

Literature Review

Opioid Use Disorder (OUD)
Tribal Needs Assessment Project in
Wisconsin

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Completed by:



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Executive Summary

As part of a broader Center for Disease Control (CDC) and recently funded (June 2016) comprehensive care strategy in Wisconsin, the Wisconsin Department of Health Services (DHS) in collaboration with the Wisconsin Association for Perinatal Care (WAPC), has been engaged in rapid response projects in WI to assist pregnant and postpartum women with substance and opioid use disorder (OUD). Part of the rapid response OUD strategy was DHS completing an extensive review of existing literature focused on developing a comprehensive model of care for women and infants affected by opioids. Through this review of literature, little published research was found regarding Tribal nations or Indigenous populations. Thus, DHS contracted an Indigenous research and evaluation firm, [Bowman Performance Consulting](#) (BPC), in spring 2018 to explore other avenues to identify best and promising practices for providing comprehensive care services for pregnant and postpartum women with opioid use disorder (or substance use/abuse) in tribal communities.

This comprehensive literature report contains the literature, resources, and references that were collected, organized, and annotated relevant to the topic of supporting the treatment and recovery of pregnant and postpartum women in Tribal communities with OUD (or other substance use disorder). While there is very little research on this topic in Indian Country, themes, based on a review of literature (using search terms such as "Native American", "OUD", "Pregnancy", and "Opioid") emerged regarding best practices for supporting pregnant and postpartum Tribal women with OUD in the following areas: importance of using culturally based treatment; designing community-based and systemic approach to making and sustaining changes regarding OUD; high need for use of medication assisted treatment for OUD; direct integrated care between obstetrics care, substance use care, mental health, and case management; and intentional systemic collaboration between Tribal and non-Tribal child welfare, human or social services, and health care providers and agencies.

This comprehensive literature review report is organized into the following sections: design, findings (with annotations), anxiously awaited resources (forthcoming), and a recommended Indigenous health and OUD resource list that readers can utilize when doing future literature reviews or to be kept up on the latest in Indigenous health practices and opportunities. The findings are sub-categorized and annotated according to the following types of literature sources found: Articles, Manuscripts, White Papers, Briefs, Policy Statements; Presentations, Slide Decks; and

Promising Programs. Within the final recommended Indigenous health and OUD resources are organizations, agencies, websites, and centers that potentially have additional resources related to the focus of this document so they should be checked regularly. A summary of this literature review report is on file with DHS and the Bad River Nation. It is expected that this report will also be publically posted and disseminated at future DHS, WAPC, and Tribal gatherings, social media feeds, related listserves, newsletters, and websites. For more information please see: Ms. Lisa Bullard-Cawthorne, Program Coordinator, Opioid Harm Prevention Program, WI DHS at: Lisa.BullardCawthorne@dhs.wisconsin.gov.

Literature Review Design

The literature review comprised multiple broad strategies: western literature review processes, Indigenous literature review processes, and outreach to key Indigenous health networks, stakeholders, and subject matter experts. These are explained next, followed by a summary of findings and key “take aways” seen throughout the literature for stakeholders to consider.



First, a comprehensive search using PubMed, Google, and Google Scholar was conducted. Using “typical” western literature review strategies and sources (i.e., PubMed) was the initial design decision by the BPC team for starting the literature review process. This was done to ensure consistency with the DHS/CDC earlier literature review format, because PubMed was chosen as the initial source for the WAPC literature review. This yielded little findings. Search strings employing “Native American” “American Indian” “OUD” “Opioid” and “Pregnancy” were utilized but upon re-examination within PubMed, little more was found. However, the reference sections of any key documents within PubMed (and other literature discovered later) were mined for additional literature review leads.

The next search strategy used “indigenous” approaches and purposefully sought out Tribal sources within the literature. This was key to generating a more targeted search that generated

culturally responsive and applicable results, that an initial PubMed and larger past DHS literature review search was unable to yield. Using search terms of “culturally based treatment”, “community based”, or “tribally driven” approaches to OUD and Indigenous populations provided more results than the initial search. Reviewing literature that included “integrated care between obstetrics care” and “collaboration between child welfare and health care systems” with “Indigenous” or “Tribal government” or “Tribal care providers” provided even more information, when using a systems approach between Tribal and non-Tribal governments and health or human service agencies. Sources from Tribal, Tribal non-profit, academic agencies, and public agencies (Tribal and non-Tribal) generated the findings noted later in this report.

The third strategy, utilized an expert panel. The panel was identified and contacted with requests for assistance in this search, based on long-standing relationships that BPC and Dr. Bowman had with national and international health, human service, cultural, and addictions service providers. We call this the “electronic moccasin” informally amongst Indigenous academics, policy makers, leaders, and practitioners. Utilizing past and current relationships, word of mouth, and via social media, phone, e-mail, or text in the current age of technology, we have access to places that Indigenous knowledge is stored. Some are published, and others are not. However, all are deeply helpful to the number of initiatives Indian Country is working on, including OUD and addiction topics. Beyond the outreach, numerous Native and Indigenous focused journals, magazines, and newsletters were reviewed for relevant content and resources. Within online sources, known and reliable Native focused websites were reviewed for research and resources relevant to the focus of the literature review. While there is very little research on OUD in Indian Country within the western literature (i.e., PubMed), several themes emerged regarding best practices for supporting pregnant and postpartum Tribal women with OUD. The themes are shared at the end of this section. These online and Indigenous strategy searches sent the research team to key federal, tribal, university, and non-profit websites that have resources and clearing houses online. These sites can be searched more deeply than a general Google search.

The final search technique was participating in Tribally supported or co-lead online lectures, calls, and webinars regarding Tribal OUD. Often during these online activities, the BPC team would learn about new or existing free access or other journals (health and Native), join and read listserv materials, review monthly newsletters, Tribal websites and newspapers. BPC’s team also used their

virtual knowledge and contacts within social media to do content analysis and follow up on potential literature review sources discussed on Facebook, Twitter, and You Tube (Tribal and OUD specific to Tribes). This helped researchers gain access to even more information that may not be immediately posted on a website or included in a publication.

Almost like using an “electronic” snowball technique or crowdsourcing, these additional online strategies outside of normally published western sources or typical literature review strategies gave the research team quite a large amount of new information. It connected the team to “real time” OUD programming and policy efforts. Additionally, it afforded participation in the Tribal OUD community, where others are also trying to address these chronic and painful issues in Indian Country. In all, 13 key websites and partners were identified as leaders and knowledge keepers of Tribal OUD efforts. These are included in the appendix as an annotated bibliography for future use.

