

# Cultural Practices in American Indian Prevention Programs

by Ruth Sanchez-Way and Sandie Johnson

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The use of American Indian cultural activities in substance abuse prevention programs is part of the indigenous cultural renaissance that has been under way in tribal communities since the late 1960's. American Indians' pride in their heritage has been growing, as has their awareness of their unique position as nations within a nation (Beauvais, 1992).

American Indians are reviving traditional ceremonies and practices and are seeking increased political self-determination and fiscal autonomy (Frank, Moore, and Ames, 2000). The cultural revival among indigenous peoples emphasizes the spiritual aspect of their traditions, "with its emphasis on individual spirit power" (Jilek-Aall, 1981:146), and sobriety in tribal lands.

The strategy of applying a cultural approach to social problems began in the early 1970's, when American Indian substance abuse treatment programs began inviting community elders to participate in the healing of their clients. The elders brought with them a holistic approach that involved cultural practices such as participating in sweatlodge ceremonies and smudging with sweetgrass or sage.<sup>1</sup>

In the 1980's, experts reasoned that if a cultural approach works in treatment, then perhaps applying this approach earlier might prevent American Indian youth from drinking alcohol and going through the hardships of alcohol and drug abuse. Leaders began using cultural activities in substance abuse prevention programs ([see sidebar](#)).

*Ruth Sanchez-Way, Ph.D., is Acting Director of the Center for Substance Abuse Prevention (CSAP). Sandie Johnson, M.A., C.A.C., is a project officer in CSAP's Division of State and Community Systems Development. CSAP, which is part of the Substance Abuse and Mental Health Services Administration, seeks to provide national leadership in the Federal effort to prevent alcohol, tobacco, and illicit drug problems.*

## Cultural Identification

Culture has been defined as the "complex ensemble of emotions, beliefs, values, aspirations . . . that together make up behavior" (Fabrega, 1992:561). Culture is transmitted through language and is constantly changing. It includes the stories, songs, art, and literature of a people. In essence, it is the framework in which childhood socialization takes place (Beauvais, 1992). Research shows that strong cultural identification makes adolescents less vulnerable to risk factors for drug use and more able to benefit from protective factors than adolescents who lack this identification (Zickler, 1999). Although the studies Zickler refers to were conducted with Puerto Rican, African American, and Asian populations, risk and protective factors among youth appear to be universal regardless of ethnicity or gender (Fisher, Storck, and Bacon, 1999).

## Cultural Interventions in American Indian Prevention Programs

Listed below are some cultural interventions that American Indian prevention programs have used. All the activities assume the participation of elders and include the transmission of tribal history, values, and beliefs. Also, music, drumming, and singing are integral parts of most of these activities.

### Ceremonies and Rituals

- ◆ Tanning hides.
- ◆ Participating in sweatlodge ceremonies.
- ◆ Making ribbon shirts.
- ◆ Smudging.
- ◆ Sewing quilts.
- ◆ Attending social dances.
- ◆ Learning the native language.
- ◆ Learning sacred dances.
- ◆ Cooking traditional foods.
- ◆ Attending a Sundance.
- ◆ Picking and drying herbs.
- ◆ Fasting.
- ◆ Making jewelry and moccasins.
- ◆ Going on a vision quest.
- ◆ Making cradle boards.
- ◆ Paying attention to dreams.

### Traditional Forms of Living

- ◆ Attending powwows and other sober community activities.
- ◆ Hunting.
- ◆ Storytelling and listening to stories.
- ◆ Fishing.
- ◆ Participating in a Talking Circle.
- ◆ Shepherding.
- ◆ Participating in tribal sports.
- ◆ Horsemanship.
- ◆ Making traditional attire for powwows and other ceremonies.
- ◆ Camping and participating in survival retreats.
- ◆ Picking berries and harvesting crops.

