



National American Indian & Alaska Native

PTTC

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Prevention

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Vaping:
Trends,
Harms, and
Prevention



DIRECTOR'S CORNER



Welcome to the National American Indian and Alaska Native Prevention Technology Transfer Center's latest newsletter. This issue focuses on vaping among Native teens and young adults. This is the second time we have addressed vaping in Native communities; but this time there are more reports and data to shed light on how vaping is considered and used among young Natives in tribal as well as urban Indian communities. Ken Winters, PhD, and Mary K. Winters, MEd, have presented us with a thorough overview of literature and reports on vaping in Native and urban Indian communities.

Vaping is becoming a more and more serious problem in Native communities, especially since the e-cigarette industry has targeted marketing to tribal communities and specifically towards children and teens by adding enticing flavors and reducing prices for their products and starter kits. Because of the seriousness of these issues, we decided to talk to someone who has addressed vaping in her own community. In an interview with Heather Medicine Bear, member of the Akimel O'otham (Gila River Indian Community) Nation, C. Allison Baez, PhD, program coordinator for the National AI/AN PTTC, discussed the public health implications of vaping, as well as how to prevent the spread of this addiction through an effort to eliminating vaping all together. Both stress the importance of tribal and urban Indian communities working in a partnership with tribal leadership, Elders, and the Centers for Disease Control and Prevention (CDC), using traditional methods of tribal digital stories to raise awareness about vaping and try to prevent

its spread. You can find the digital stories on their [YouTube channel](#).

We end the vaping section by including an ETR: Advancing Health Equity: How to talk with your teens about vaping.

We also introduce you to our new Co-Director for the National AIAN Prevention TTC, Professor Emerita Jacqueline Gray. She has been overseeing the Prevention Center initiatives and the Leadership Academy. She has also worked extensively on our Elder Projects for the National American Indian and Alaska Native Mental Health TTC.

We have had the privilege of working with three outstanding Native Prevention Fellows from three different tribal communities for close to a year now, and we thought it would be pertinent to update you about the Fellowship program and the Fellows' progress. The Fellows share their experiences with networking with other Fellows at meetings in Los Angeles and their opportunities to present their projects at national meetings. The Center is very proud of their initiatives and their commitment to prevention of substance use disorders in Native communities.

We are in the middle of a very hot summer, with a lot of cultural activities going on across the country. Please stay safe and cool the rest of the summer months.

Anne Helene Skinstad, PhD
Program Director



Vaping: Trends, Harms, and Prevention

KEN C. WINTERS, PhD

Contributions from
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Introduction

Tobacco holds a unique and significant place in American Indian/ Alaska Native (AI/AN) culture. Traditional tobacco has been used for centuries for ceremonial, religious, or medicinal purposes, and, for many tribes, tobacco is a sacred plant that has healing powers if used properly.

Yet tobacco now comes in forms that are distinct from its use in traditional ways. One such variance is the electronic nicotine device (END) or vaping devices. Commonly called vape pens, e-cigarettes, or pods, these devices are the subject of this column.

The Native Center for Behavioral Health has developed a culture card that provides an overview of sacred and ceremonial use of tobacco. This resource can be found at <https://pttcnetwork.org/centers/national-american-indian-alaska-native-pttc/product/connecting-prevention-specialists-0>

What is Vaping?

The early versions were vape pens, which were either pre-filled disposable or rechargeable systems or had e-liquid tanks that could be refilled. The more modern versions are smaller, referred to as pods or mods (e.g., JUUL); they also contain e-liquid tanks and generate less vapor.

E-cigarettes produce an aerosol by heating a liquid that contains nicotine (the addictive substance), flavorings, and many other chemicals that help to make the aerosol. Users inhale this aerosol into their lungs. It's a misconception that the user is inhaling water vapor; what's inhaled is closer to the kind of aerosol found in hair spray. A partial list of chemicals found in e-cigarette aerosols include propylene glycol (found in antifreeze), acetone (a product used in nail polish remover and paint thinner), ethylbenzene (found in pesticides), formaldehyde (a disinfectant for embalming), and rubidium (chemical that gives fireworks their bright colors).

