



AMERICAN INDIAN

Substance Misuse Prevention with
New England Native Populations

Developed by Kathy L. Gardner, MPS, ACPS



New England (HHS Region 1)

PTTC

Prevention Technology Transfer Center Network
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Introduction

First and foremost, I would like to disclose that I am non-native. My love of learning about the native culture began with the Narragansett Tribe.

A few years ago, I had the opportunity to help build a prevention program at the Hopi Healthcare Center in the Hopi Behavioral Health Department, located in Northern Arizona on the Hopi Reservation. My next step was working with the Phoenix Indian Center in downtown Phoenix, Arizona. These opportunities gave me many experiences on a reservation working with native youth, also within the metropolitan area and smaller tribes just outside the city limits. I was also very fortunate to do trainings specific to the native culture. After working for so many years in prevention, I began to realize, although we are culturally competent, do we really understand how prevention and culture can be melded together?

My toolkit is intended to give you a better understanding of what I have learned and how you can use this knowledge within your own work and community. I am certainly not an expert and cannot truly relate to the historical trauma many native people have suffered through.

I will continue to grow and learn, and I welcome any feedback you would like to share with me.



Two beautiful young ladies from the Hopi Tribe, Shawuana & Kerissa

Culturally GROUNDED versus Culturally ADAPTED Prevention Programs

In the field of substance misuse prevention, there has been a debate related to the best approach to aligning interventions to specific cultural groups. Prevention Specialists have spoken for the need for prevention programs to be culturally "grounded," meaning that the program is developed from the cultural values and beliefs specific to each culture.

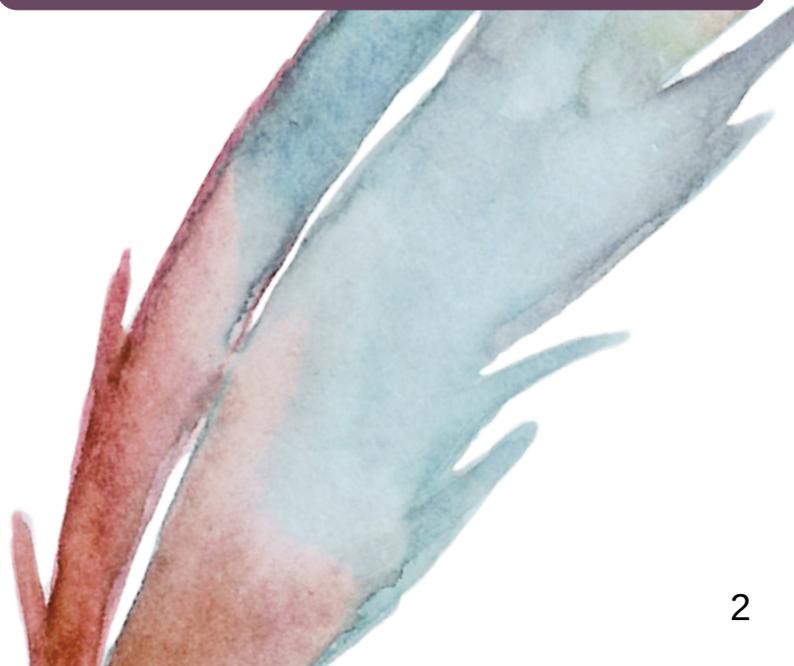
Yet, many believe that interventions can be culturally "adapted," meaning the existing prevention programs initially developed for youth populations can be modified to be culturally and regionally distinct for the target population. Most of the time, evidence-based programs are adapted to be culturally competent.

In contrast to culturally adapted approaches, culturally grounded approaches place the culture of the participant at the center of the intervention. Interventions are designed based on the cultural and social contexts of the targeted population.

Gathering of Native Americans (GONA), a SAMSHA evidence-based program, would be a great example. Culturally grounded programs are built on values, practices, beliefs, and socio-historical perspectives. To date, there are few evidence-based, culturally grounded prevention programs specific to indigenous youth and families.