The literature review design and methods used a multi-layered, multi-racial, and multi-jurisdictional (Tribal/non-Tribal agencies) design element critical for the literature review, including generation of an Indigenous OUD/health resource list that future stakeholders can utilize (noted at the end of this report). It is suggested that these resources be the first place non-Tribal agencies go to interact as partners in the future, to appropriately inform their work when addressing OUD or other addictions issues with Indigenous communities. Given the intentionally structured Indigenous-centered scientific literature review design, key themes regarding OUD in pregnant and postpartum women in Tribal communities are included in the highlighted box on the next page and should also be given consideration for the evidence-based design, partnership activities, and programming moving forward.

To summarize, the literature review provides insight not only to what is working for Tribal OUD but helps build non-Tribal partner’s awareness and capacities. The study’s Indigenous sourced and annotated findings will help non-Tribal partners become more skilled to co-design and co-lead culturally responsive and impactful studies with Tribal Nations and service providers, in the future. The comprehensive listing of annotated findings are included in the sub-sections of the remaining pages of this literature review report after the “key literature review summary themes” next.

KEY LITERATURE REVIEW THEMES

The literature review provided the following key themes with regards to OUD in pregnant and postpartum women in Tribal communities:

- Intergenerational trauma is consistently part of the Tribal OUD and addiction stories in Indian Country. Therefore, policies, funding, and programming should also include that when designing and implementing initiatives.
- Having a “culture as prevention” philosophy and strategies: Strong cultural identification can act as a protective factor against substance use disorder (SUD).
- Trauma and adverse childhood experiences are linked with SUD consistently. Therefore, having this information is the baseline for building evidence-based programs.
- Pregnancy is an opportunity for behavior redirection. The literature presented findings that moms who used substances often stopped during pregnancy.
- A need for wrap around services such as childcare and transportation, recommendations and strategies that the literature has long been suggesting.
- There is a mismatch between Western medicine and Native American holistic healing traditions. Also, a preference for traditional healing systems over clinics or western “deficit” philosophy supports using Indigenous models (e.g., wrap around care, systems of care, Gathering of Nations Model) for providers and stakeholders.
- Offering health, human, and cultural protective services for clients’ children, including child care to attend important health and social service activities.
- Healing the family (generations) and community is part of developing healing systems of support

Prior to reading the full literature review annotated findings, we purposefully draw attention to the literature review process. This culturally responsive and scientific literature review reveals an Indigenous strategy to include culturally responsive theory, methods, and practical approaches to accessing information in order to address OUD issues for the highest opportunity for sustaining long-term changes in Tribal communities. There are more effective and impactful ways to do our collective work on OUD in Tribal communities if there is the academic motivation and appropriate levels of resources to do that. We must build our studies

differently to develop different programming and supports so we may achieve different results, much as you have seen for this study.

The Indigenous literature (published and not published but available to the public) provides evidence-based models and strategies that can be used. Foundationally as a first step, we must include research team members that are Indigenous. Systemically, we must see Tribal Nations as co-partners to state and federal agencies working in a multi-jurisdictional manner collaboratively across policy, agency, and government boundaries. Tribal Nations should co-lead these designs and studies, as well as co-support and implement any translational findings into real solutions for the Tribal community and participants, once the study has concluded.

Through the literature review processes we have learned that Indigenous needs assessment design and studies require a blending of western and traditional research strategies so it is possible to find effective and realistic solutions. This begins with western agencies and research teams being aware and educating themselves. Education and awareness begins through the literature and then by observation and experience on the ground with Tribal Nations, urban Indian populations. Not everything is published nor should only the written word be privileged. It is necessary but only in conjunction with lived experience and empirical data from by Tribal sources, Indigenous community members, and Nations can we learn about these living realities and perspectives.

Finally, by collaborating with Indigenous partners (e.g., government, university, non-profits, or private sector), Indigenous centered and “evidence based” frameworks for doing research and evaluation can be co-created together. Much of the OUD or other work in Indigenous contexts are not taught in colleges or are part of normal professional development activities of health policy makers, service providers, and other stakeholders. Knowing the literature is a start because it provides a foundation. Then listening, observing, and understanding through experiential learning is where wisdom can develop.

Findings – Articles, Manuscripts, White Papers, Briefs, Policy Statements

Atwell, K. A., Weiss, H. B., Gibson, C., Miller, R., & Corden, T. E., (2016). Neonatal abstinence syndrome and material substance use in Wisconsin, 2009-2014. *WMJ* 115(6), 287-293. <https://www.wisconsinmedicalsociety.org/WMS/publications/wmj/pdf/115/6/287.pdf>

"The study aims to describe the statewide burden of NAS and maternal substance use, focusing on opioids in Wisconsin from 2009 to 2014." Finds, "Disproportionate rates of NAS and maternal opioid use were observed in American Indian/Alaska Native...populations...."

Barlow, A., Mullany, B., Neault, N., Goklish, N., Billy, T., Hastings, R., Lorenzo, S., Kee, C., Lake, K., Redmond, C., Carter, A., & Walkup, J. T. (2015). Paraprofessional delivered home-visiting intervention for American Indian teen mothers and children: 3-year outcomes from a randomized controlled trial. *American Journal of Psychiatry*, 172(2), 154–162. doi:10.1176/appi.ajp.2014.14030332 Available at: <https://ajp.psychiatryonline.org/doi/pdf/10.1176/appi.ajp.2014.14030332>

"The authors report 36-month outcomes of the paraprofessional-delivered Family Spirit home-visiting intervention for American Indian teen mothers and children." (p. 154). Findings included, "...across the study period the mothers in the intervention group had significantly lower scores for depression and externalizing problems" and "Mothers in the intervention group had lower use in the past month of marijuana and illicit drugs." (p. 159).

Barlow, A., Mullany, B. C., Neault, N., Davis, Y., Billy, T., Hastings, R., Coho-Mescal, V., Lake, K., Powers, J., Clouse, E., Reid, R., & Walkup, J. T. (2010). Examining correlates of methamphetamine and other drug use in pregnant American Indian adolescents. *American Indian & Alaska Native Mental Health Research: The Journal of the National Center*, 17(1), 1-24. <https://eric.ed.gov/?id=EJ889712>

The study found, "Strong cultural identification has been shown to be protective against substance use among other populations, as well as AIs." "Engagement in unique traditional Native customs and beliefs has potential to strengthen drug prevention efforts among pregnant AI/AN women. Further, the fact that the majority (80%) of females [within this study] who used meth in their lifetime did not use meth during pregnancy may indicate that pregnancy presents a distinct opportunity for behavioral redirection."

