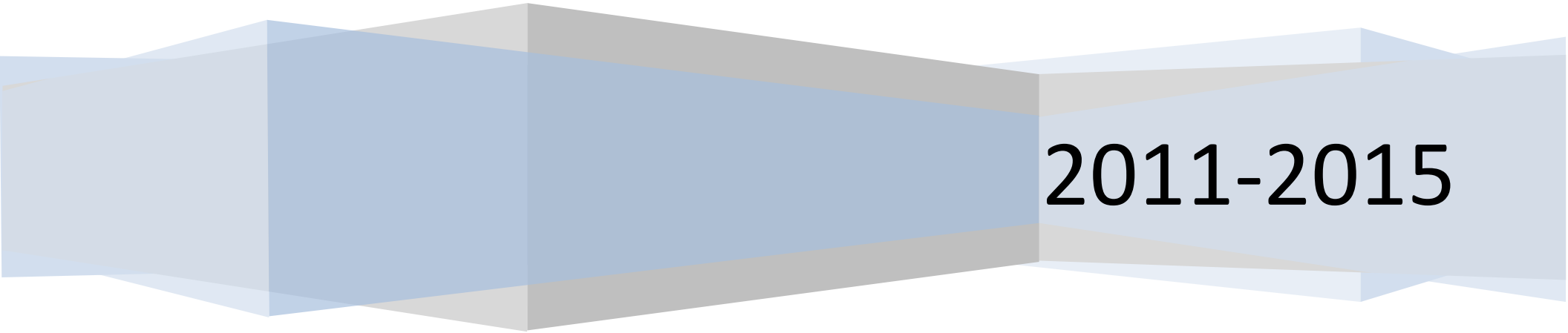
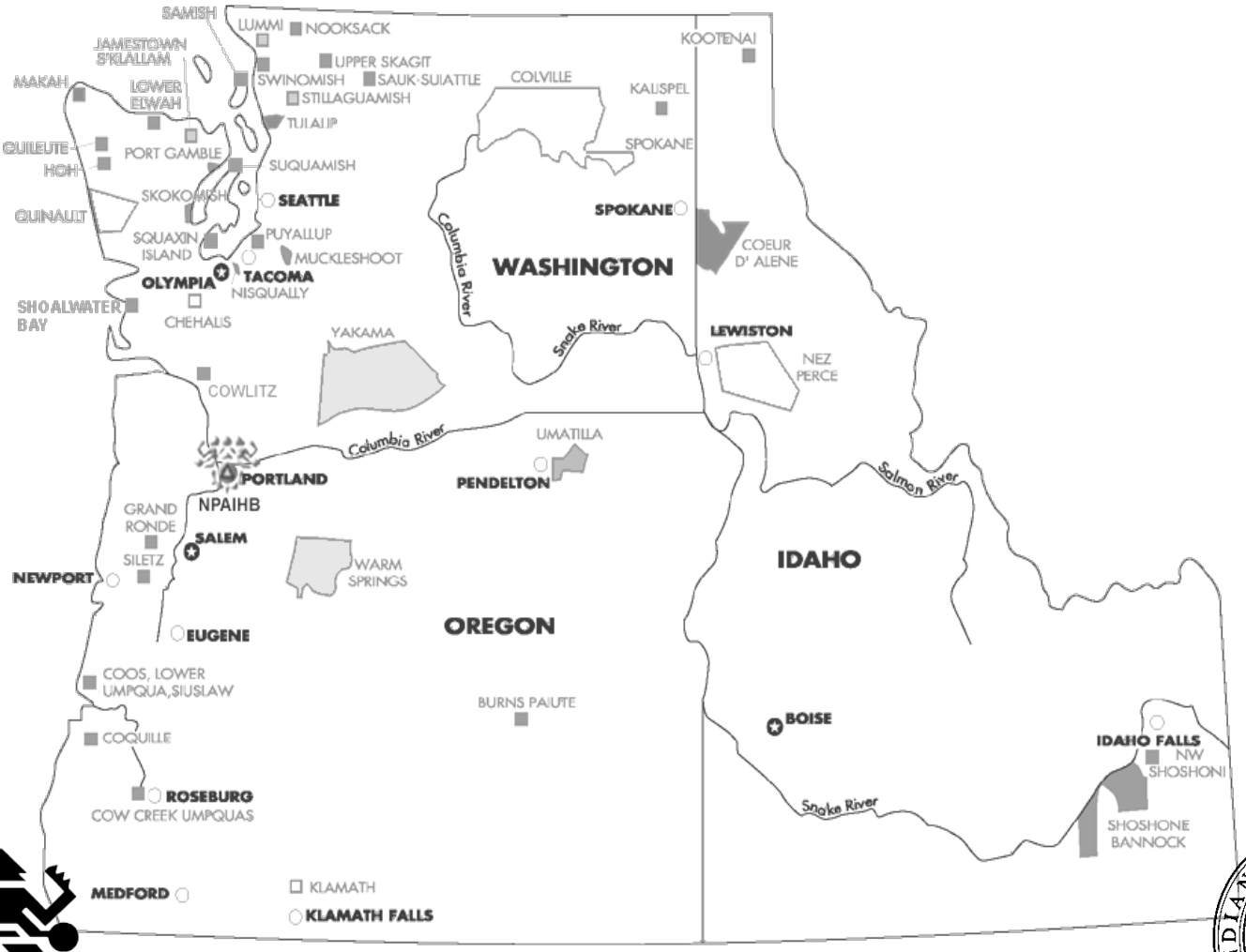
Portland Area Indian Health Service & the Northwest Portland Area Indian Health Board