A young man named Sooya of the Roadrunner and Greasewood clan. Sooya means planting stick, which are made from the greasewood bush. SADD Conference Phoenix, AZ 2019



"American Indian" or "Native American"

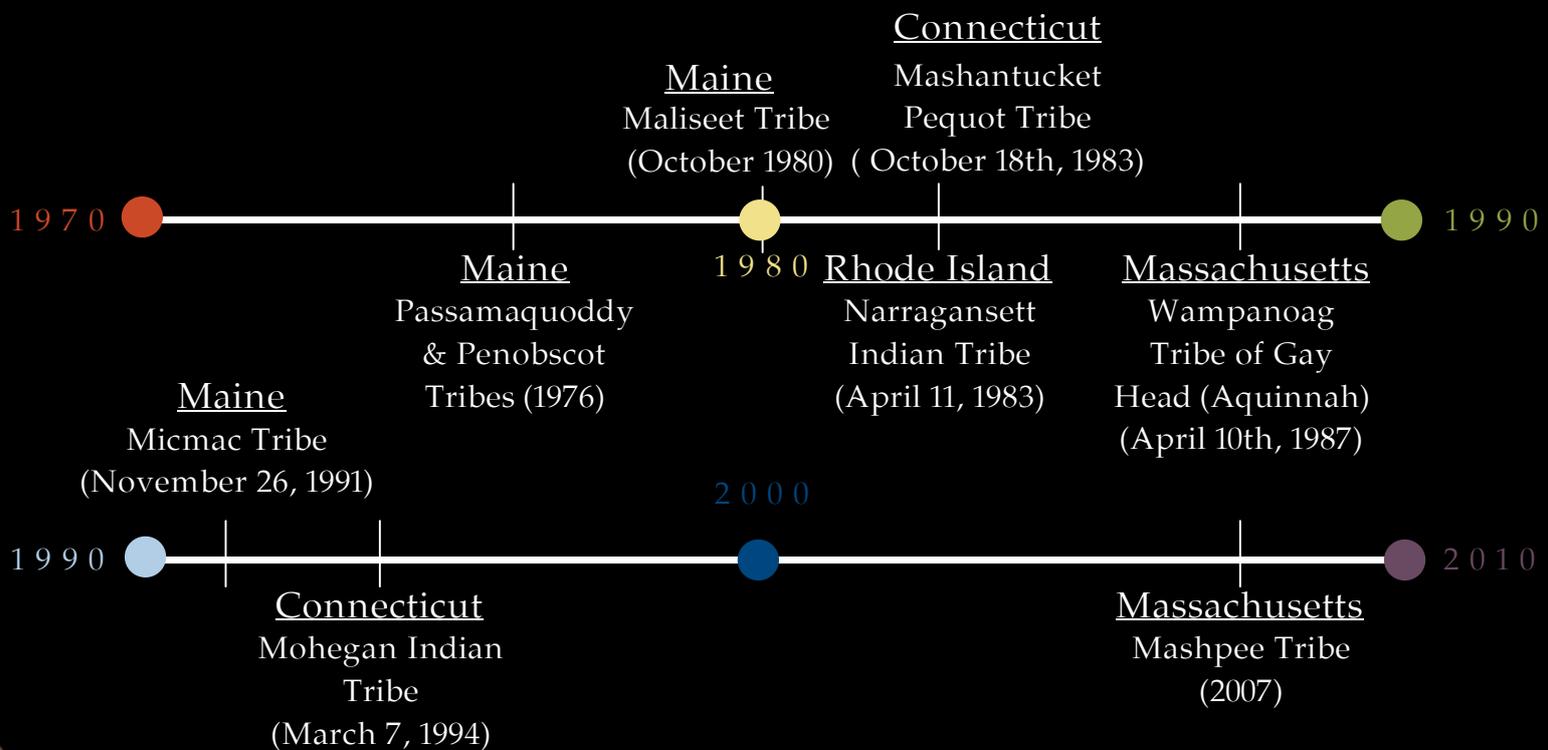
The preference between using Native American or American Indian is personal. When referring to American Indian or Alaska Native persons, it is still appropriate to use the terms "American Indian" and "Alaska Native." These terms denote the cultural and historical distinctions between persons belonging to the indigenous tribes of the continental United States (American Indians) and the indigenous tribes and villages of Alaska (Alaska Natives, i.e., Eskimos, Aleuts, and Indians). They also refer to services funded or directly provided by the BIA.

The term "Native American" came into broad usage in the 1970s as an alternative to "American Indian."
(Source BIA)





TIMELINE OF RECOGNITION



Federal Recognition

In New England, there are nine federally recognized tribes, and there are also tribes that still exist that have not been federally recognized to this date.

A federally recognized tribe is an American Indian or Alaska Native tribal entity that is recognized as having a government-to-government relationship with the United States, with the responsibilities, powers, limitations, and obligations attached to that designation and are eligible for funding and services from the Bureau of Indian Affairs.