Bishop, D., Borkowski, L., Couillard, M., Allina, A., Baruch, S., & Wood, S., (2017), "Bridging the divide white paper: Pregnant women and substance use: Overview of research & policy in the United States". *Jacobs Institute of Women's Health*. Paper 5. http://hsrc.himmelfarb.gwu.edu/sphhs_centers_jacobs/5

"This paper examines the current literature and policy implications of substance use and substance use disorders among pregnant and parenting women." (p. 4). The paper states, "The most effective treatments will be culturally appropriate, women-centered, and meet women's complex needs...and providing support to reduce common barriers to treatment, such as challenges with childcare and transportation...Such comprehensive services for pregnant women with SUD have been recommended for decades..." (p. 22).

Hanson, J. D., Jensen, J. L., Campbell, K., Chaudhary, K. R., & Puumala, S. E., (2016). Epidemiology of substance-exposed pregnancies at one great lakes hospital that serves a large number of American Indians. *American Indian and Alaska Native Mental Health Research*, 23(4), 44-62.

[http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Documents/Volume%2023/23\(4\).pdf](http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Documents/Volume%2023/23(4).pdf)

This study's purpose was to, "...determine the prevalence of substance-exposed pregnancies at a hospital in the Great Lakes region of the U.S. ...while much race/ethnicity data were missing, a large percentage of those in our analysis identified as American Indian...The prevalence of substance-exposed pregnancies at this hospital during a 1-year period was 34.5%." (p. 44).

Harrison, P. A., & Sidebottom, A. C., (2009). Alcohol and drug use before and during pregnancy: An examination of use patterns and predictors of cessation. *Maternal & Child Health Journal*, 13(3), 386-394. DIO: <https://doi.org/10.1007/s10995-008-0355-z>

"This study examines alcohol and nonmedical drug use before and during pregnancy..." (p. 386). The study found, "American Indians had the highest rates of pre-pregnancy alcohol and drug use..." (p. 389).

LaFromboise, T. D., Trimble, J. E., & Mohatt, G. V., (1990). Counseling intervention and American Indian tradition: An integrative approach. *The Counseling Psychologist*, 18(4), 628-654. <https://doi.org/10.1177/0011000090184006>

In the article, "Empirical studies are reviewed concerning the role of social influences in the counseling process as perceived by American Indians and the types of problems Indians present in counseling." (p. 628). It stated, "When problems arise in Indian communities, they become not only problems of the individual but problems of the community. The family, kin, and friends coalesce into an interlocking network to observe the individual...draw the individual out of isolation...integrate the individual back into the social life of the group (LaFromboise, 1988)." (p. 630). "The extreme mistreatment of American Indians by the U.S. government includes broken treaties, unwarranted violence, and attempted genocide has clearly fostered a good deal of mistrust of the government and non-Indians on the part of Indian people." (p. 632). "Reservation and village mental health clinics tend to be set up to respond to tribally specific customs and practices. Mental health staff and counselors are usually well known in the community and, in many cases may be related to the client through an extended family network. But, in addition to the

existence of reservation and village clinics, tribal members often have access to the traditional healing systems outlined earlier, which are often preferred over the clinics.” (p. 643).

McFarland, B. H., Walker, R. D., & Silk-Walker, P., (2017). Residential substance abuse treatment for urban American Indians and Alaska Natives. Part 1: services and staff. *American Indian and Alaska Native Mental Health Research* 24(1), 61-106.
[http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Documents/Volume%2024/24\(1\).pdf](http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Documents/Volume%2024/24(1).pdf)

“This study delineated services provided by and interviewed staff working at residential programs designed for chemically dependent urban AI/ANs.” (p. 61). The study found, “Both study agencies provided conventional services...and...delivered numerous culturally specific programs, such as sweat lodges. But in addition to traditional healing, the study agencies offered programs, such as mental health care, domestic violence services, and residential beds for clients’ children, that are rarely provided by mainstream residential treatment facilities...it may well be appropriate for all substance abuse treatment programs serving urban AI/Ans to consider delivering the extensive arrays of services described here.” (p. 97).

NCAI Policy Research Center (2018). *Research Policy Update: The Opioid Epidemic: Definitions, Data, and Solutions*. National Congress of American Indians, March 2018.
http://www.ncai.org/policy-research-center/research-data/prc-publications/NCAI_PRC_Research_Policy_Update_Opioids_March_2018_FINAL.pdf

This policy update identifies priorities for opioid addiction prevention, treatment, and recovery strategies. Including: Better diagnosis of addiction, access to treatment/recovery services, inpatient/outpatient treatment, medication assisted therapy, and naloxone use. Strategies to address root causes, such as trauma, chronic stress, and mental health counseling/treatment. Also, education and treatment guidelines for neonatal abstinence syndrome.

NCAI Policy Research Center (2017). *Research Policy Update: Responding to the Opioid Crisis: An Update for Tribal Leaders*. National Congress of American Indians, June 2017.
http://www.ncai.org/policy-research-center/research-data/prc-publications/Opioid_Brief_NCAI_PRC_June_2017_FINAL.pdf

Clearly outlines the opioid crisis issue is severely impacting tribes, the influence that trauma has in substance misuse, and recommends Tribal action is needed to address this crisis.

NCAI Policy Research Center (2016). *Research Policy Update: Reflecting on a Crisis Curbing Opioid Abuse in Communities*. National Congress of American Indians, Fall 2016.
http://www.ncai.org/policy-research-center/research-data/prc-publications/PRCResearchUpdate_Annual2016.pdf

Provides a brief historical context for the opioid epidemic, the impact on AI/Ans communities, youth abuse of prescription drugs, maternal-child impacts, the role of trauma and ways tribal nations are responding. Particularly interesting is the assertion that, "...every 25 minutes a baby is born suffering from opioid withdrawal...This represents a 5-fold increase...since 2000." (p. 2).

Nelson, S. E., Browne, A. J., Lavoie, J. G. (2016). Representations of indigenous peoples and use of pain medication in Canadian news media. *The International Indigenous Policy Journal*, 7(1), 1-26. Retrieved from: <http://ir.lib.uwo.ca/iipj/vol7/iss1/5> DOI: 10.18584/iipj.2016.7.1.5

"The objective of this study was to analyze Canadian media reports portraying First Nations peoples and prescription opioid use between 2011 and 2012." "...results highlighted significant areas of discrepancy between the ways in which First National and non-First Nations populations are represented I the media. In particular, when First Nations communities were the subject of a media item, there was a focus on problematic substance use, a tendency to generalize from one individual to entire populations, and a prominent discourse of victimhood and hopelessness." (p. 12-13).