Nicotine Use and Vaping in the General Population

Use of nicotine products in the U.S. have revealed both declines and upticks in recent years. Cigarette smoking has declined dramatically in recent decades (Jamal et al., 2016), yet use of e-cigarettes is increasing, particularly among youth, a group to which the industry has aggressively marketed (Lyu et al., 2022). Adolescents reveal a dual trend. Based on

A primer for how a vape works is provided at www.youtube.com/watch?v=fDYBJuAXy00.



national Monitoring the Future Survey data, only 1.6% of high school seniors reported daily smoking cigarettes in 2022, compared to 9% in 2012 (Meich et al., 2023). Yet vaping nicotine now exceeds cigarette use. Among high school students recently surveyed, vaping increased from 12% to 28% (a 135% rise) between 2017 and 2019 (Cullen et al., 2019). During COVID-19, e-cigarettes continued to be the most frequently used nicotine product, as 11% of high school students and 3% of middle school students reported vaping at least once during the past 30 days (Wang et al., 2019).



How potent are e-cigarettes? A standard pack of cigarettes, which contains 20 cigarettes, offers the users a total of about 20 milligrams of nicotine, or about 1 milligram per cigarette. According to JUUL Labs, one JUUL pod contains 41.3 milligrams of nicotine. This is equal to the amount of nicotine you'll find in about two packs of cigarettes. One Puff bar contains 50 milligrams of nicotine (or about 2½ packs of cigarettes), and one Suorin Vagon pod contains up to 90 milligrams (or about 4½ packs). The greater the amount of nicotine in a product, the greater the likelihood the user will get addicted.

Reference: <https://www.ncbi.nlm.nih.gov/pubmed/6705448>

Photo: Shutterstock

Nicotine Use and Vaping Among Indigenous People

Use of nicotine products has remained disproportionately high among AI/ANs. In 2021, more than 22% of AI/AN adults reported smoking cigarettes, according to data from the U.S. Centers for Disease Control and Prevention (CDC), compared to about 14% of American adults overall (https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm).

E-cigarette use shows the same pattern of disproportionately higher prevalence rates. A 2021 national survey data indicated that 10% of AI/ANs reported vaping in the past year, compared to ranges of 3% to 8% for other ethnic groups (<https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect2pe2021.htm>).

The reasons for the disproportionate use of e-cigarettes by AI/ANs are numerous and often intertwined. AI/ANs “suffer from the effects of historical trauma and stressors in our lives, and have problems in the areas of poverty, housing, all of these social determinants of health,” says Dr. Mary Owen, director of the Center of American Indian and Minority Health at the University of Minnesota Medical School and a Native physician for the Fond du Lac Nation. All of these things, Owen says, can drive people toward addictive substances such as nicotine.

Targeted Marketing

In its marketing practices, the tobacco industry has exploited the association of tobacco use with AI/AN traditions and sacred status, as well as tribal sovereignty, which exempts Native populations from many tobacco laws and regulations. Among other strategies, tobacco companies have used price reductions, charitable donations, and sponsorships to forge relationships with tribes and deflect attention away from the harms of nicotine use (Lempert & Glantz, 2019).

Data from national surveys have consistently shown that nearly all adults who use any nicotine product began their use during adolescence (Institute of Medicine, 2014). As a major public health initiative, in December 2019, President Trump signed legislation amending the Federal Food, Drug, and Cosmetic Act, and raising the federal minimum age for sale of tobacco products from 18 to 21 years. This legislation, known as “Tobacco 21” or “T21”, made it immediately illegal for a retailer to sell any tobacco product -- including cigarettes, cigars, and e-cigarettes -- to anyone under 21. The new federal minimum age of sale applies to all retail establishments and persons with no exceptions (<https://www.fda.gov/tobacco-products/retail-sales-tobacco-products/tobacco-21>).