Historical Trauma

Historical trauma is the accumulative emotional and psychological pain over an individual's lifespan and across generations as the result of massive group trauma.

(Yellow-Horse Brave Heart, 1995).



How did Native American boarding schools start?

The Native American boarding school system was officially started by Lieutenant Richard Henry Pratt, an Army officer. In 1879, Pratt opened Carlisle Indian School, an institution founded to assimilate Native Americans into white society.

Today the Carlisle Indian School is located in Carlisle, PA, and all the school's property is now known as the Carlisle Barracks and part of the U.S. Army War College.

What were the Indian boarding schools like?

Indian boarding schools usually imitated military life. Children were forced to cut their hair, wear uniforms, and march in formations. Rules were stringent, and discipline was often harsh when children broke the rules.

The students learned math, science, and other academic subjects.



Strengthening Protective and Reducing Risk Factors

Protective Factors

- Engagement in traditional spiritual/cultural practices.
- Ethnic/cultural identity
- Community Involvement, Positive opportunities,
- Connectedness to families and strong extended families
- Social Networks and support
- Connection to culture is the most important protective factor

Risk Factors

- Poverty
- Institutional racism and discrimination
- High prevalence of chronic health problems
- Limited access to health care
- Exposure to trauma/historical trauma
- Microaggressions
- Loss of culture

Research has shown that Indigenous youth populations have some of the highest rates and earliest initiation of substance use. These rates have been shown to increase more steadily over time for Indigenous youth, compared with other youth ethnocultural groups. Despite these statistics, there has been a lack of thoroughly evaluated, empirically-based drug prevention programs for indigenous youth. Federal agencies have considerable interest in developing indigenous-focused interventions to address adverse health outcomes, such as substance abuse.

Collecting data can be beneficial for funding opportunities. SAMHSA offers three programs that are specific to tribes and tribal organizations. Tribal Behavioral Health Grant (Native Connections, Circle of Care and the Tribal Opioid Response (TOR) Program. For more information, go to Tribal Affairs | SAMHSA



2019 National Survey on Drug Use and Health: American Indians and Alaska Natives (AI/ANs)



On-Reservations and Off-Reservations

A survey comparing drug use among Native American youth living on or near reservations to a national sample of American youth found that Native American youth report substantially higher use of alcohol, marijuana, cigarettes, and other illicit drugs. The research from Colorado State University, published in JAMA Network Open, was funded by the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health.

Using an anonymous online survey, the authors asked American Indian eighth, 10th, and 12th graders enrolled in schools on or near reservations to answer a set of questions about their use of illicit substances at any time during their life and during the past 30 days. The results were compared to responses from identical questions asked of approximately 50,000 eighth, 10th, and 12th graders surveyed in the NIDA-sponsored Monitoring the Future (MTF) study, an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. The general MTF sample has only about 5 percent American Indian participation.

The study found that lifetime drug use among American Indian youth were higher than among the general MTF sample at each grade level for all illicit substances, except for tranquilizers and amphetamines, and 30-day rates of use were higher for nearly all substances.

While much higher rates of illicit drug, alcohol, and cigarette use exist among American Indian youth, the study reinforces the need for early prevention efforts for all youth, including culturally-sensitive intervention materials that take advantage of the inherent strengths and traditions of Native American people.

For a copy of the paper published in JAMA Network Open, go to "Substance use Among American Indian Youth on Reservations with Comparison to a National Sample of US Adolescents."

About the National Institute on Drug Abuse (NIDA): NIDA is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world's research on the health aspects of drug use and addiction. The Institute carries out a large variety of programs to inform policy, improve practice, and advance addiction science. For more information about NIDA and its programs, visit www.drugabuse.gov.



Taking a Cultural Approach to Supporting Native American Youth



Mashantucket Schemitzun



Malikeet

Partnerships and Collaborations

Center for Native American Youth (CNAY) at the Aspen Institute had a partnership with Child Trends in 2015. This partnership was to support initiatives with Native American communities. CNAY is dedicated to improving the overall well-being of Native youth. A lot of research on this population has focused on adverse outcomes and risk factors. Child Trends were excited to partner with an organization that takes a positive and strengths-based approach with Native youth.

Many inspirational tales were shared by Native youth and how they overcame tremendous obstacles, and the challenges described by these young people often aligned with the risk and protective factors identified by research, the unique protective factor which stands out is the Native American culture.