Office of Justice Programs (2000). *Promising practices and strategies to reduce alcohol and substance abuse among American Indians and Alaska Natives*. American Indian Development Associates: Albuquerque, NM. Available at: <http://www.aidainc.net/Publications/Alcohol%20promise.pdf> Accessed: August 8, 2018

This publication identifies promising programs and initiatives. It provides a review of relevant literature and provides selected bibliography resources. Including: selected resources on substance abuse prevention, selected resources on substance abuse treatment, and selected resources on fetal alcohol syndrome. It also provides a listing of agencies for those looking to locate more resources.

Office on Women's Health, (2017). *Final Report: Opioid Use, Misuse, and overdose in women*. U.S. Department of Health and Human Services: Washington, DC. Available at: <https://www.womenshealth.gov/files/documents/final-report-opioid-508.pdf> Accessed: August 16, 2018

This document delineates issues in prevention, issues in treatment, and presents key findings. Key findings were presented in 6 themes of need: research on unique needs of women, provider tools and education, access to gender responsive support, expanded access to Naloxone, opioid dependence as a chronic disorder, and financing for prevention and treatment. An interesting fact was also presented within the document, "In general, however, American Indian or Alaska Native women have the highest risk of dying from a prescription opioid overdose." (p. 12).

Office on Women's Health, (2016). *White Paper: Opioid Use, misuse, and overdose in women*. U.S. Department of Health and Human Services: Washington, DC. Available at:

<https://www.womenshealth.gov/files/documents/white-paper-opioid-508.pdf> Accessed: June 13, 2018.

This document was the precursor to the Final Report (above) and was incorporated into the overall final document. This document did pay particular attention to race, ethnicity, and socioeconomic status within the context of opioid use and misuse. Including the following information, "...the increased risk of adverse childhood experiences and violence into adulthood may contribute to increased substance misuse and the need for drug prevention and treatment programs that address the unique needs of these populations. American Indian/Alaska Native and black, non-Hispanic women are more likely than women of other racial and ethnic groups to be victims of rape, physical violence, and stalking by an intimate partner during their lifetime and American Indian or Alaska Native women have the highest risk of dying from a prescription painkiller overdose." (p. 16-17).

Patrick, S. W., Schiff, D. M., & AAP Committee on Substance Use and Prevention, (2017). A public health response to opioid use in pregnancy. *Pediatrics* 139(3), 1-7:e20164070; <https://www.ncbi.nlm.nih.gov/pubmed/28219965>

This policy statement advocates for a public health response, as opposed to a punitive approach to opioid use during pregnancy. Including: "...improved access to comprehensive obstetric care, including opioid-replacement therapy and improved funding for social services and child welfare systems." (p. 1).

Radin, S. M., Banta-Green, C. J., Thomas, L. R., Kutz, S. H., & Donovan, D. M., (2012). Substance use, treatment admissions, and recovery trends in diverse Washington State tribal communities. *The American Journal of Drug and Alcohol Abuse*, 38(5), 511-517. DOI: 10.3109/00952990.2012.694533 <https://doi.org/10.3109/00952990.2012.694533>

This study's objective was to, "...learn about current substance use/abuse; related concerns and harms; existing prevention and treatment; reasons/causes of use; and current community strengths, resources, and needs related to prevention and treatment, with long-term goals of improving substance use/abuse interventions and eliminating health disparities for AI/AN people and communities." (p. 512).

Rowan, M., Poole, N., Shea, B., Gone, J. P., Mykota, D., Farag, M., Hopkins, C., Hall, L., Mushquash, C., & Colleen Dell, C., (2014). Cultural interventions to treat addictions in Indigenous populations: Findings from a scoping study. *Substance Abuse Treatment, Prevention, and Policy* 9(34), 1-26. <https://doi.org/10.1186/1747-597X-9-34>; <https://www.ncbi.nlm.nih.gov/pubmed/25179797>

"This study set out to identify and describe what is known about the types of cultural interventions used with Indigenous populations to treat addictions, along with intended outcomes and effects on wellness in this context." (p. 22).

Sanlorenzo, L. A., Stark, A. R., & Patrick, S. W., (2018). Neonatal abstinence syndrome: An update. *Current Opinion in Pediatrics* 30(2), 182-186. DOI: 10.1097/MOP.0000000000000589 <https://www.ncbi.nlm.nih.gov/pubmed/29346142>

"This review provides an update focused on the evolving epidemiology of neonatal abstinence syndrome (NAS), factors influencing disease expression, advances in clinical assessment of withdrawal, novel approaches to treat NAS, and the emerging role of quality improvement work in the field of NAS." (p. 182).

Schultz, K., Teyra, C., Breiler, G., Evans-Campbell, T., & Pearson, C., (2018). "They gave me life": Motherhood and recovery in a tribal community. *Substance Use & Misuse*, 53(12), 1965-1973. DOI: 10.1080/10826084.2018.1449861; <https://www.ncbi.nlm.nih.gov/pubmed/29578829>

"This study explored factors related to substance misuse and recovery among Native mothers in a Pacific Northwest tribe, focusing on motherhood as a motivating factor in seeking treatment and sustaining recovery." "Findings offer several rich implications for treatment and recovery among Native mothers in tribal communities including the necessity of trauma-informed treatment, community and culturally-based interventions, more integration of treatment services with Child Protective Services, and drawing on motherhood as a motivation for seeking and succeeding in recovery." (p. 1).

Stanley, R., Sahota, P., Cross, T., & O'Grady, C., (n.d.). An examination of the opioid epidemic and its impact on American Indian and Alaska Native children, youth, and families. Prepared by the National Indian Child Welfare Association.

"Using a combination of literature review, qualitative and quantitative data compiled from federal agencies, organizations, and local media networks, this brief discusses the current opioid epidemic across the United States, specifically in Indian Country..." (p. 1). "...some tribal communities are attempting to address the stigma of addiction through dialogue, education campaigns, and adjustments to services and protocols to promote recovery and encourage people to seek help from tribal programs and community members...Although there are studies on culturally based treatment for substance use disorders in general, studies specific to opioids and AI/AN populations is scarce." (p. 5). "Research on AI/AN opioid use during pregnancy is limited." "The American Academy of Pediatrics has prioritized a recommendation to 'Address neonatal abstinence syndrome and substance abuse in pregnant Native women,' citing that some Native communities are seeing over half of newborns as being affected by maternal substance use (Indian Health Services, 2016)." (p.3).