### Tribal Crafts

Although the effect of culture on substance use is not direct, culture “acts in combination with family, personality, or peer influences” (Zickler, 1999:8). Eugene Oetting and Fred Beauvais (1989), respected researchers on American Indian youth, agree that the effect of culture on substance use appears to be indirect. They believe that culture acts *through* the family, community, peer clusters, and ceremonies and rituals that transmit its underlying

spiritual values.

Although cultural affiliation and cultural identification have been studied for many years, Trimble and Beauvais (in press) point out that research on the link between cultural identification and lower levels of drug and alcohol use is “extremely meager, not only for Indian youth, but also for all other minority populations.” This may be because the link between cultural identification and reduced alcohol and drug use is indirect and because researchers use different measures of cultural identification.

Nevertheless, powerful testimony from individual American Indians is in accordance with a 1989 youth survey reporting that American Indian adolescents who identify with Indian culture are less likely to be involved in alcohol use than those who lack this sense of identity (Oetting and Beauvais, 1989). Moran and Reaman (in press) cite a prevention program, Project Charlie (Chemical Abuse Resolution Lies in Education), that found a significant correlation between increased affiliation with one’s culture and decreased alcohol and drug use. This project was implemented in the 1980’s in Rhode Island by the Narraganset tribe.

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Acculturation is the process by which a member of an ethnic minority assimilates to the majority culture (Zimmerman et al., 1998). Acculturation stress has been cited as a factor in substance abuse among American Indians (Jilek-Aall, 1981; Fisher, Storck, and Bacon, 1999); however, Oetting and Beauvais (1991) have not found acculturation stress to be an adequate explanatory factor for substance use by American Indian adolescents.

Cultural identification is multidimensional rather than a simple linear matter of acculturation or nonacculturation. An important dimension to cultural identification is having a stake in society. A family that speaks an Indian language and engages in tribal activities develops a stronger stake in American Indian culture than a family that does not. People can have college degrees and jobs off the reservation but still participate in tribal activities and have a high stake in American Indian society.

In contrast, a person can live on a reservation and not have much stake in Indian culture. Some tribal people identify more strongly with the majority culture, but strong identification with non-Indian culture has not been found to be related either positively or negatively to the prevalence of alcohol use and abuse. Instead, having a high stake in both the traditional and the majority cultures appears to be related to decreased alcohol use (Oetting and Beauvais, 1989). In contrast, tribal peoples who live on the margins of both the traditional and the majority cultures are at the highest risk for substance abuse (May, 1986). These findings support the theory that people need a strong sense of group identification to maintain a state of well-being (Moran and Reaman, in press).

The Center for Substance Abuse Prevention (CSAP) has funded more than 400

demonstration grant programs for high-risk youth in almost every State and Pacific jurisdiction, Puerto Rico, and the U.S. Virgin Islands, reaching an estimated 50,000–100,000 youth annually.<sup>2</sup> A CSAP demonstration grant that emphasized building a bicultural identity as a prevention strategy was implemented in 1995–96. The project sought to increase emotional strength and self-esteem and decrease substance use by using a storytelling intervention that incorporated cultural symbols (Nelson, 1999). The study population was a group of more than 200 middle school students who resided on a rural reservation in the Southwest. Storytelling was used as a way of helping young people deal with the “social, cultural, and emotional factors faced in growing up amidst poverty in a minority community” (Nelson, 1999:1).

The program’s 27-lesson curriculum covered brain physiology, decisionmaking skills, and multicultural stories. The curriculum enhanced the protective factor of self-identity as an American Indian through storytelling.

At the end of the academic year, results showed that problem-solving skills, positive self concept, and unfavorable attitudes toward drugs had increased, whereas use of inhalants, alcohol, and marijuana had decreased. These results were statistically significant. The study found that as exposure to the curriculum increased over the course of the school year, the number of drugs the students used in the preceding month decreased. The decrease in alcohol use by male American Indians in middle school was especially significant. Nelson stressed the importance of exposing the youth to high dosages (28 hours or more) of this cultural intervention strategy.