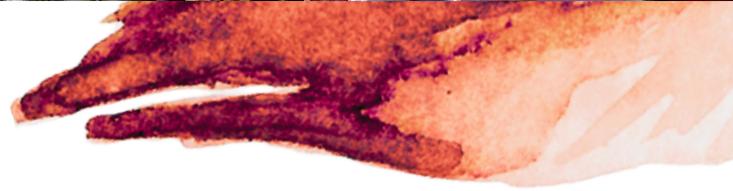
Community Engagement and Investment

A culturally grounded prevention program developed only influences the validity of prevention interventions for Indigenous youth, but also influences community engagement. There is emerging evidence that interventions tailored to a specific cultural group are more effective. With the disparities in health between Native American youth and the general youth population, we know it is critical to develop and test more interventions specific to the risk and protective factors unique to Native Youth.

Evidence-Based Programs



#1 POSITIVE INDIAN PARENTING



Program Description

The Positive Indian Parenting curriculum is taught using a train-the-trainer model. A lead trainer from the National Indian Child Welfare Association instructs facilitators from individual tribes to train their colleagues. The program is then administered within each tribe by the trained staff.

Program Outcomes

Positive Indian Parenting (PIP) is an 8–10-week curriculum developed by the National Indian Child Welfare Association that provides practical and culturally specific training for American Indian and Alaska Native parents. The training helps parents explore the values and attitudes expressed in traditional AI/AN child-rearing practices and apply them to modern parenting. The curriculum draws on the strengths of traditional Indian parenting practices using storytelling, cradleboard, harmony, lessons of nature, behavior management, and the use of praise. It also addresses the historical impact of boarding schools, intergenerational trauma, grief, and forced assimilation of parenting; it empowers Indian families to reclaim their right to their heritage to be positive parents.

There have been no formal evaluations of Positive Indian Parenting. However, the curriculum is grounded in extensive child welfare practice experience. Moreover, the program has been deemed an effective practice by the First Nations Behavioral Health Association.

NICWA is currently developing an evaluation and tracking process to capture this information better. A Positive Indian Parenting success story can be found at the following link:
http://www.nicwa.org/success/positive_indian_parenting.asp.



#2 NATIVE AMERICAN FATHERHOOD & FAMILIES ASSOCIATION (NAFFA)

Program Description

Native American Fatherhood & Families Association (NAFFA) began in 2002 with just one father and the mission of bringing men back to strengthening their families. Since then, NAFFA has successfully impacted thousands of lives and families.

NAFFA is an Arizona-based non-profit 501(C) (3) organization that provides programs to strengthen families through responsible fatherhood and motherhood. Our programs are one of a kind, creating a real passion in parents to take a leadership role in keeping families together and growing healthy children.

We have three signature curricula, 1.) Fatherhood Is Sacred®; Motherhood Is Sacred®, 2.) Linking Generations by Strengthening Relationships® and 3.) Addressing Family Violence & Abuse®. Our Fatherhood Is Sacred®; Motherhood Is Sacred® program is our foundational curriculum, the Linking Generations by Strengthening Relationships® and Addressing Family Violence & Abuse build upon that foundation.

To learn more about the curricula and how they are distinct from other social service programs. Go to: HOME | NAFFA (nativeamericanfathers.org)

#3 PARENTING IN 2 WORLDS

Program Description

The parenting intervention, Parenting in 2 Worlds (P2W), aims to strengthen family functioning and communication to help parents strengthen culturally relevant parenting skills, promote their children's health and well-being, and reduce their children's risk of substance use and risky sexual behavior.

Program Outcomes

After a pilot program was tested in the three urban sites and revised, the final P2W curriculum was implemented and tested in a randomized controlled trial relative to an information-only family health curriculum. A total of 607 parents of American Indian adolescents or pre-adolescents from Tucson, Phoenix, and Flagstaff were recruited.

The immediate outcomes of P2W demonstrated that parents had significant improvements in effective parenting practices, sense of parental agency, supervision of the adolescent, and family cohesion. Parents also reported significant decreases in child discipline problems and parent-child conflict. Most of these desired program effects for P2W approached medium-size and were sustained a year later.