Photo: Shutterstock

A 2020 report by the Congressional Subcommittee on Economic and Consumer Policy indicates that e-cigarette maker Juul Labs targeted its products to several AI/AN tribes (<https://time.com/5778534/juul-native-american-tribes/>). Juul's strategy of pitching to tribes involved various inducements and sales partnerships that are reminiscent of marketing strategies of the Big Tobacco era. It also included pitching to tribal leaders on the benefits of e-cigarettes, pointing to the potential of vaping as a strategy for smoking cessation, a claim that has been largely debunked by research.

As reported in TIME, "Big Tobacco targeted Native Americans and caused them to have the highest rate of tobacco use in America," Rep. Raja Krishnamoorthi, chairman of the Subcommittee, said in a statement. "It is disturbing to see JUUL following in Big Tobacco's footsteps by preying on Native American communities."

One inducement was Juul's "switching program." This involved offering tribal leaders Juul starter kits for \$5 instead of the usual retail price of \$50, with the expectation that these kits be distributed for free to tribal members who are interested in switching from combustible cigarettes to vaping.

"When the tobacco companies come in strong and start advertising in poor communities or in college communities, they're really taking advantage of people's living situations and changing their landscape," Susan Strobel, an assistant professor of public health at the University of South Dakota, is quoted in the TIME article.

In November 2022, the U.S. Food and Drug Administration (USDA) sent warning letters to five nicotine companies to stop selling e-cigarette products due to their blatant attempt to target underage youth (e.g., use of cartoon characters on the product). The warnings included 15 different e-cigarette products.

Another marketing technique of e-cigarette companies is the production of more than 15,000 flavor options (<https://www.flavorhookkids.org/>). A strategy borrowed from the "Big Tobacco playbook," flavors are effective in attracting young customers who tend to be interested in fruity and sweet flavors. Flavors in and of themselves can impair lung function and increase risk for heart disease (Feeney et al., 2022). California has banned all flavored e-cigarettes; nationally, the ban pertaining to flavors includes cartridges and pods, but not tanks used in mods. For perspective, flavored tobacco products have been banned since 2009.



Photos: Shutterstock



Is second-hand vape a source of harm? It is estimated that second-hand smoke from cigarettes is responsible for tens of thousands of deaths each year, and it aggravates those with asthma. The effect of second-hand vape is not known yet (Feeney et al., 2022).

Vaping Is Not Harmless

As noted, a vape pen includes numerous toxic chemicals and an addictive substance – nicotine. Thus, it's not surprising that vaping can be a harmful habit. Nicotine rewires and changes a user's brain, which can make a person feel in a funk as their brain is going through nicotine withdrawal. Nicotine also makes your heartbeat faster, activating your "fight or flight response" and putting stress on the heart. Lungs are also negatively affected by nicotine – it can cause trouble breathing and damage to the lungs, and nicotine also causes increased acid reflux, which leads to heartburn (see <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4363846/#ref1>) There are several toxic chemicals and carcinogens in an e-cigarette and these additives also contribute to health problems, including several cancers and lung diseases.

Prevention

Prevention programs to address youth vaping include prevention media campaigns and educational classroom materials, such as the Stanford Tobacco Prevention Toolkit, with separate materials for children and adolescents (<https://med.stanford.edu/tobaccopreventiontoolkit/curriculum-decision-maker-by-module/E-Cigs.html>), and the CATCH My Breath educational program (<https://catchinfo.org/be-vape-free-announcement/>). These resources provide engaging tools for prevention educators when working with youth.

