WA 98201	(206) 252-2873 258-3543	Crisis Line/24 hours
Support Center (The) P.O. Box 2058 Omak, WA 98841	(509) 826-3221	Crisis Line/24 hours
Wenatchee Rape Crisis And Domestic Violence Center P.O. Box 2704 Wenatchee, WA 98801	(509) 663-7446	Crisis Line/24 hours
A Womans Place 640 Jadwin, Suite C Richland, WA 99352	(509) 582-9841 943-2649	Crisis Line/24 hours Business
Womencare Shelter 1026 N. Forest Street #201 Bellingham, WA 98225	(206) 734-3438 671-8539	Crisis Line/24 hours Business
YWCA Alternatives to Violence W. 829 Broadway Spokane, WA 99201	(509) 838-4428 327-9534	Crisis Line Business
YWCA Family Crisis Program 15 N. Naches Avenue Yakima, WA 98901	(509) 248-7796	Crisis Line

YWCA of Kitsap County/Alive
611 Highland Avenue
Bremerton, WA 98310 — (206) 479-1980 Crisis Line/24 hours; 479-5118 Business

YWCA of Lewiston/Clarkston
300 Main Street
Lewiston, WA 83051 — (208) 746-9655 Crisis Line/Business

YWCA Safechoice Domestic
1115 Esther Street
Vancouver, WA 98660 — (206) 695-0501 Crisis Line/24 hours; 696-0167 Business

YWCA Womens Resource Center
1118 - 5th Avenue
Seattle, WA 98101 — (206) 447-4882 Crisis Line/24 hours

YWCA Womens Support Shelter
405 Broadway
Tacoma, WA 98402 — (206) 383-2593 Crisis Line; 383-3263 Business

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COLVILLE CONFEDERATED TRIBES

Debra L. Voelckers
Program Director
The Support Center
Colville Confederated Tribes
P.O. Box 2058
Omak, Washington 98841 — (509) 826-3221

MUCKLESHOOT TRIBE OF WASHINGTON

Steve Maurer
Muckleshoot Tribe of Washington
39015 172nd Avenue S.E.
Auburn, Washington 98002 — (206) 939-3311

UPPER SKAGIT INDIAN TRIBES OF WASHINGTON

Jerald Folsom
Upper Skagit Indian Tribe of
Washington
2284 Community Plaza
Sedro Woolley, Washington 98284 — (206) 856-5501

PUYALLUP TRIBE OF WASHINGTON

Rooney Smith
Puyallup Tribe of Washington
2209 East 32nd Street
Tacoma, Washington 98404 (206) 597-6380

NISQUALLY TRIBE OF WASHINGTON

Richard Wells
Nisqually Tribe of Washington
4820 She-Nah-Num Drive S.E.
Olympia, WA 98503 (206) 456-5221

SOUTH PUGET INTERTRIBAL PLANNING AGENCY

Gary W. Peterson
Director
South Puget Intertribal Planning Agency
West 81, Highway 108
Shelton, Washington 98584 (206) 426-3990

On behalf of 2 Tribes:

1. Squaxin Island Tribe
2. Skokomish Indian Tribe

AFTERCARE/REHABILITATION SPECIALISTS - ALCOHOL PROGRAM

PORTLAND AREA INDIAN HEALTH SERVICES

Portland Area Indian Health Service - Substance Abuse Branch

Portland Area Indian Health Service, for a limited time, is sponsoring a special emphasis in funding substance abuse treatment programs for American Indian/Alaska Native youth up to 24 years of age. All referrals shall meet IHS eligibility requirements and shall be members of federally recognized tribes. The primary diagnosis must be substance abuse to be accepted into the treatment program.

How to impact the program

1. Make referral to the rehabilitation and aftercare staff of the service unit (or tribal Contract Health Services Office) having jurisdiction. See page 58 for the service unit and Tribal Contract Health Office telephone number listing in your area.

2. In the event that rehabilitation and aftercare staff of the service unit are not available, the Portland Area Indian Health Service Intervention Team can be contacted directly at (503) 221-4138 for information and referral. Contact either Dr. Dolores Gregory, M.D., Dr. Robert Johnson, M.D., or John E. Mackey, M.S.W., with details of the at-risk client in need of substance abuse treatment services.

3. After your referral the rehabilitation and aftercare staff, or the Area Intervention Team shall, within five days enter the at-risk client into a treatment program, if appropriate, or assist the local community referral source in locating services for the client.

4. The rehabilitation and aftercare staff and/or the Area Intervention Team shall work with the referring agency and the Residential Treatment Program in developing an Aftercare Treatment Plan for the clientele.

5. All clientele being referred shall receive an intensive evaluation in an attempt to identify client problems. Usually the first five days of an intensive treatment program is devoted to client assessments. Once the assessments have been completed, problem areas identified and prioritized treatment shall begin.

6. If a client aborts the program and returns to the community, it shall be the responsibility of the rehabilitation and aftercare staff at the Area Service Unit and/or the referring agency to contact the client to determine if the client should be referred to other treatment resources.

PORTLAND AREA INDIAN HEALTH SERVICE

Aftercare and Rehabilitation Specialists

Colville Indian Health Center: Eric Thompson Deanna Marcellay Clark	(509) 634-4711
Taholah Indian Health Center: Rebecca Kingsbery Cynthia Matthew	(206) 276-4405
Fort Hall Indian Health Center: Jim Sibbett	(208) 238-3951/3960
Warm Springs Indian Health Center:	(503) 553-1196
Neah Bay Indian Health Center: Phyllis Johnson	(206) 645-2233
Wellpinit Indian Health Center:	(509) 258-4517
Northern Idaho Indian Health Center: Stella Charles	(208) 843-2271
Western Oregon Service Unit:	(503) 399-5931
Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Geraldine Tabernig	(503) 367-5454
Cow Creek Band of Umpqua Indians Randy Anderson	(503) 672-9405
Confederated Tribes of Grand Ronde Indians Jim Goodman	(800) 422-0232 (503) 879-5211
Confederated Tribes of Siletz Indians Frank Peterson	(800) 922-1399 (503) 444-2532
Northwest Washington Service Unit:	(206) 676-8373 (206) 384-0464

Yakima Indian Health Center: Lindsey Selam Karen Lilly	(509) 865-7125
Puget Sound Service Unit: Debrah Oreiro Elinore Delaney	(206) 442-7125
Yellowhawk Indian Health Center: Jill Erickson	(503) 276-3811

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JUDITH A. BILLINGS
Superintendent of Public Instruction

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