For more information visit: Parenting in 2 Worlds/Southwest Interdisciplinary Resource Center (asu.edu)

#5 LIVING IN 2 WORLDS (L2W)

Program Description

Living in 2 Worlds (L2W) is a substance use prevention program for urban American Indian (AI) middle school students. To create L2W, the SIRC research team partnered with the Phoenix Indian Center and two school districts to engage youth, families, elders, and Native community leaders in a community-driven participatory process to identify cultural sources of resilience that protect American Indian youth from substance use and other risk behaviors. L2W was adapted specifically for Native adolescents living in urban areas using the core components of the keepin' it REAL curriculum, an existing SAMHSA "Model Program" for substance use prevention in middle schools, retaining the original program's focus on teaching the effective drug resistance strategies (Refuse, Explain, Avoid, Leave [R-E-A-L]) used most often by youth. A cultural adaptation model (Castro, Barerra, & Martinez, 2004) guided the creation of the culturally grounded curriculum, with a pilot phase that was followed by a small randomized controlled trial in three Phoenix-area middle schools.

Despite the diverse tribal backgrounds of urban American Indian families, ten inter-tribal cultural elements identified by the community were found to resonate widely, and these were infused into the L2W curriculum. These included the imperative of knowing ancestry, embracing kinship, and emphasizing oral traditions (see Reeves, Dustman, Harthun, Kulis, & Brown, 2014). These elements were aligned and integrated with the core components of the original keepin' it REAL curriculum. L2W emerged with lesson goals, objectives, activities, and prevention messages solidly grounded in urban American Indian inter-tribal cultural values. Focused on strengthening resiliency, L2W teaches a wide range of drug resistance skills and strategies including risk assessment, decision making, and culturally specific prevention messages in ways designated by the Native community as culturally appropriate and reflecting the social and cultural context navigated by urban American Indian youth.

Program Outcomes

To test the degree to which culturally grounding improved youth outcomes, American Indian students in two Phoenix area middle schools received the L2W curriculum and American Indian students in another school received the original, unadapted version of keepin' it REAL. Classroom lessons for both programs were delivered by Native facilitators in regular academic enrichment classes for Native youth.

A full report on the results of the L2W trial appears in Kulis, Ayers, & Harthun (2017; referenced below), examining a range of outcomes: substance use behaviors, attitudinal antecedents of drug use, drug resistance skills, other risk behaviors, and cultural identity and engagement. Although few differences were statistically significant due to the small sample size, differences between the L2W and keepin' it REAL (kiREAL) groups showed consistently better outcomes in L2W for substance use behaviors, other risk behaviors, attitudes toward substance use, and American Indian cultural identity.

Results demonstrated that evidence-based substance use prevention programs that are culturally adapted for urban American Indian adolescents, like L2W, can help delay initiation and slow increases in substance use while strengthening Native cultural identity and connection.

For more information visit: [Living in 2 Worlds/Southwest Interdisciplinary Resource Center \(asu.edu\)](http://Livingin2Worlds/SouthwestInterdisciplinaryResourceCenter.asu.edu)

#4 GATHERING OF NATIVE AMERICANS (GONA)

Program Description

A GONA is a culture-based planning process where community members gather to address community-identified issues. It uses an interactive approach that empowers and supports AI/AN tribes. The GONA approach reflects AI/AN cultural values, traditions, and spiritual practices.

The Four Elements of a GONA

- Belonging—the GONA ensures that everyone feels welcomed in an inclusive, open, safe, and trusting environment.
- Mastery—the GONA allows participants to take stock of how historical trauma impacts their communities and fosters their resilience, and holds them together.
- Interdependence—the GONA initiates the planning process to assess resources and relationships and experience and strengthen interconnectedness.
- Generosity—the GONA exercise of creating gifts to share with other participants symbolizes each participant's more significant contribution to their families and communities in helping to address and prevent mental and substance use disorders, prevent suicide, and promote mental health.



Narragansett Tribe - Wampum

The Tribal Training and Technical Assistance Center (Tribal TTA Center) conducts the GONA as an integral component of the TTA it provides. The GONA is designed to be adaptable so communities can tackle a variety of important issues. While envisioned as a 4-day event, amazing things can happen within a 2- or 3-day GONA. There have even been 1-day GONAs. The structure is designed as a 4-part process, rather than a 4-day process. The number of days a GONA is held varies based on community availability. The timeframe allows for maximum participation across multiple segments of the community. This fact sheet was prepared for the Substance Abuse and Mental Health Service

Health Disparities

Health Equity

"When all people have the opportunity to 'attain their full health potential, and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance."