Substance Abuse and Mental Health Services Administration, (2018). *Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants*. HHS Publication No. (SMA) 18-5054. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at: <https://store.samhsa.gov/shin/content/SMA18-5054/SMA18-5054.pdf> Accessed June 13, 2018.

"Even with the soundest evidence, research findings can be difficult to apply clinically. In practice unique patient variables, the mother's preferences, the experiences of the clinician, and available resources must be considered. The Guide consists of Part A: Introductions, Part B: Clinical Guidance (Factsheets 1-16), Part C: Conclusion, and Appendices A-D. References are located at the end of Part A and at the end of each section in Part B. Appendix C compiles all the references cited, and resources mentioned throughout the Guide for easy reference." (p. 7-8).

Substance Abuse and Mental Health Services Administration, (2017). *Protecting our infants act: Report to congress*. Behavioral Health Coordinating Council Subcommittee on Prescription Drug Abuse. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at: https://www.samhsa.gov/sites/default/files/topics/specific_populations/protecting-our-infants-act-report-congress-2017.pdf Accessed June 13, 2018.

This document provides: background on opioid use disorder and neonatal abstinence syndrome, review of programs, recommendations for prevention and treatment of prenatal opioid exposure, and strategies to protect our infants.

Substance Abuse and Mental Health Services Administration, (2016). *A collaborative approach to the treatment of pregnant women with opioid use disorders*. HHS Publication No. (SMA) 16-4978. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at: <http://store.samhsa.gov/>. [https://ncsacw.samhsa.gov/files/Collaborative Approach 508.pdf](https://ncsacw.samhsa.gov/files/Collaborative_Approach_508.pdf) Accessed June 13, 2018.

This document provides: background, scope of the problem, guidelines for supporting collaborative policy and practice, comprehensive framework for intervention, and a guide for collaborative planning.

Substance Abuse and Mental Health Services Administration, (2016). *Advancing the care of pregnant and parenting women with opioid use disorder and their infants: A foundation for clinical guidance*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at: <http://www.regulations.gov/document?D=SAMHSA-2016-0002-0001>. Accessed August 16, 2016.

This document provides: an introduction, a review of the literature, RAM indication process - methods, RAM indication process - results, and clinical translation of the RAM process - next steps.

Venner, K. L., Donovan, D. M., Campbell, A. N. C., Wendt, D. C., Rieckmann, T., Radin, S. M., Momper, S. L., & Rosa, C. L., (2018). Future directions for medication assisted treatment for opioid use disorder with American Indian/Alaska Natives. *Addictive Behaviors*, 86, 111-117. DOI: 10.1016/j.addbeh.2018.05.017 <https://www.ncbi.nlm.nih.gov/pubmed/29914717>

"The U.S. is experiencing an alarming opioid epidemic, and although American Indians and Alaska Natives (AI/ANs) are especially hard hit, there is a paucity of opioid-related treatment research with these communities...the National Institute on Drug Abuse convened a meeting of key stakeholders to elicit feedback on the acceptability and uptake of medication assisted treatment (MAT) for opioid use disorders (OUDs) among AI/ANs. Five themes from this one-day meeting emerged: 1) the mismatch between Western secular and reductionistic medicine and the AI/AN holistic healing tradition; 2) the need to integrate MAT into AI/AN traditional healing; 3) the conflict between standardized MAT delivery and the traditional AI/AN desire for healing to include being medicine free; 4) systemic barriers; and 5) the need to improve research with AI/ANs using culturally relevant methods." (p. 111).

White, W. L. (2012). Recovery support in Indian tribal communities: An interview with Eva Petoskey. Posted at www.williamwhitepapers.com and <https://facesandvoicesofrecovery.org/>

This is an interview transcript with Eva Petoskey, Director of the Anishnaabek Healing Circle, Inter-Tribal Council of Michigan, discussing her work developing recovery support services within Indian tribal communities.

Walsh-Buhi, M. L. (2017). "Please don't just hang a feather on a program or put a medicine wheel on your logo and think 'Oh well, this will work'": Theoretical perspectives of American Indian and Alaska Native substance abuse prevention programs. *Family and Community Health* 40(1), 81-87. DOI: 10.1097/FCH.000000000000125 Available at: <https://www.ncbi.nlm.nih.gov/pubmed/?term=27870759>

"Many current theories guiding substance abuse prevention (SAP) programs stem from Western ideologies, leading to a scarcity of research on theories from, and a disconnect with, Indigenous perspectives. This qualitative research study explored perceptions of theory by SAP researchers working with American Indian and Alaska Native communities." (p. 81). "There are multiple factors that contribute to substance use, and AI/AN communities have additional compounding factors of intergenerational trauma, historical events colonization, assimilation, removal of cultural identity, and enculturation that may potentially contribute to substance use and abuse. Based on current health statistics, there continue to be clear health disparities for AI/AN associated with substance use and abuse." (p. 82).

Findings – Presentations, Slide Decks

2018 Tribal Opioid Summit – Tribal Initiatives in Michigan. Presented by Eva Petoskey; Inter-Tribal Council of Michigan and colleagues. Presents the increased traumatization of American Indian women = Inter-Generational Trauma, Adverse childhood experiences, multiple forms of abuse, loss of culture is a risk factor, and how Trauma is a risk factor for opioid addiction. Also presents a New Perinatal Opioid Initiative. To support tribal communities to increase capacity

and collaboration. Promote a more consistent and complete “wrap around” net of best practices to support women and families to achieve recovery. 3 pilot sites in U.P. (Upper Peninsula of Michigan) with new dedicated case managers. Provide resources for planning, training, best practices, and collaborative strategies (“Resource Bundles” for 1. Clinical providers; 2. Community Service providers; 3. Tribal Leaders/policy makers. Starts July 2019. Slide deck available here: http://www.sagchip.org/news/files/ITCOpioidSummitpdf_2018-06-14.pdf

Collaborative Approaches to Treating Pregnant Women, Part 1; 1 hr. 30 min.

<https://ce4less.com/Tests/Materials/E195Materials.pdf>

This webinar is an introduction to a new document *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorder: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers*. It provides: Trends, Opioid Use Disorders and Treatment in Pregnancy, Best Practices in the Treatment of Opioid Use Disorders, A Guide for collaborative planning, CHARM Case Study.

Framing the Issues: Looking at the Opioid Epidemic in the Context of Trauma and Domestic Violence - June 13, 2018. Presenters: Gwendolyn Packard, National Indigenous Women’s Resources Center & Carole Warshaw MD, National Center on Domestic Violence, Trauma & Mental Health.