Northwest Tribal Substance Abuse Action Plan

A Five-Year Strategic Plan for the Tribes of Idaho, Oregon, and Washington



Northwest Tribal Substance Abuse Action Plan



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Northwest Tribal Substance Abuse Action Plan

Tribal Action Plan Mission Statement

Our mission is to reduce the abusive use of alcohol, tobacco, and other drugs (ATOD) among American Indians and Alaska Natives living in the Pacific Northwest by increasing tribal capacity and improving intertribal collaboration. It is our hope that the Action Plan will be used by the Northwest Tribes and by our partnering agencies to guide program planning, catalyze community outreach efforts, and foster a coordinated response to substance abuse in our tribal communities.

Contributing Members

To achieve the goals outlined by the Northwest Tribal Substance Abuse Action Plan, a number of Tribes, agencies, and programs will work collaboratively to complete the tasks and activities proposed by the plan. Different entities will be responsible for different portions of the plan. Contributing members will include:

- **The 43 federally-recognized Tribes in Idaho, Oregon, & Washington**
  - I/T/U Clinics and Tribal Health Departments
  - Behavioral Health Programs
  - Youth Prevention Programs
  - NW Native Rehabilitation and Treatment Centers
  - Law Enforcement personnel and Correctional Facilities

- **Regional and National Substance Abuse Prevention & Treatment Partners**
  - Northwest Portland Area Indian Health Board
  - Indian Health Service
  - Native American Rehabilitation Association
  - State Health and Human Services Departments – Idaho, Oregon, Washington
  - MSPI Partners
  - Portland State University
  - Oregon Health Sciences University - One Sky Center
  - University of Washington - Alcohol and Drug Abuse Institute
  - Substance Abuse and Mental Health Services Administration (SAMHSA)