Health Inequalities

"Differences in health status or the distribution of health determinants between different population groups."

Native American communities face significant inequity in health care and health status compared to other U.S. populations. Health outcomes for Native Americans are adversely impacted by wholly inadequate access to comprehensive health services.

More Cultural health approaches to reducing risk factors and chronic diseases among AI/AN are needed. Priorities should be identified, and culturally specific interventions to improve health and reduce disparities among AI/AN should be available. The Indian Health Services has been underfunded for many years.

Health Disparities

"A type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion, such as race or ethnicity, religion, socioeconomic status, gender, mental health status, sexual orientation, or geographic location. Other characteristics include cognitive, sensory, or physical disability differences in health along with social, economic, and racial or ethnic lines."

Examples of disparities within a tribe would be...

- Poverty
- Unemployed
- Language barriers
- Unequal access to health care
- Access to healthy food
- Environmental conditions
- Low educational attainment
- And more



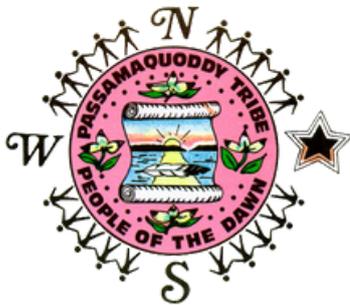
Gay Head - Aquinnah

Learn more about New England Native American Tribes

Maine



Passamaquoddy Tribe
www.passamaquoddy.com/



Passamaquoddy Tribe
wabanaki.com/



Micmac Tribe
micmac-nsn.gov/



HOULTON BAND OF MALISEET INDIANS

Maliseet Tribe
maliseets.net/

Rhode Island



Narragansett Tribe
narragansettindiannation.org

Connecticut



Mohegan Tribe
www.mohegan.nsn.us/



Mashantucket Pequot Tribe
www.mptn-nsn.gov/default.aspx

Massachusetts



Mashpee Tribe
mashpeewampanoagtribe-nsn.gov/



Wampanoag Tribe
wampanoagtribe-nsn.gov/

Urban Tribal Communities

www.rhodeislandindiancouncil.org/

www.mcnaa.org/

www.naicob.org/

nativeamericanlifelines.org/

Resources

Tribal Affairs | www.samhsa.gov/tribal-affairs

Child Trends | www.childtrends.org/

ONAY | www.onay.org

National Institutes of Health | www.nih.gov

US Dept. of the Interior Indian Affairs | www.bia.gov/

Arizona State University | www.asu.edu

Gathering of Native Americans Facts Sheet |

www.samhsa.gov/sites/default/files/tttac_gona_fact_sheet_1.pdf

Tribal Training and Technical Assistance Center | www.samhsa.gov/tribal-ttac

Native American Fatherhood & Families Association | www.nativeamericanfathers.org/



References

1. Higher rate of substance use among Native American youth on reservations | www.drugabuse.gov/news-events/news-releases/2018/05/higher-rate-of-substance-use-among-native-american-youth-on-reservations
2. Understanding Historical Trauma and Native Americans | blog.nativehope.org/understanding-historical-trauma-and-native-americans
3. Positive Indian Parenting | www.NICWA.org/about PIP
4. Parenting in 2 Worlds | sirc.asu.edu/parenting-2-worlds
5. Living in 2 Worlds | sirc.asu.edu/content/living-2-worlds
6. Arizona State University | www.asu.edu
7. Gathering of Native Americans Facts Sheet | www.samhsa.gov/sites/default/files/tttac_gona_fact_sheet_1.pdf
8. www.studyeducation.org/study/american-indian-vs-native-american
9. Native American Rights | legal-dictionary.thefreedictionary.com/Tribal+sovereignty
10. What Is the Definition of a Sovereign Nation? | www.reference.com/world-view/definition-sovereign-nation-939a2b0a202c4848
11. What is a Tribal Nation? | www.wise-geek.com/what-is-a-tribal-nation.htm
12. Struggling with Cultural Repression | americanindian.si.edu/nk360/code-talkers/boarding-schools/
13. NICWA Positive Indian Parenting | www.tribaljustice.org/places/child-welfare-crimes-against-children/nicwa-positive-indian-parenting/
14. Native American Fatherhood & Families Association | www.nativeamericanfathers.org/
15. American Indian Health Equity/Disparities | in.nau.edu/cair/ai-health-equity-and-disparities/



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