Because storytelling is inherent to American Indian cultures, implementing it as a prevention strategy is congruent with the world view of these cultures. Cross, who recommends storytelling as a family strategy, says that “in passing on the stories of our lives, we pass on skills to our children, and we parent for resiliency” (Cross, 1998:152).

Resilience has been defined as “competence despite exposure to significant stressors” (Glantz and Johnson, 1999:7). However, resilience, like cultural identification, does not directly influence the prevalence of alcohol use. It has an effect only when inadequate handling of a life crisis might lead to problems that increase the potential for drug use. In other words, resilience only comes into play at times of stress and crises (Beauvais and Oetting, 1999).

## **Effective Prevention Programs**

### **General Principles**

A cross-site evaluation of CSAP’s overall substance abuse prevention programs identified several elements common to successful programs (Sanchez-Way, 2000). Effective programs employ a variety of approaches and interventions in a variety of settings. A common element of successful programs is that they foster caring, supportive relationships with one or more adults. Successful programs create opportunities for youth to develop feelings of self-efficacy and competence.

Youth in the general population who have the following characteristics are less likely to use substances such as drugs or alcohol:

- ◆ Strong relationships within the family and between parents/caregivers and children.
- ◆ Family supervision and discipline.
- ◆ Clear positive standards for behavior.
- ◆ Family and peer norms that discourage alcohol and drug use.
- ◆ Academic achievement.
- ◆ A stable community environment that sanctions norms, values, and policies that control access to alcohol and drugs.
- ◆ Meaningful opportunities for children to contribute to their community.

### **The Culture-Based Approach**

Differences by tribal group, culture, degree of Indian ancestry, and reservation/urban residency make it impossible to prescribe a general prevention approach for all American Indian youth (Moran and Reaman, in press), even if that were desirable. Successful approaches, however, will incorporate ethnic and cultural components into prevention programs to promote the characteristics stated above.



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Successful prevention efforts in tribal communities build bicultural competence in youth and operate simultaneously on several levels. These multilevel interventions are created and implemented by the community, not developed outside the culture. The most important task that funding agencies can undertake is to help communities develop a plan and action steps to implement their ideas, keeping in mind both the culture and the prevention principles that have proven effective.

### **Components of a Multilevel Cultural Intervention**

**Family.** The buffering effects of protective factors such as family and social support have been known for many years. Strong families provide a secure and stable environment in which a youth has a chance to learn competencies, develop strengths, and incorporate cultural norms (Beauvais and Oetting, 1999).

A recent study of 404 children and adolescents, which included 112 American Indian youth, found that a negative concept of self and family led to significantly poorer outcomes for both American Indian and Caucasian youth (Fisher, Storck, and Bacon, 1999). CSAP believes that the first and most potent avenue for preventing substance use is through the family (Sanchez-Way, 2000). One of the strengths of American Indian culture is a strong belief in family relationships and the extended family (Oetting and Beauvais, 1989). In addition, the ceremony of “making relatives” provides the opportunity to ensure an extended family.<sup>3</sup> Successful prevention programs are built on the foundation of the family and transmit the cultural values held by the family. According to Beauvais and Oetting (1999:104):

When the family has a high level of cultural identification, . . . [it] is functioning in a cultural context where its members are meeting cultural demands successfully and where its members are being strongly reinforced by that culture in ways that are meaningful to family members; the family is successful in that culture.

Therefore, Indian families, not schools, should be the primary focus of prevention (Beauvais, in press).

**Peers.** Cultural approaches strive to develop nonusing peer groups. Early socialization is linked to the family and school, but in the teen years, peers become a more dominant factor in the lives of most young people. In many cases, the family is unavailable or not functioning in a healthy way, and the peer cluster becomes the most important factor for a youth. On the other hand, in some tribal cultures, the family remains more significant than peers because of the vast distances between homes and the lack of transportation, which results in the inability of peers to spend time together (Dalla and Gamble, 1998).