<http://www.niwrc.org/resources/framing-issues-looking-opioid-epidemic-context-trauma-and-domestic-violence>.

- Opioid Issues Across Tribal Nations, American Indian and Alaska Native Communities
AI/AN are twice as likely as the general population to become addicted to drugs. Trauma plays a big role in the use of opioid use/abuse.
- Promising Practices to address suicide by opioid overdose that NIWRC is aware of: Community Education and Awareness; Legal strategies; Safer prescribing practices; Naloxone dispensing, training emergency responders, DV programs/shelters, community members; Healing to Wellness Courts; Treatment and prevention programs; Creating innovative partnerships.

The Opioid Epidemic: The Indian Health Services Responses to a National crisis. March 22, 2018. 44 min. <https://www.youtube.com/watch?v=qPsepeuwPjk>. From: the National Congress of American Indians, the NCAI Policy Research Center Monthly Webinar Series. Created a National Committee on Heroin, Opioids, and Pain Efforts (HOPE). Created websites to support clinicians (Opioid Dependence Management <https://www.ihs.gov/odm/>).

Opioids in Indian Country Part 1: Understanding the Problem.

1 hour and 30 min. <https://www.youtube.com/watch?v=Rfj-UUY0Oqs>. From: SAMHSA – Tribal Training and Technical Assistance Center. CAPT Jeffery A. Coady, Psy.D., ABPP; SAMHSA Regional Administrator, Region 5. Chris Poole, Behavioral Health Consultant, Bemidji Area Office, Indian Health Service (IHS), Choctaw Nation of Oklahoma. Presented data related to tribes in MN; data reflects Heroin vs. all other opiates combined. Comparing data from all prescribed opioids to heroin. In 2010 implementation and consistent use of the drug abuse system, shows a drop in Native use of prescription opioids, but a rise in the use of heroin. Native use is 21 times all other ethnicities; but only 1% of the MN population. Seprieono Locario; Tribal TTA Center; Tribal Action Plan & Wellness Coordinator (website: <https://www.samhsa.gov/tribal-ttac>).

Discussed the “Community readiness model.” It gages a starting point to optimize implementation of health wellness promotion. Tribal communities are using this model to identify most effective strategies to meet the level of readiness to enhance the prevention services being offered to their respective tribal citizens. This is a low-tech, low-cost model developed by Indian people for Indian people. Captain Cynthia Gunderson, acting chief of operations at the Red Lake Hospital. Talking about the Red Lake Naloxone – First Responder Program. As was reflected in the 2013 MN data, our American Indian population is five times greater opioid overdose mortality risk based comparatively with our white counterparts. This Naloxone Initiative trains first responders to treat an overdose. This is a first step to treatment. It saves lives – so there is an opportunity.

Opioids in Indian Country Part 2: Promoting Treatment & Cultural Interventions

1 hour and 30 min. <https://www.youtube.com/watch?v=UZIs68wb9Fk>. CDR Ted L. Hall, PharmD, BCPP, RPh; Ho-Chunk Nation Pharmacy Director; Clinical Psychiatric Pharmacist Prescriber. Discussed the Ho-Chunk Nation Medically Assisted Treatment Program. Most of service delivery area is in Wisconsin (MN too, but mostly in WI). Uses the HIS Improving Patient Care (IPC) Team Model. Core Team = 1 MD, 1 PharmD, & 1 LPC/SAC. Patrick Shannon & team discussed Healing to Wellness (for offenders). The Healing to Wellness Program is a voluntary, alternative sentencing program that allows participants to obtain a full range of services to assist them in leading a drug and alcohol-free life. Random drug screens are used along with rewards and sanctions for compliance. Joseph “Joe” Sowmick member of Saginaw Chippewa Tribe discussed Opioids in Indian Country: Culture meets Communication on the Red Road of Recovery. We embrace the Four Paths of the Red Road (from Dan Coyhis, “Red Road of Wellbriety”). Aubree Gross discussed Effective Community Engagement Through Using an Integrative Health Care Model of Case Management.

Opioids in Indian Country Part 3: From Treatment to Recovery. 1 hour and 30 min – Part 3. <https://www.youtube.com/watch?v=QEYIXVbmxoY>. From: SAMHSA – Tribal Training and Technical Assistance Center. Discussed Digital Storytelling and the use in recovery supports. Experiences using strategies of digital storytelling. Bundled as a storytelling tool kit. The Toolkit is “An intervention for positive changes in lifestyle choices and resiliency.” Favorable results on the “pilot” of the Toolkit – 3 months of testing, earlier this year (2018). Willie Wolf talked about a program that is being tested in Washington...to be evidence-based...dealing with opioids. He stated, we don’t have many interventions that are evidence-based.

Partnering to treat pregnant women with opioid disorders: lessons learned from a six site initiative – September 28, 2016; Part 2. <https://www.youtube.com/watch?v=OzNpzHQgbjM> By Jean Blankenship, MSW; Linda Carpenter M.Ed.; Jill Gresham, MA; Kari Earle, M.Ed.; 1 hr. 50 min. It provides: Overview of Substance Exposed Infants In-Depth Technical Assistance, Early Efforts in Collaborative Formation and Strategic Planning, and Lessons Learned from Six Sites. Purpose: Support the efforts of States, Tribes and local communities in addressing the needs of pregnant women with opioid use disorders and their infants and families.

RED Talks - <https://www.youtube.com/channel/UCGSdSFOXt5uVK43i67N9-Vg>. “Sharing Native wisdom, tribal research, policy and community success stories to shape the future of tribal

nations. The data and ideas shared will empower tribes to use their sovereignty to implement programs and policies that work, build research capacity, and create sustainable opportunities for 7 generations of Native people.”

Data sharing among American Indians (RED Talks) – Joseph Yracheta - 9 min.

<https://www.youtube.com/watch?v=kxzQLbQPuCG>. Discusses pros and cons of data sharing among American Indians. “Everything is evidence-based, but there isn't enough evidence in Native American communities. We have to shore up this lack of evidence to get funding and do research.”

Indigenous research as storytelling (RED Talks). Abigail Echo-Hawk, Director of the Urban Indian Health Institute; a division of the Seattle Indian Health Board. 8 min.

<https://www.youtube.com/watch?v=4kcrXNurZfY>. Message: If your population doesn't understand then the work (marbles) doesn't work. Need to redefine: What equity is, how we're going to reach health equity, and how we need to define health for our communities

Tribal System of Care: Impacts of Opioids in Indian Country. 40 min.