Social media is a normal part of life for young Americans, with 95% of adolescents and 84% of adults ages 18 to 29 reporting use of social media at some level (Auxier & Anderson, 2021; Vogel et al. 2022). While aggressive targeted marketing of e-cigarettes on platforms such as Twitter, Instagram, and YouTube contributes to high awareness and the normalization of e-cigarettes among youth (Hansen et al., 2020), social media can also be a promising prevention tool. Researchers at the Center for Tobacco Control Research and Education are testing the effectiveness of an Instagram-based vaping cessation intervention for adolescents and young adults (Lyu et al., 2022). Participants receive up to 3 posts per weekday for 25 days over 5 weeks. Posts incorporate skills from cognitive behavioral therapy and encourage setting a quit date and making a detailed quit plan. Posts also encourage the participants to use their social media or real social networks for support with the vaping cessation plan. This in-progress study, if effective, will be one of the first evidence-based, social-media-based interventions to address vaping among adolescents.



Indigenous Programs

The National Native Networks Keep it Sacred public health resource aims to decrease the use of nicotine products and consequential health disparities among AI/ANs. This resource highlights the differences between traditional and commercial tobacco use. One feature is an e-cigarette prevention resource for AI/AN youth, developed in partnership with the Hannahville Health Center at the Hannahville Indian Community, “Our Breath is Sacred E-Cigarette Imaging Campaign” (<https://keepitsacred.itcmi.org/2022/03/our-breath-is-sacred-e-cigarette-imaging-campaign/>).


The Circles of Tobacco Wisdom (CTW) resource is a community-based prevention effort to address AI/AN youth nicotine use (Nadeau et al., 2012). The program educates Elders with the knowledge, opportunities, and support necessary for them to take on the role of a nicotine prevention agent. CTW Elders participate in monthly talking circles and quarterly learning sessions, with a focus on the ceremonial traditions of tobacco use. Their expertise is then passed along through informal conversations with family and community members, formal presentations organized by the community, such as health fairs, workshops, school activities with American Indian youth, and at conferences.

Policy Can Be Prevention

Several policy-related examples are credited as effective prevention to address the harms associated with nicotine use, including vaping.

1. Restrictions on access to nicotine products (e.g., restrict retail sales in certain areas of a community; raise the cost; ban appealing flavors).
2. Restrictions on the rights and freedoms for nicotine users to use in public places.
3. Public health campaigns to emphasize the many negative health impacts of vaping (e.g., alerting the public that e-cigarettes contain many toxic chemicals; teen-onset of use significantly elevates risk to addiction; vaping is not an effective way to quit smoking

Photos: Shutterstock



<https://keepitsacred.itcmi.org/tobacco-and-tradition/traditional-tobacco-use/>

cigarettes).

4. Emphasize that quitting use of any nicotine product is difficult once use begins, but halting use can be done with effort.
5. Retain cultural-based traditional use of tobacco (e.g., emphasize stories about the introduction of natural tobacco to Indigenous people; use of tobacco as a sacred plant can heal when used properly).
6. Give youth a voice in school-based prevention program content and activities (e.g., include youth in developing and implementing the program; develop activities that are youth-friendly).



Suggested prevention activities for youth:

- » design nicotine-related artwork
- » develop a webpage
- » make a teen-oriented cessation guide
- » involve teens in lobbying efforts for policy changes
- » involve teens in state prevention conferences
- » develop a social norming campaign (a program that addresses misperceptions of nicotine use)
- » implement nicotine prevention activities in a current health fair
- » start a “nicotine free club” at school
- » assign research project about nicotine use

Sources: National Tribal Tobacco Prevention Network; Stanford Tobacco Prevention Toolkit

Summary

E-cigarettes are not harmless nicotine products. Vaping devices contain many cancer-causing components and other elements that can cause health problems, as well as high levels of nicotine, which can accelerate the pace to nicotine addiction. AI/ANs use e-cigarettes at disproportionately higher levels compared to other racial/ethnic groups, perhaps an unfortunate outcome of the tobacco and e-cigarette industries' aggressive marketing strategies with tribes.

Vaping prevention programs are now becoming a staple of nicotine prevention and cessation programs, a logical trend given that among most age groups, including among AI/ANs, vaping is more prevalent than cigarette smoking. An important feature of AI/AN prevention strategies is emphasizing the many tribal traditions of tobacco, including its cultivation, use as medicine, and use in ceremonies. Stressing the critical difference between tobacco as a sacred plant and tobacco as a commercial product can help Indigenous communities combat the trend of vaping among Native youth and young adults.