In many cases, peers initiate youth into alcohol abuse and shape their attitudes toward drinking behavior. The peer group determines where and when alcohol will be consumed. Prevention, therefore, must target high-risk peer clusters of friends (May, 1995b). The concept of peer clusters is a relatively new one. Clusters are voluntary friendship groups in which one gains an identity. Although school attendance gives a youth a larger peer group, its influence is weaker and more dispersed than that of a peer cluster. Those designing primary prevention programs should consider intervening with peer clusters rather than with individuals or an entire peer group.

**Ceremony and ritual.** The cultural approach incorporates ceremony and ritual. Many American Indian prevention programs invite community elders to participate. Elders and medicine men and women are indispensable to youth relearning Indian cultural values because they are the transmitters of the culture. Most tribal values are incongruent with alcohol and drug abuse (Beauvais, 1992). Typically, a person may not participate in ceremonies until he or she has been drug and alcohol free for a prescribed amount of time. This repulsion of alcohol and drugs extends to the objects used and clothing worn in ceremonies. One American Indian youth was overheard to say, “I never drink when I’m wearing my ribbon shirt” (P.D. Mail, retired member of the National Institute for Alcohol Abuse and Alcoholism, personal communication, 1996).<sup>4</sup> Medicine men and women, healers, and healing ceremonies have also been cited as invaluable cultural resources for dealing with

life crises (Beauvais and Oetting, 1999).

**Spirituality.** The cultural approach implies awareness of underlying spiritual principles. The role of religion and spirituality in lowering the substance abuse rates of African American youth has been well-documented (see, e.g., Fang et al., 1996; Gruber, DiClemente, and Anderson, 1996; Heath et al., 1999). Kumpfer (1999) points out that religious faith or affiliation is an important individual protective factor among the general population and that spirituality includes life purpose. Having a life purpose has been found to be predictive of positive life adaptation (Kumpfer, 1999).

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In the world view of the Indian culture, everything has a purpose, including trees, animals, and rocks. One of life's most important developmental tasks is discovering one's own life purpose, and American Indian culture has many culturally sanctioned practices, such as the vision quest, for accomplishing this.<sup>5</sup>

**Communities.** Community healing requires prevention. Some tribal communities now feel so overwhelmed by the consequences of abusive alcohol use that they are calling for abstinence among all individuals, especially tribal council members (Mail and Johnson, 1993). American Indian psychologists Duran and Duran (1995) believe that primary prevention cannot be successful if a community is inundated by alcohol and substance abuse. Other American Indian professionals think that communitywide prevention is the only sensible way to proceed. In fact, some definitions of primary prevention consider the community to be the proper basis for all prevention efforts. May (1995a:294) defines primary prevention as "the promotion of health and the elimination of alcohol abuse and its consequences through communitywide efforts, such as improving knowledge, altering the environment, and changing the social structure norms and values."

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The comprehensive community approach has long been advocated by people working in primary prevention (see, e.g., Beauvais and LaBoueff, 1985). Some believe, as does May (1995a), that communities must first work through their collective trauma before they can begin primary prevention activities. Research clinician Maria Yellow Horse Brave Heart (1999) developed an approach to resolve community trauma based on the theory that the effects of historical trauma continue to affect American Indian people for generations, putting children at risk for substance abuse. Her theoretical constructs, developed in 1988, describe historical trauma and historical trauma response. She points out that intergenerational transmission of trauma is quite common among oppressed populations, citing the generational group trauma that has been identified among the descendants of

Jewish Holocaust victims.

The historical communal trauma of the American Indian people has its roots in devastating losses of land and the collective memory of past massacres such as those that occurred at Wounded Knee and Sand Creek. At one time, elimination of the American Indian population was the policy of the Federal Government. The Government also removed generations of American Indian children from their families and put them in abusive boarding schools. Brave Heart finds evidence that historical grief and psychological pain frequently are experienced as if they were current because Indians were forbidden to practice indigenous ceremonies that deal with grief until the American Indian Freedom of Religion Act was passed by Congress in 1978.