<https://www.youtube.com/watch?v=19euKlibD20>. This webinar discussed the opioid epidemic and its impacts in Indian Country, especially for Native children and families, with up-to-date data presented. Cultural issues related to treatment and prevention of opioid use as well as medication assisted treatment and prevention were discussed.

Findings - Promising Programs

Bright Beginnings (Minneapolis American Indian Center): “The Bright Beginnings Recovery Support Project is designed to assist American Indian women who are pregnant or recently delivered, who have a history of substance abuse, and previous experience with the child protection systems, or are at risk for involvement with the child protection system, or to reunify if their children are in placement.” A case management program.

<https://www.maicnet.org/project/icwa/>

Family Spirit (Lech Lake Reservation; Home of the Leech Lake Band of Ojibwe): “The Manidoo Ningadoodem (Family Spirit) Program is currently the largest, most rigorous, and only evidence-based home-visiting program designed specifically for Native American families. Over 1,000 Native families have received Family Spirit services since its inception. The program is designed to be delivered by Native American paraprofessionals as a core strategy to support young, Native parents from pregnancy to 3 years post-partum. It is an honor and privilege to provide this comprehensive program to interested families.” Utilizes a home visiting approach for substance-using pregnant women that coordinates care.

<http://www.llojibwe.org/health/familyspirit.html>

First Steps to Healthy Babies Program (Bemidji, MN): “At First Steps to Healthy Babies, we care about moms and babies. Our goal is to help you have a safe and healthy pregnancy so you can give your baby his or her best start in life. We understand that drug and alcohol use, and additions are complicated, but we believe that all women have the power to have a healthy,

sober pregnancy with the right support, education, and services." A joint effort involving Beltrami County, Stanford Bemidji Healthcare, and Red Lake Nation, has worked to develop greater capacity for coordinating services across the region.

<https://www.sanfordhealth.org/bemidji/services/first-steps>

MOMs (Maternal Outreach & Mitigation Support) Program (White Earth Tribe Nation, MN): "Providing holistic services for pregnant mothers in a supportive environment to deal with the medical, spiritual and emotional problems caused by addictions to drugs such as opiates or heroin." MOMs program is owned and operated by the White Earth Tribe. Most deliveries of clients have shown negative newborn toxicology results and the program has markedly reduced out of home placements. <http://www.whiteearthculturaldivision.com/programs/moms-program>. Brochure:

http://www.whiteearthculturaldivision.com/application/files/2014/4373/7120/MOMSPProgram_Brochure_v2_1.pdf

Mothers First Program (Ramsey County, MN): "Since 1988, Mothers First has helped pregnant women have sober pregnancies and assisted mothers with your children struggling with substance abuse. Mothers First provides families with prenatal, nursing, chemical health and case management services." Regarded as a proven model for service coordination around prenatal exposure. <https://www.ramseycounty.us/residents/health-medical/clinics-services/mental-behavioral-health/adult-mental-health-chemical-health/mothers-first>

The Ninde Collaborative: A newly formed group of service providers whose focus is to address the high rate of American Indian women substance abuse, with special attention to opioid abuse during pregnancy. News from the Great Lakes Inter-Tribal Epidemiology Center (Fall 2017). Includes: Community perceptions of opioid use among American Indians and Alaska Natives in the Twin Cities. It indicates participation by The Ninde Collaborative.

<http://www.glitc.org/forms//epi/newsletters/2017-04-glitc-gazette.pdf.pdf>

Project Child (Hennepin County, MN): "Hennepin County's Project CHILD program works to help mothers make a better future for themselves and their children by helping them to get off drugs and alcohol and into a healthier lifestyle. The program is for women who are using drugs or alcohol before their 34th week of pregnancy. Intervenes with pregnant substance users to help clients achieve abstinence and maintain parental custody." <https://www.hennepin.us/your-government/projects-initiatives/project-child>

TagWii Recovery Center (Fond du Lac Band of Lake Superior Chippewa): Coordinates supportive social services for pregnant clients referred to treatment, provides prioritized recovery support services to pregnant and parenting women from 3 months pre-treatment to 1 year following the birth. <http://www.fdlrez.com/humanservices/index.htm#> and <http://www.icarol.info/ResourceView2.aspx?org=78732&agencynum=36900970&SiteResourceAgencyNum=36867082>

Wrapped in Hope (Lake County, MT in collaboration with the Flathead Reservation's healthcare and support service providers): "'Wrapped in hope: A collaborative project'

Confidential Healthcare and Chemical Dependency Support: Pregnancy through one year post-partum: Keeping drug-affected families together and healthy!" A collaboration between Providence Montana Health Foundation and Saint Joseph Hospital, with strong support from the Confederated Salish and Kootenai Tribal government, to implement a multi-disciplinary approach to drug use during pregnancy through both clinical and home-based services. PowerPoint about the program: <https://mthcf.org/wp-content/uploads/2018/01/Wrapped-in-Hope-PPT.pdf>. St. Luke Community Health participates in Wrapped in Hope. Their site includes links to the project's lecture series, including: working productively with Tribal and State CPS, Motivational Interviewing; Pain, Opioids & Pregnancy; Neonatal Opiate Withdrawal Syndrome; and Consent for Treatment with Bupernorphine/Nalozone.
http://www.stlukehealthcare.org/getpage.php?name=Wrapped_in_Hope

Anxiously Awaited Resources

A report on the on how to engage pregnant women with Opioid Use Disorder is expected to be available in a couple of months (around November 2018). This report will be a product of the Substance-Exposed Infants In-Depth Technical Assistance program through the National Center on Substance Abuse and Child Welfare. SAMHSA published a report titled: Substance-Exposed Infants: A Report on Progress in Practice and Policy Development in States Participating in A Program of In-Depth Technical Assistance. September 2014 to September 2016. Executive Summary, April 2017."

file:///E:/BPC/Bad%20River/Substance%20Exposed%20Infants_Report%20on%20Progress%20in%20Practice_includes%20MN%20tribal%20info.pdf. Within this document Minnesota is

identified as one of the states receiving In-Depth Technical Assistance. They are focused on Tribal communities. The Minnesota site profile can be found here:

file:///E:/BPC/Bad%20River/Substance%20Exposed%20Infants_Site%20profile.pdf. A discussion with the change leader for the project occurred on Friday, August 3 @ 11:30 AM (CT). She indicated that she has been working with the 5 Native tribes in Minnesota that have the highest rates of NAS out of all the tribes in MN. She will be engaging in a listening tour with all 5 tribes in the next couple weeks (in August 2018). She anticipates a report, on how to engage women when pregnant, coming out of this tour in the next couple months. She has agreed to share the report with us, pending permission from the tribes to share it. She also shared a resource ("Tribal and Urban Resources for Native Americans in Minnesota.") that the tribes worked for a couple of years to develop: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7623-ENG>

Suggested Indigenous Health & OUD Resource List

Alcohol & Drug Abuse Institute at the University of Washington has a library page (ADAI Bibliographies on Substance Abuse <http://lib.adai.washington.edu/biblist.htm>) that provides links to books and monographs. It provides an outline that includes: Specific Drugs, Pregnancy & Fetal Effects, and Race & Ethnicity Special Populations materials.