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Resources

CATCH My Breath: <https://catch.org/be-vape-free-announcement/>

Keep It Sacred: <https://keepitsacred.itcmi.org/back-to-school-and-e-cigarettes/>

Culture Card on the Traditional Use of Tobacco: <https://pttcnetwork.org/centers/national-american-indian-alaska-native-pttc/product/connecting-prevention-specialists-0>



“Gichi mewinzha, Wenaboozhoo izhinikaazo, gii-pii-miinogod Anishinaabe asema omaa akiing. Mino ezhichigewaad, gii-ikido Wenaboozhoo, igiw Anishinaabeg. Noongom, gaawiin noondawaasiin a’aw Wenaboozhoo. Mii dash weweni aakoziwag miziwe Anishinaabeg aaking noongom. Gaawiin noondawaasiin a’aw Wenaboozhoo.”

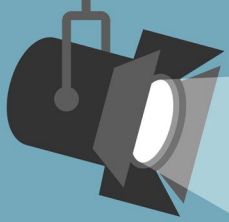
“A long time ago, our great uncle Wenaboozhoo, as he is called, gave Native people here on Earth tobacco. He told them to use it in a good way.

Because we didn’t listen, and we are not listening to what the Great Spirit’s son Wenaboozhoo told us a long time ago, about how sacred tobacco is, because we didn’t listen to that, our people have become sick from it, and our people are dying from it. Hopefully one day we’ll be able to listen again, and our people will have mino-ayaawin, which is good health. Mii etawa ekidoyan, that’s all I have.”

— Excerpt from an interview by Steve Busalacchi with Wayne “Minogizhig” Valliere, Lac du Flambeau Tribal Member and Ojibwe Language and Culture Instructor for the Lac du Flambeau Tribe, in January 2012

Retrieved from: Walking Toward the Sacred: Our Great Lakes Tobacco Story

<https://www.glitc.org/2020/wp-content/uploads/2020/05/tobacco-booklet-web-.pdf>



URBAN INDIAN ORGANIZATION SPOTLIGHT



Heather Medicine Bear, Akimel O’otham (Gila River Indian Community), is the program manager for the National Native Network’s commercial tobacco and cancer prevention program. She is pursuing her PhD in Indigenous Health at the University of North Dakota. Heather recently spoke with National AI/AN PTTC Program Coordinator C. Allison Baez (Tap Pilam Coahuiltecan Nation), PhD, about her background and her work.

Tell me about the National Native Network and your work there.

We seek to serve the 574 federally recognized tribes in the United States. We offer training resources and technical assistance to support American Indian/Alaskan Native cancer and commercial tobacco use prevention and control efforts. All our technical

assistance is informed by science and cultural relevance. We do webinars, in-person trainings, presentations at different conferences, and we have a great online repository of culturally appropriate and evidence-based cancer and tobacco resources. We also support policy development, implementation, and evaluation. We partner with the Inter-Tribal Council of Michigan, the Great Plains Tribal Leaders Health Board, the Southeast Alaska Regional Health Consortium, and the California Rural Indian Health Board. And through our partnership with these organizations, we focus on improving health equity and facilitate different partnerships between the tribes and the states and different local agencies to build synergy among existing programs.

We also work with some of the other national networks for Cancer Prevention and Tobacco Cessation. So those that are focusing on LGBTQ issues, those living in the highest socio-economic disparities, rural health. I have met with them and some of our program effort officers at the Centers for Disease Control and Prevention, the Office of Smoking and Health. We’ve started some really great projects.

Vaping seems to be gaining in popularity, especially among Native teens and young adults. What do you do for prevention with vaping, and what resources do you have to share?

All our partners work towards vaping cessation and youth in tribal communities. They go out to the high schools, for example, and facilitate educational conversations about vaping and provide cessation materials like posters.