Northwest Tribal Substance Abuse Action Plan

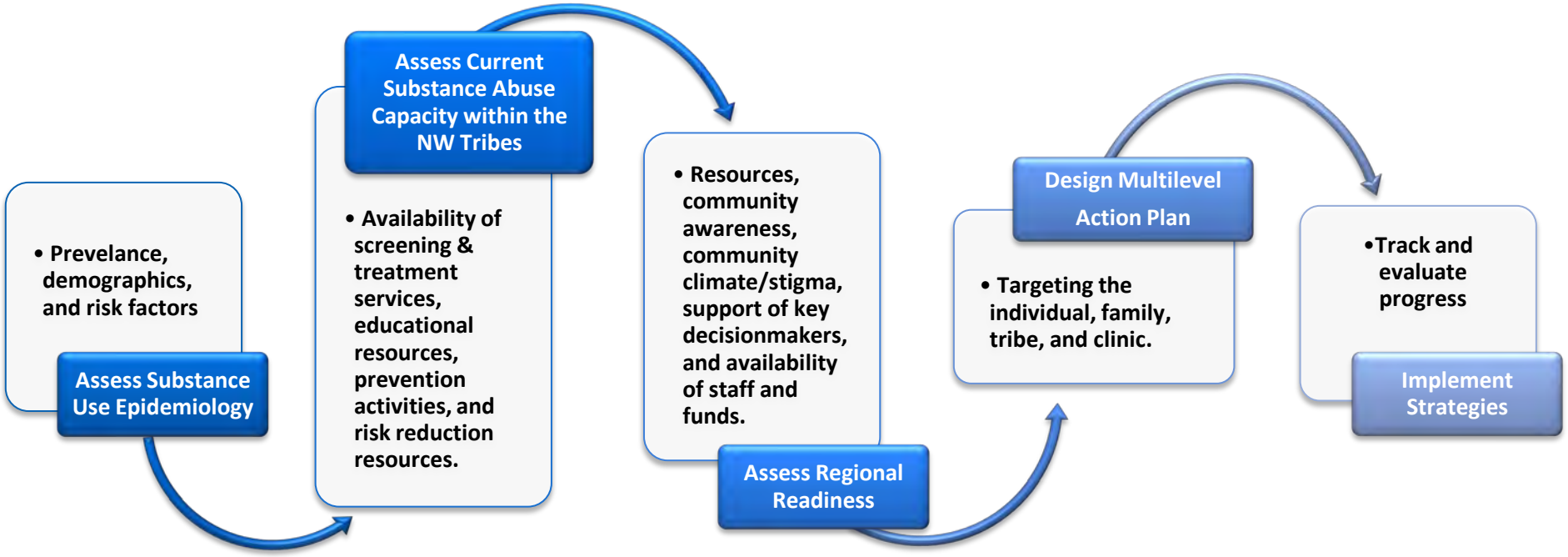
Planning Process

The Northwest Tribal Substance Abuse Action Plan is the product of a collaborative planning process initiated by the Northwest Portland Area Indian Health Board (NPAIHB) in 2010. NPAIHB began meeting with regional partners in early in the year to identify priority issues and concerns related to substance abuse prevention and treatment, particularly related to alcohol, tobacco, and other drugs (ATOD). Partner meetings were held in conjunction with the QBM Behavioral Health Committee, the *Native Adolescent Health Alliance*, quarterly meetings of the Oregon 9-tribes Prevention Summit, and the WA Prescription Drug Abuse Prevention Education Conference. Meeting participants included tribal health representatives, the Indian Health Service, NPAIHB, State Health Departments, University partners, and other organizations that work closely with the NW tribes. The plan spans a five year period, and includes the 43 federally-recognized tribes located in Idaho, Oregon and Washington.

The planning process involved multiple phases, beginning with a review of substance abuse rates, and risk and protective factors for American Indians and Alaska Natives (AI/AN) living in this region. To inform the planning process, the team then gathered more information about available and needed substance abuse services, and assessed the capacity of the region's tribes to address substance abuse at the community level. Questions adapted from the *Community Readiness Model* were discussed at length with regional partners, and explored a broad array of related topics, including prevention activities, treatment services, and perceptions about community knowledge, action, climate, and concern. This information was then used to collaboratively select and design intervention strategies that were responsive to the current level of community capacity and readiness within the Northwest tribes.

A draft of the Northwest Tribal Substance Abuse Action Plan was completed in November 2010, and circulated among partners for critical review and feedback. Once complete, the plan was reviewed by the delegates of the Northwest Portland Area Indian Health Board and the Behavioral Health Committee. A resolution supporting the plan's implementation was passed in January 2011.

Northwest Tribal Substance Abuse Action Plan



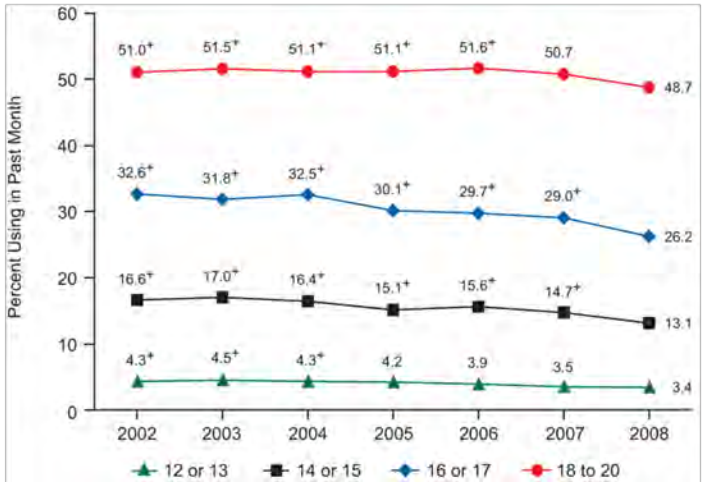
The planning process used to develop the NW Tribal Substance Abuse Action Plan followed the six steps noted above: 1) Collect and review the epidemiology of substance abuse in the region, 2) Determine the current capacity of the NW tribes to prevent and treat substance abuse, 3) Determine the current readiness level of the NW tribes to engage in substance abuse prevention and treatment activities, 4) Design a multilevel action plan to address alcohol, tobacco, and other drugs (ATOD), and 5) implement and evaluate action plan strategies. Several factors associated with substance abuse were used to guide the discussion, including: Access/Availability of Substances, Community Climate toward Substance Abuse, Prevention Activities, Treatment/Recovery Services, and Criminal Justice Activities.

Northwest Tribal Substance Abuse Action Plan

Substance Use Epidemiology for AI/ANs Living in the Pacific Northwest

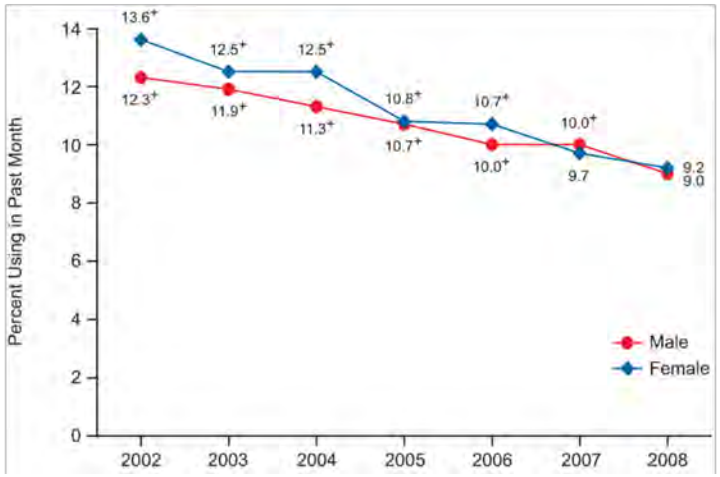
Unless otherwise noted, the following data are from the 2008 National Survey on Drug Use and Health: National Findings. Less current data on AI/ANs specifically can be found at: http://www.oas.samhsa.gov/race.htm#Indians

Current Alcohol Use among Persons Aged 12 to 20, by Age: 2002-2008



Alcohol Use: In 2002-2005, AI/ANs were more likely than members of other racial groups to have a past year alcohol use disorder (10.7 vs. 7.6%).