American Indian Public Health Resource Center (AIPHRC) is a center located within North Dakota State University. They provide resources and technical assistance https://www.ndsu.edu/centers/american_indian_health/. As well as, some presentation materials

within their Working in Native Directions (WIND) page
(https://www.ndsu.edu/centers/american_indian_health/wind/).

Centers for American Indian and Alaska Native Health (CAIANH) is part of the Colorado School of Public Health.

<http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/Pages/caianh.aspx>. The Mission of this center is "...to promote the health and well-being of American Indians and Alaska Natives, of all ages, by pursuing research, training, continuing education, technical assistance, and information dissemination within a biopsychosocial framework that recognizes the unique culture contexts of this special population." Part of the information dissemination of this center is the *American Indian and Alaska Native Mental Health Research* journal.

<http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Pages/journal.aspx>

Child welfare, substance use disorders, and dependency courts: A cross-system bibliography. This includes: Substance Use During Pregnancy, and specifically, Treatment of Substance Use Disorders in Pregnancy. Also, noteworthy, is a section on Special Populations; within this section is a link to resources titled: Issues Affecting Tribes.

https://ncsacw.samhsa.gov/files/Annotated_Bibliography.pdf

Collaborative Research Center for American Indian Health (CRCAIH – pronounced "KIRK-uh") – "...is intended to help tribal communities and health researchers collaborate on research that improves the health of American Indians in South Dakota, North Dakota, and Minnesota."

<https://www.crcaih.org/> It is a collaboration between 11 AI communities and agencies, 5 academic institutions and 3 healthcare organizations. CRCAIH provides information on current research projects (<https://www.crcaih.org/research.html>) and links to the materials for the past Summits (<https://www.crcaih.org/summit.html>).

Health Start EPIC Center "...provides training, and consultation, and technical resources to community-based agencies working to give every child a healthy start."

<https://healthystartepic.org/>. The site has online trainings and resources on evidence-based practices: <https://healthystartepic.org/resources/evidence-based-practices/>. Including:

Obstetric Care for Women with Opioid Use Disorder Bundle Complete Resource Listing:

http://safehealthcareforeverywoman.org/wp-content/uploads/2017/08/Obstetric-Care-for-Women-with-Opioid-Use-Disorder-Bundle_Resource-Listing.pdf

National Center on Substance Abuse and Child Welfare – "...is a national resource center providing information, expert consultation, training and technical assistance to child welfare, dependency court and substance abuse treatment professionals to improve the safety, permanency, well-being and recovery outcomes for children, parents and families.

<https://ncsacw.samhsa.gov/> The organization provides resources

(<https://ncsacw.samhsa.gov/resources/default.aspx#resources>). Within in resources are multiple topics that link to a page with numerous resources. So of the topics include: Opioid Use Disorders and Medication-Assisted Treatment, Substance-Exposed Infants, Tribal Community

Resources. The "Tribal Community Resources" page (<https://ncsacw.samhsa.gov/resources/resources-tribal.aspx>) provides resources, including many research articles on American Indians and substance use. Noteworthy, is an article *Examining correlates of methamphetamine and other drug use in pregnant American Indian adolescents*. Barlow, A., Mullany, B. C., Neault, N., Davis, Y., Billy, T., Hastings, R.,...&Walkup, J. T. (2010). Examining correlates of methamphetamine and other drug use in pregnant American Indian adolescents. *American Indian & Alaska Native Mental Health Research: The Journal of the National Center*, 17(1). <https://files.eric.ed.gov/fulltext/EJ889712.pdf>

National Congress of American Indians – Policy Research Center – "...to provide tribal leaders with the best available knowledge to make strategically proactive policy decisions in a framework of Native wisdom that positively impact the future of Native peoples." <http://www.ncai.org/PRC>. Also has a Policy Research Center Publications site, with many resources. <http://www.ncai.org/policy-research-center/research-data/prc-publications>

National Indian Child Welfare Association - "NICWA works to eliminate child abuse and neglect by strengthening our families, tribes, and laws that protect them. <https://www.nicwa.org/> This organization provides resources, training, and technical assistance. One training institute, of particular interest is titled: Working With Substance-Abusing Families. The training provides "...an overview of working with substance-abusing Native families from both a direct services and a systems collaboration point of view."

National Indigenous Women's Resource Center (<http://www.niwrc.org/>) - This organization also posts webinars. One of particular interest was, "Framing the Issues: Looking at the Opioid Epidemic in the Context of Trauma and Domestic Violence" presented on June 13, 2018, by Dr. Carole Warshaw and Gwendolyn Packard. The webinar has a "...focus on specific concerns of Indian communities..." The slide deck is also available on this website. <http://www.niwrc.org/resources/framing-issues-looking-opioid-epidemic-context-trauma-and-domestic-violence>

Native American Center for Health Professions is part of the University of Wisconsin-Madison's School of Medicine and Public Health. <https://www.med.wisc.edu/education/native-american-center-for-health-professions/> Also, a participant in the **Native Nations UW-Madison Initiative**. This initiative has identified many focus areas for partnerships, projects and programs; one is specifically focused on health <http://nativenations.nelson.wisc.edu/partnerships-projects-programs/health.php>.

Tribal Epidemiology Centers (TECs) "...work in partnership with local or area tribes to improve the health and well-being of tribal members by offering culturally competent approaches to eliminate health disparities faced by American Indian and Alaska Native populations." There are 12 TECs and each is unique regarding the services and activities offered. Here is an overview: https://www.cdc.gov/tribal/documents/tec_overview.pdf. Wisconsin falls within the Great Lakes Inter-tribal Council (GLITC – <http://www.glitc.org/index.html>). Check out the resources page.

Urban Indian Health Institute is a division of the Seattle Indian Health Board (<http://www.uihi.org/>). Within the resources page they provide reports (<http://www.uihi.org/Resources/Reports/>), Fact Sheets & Tool Kits (<http://www.uihi.org/Resources/Fact-Sheets-Tool-Kits/>), and Presentations (<http://www.uihi.org/Resources/Presentations/>).