Brave Heart has demonstrated that pervasive historical trauma can be cathartically released in a well-planned communal intervention. In 1992, she conducted such an intervention for a group of Lakota people in the Black Hills. She believes that following such community interventions, American Indian people “shift from identifying with the victimization and massacre of deceased ancestors and begin to develop a constructive collective memory” (Brave Heart, 1998:302).

### **Additional Community Approaches**

CSAP operates on the principle that primary prevention should be implemented from within the community rather than from the top down by Federal agencies. Over the years, CSAP has developed prevention materials that are adaptable to different tribes and tribal groups. Probably the best example is *The Gathering of Native Americans* (GONA) program manual (Center for Substance Abuse Prevention and Indian Health Services, 1999). Community healing of historical and cultural trauma is the central theme of the GONA approach. The GONA curriculum was developed in 1992–94 under contract to CSAP by a team of American Indian trainers and curriculum developers from across the United States. The GONA manual is a culturally specific prevention tool that can provide structure to communities addressing the effects of alcohol and other substance abuse.

#### **Notah Begay III—A Leader On and Off the Course**



*Notah Begay III after  
winning the 1999 Reno  
Tahoe Open.*

Difficult life experiences, including those involving the abuse of alcohol or other drugs, affect people differently. Some refuse to accept responsibility for their actions and fail to turn their lives around. If we are wise, however, we strive to learn from our mistakes by accepting responsibility and changing our destructive behavior. If we are compassionate, we go a step further and use those hard-earned lessons to teach others so that they may avoid making the same mistakes that we have made.

Notah Begay III, the first American Indian ever to play on the Professional Golf Association (PGA) tour, is a talented golfer, one of 12 who represented

the United States in the President's Cup 2000. He is also a wise and compassionate man.

Early this year—following an impressive 1999 rookie year in which he won two PGA tournaments, earned more than \$1 million, and was nominated for Rookie of the Year—Begay was arrested for drunken driving in Albuquerque, NM. “Being handcuffed, fingerprinted, and put in a cell is so humiliating,” he later confided.

It is particularly so when you are a man who takes pride in the heritage of your people. It is even more so when you honor your responsibility as a role model. Begay does both. At Stanford, he once daubed ceremonial clay under his eyes before heading to the first tee, but it was what took place in an Albuquerque courtroom following the 27-year-old golfer's arrest that demonstrated how seriously he took his responsibility as a role model.

Against the advice of counsel, Begay pled guilty to a charge of aggravated drunken driving and voluntarily informed the court of a prior arrest for driving while under the influence of alcohol (which added 5 days to the mandatory 2-day jail sentence). He was also given a year's probation, fined, ordered to perform community service, deprived of his driver's license, and prohibited from drinking alcohol for 1 year.

Bernalillo County's chief deputy district attorney had not seen anything quite like it in the 22 years he had practiced law. “We've dealt with a lot of athletes in the past who are reluctant to share any responsibility for their actions,” Pete Dinelli told the press. “I can't ever recall where we had a young man step up to the plate, admit what he did, and basically demand that he pay his debt to society. It was really refreshing.”

For Begay, accepting responsibility was the only way to go. “All I know is that I needed to do the absolute right thing to make up for this. I needed to come clean.”

Accepting responsibility is nothing new for Begay, whose success as a golfer has been accompanied by pride in the heritage of his people and a commitment to serve as a role model for American Indian youth. He has worked closely with the U.S. Golf Association and the Native American Sports Council to set up junior golf programs for tribal youth. Begay has also testified before a Senate subcommittee on the state of American Indian youth and the factors that he believes contributed to his success.

Life's dearest lessons often come at considerable cost, but Begay is determined to share the dividends with the many youngsters who crowd his public appearances. “I'm telling you all this because I want you to learn from my mistake,” he confides, adding, “Stay off drugs. Stay in school.”