They also focus on some social media. They did work with youth to create a TikTok promoting education on the effects of vaping, the effects of secondhand smoke, and the effects of tobacco and vaping on the environment. That was successful and a fun thing for the youth to do. There are also train-

ings and referral systems for educators to assist in vaping cessation techniques and strategies. There were discussions focused on topics of traditional tobacco with our tribal communities, the effects of e-cigarettes and vaping and how it's not traditional to participate in those types of things. There was a campaign by the Inter-Tribal Council in Michigan, they worked on very beautiful images depicting our Native youth and families participate in cultural events and healthy lifestyles, to promote cessation and prevent initiation of vaping. That was titled our 'Sacred E-Cigarette Imaging' campaign.

There's also the Great Plains Tribal Leaders Health Board; they have disseminated fact sheets targeting youth prevention, initiation of vaping, and providing support for the youth.

The main focus right now for some of our partners is to create a dialogue about screening tools in clinics to address levels of discomfort across patient groups and with the providers to understand how new people are to vaping and the prevalence, and then how clinics can provide support for vaping cessation. So they are looking to create screening tools, how to implement them, and if the tools that already exist are culturally relevant.

Do you have any recommendations for culturally informed resources with good evidence that they work from a cultural perspective?

You see, as evidence-based types of interventions, a lot of our guidance comes from the Centers for Disease Control and the Office of Smoking and Health. So, we participate in mass media type of campaigns. And that is evidence-based.

I think one of our best resources is our digital stories. We went into the communities and, you know, just asked people to share their experiences with tobacco and tobacco use and initiation and cessation. And it was really through a cultural lens. They're available on our YouTube channel. Those digital stories really were able to connect with the different Alaska Native populations because, you know, being able to see your own people talk about their experiences I think is helpful. Especially the impacts of tobacco use on families. People smoked for 20-plus years and, and then finally were able to quit. And their reasonings behind why they quit were very culturally relevant, focused on family. Storytelling is such an innate part of our culture. I think that's why this initiative was so successful.

We also have a podcast available that discusses different aspects: uses of traditional tobacco, vaping in youth, commercial tobacco uses, and cessation techniques.



One of our initiatives was hosting tobacco intervention training within Michigan tribal health centers. The goal was to increase capacity for tribal health centers to actually implement smoking cessation interventions with their patient populations. There was also outreach in the Alaska Region for current and past tobacco users who were 60 and older. And there, this initiative was to share ideas about stress relief and Quitline information with these participants, and basically give them a chance to tell their stories about, again, what their journey with tobacco was like throughout the years, and some of the impacts that have had on their health and things like that.

Being able to collect information and data that is culturally relevant from our populations is one of the most important needs for implementing evidence-based interventions. We need to look at things through an Indigenous lens to be able to provide what our people need to quit smoking and get their screenings done and improve their health overall.



"Being able to collect information and data that is culturally relevant from our populations is one of the most important needs for implementing evidence-based interventions."

-Heather Medicine Bear Akimel O'otham (Gila River Indian Community)

Jacqueline Gray Named Interim Co-Director for National AI/AN PTTC



Jacqueline Gray, PhD, Choctaw and Cherokee descent, has been named interim co-director for The National American Indian and Alaska Native Prevention Technology Transfer Center (AI/AN PTTC). Her new role fills a critical need while the center searches for a permanent co-director.

Dr. Gray is a Professor Emerita with the University of North Dakota School of Medicine & Health Sciences in Grand Forks. She was the founding director of the National Indigenous Elder Justice Initiative (NIEJI), a national resource center to address elder abuse in Indian Country that worked with American Indian tribes, Alaska Native villages, and Hawaiian homesteads. She has worked with more than 270 tribal entities across the country.

