BACKGROUND
A variety of forces, both internal and external to American Indian and Alaska Native (AI/AN) communities, are now shaping a passionate debate regarding the optimal approaches to improving the quality of substance abuse treatment systems. This controversy around EBTs complicates research efforts in this area— including our own. However, we found that the concerns of communities and treatment programs are likely more broadly focused on improving the quality of substance abuse treatment, including addressing limited funding, aging infrastructure, and limited human resources.

Our Advisory Board’s analysis of this controversy suggests that the push towards EBTs may be largely driven by policy and funding priorities that are external to AI/AN communities and the treatment programs that serve them. The Advisory Board felt that the concerns of communities and treatment programs are likely more broadly focused on improving the quality of substance abuse treatment, including addressing limited funding, aging infrastructure, and limited human resources.

The Advisory Board also identified key lines of tension around the use of EBTs in substance abuse treatment programs serving AI/AN communities (Figure 1). The two Euro-American groups of practices, 12 step and EBTs, now form the basis of most substance abuse treatments offered in the United States, and the tensions between them have been described previously (Institute of Medicine, 1998).

It is also important to account for the considerable tensions between the two Euro-American practices and practices that emerge from AI/AN traditions. Several decades of experience have allowed the AI/AN substance abuse treatment community to address the tensions between 12-step practices and AI/AN practices (and have resulted in several innovative approaches noted previously).

While the Advisory Board was able to identify a handful of programs that are using EBTs, members still voiced substantial concerns about the cultural appropriateness of many EBTs as well as the lack of clear guidance on how best to adapt them for use with AI/AN communities. However, efforts to promote the use of EBTs are relatively new, and the range of responses by substance abuse treatment programs serving AI/AN communities is largely unknown.

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ADVISORY BOARD DISCUSSION
In terms of recommendations regarding the research project itself, the Advisory Board concluded that we should first complete a series of “program case studies” consisting of visits to 12 substance abuse treatment programs to explore administrative and clinical perspectives on EBTs in an open-ended and exploratory manner. The Board recommended that we use the results of these case studies to design our previously planned telephone survey for the directors of substance abuse treatment programs serving AI/AN communities. Indeed, the Board felt that the program case studies would allow us to investigate these issues in considerable depth (and in a more open, exploratory format), and would allow us to design a more reliable and valid telephone survey.

More specifically, the program case studies would enable us to refine our hypotheses and develop a survey optimally designed to address them, help us determine the best way to frame the nature of this inquiry for telephone survey participants to assure that our questions are placed in the correct context, and assist us in designing survey questions that better match the way participants think (and talk) about EBTs.

CONCLUSIONS
This controversy around EBTs complicates research efforts in this area—including our own. However, we came out of our Advisory Board discussions with a much stronger understanding of this controversy and how best to proceed to assure that our research is an accurate reflection of the environment for designing survey questions that better match the way participants think (and talk) about EBTs.

REFERENCES


SUPPORT: R01 DA02239 from the National Institute of Drug Abuse.

CONFLICTS OF INTEREST: None.

ACKNOWLEDGEMENTS: The authors wish to acknowledge the extraordinary contributions of the project’s Advisory Board to this work. The Advisory Board include the following individuals: Gregory A. Aarons, Gordon Belcourt, Sam Costi, Dennis Dahlke, Raymond Davie, Candace Fleming, John Gurtor, Craig Love, Kathy Maus, and Paul Spicer.