With a prevention strategy framework based on values inherent to traditional tribal cultures, the GONA training program quickly became one of the CSAP services most requested by American Indian communities. It is based on a theory of four stages of development: belonging, mastery, independence, and generosity. The underlying concept is that healthy development requires each child, each person, and each community to go through certain stages. If a stage is missed, the individual or community must later go back and work through

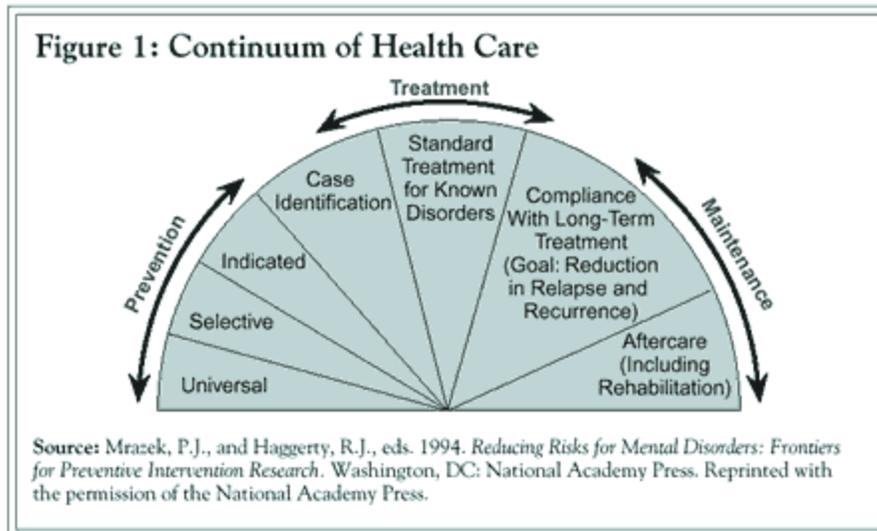
it in order to develop fully. Because so many tribal communities have been traumatized by substance abuse, poverty, unemployment, and historical grief, tribal leaders have found this model useful in beginning community healing by gathering the people together to develop a community response to the problems they are facing.

Many people, tribes, and organizations and several government agencies (such as the Indian Health Service) contributed to developing and funding GONA trainings and to the recent publication of a shorter, revised GONA manual.<sup>6</sup>

Although the GONA manual has stimulated interest in many tribal communities, Thurman and colleagues (in press) caution that communities, like individuals, differ in their stages of readiness for intervention and that it is often necessary to prepare a community for collective action and change. Some steps that can be taken to prepare a community include holding prevention training for service providers; writing grants to support needs analysis, strategic planning, and program development and implementation; and disseminating information on prevention programs. Thurman and colleagues developed a nine-stage model of community readiness that ranges from community tolerance of youth alcohol and drug use to implementation and evaluation of substance abuse prevention programs.

One factor to consider is that American Indian substance abuse programs treat the link between prevention and treatment differently than non-Indian programs. Non-Indian practitioners tend to see prevention as one step on a continuum that progresses from primary prevention through intervention to treatment and aftercare/rehabilitation ([see figure 1](#)). In contrast, American Indian practitioners see primary prevention as part of a cycle that moves through intervention, treatment, aftercare/rehabilitation and back to primary prevention ([see figure 2](#)).

The prevention program of the Red Lake Band of Chippewa in Minnesota exemplifies the connection between prevention and aftercare. One component of Red Lake's program, which has been in effect since the early 1980's, is an after-school community center for youth. The center, which is open from 2 until 10 p.m. every day, is operated by American Indian substance abuse program staff. Youth participate in many activities at the center, including making crafts and powwow regalia, and in camping and rollerskating. Parents are required to participate in the camping and rollerskating activities.