Past Month Cigarette Use among Youths Aged 12 to 17, by Gender: 2002-2008



Commercial Tobacco Use: In 2002-2004, rates of cigarette smoking in the past month among persons aged 12 or older were highest among AI/ANs (34.8%) and persons of two or more races (34.6%).

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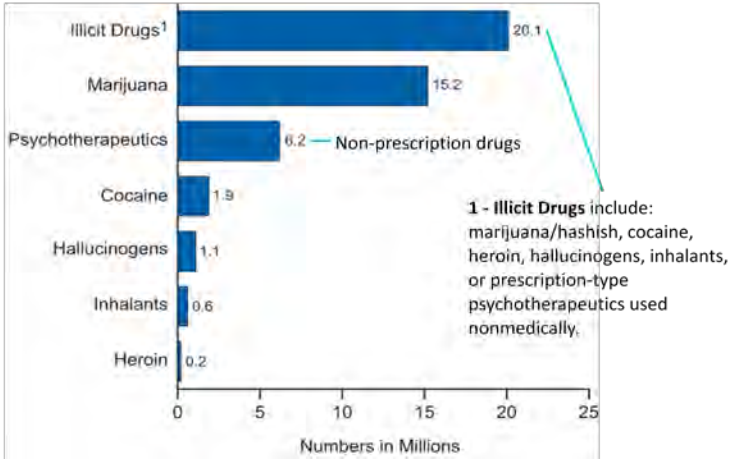
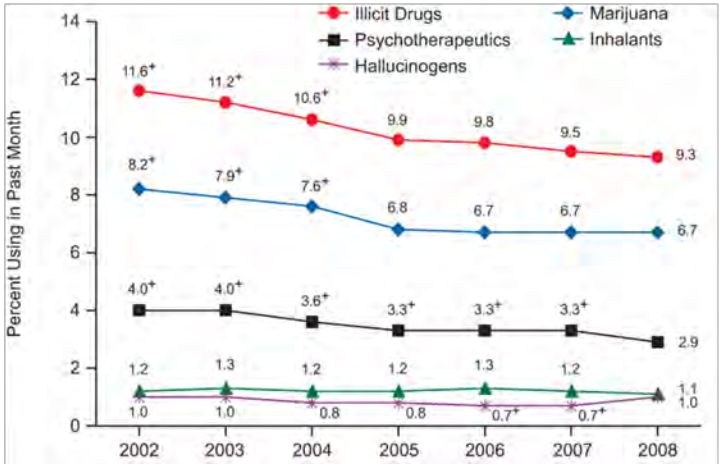
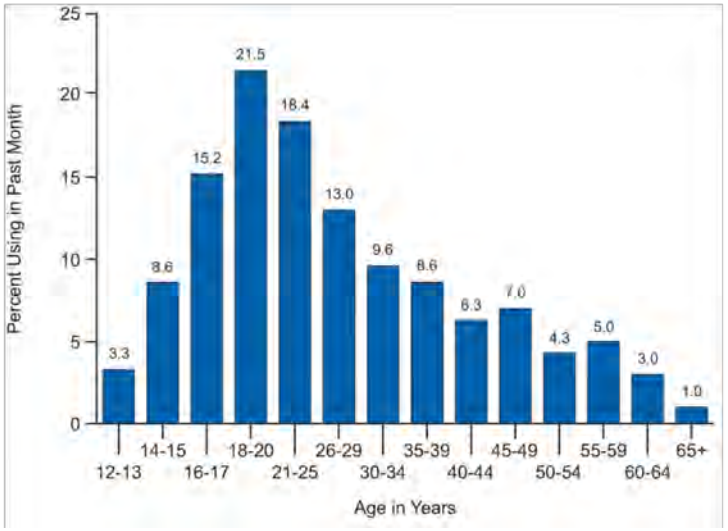
Past Month Illicit Drug Use among Persons Aged 12 or Older: 2008



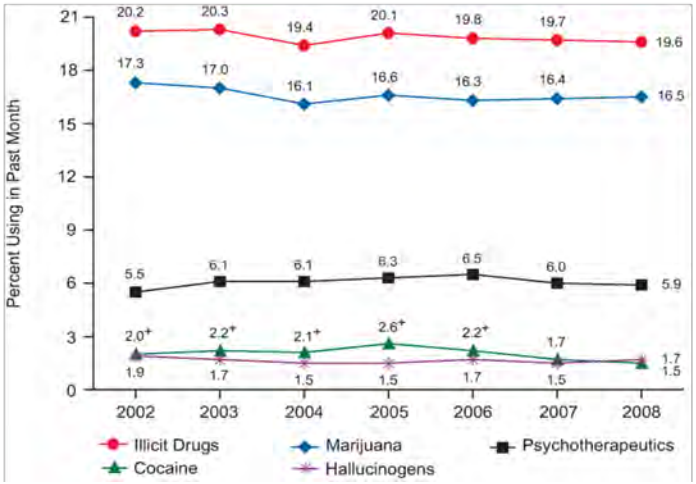
Past Month Use of Selected Illicit Drugs among Youths Aged 12 to 17: 2002-2008