Dr. Gray received funding for the Seven Generations Center of Excellence in Native Behavioral Health to train Native behavioral health professionals; worked with the Dakota Geriatric Education Center; received a Garrett Lee Smith Campus Suicide Prevention Grant to address suicide for American Indian college students; and secured a Native America Research Centers for Health (NARCH) grant from the National Institute on Drug Abuse (NIDA) to validate clinical measures for depression, anxiety, and substance abuse in Indian Country and to determine what gives

Native adolescents hope. She is a past president of the Society of Indian Psychologists and the Society for the Psychological Study of Culture, Ethnicity and Race (Division 45 of the American Psychological Association, or APA). Dr. Gray is also a fellow of the APA.

Dr. Gray has worked with the National AI/AN PTTC, as well as the National AI/AN Mental Health TTC, on and off for more than 10 years. Her work with the Native Center for Behavioral Health at the University of Iowa College of Public Health also includes the Leadership Academy and the Indigenous Behavioral Health Program series. She also supported research and work on a community emergency response readiness project and has provided her expertise on working with Native Elders and their caretakers by developing a toolkit that follows a holistic view of health, touching especially on mental, physical, and cognitive well-being.

Prevention Fellowship Program

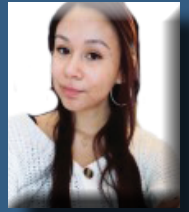
The National American Indian and Alaska Native Prevention Technology Transfer Center (National AI/AN PTTC) is part of the Prevention Fellowship Program, a one-year career development and practicum opportunity for early-career professionals or students in the substance use prevention field. The National AI/AN PTTC is focused on preparing Native Prevention Fellows to achieve certification from the International Certification and Reciprocity Consortium (IC&RC) Certified Prevention Specialist (CPS) exam. Our program also supplements these knowledge areas with education about the role cultural traditions, experience-based practices, and values can play in providing protection against substance use disorders in AI/AN populations.

Learn more about our Native Prevention Fellows below.

Shelene Head

I am an enrolled member of the Red Lake Nation. I am a graduate of the psychology program at Bemidji State University, with minors in Addictions and Indigenous Studies. Career interests of mine include investigating and treating health disparities (Mental Health and Substance Use Disorder) amongst Indigenous populations. I am also interested in contributing to research on addiction and learning more about how it impacts families and communities. Furthermore, I would like to explore how both family and community can best be utilized as tools for prevention.

I learned of the PTTC Fellowship through a mentor of mine. I believe that this opportunity will benefit my future career goals by adding to my repertoire of skills and training in substance use prevention. I am in the process of applying to a Counseling Master's program with an emphasis in Addiction Counseling at the University of North Dakota. After receiving my master's degree, I would like to pursue a PhD, with the ultimate goal of returning to my home community to work on treating and preventing substance use, all while contributing to the field through Community-Based Participatory Research. I believe in life-long learning and aspire to be a helpful advocate and role model for others in the mental health and substance use prevention field.



Shelene Head
Ojibwe-Red Lake Band



Shelene Head received her Bachelor of Science in Psychology (Magna Cum Laude). She also received an award, Outstanding Student for Community Leadership from the American Indian Resource Center @ Bemidji State University (BSU). She's pictured with her mentor, Dr. M. Standing Eagle Baez, Assistant Professor of Clinical & Counseling Psychology @ BSU.

**Will Tapedo
Caddo/Kiowa**



Will Tapedo

Hello, my name is Will Tapedo and I reside in Anadarko, Oklahoma. We are located on the KCA (Kiowa, Comanche and Apache) Reservation, and I am from the Kiowa-Apache Tribe. I have been blessed with 2 children. My son Jace is 11 years old and my daughter Alaira is 3. Currently I am pursuing an associate's degree in Psychology with the goal of attaining my bachelor's degree in Behavioral Sciences. Being able to help a person that's in need of prevention/substance use help or treatment is my main goal at this point of my journey.

Prevention and addiction have played a gigantic part in my life up to this time. I am a third-generation alcoholic and a second-generation person with an opioid use disorder. This is one of the many driving forces behind my passion for helping people through the throes of substance use disorder and addiction. The opportunity that is right in front of me is one of great significance, for the fact that we have a chance to help Indigenous people everywhere, not just in our areas. I have seen people suffer and I have suffered. Every human being deserves the bottom row of Maslow's hierarchy of needs; we should all be able to have our basic human needs met.