The director of the program, Richard Seki, says that they often need 4–5 buses to transport 400–500 youth and parents to Bemidji, the nearest town to the reservation (a 45-minute ride) for the center’s weekly rollerskating activity (R. Seki, personal communications, 2000). Over the past 4 years, approximately 1,000 children from the reservation have attended the summer cultural immersion camp in which the Chippewa, or Ojibwa, language plays a key role. Seki seeks to give youth a sense of belonging and a respect for traditions nearly forgotten in the modern world.



The center and its related activities are referred to as “prevention activities,” and a core group of 20–25 youth form the nucleus of a nonusing peer group. However, when other teens return from addiction treatment, they are encouraged to get involved in youth center activities, which are considered aftercare. Thus, the same cultural activities serve as both primary prevention and aftercare/rehabilitation. Together, the youth participating in the program constitute the major nonusing peer cluster on the reservation.

No discussion of American Indian substance abuse would be complete without mentioning the National Association for Native American Children of Alcoholics (NANACOA). Founded in 1988, NANACOA develops informational materials for American Indian communities, including publications, videotapes, and posters, and works with local and national policymakers to address the needs of American Indian children of alcoholics. In their workshops and conferences, NANACOA members address the effects of

intergenerational alcoholism and other types of trauma and strive for the well-being of all American Indians. Over the years, CSAP has helped fund a number of NANACOA's projects, including the Healing Journey Accord and the Buffalo Robe project, which tells the story of the battle with alcohol and drug problems through painting on a buffalo hide.<sup>7</sup> In the past year, CSAP has worked closely with White Bison, Inc., an American Indian-owned nonprofit company, to develop prevention materials; organize a sacred walk from Los Angeles, CA, to Washington, DC; and create a Web site offering community kits, videos, and information about American Indian trainers experienced in facilitating substance abuse training.<sup>8</sup>

## Conclusion

Just as there is no single American Indian drinking pattern (May, 1994), there is no single American Indian prevention strategy. It is not a matter of choosing between culturally based prevention strategies and other prevention strategies. Rather, American Indians can create more effective substance abuse prevention programs by combining ethnic and cultural components with other proven prevention strategies. Taking this action as a matter of course will make prevention programs more effective in the long run by enhancing protective factors and mitigating risk factors in the lives of American Indian youth.

## For Further Information

Descriptions of additional American Indian substance abuse prevention programs can be found on the Web site for CSAP's Western Center for Applied Prevention Technologies, <http://casat.unr.edu/westcapt/>.

The full list of references for this article is available online at [www.ncjrs.org/html/ojjdp/jjjnl\\_2000\\_12/ref.html](http://www.ncjrs.org/html/ojjdp/jjjnl_2000_12/ref.html).

## Notes

1. Although it is beyond the scope of this article to describe the sweatlodge ceremony, information is readily available in resources such as McClintock (1910), Brown (1953), Fire and Erdoes (1972), Young, Ingram, and Swartz (1989), and Taylor (1996). Smudging involves the use of an incense made of a local natural plant, such as sage, sweetgrass, or cedar, to cleanse the air and change the mood of everyday life to one of respect and reverence suitable for prayer.

2. CSAP is the Federal agency responsible for providing a national focus on the prevention of substance abuse.

3. "Making relatives" occurs when tribal members ceremonially adopt a nontribal member.

4. Ribbon shirts are made of cotton and have ribbons sewn horizontally on the material. These shirts are worn only during formal ceremonies.

5. A vision quest is an extended meditation or retreat (typically 4 days long) that takes place in an isolated area. The spiritual purposes of the vision quest are to renew faith, sacrifice, and seek guidance.

6. The GONA manual is available from SAMHSA's National Clearinghouse for Alcohol and Drug Information at 800-729-6686. Ask for item number BKD 367.

7. The Healing Journey Accord presents a vision of strong, healthy American Indian communities for the year 2005 with accompanying strategies. The vision and strategies were identified and the Accord was written at a national tribal summit in 1995.

8. For more information about White Bison, Inc., visit their Web site at [www.whitebison.org](http://www.whitebison.org).

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