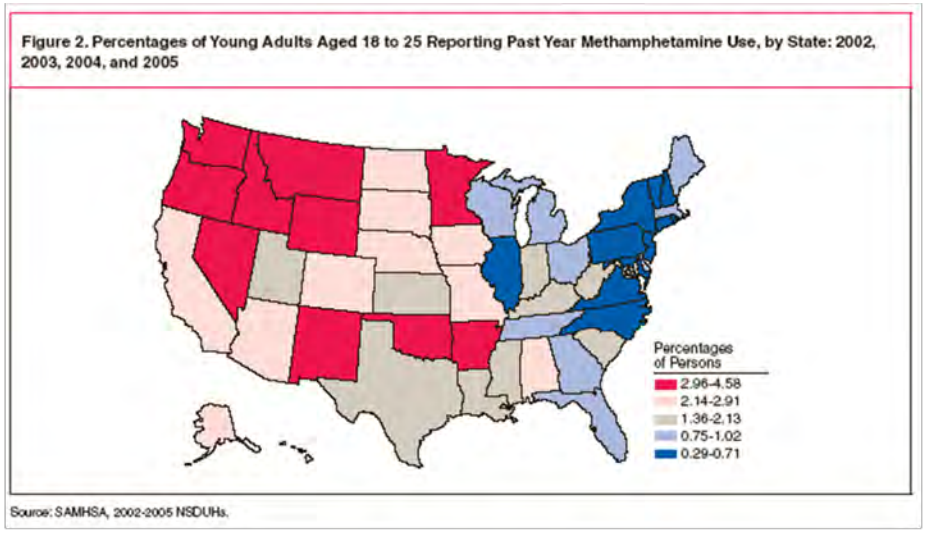
Past Month Illicit Drug Use among Persons Aged 12 or Older, by Age: 2008



Past Month Use of Selected Illicit Drugs among Youths Aged 18 to 25: 2002-2008



Illicit Drugs: In 2002-2005, AI/ANs aged 12 or older were more likely than members of other racial groups to have used an illicit drug at least once in the past year (18.4 vs. 14.6 percent) and to have a past year illicit drug use disorder (5.0 vs. 2.9 percent). Rates of past year heroin use and past year nonmedical use of pain relievers, tranquilizers, and sedatives were similar between AI/AN aged 12 or older and members of other racial groups. AI/ANs were more likely, however, than other racial groups to have used other drugs. For example, 13.5% of AI/ANs aged 12 or older used marijuana in the past year compared with 10.6% of members of other racial groups; 3.5% of AI/ANs used cocaine compared with 2.4% of other racial groups; 2.7% of AI/ANs used hallucinogens compared with 1.7% of other racial groups; and 1.3% of AI/ANs used inhalants compared with .9% of other racial groups.



In 2002-2005, young adults aged 18 to 25 were more likely to use meth in the past year (1.6 percent) than youths aged 12 to 17 (0.7 percent).

http://oas.samhsa.gov/2k6/stateMeth/stateMeth.pdf

Methamphetamine: In 2006, there were an estimated 731,000 current users of methamphetamine aged 12 or older (0.3% of the population). Of those who used meth for the first time in 2006, the mean age at first use was 22.2 years (up considerably 18.6 years in 2005). Rates of past-year methamphetamine use are highest in the Western United States (1.6%), followed by the South (0.7%), Midwest (0.5%), and Northeast (0.3%) regions of the country.

Nationally AI/ANs have the highest rates of methamphetamine abuse. In studies of "past year methamphetamine use," Native communities have the highest use rates, 1.7% for American Indians/Alaskan Natives and 2.2% for Native Hawaiians. This rate is substantially higher than other ethnicities: Whites (0.7%), Hispanics (0.5%), Asians (0.2%) and African-Americans (0.1%) (SAMHSA).

Northwest Tribal Substance Abuse Action Plan

Causal Factors for Substance Abuse

Several causal factors have been identified that can contribute to the consumption of alcohol, tobacco and other drugs (ATOD) and related consequences (arrest, loss of employment, motor vehicle crashes, etc):

- **Community Norms** – Community norms are the informal rules of acceptable behavior that apply in community settings. Community norms can encourage or discourage problem ATOD behaviors.
- **Social Availability** – Social availability refers to the ways in which people obtain ATOD through social ties such as family members, friends, and the like. This includes both providing underage users with ATOD, as well as ways in which social availability encourages excessive use among of-age substance users.
- **Retail Availability** – Retail availability refers to the availability of alcohol and tobacco through retail outlets. It may refer to the density of retail outlets, the ability of underage users to obtain alcohol/tobacco illegally through retail outlets, ways in which retail outlets encourage or allow underage use, or additional ways that you may identify in your community.
- **Promotion of ATOD** – Promotion involves things such as low price specials by both on-premise and off-premise alcohol outlets that contribute to drinking patterns in your community. Another way to review this factor is to look at the promotion of alcohol occurring through newspapers, billboards, TV or other media outlets. You may come up other ways promotion encourages heavy drinking and drinking and driving in your community.
- **Individual Factors** – The individual factor category refers to a cluster of variables that characterize an individual's risk for engaging in problematic ATOD consumption. These individual factors may pertain to an individual's attitudes, temperament, genetic predisposition, family relations, etc. that affect their likelihood of engaging in problematic substance use.
- **Criminal Justice/Enforcement** – Enforcement or perception of enforcement of alcohol laws may be an important deterrent to problem alcohol use at both the state and community levels. Ask if there is enforcement of alcohol related law violations, particularly those related to drinking and driving, or lack of prosecution of alcohol related offenses.

Aligning Action Plan strategies to the most important causal elements can help reduce the consequence and consumption of alcohol, tobacco and other drugs (ATOD).

Northwest Tribal Substance Abuse Action Plan

Current Capacity and Readiness within the NW Tribes

Access/Availability of Substances	Community Climate	Prevention	Treatment/Recovery	Criminal Justice
Some reservations are dry (alcohol free), but on most, alcohol and tobacco can be legally purchased from stores or can be obtained from family members.	In many NW tribes there is a general tolerance of ATOD[1] use and experimentation. Behavior has been learned and taught from generation to generation, causing cyclical family patterns of abuse. Communities are particularly desensitized to tobacco and marijuana use. Community buy-in and ownerships for prevention is low. ATOD[1] use is compounded by historical trauma, unemployment, depression, and feelings of inevitability. Per capita checks can enable substance abusers.	Elders and tribal best practices (i.e. cultural activities and educational programs) are our greatest cultural strength for prevention.	ATOD[1] screening and referral services could be improved by: ❖ Expanding the use of electronic health records (EHR)	The tribal justice system is very concerned and does the best it can with limited resources. Often, tribal police are too overwhelmed w/ other work.
Other drugs can easily be purchased from community members or obtained from friends or family members. Drugs are brought into the community from Mexico and Canada. Tribal members are "befriended" by drug dealers and gang members.		Tribe supports ATOD-free community events: ❖ Dinners ❖ PowWows ❖ Canoe Journey ❖ Camps Tribe supports ATOD awareness events and observances: ❖ Car crash demonstration ❖ Red ribbon week ❖ Grim Reaper activity	Treatment and recovery services could be improved by: ❖ Being more holistic, addressing ATOD together, depression, etc. ❖ Bringing families into the treatment process to help users recover ❖ Being culturally competent. Those that are are often far away. ❖ Expanding access to local and tele-health counselors ❖ Including recreation and skill-building activities for youth ❖ Additional funding	Jails end up handling detox for some drugs (i.e. Meth), because they have more staff and facilities. Additional justice positions are needed to work with users and their family.

[1] Alcohol, Tobacco, and Other Drugs (ATOD)

Northwest Tribal Substance Abuse Action Plan

Access/Availability of Substances	Community Climate	Prevention	Treatment/Recovery	Criminal Justice
Community members access ATOD[2] from: ❖ Family members ❖ Retailers ❖ Friends ❖ Through theft ❖ Drug dealers	ATOD[2] treatment programs are not well respected. They are often used to appease law enforcement, and the treatment system often reinforces that perception (appears punitive). Stigma is still fairly high surrounding behavioral health services and accessing treatment.	Fewer programs focus on prevention, and more focus on recovery. Prevention programs are specifically needed for college-aged youth (18-25), particularly safe places to socialize and hang out.	Most treatment/recovery programs are accessed using referrals. Treatment can usually be accessed with a few weeks. Court ordered treatment is common. Voluntary treatment programs are least effective because users can leave if it gets too tough (which has the highest recidivism rate). Parents/Guardians need to be more involved in the youth treatment.	Some policies <u>are</u> present and well enforced: ❖ Stores check ID for sales ❖ DUI Policies that are often <u>not</u> present or well enforced: ❖ MIPs for underage drinkers ❖ Codes against social hosting ❖ Codes addressing marijuana prescriptions ❖ Traffic safety codes ❖ HUD policies - No ATOD use in tribal housing, no gang activity in tribal housing ❖ Protection of unborn children from ATOD use by mother
Prescription drug drop-off sites (i.e. pharmacy, sheriff) are available but are not widely known about or used by community members.	Parents tolerate youth experimentation. Youth need more parental involvement in prevention, treatment, and recovery. Family members feel unable to intervene – don't know the signs or are in denial.	Prevention services could be improved by: ❖ Focusing more on parents and families ❖ Expanding youth mentoring and skill-building opportunities ❖ Expanding staff and community training on ATOD[2] topics, particularly on prescription drugs ❖ Additional funding	Recovery and transitional programs are critically needed in local communities. After treatment, patients often return to their old environments, pulled into using. Longer and more consistent follow-up and support is needed for those in recovery. More mentoring and sponsorship programs are needed. Parents/Guardians need to be more involved in the youth treatment.	

[2] Alcohol, Tobacco, and Other Drugs (ATOD)

Northwest Tribal Substance Abuse Action Plan

Access/Availability of Substances	Community Climate	Prevention	Treatment/Recovery	Criminal Justice
Prescription lock-boxes are not widely known about or used.	Need more effective communication between tribal departments, schools, treatment centers, law enforcement, criminal justice, etc.	Some tribes have difficulty maintaining effective communication between the clinic, tribal health department, tribal courts, law enforcement, and child protection services.	Tribes need IHS to approve more expensive treatment drugs on their formulary, because they are generally the most effective.	Tribal courts have varied capacity from tribe to tribe.
	Tribal leaders don't always model ATOD-free[3] lifestyles. Tribal council members would benefit from additional training and access to more localized data.	Community members do not use quit lines or other available hotlines. Community members need to be empowered to help themselves.	More research is needed to determine the optimal recovery climate for AI/AN patients.	Peer courts are good, when they are present.
	There is a fairly low level of community awareness about resources – people don't know about them until it impacts them personally.		More traditional healing opportunities are needed (ceremonies, drumming, and sweats) to instill a supportive community climate.	Tribes generally work well with CPS so people can keep their kids.
	Need follow-up services for tribal members returning from jail and prison.		Follow-up services could include: ❖ Transitional housing ❖ Support group(s) ❖ Low-cost ongoing treatment & recovery programs ❖ Traditional healing opportunities	Improvements are needed: ❖ Effectiveness & follow through by probation officers ❖ Enforcement of parole violations

[3] Alcohol, Tobacco, and Other Drugs (ATOD)

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Community Strengths and Weaknesses

Strengths	Weaknesses
Cultural activities i.e. root gathering, drum making	Lack of parental involvement
Traditional healing, ceremonies, drumming, and sweats	Native youth live in ATOD accepting environments
Once Native youth are involved and ATOD-free, they remain that way	Tribal leaders are not always present at ATOD-free events
Tribal leaders are supportive of ATOD-free youth	Youth lack positive role-models
Tribe supports ATOD-free events and observances	Policies are not enforced, consequences are not given
Community centers	Stigma surrounding mental health; Taboo subjects
After-school programs: educational and recreational	Low community awareness about resources – people don't know until it impacts them personally
Real-life experiences from youth are used as educational tools	Difficult to reach "hard to reach" populations
Out-patient treatment	Communication between programs and departments
In-patient treatment	ATOD-free is not a norm in the community
Tribal health departments can serve as a "one-stop shop" for health resources	Youth watch and learn from their parents – drinking, smoking, doing drugs
	Programs need to focus more on families and education
	Everyone would benefit from additional training

Northwest Tribal Substance Abuse Action Plan

Tribal Action Plan Mission:

Reduce substance abuse among American Indians and Alaska Natives living in the Pacific Northwest
by increasing tribal capacity to prevent and treat substance abuse, and by improving regional services and collaborations.

Primary Goals for 2011-2015

Goal 1: **Increase the capacity of Tribal health programs to prevent, screen for, and treat substance abuse in culturally-appropriate ways.**

Goal 2: **Increase knowledge and awareness about substance abuse among NW tribal community members, and in doing so, take steps to address the *acceptance* of substance abuse and the *stigma* that surrounds behavioral health programs, preventing community members from using available prevention and treatment services.**

Goal 3: **Improve tribal policies and procedures surrounding the availability, abuse, screening, referral, and treatment of substances, and the enforcement of those policies.**

Goal 4: **Improve intertribal and interagency communication about substance abuse prevention, referral, and treatment in order to improve outcomes for individual patients and share and maximize limited resources.**

Goal 5: **Increase knowledge and understanding among tribal decision-makers, State Health Departments, and potential funding organizations about substance abuse issues that affect the NW Tribes.**

Northwest Tribal Substance Abuse Action Plan

GOAL 1: Increase the capacity of Tribal health programs to prevent, screen for, and treat substance abuse in culturally-appropriate ways.						
Strategies and Interventions	**Lead**	**Year 1 – 2011**	**Year 2 – 2012**	**Year 3 – 2013**	**Year 4 – 2014**	**Year 5 – 2015**
A. Identify and disseminate culturally-appropriate informational fact sheets and newsletter articles addressing the abuse of ATOD and other substances.	NPAIHB, State Health Departments	❖ Update annually. ❖ Make materials available through links on the www.npaihb.org website and send copies to all NW tribes.				
B. Maintain a directory of substance abuse treatment centers located in the Pacific Northwest, particularly those that are effective and culturally-appropriate for AI/AN.	NPAIHB, Tribal Health Programs	Update annually	Update annually	Update annually	Update annually	Update annually
C. Identify, adapt, share, and/or design ATOD interventions targeting: AI/AN youth, elders, veterans, and other high-risk groups.	NPAIHB, Tribal Health Programs	❖ Ongoing Activity				
D. Identify and disseminate effective, culturally-appropriate ATOD screening tools, treatment strategies, funding opportunities, and prevention and aftercare resources.	NPAIHB, Tribal Health Programs	❖ Make materials available through links on the www.npaihb.org website and send copies to all NW tribes.				

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GOAL 2: Increase knowledge and awareness about substance abuse among NW tribal community members, and in doing so, take steps to address the *acceptance* of substance abuse and the *stigma* that surrounds behavioral health programs, preventing community members from using available prevention and treatment services.

Strategies and Interventions	Lead	Year 1 - 2011	Year 2 - 2012	Year 3 - 2013	Year 4 - 2014	Year 5 - 2015
A. Host collaborative trainings, meetings, or workgroups for tribal staff addressing local substance abuse challenges.	Tribal Health Programs	❖ 3-4 per year – Meetings and trainings should include tribal health programs, law enforcement personnel, school administrators, etc. Meetings can be used to discuss challenges and identify solutions, and to strengthen communication and referral systems.				
B. Host community forums, dinners, or cultural events to discuss local substance abuse concerns, possible solutions, and share available behavioral health resources.	Tribal Health Programs	2 per year	2 per year	2 per year	2 per year	2 per year
C. Engage youth in prevention activities and discussions using multimedia platforms like YouTube, texting, Facebook, or My space.	Native Adolescent Health Alliance	❖ Ongoing Activity				
D. Identify and disseminate existing social marketing campaigns that address substance use, mental health, and other related topics.	Native Adolescent Health Alliance	Identify existing campaigns; adapt if needed.	Disseminate Media Campaign	Disseminate Media Campaign	Disseminate Media Campaign	Disseminate Media Campaign

Northwest Tribal Substance Abuse Action Plan

GOAL 3: Improve tribal policies and procedures surrounding the availability, abuse, screening, referral, and treatment of substances, and the enforcement of those policies.

Strategies and Interventions	Lead	Year 1 – 2011	Year 2 – 2012	Year 3 – 2013	Year 4 – 2014	Year 5 – 2015
A. Identify and disseminate model policies and practices that effectively address tribal ATOD access, use, referral or treatment.	NPAIHB, Tribal Health Programs	❖ Develop a policy toolkit. Update it annually. ❖ Make materials available through links on the www.npaihb.org website and send copies to all NW tribes.				
B. Actively engage local planning groups, tribal council members, law enforcement, and community members in ATOD policy-change processes.	Tribal Health Programs	Form group, carry out needs assessment, prioritize policy change options.		Work collaboratively to build community awareness and acceptance, generate buy-in, and maximize enforcement.		Sustain and evaluate policy change.
C. Identify existing culturally-appropriate risk assessment and referral tools for AI/ANs, and encourage their use and application.	NPAIHB, Tribal Health Programs	Identify AI/AN substance abuse risk assessment tool(s)	❖ Integrate existing tool(s) into use in the NW. Collect, tabulate, and disseminate results.			

Northwest Tribal Substance Abuse Action Plan

GOAL 4: Improve intertribal and interagency communication about substance abuse prevention, referral, and treatment in order to improve outcomes for individual patients and share and maximize limited resources.						
Strategies and Interventions	**Lead**	**Year 1 – 2011**	**Year 2 – 2012**	**Year 3 – 2013**	**Year 4– 2014**	**Year 5 – 2015**
A. Use NPAIHB QBMs, Alliance meetings, conference calls, and email to work collaboratively on activities associated with the *NW Tribal Substance Abuse Action Plan*.	NPAIHB	❖ Host four intertribal/interagency meetings or calls per year. Encourage at least two representatives from each tribe to attend.				
B. Maintain a regional list-serve to disseminate information about available training, funding, curricula, prevention or treatment resources, model programs, and tribal successes.	NPAIHB	❖ Send out 1-2 updates per month.				
C. Collaborate with Idaho, Oregon, and Washington Health Departments to improve tribal access to State programs and services.	Idaho, Oregon, and Washington Health Departments	❖ Attend at least one QBM meeting, Alliance meeting, or conference call per year to discuss progress on the *Tribal Substance Abuse Action Plan*.				

Northwest Tribal Substance Abuse Action Plan

GOAL 5: Increase knowledge and understanding among tribal decision-makers, State Health Departments, and potential funding organizations about substance abuse issues that affect the NW Tribes.						
Strategies and Interventions	**Lead**	**Year 1 – 2011**	**Year 2 – 2012**	**Year 3 – 2013**	**Year 4 – 2014**	**Year 5 - 2015**
A. Tribal leaders will encourage their staff to participate in at least one substance abuse prevention or treatment training/workshop per year.	Tribal Council	1 per year	1 per year	1 per year	1 per year	1 per year
B. The NW tribes will seek to have tribal representation on State or regional substance abuse planning groups.	Idaho, Oregon, and Washington Health Departments	❖ At least one AI/AN on each state planning group.				
C. NW Tribes, Urban Indian Health Centers, and the NPAIHB will work collaboratively to seek funding that addresses the substance abuse prevention and treatment needs of NW AI/ANs.	Native Adolescent Health Alliance	❖ At least one grant per year, or as available.				

Northwest Tribal Substance Abuse Action Plan

Next Steps

In 2009, the NW Native Adolescent Health Alliance was formed to discuss and collaborate on an array of adolescent health topics including substance abuse, mental health issues, suicide, teen pregnancy, and STDs/HIV. This Alliance will continue to work with NPAIHB staff to implement portions of this action plan.

Acknowledgements

In developing our action plan we used materials adapted from the Community Readiness Model, developed by Plested, Thurman, Edwards and Oetting at Colorado State University: http://www.nccr.colostate.edu