This is a topic that is very close to me; I have lived the life that a lot of the individuals I deal with are going through at the present. This does not make me an expert, but it does make me uniquely qualified to sit and talk with someone who is going through a tough time in their life and offer some things I learned on my path to recovery. I'm here to listen.

Marie Schuyler-Dreaver

I'd like to express my interest and passion in the field of mental health and well-being for our Native population across Turtle Island; I have dedicated my time not just in my professional work but in my family and community. I have worked in the efforts of prevention and advocacy from a young adult. It has been my life's passion to help in the healing of our people. I started as an ambassador, as the Miss Southeastern Michigan Indians, Inc., Princess in 1991; this led me to the Gathering of Nations in 1992 to run for Miss Indian World, where I was honored with two awards, Best Dancer and 2nd Runner-up to Miss Indian World. This experience led me into



**Marie Schuyler-Dreaver
Haudenosaunee/Anishinaabe**

the community work within my urban setting. My siblings and I were raised in metro Detroit; I am a combination of all-Oneida and all-Odawa families coming together, finding each other in the concrete jungle. This is where I began.

My paternal grandparents wanted us to be raised within our traditional ceremonial life ways in the longhouse. I grew up loving who I was and where I came from; my maternal grandparents were products of residential and day Indian boarding school era. They lost their traditional ways and wanted to see us grandchildren reemerge with these teachings. Working as a young adult at the North American Indian Association in Detroit, as the Community Outreach worker and later to be on the board for this same organization, I was heavily involved in our community.

I became a mother to a young boy with long dark hair who happens to be ADHD-Inattentive type. This led me to being his advocate in schools that would have rather seen him as an outcast than the talented, introverted, think-outside-the-box young boy he is. I learned the public school system quickly and learned to make allies within the system. Later I went to work at American Indian Health and Family Services as a parent liaison/community outreach for the Systems of Care grant, a Substance Abuse Mental Health Services Administration (SAMHSA) initiative.

I worked in the Windsor, Ontario, area for the Greater Essex County District School Board as one of three First Nations, Metis, Inuit (FNMI) Student Support Workers. This position allowed me to work with the FNMI students, advocating, assisting them, and providing language and cultural programming in the community, along with facilitating cultural trainings for the staff and students. I went on to become a Family Coordinator for the Family-Run Executive Director Lead Association (FREDLA), where a group of us from various areas across the United States came together for a monthly virtual meeting assisting local communities plan, coordinate and provide resources within their community around mental health awareness. This position enhanced the work I had done up to then. I was able to secure a position with TribalTech LLC and later to present with Three Star Government Solutions as a Training and Technical Assistance Coordinator to a Grantee Technical Assistant, aiding SAMHSA grantees with their Native Connections, Circles of Care grants.

This work in prevention, mental well-being, and healing is of great passion of mine. I have been drug- and alcohol-free raising our children with this intention. I look forward to this opportunity to further my credentials, making it possible to have more AI/AN people serving within our communities the efforts of healing, one community at a time.



Prevention Core Competencies for PTTC fellows took place in LA, April 25 through April 27, 2023.

Our three National AI/AN PTTC fellows participated in the Introduction to Prevention Core Competencies for Prevention Professionals training. The goal is to strengthen the understanding of effective planning and implementation approaches that are specialized trainings for professional development of Prevention Specialists.

Highlights

from the Native Center for Behavioral Health

The Native Center for Behavioral Health at the University of Iowa College of Public Health houses four national American Indian and Alaska Native centers focusing on addiction (ATTC), mental health (MHTTC), prevention (PTTC), and childhood trauma treatment and service adaptation (TSA). Here are some recent activities from these other centers.

Leadership Academy Presentations

The National AI/AN Prevention TTC, in collaboration with the National AI/AN Addiction TTC and the National AI/AN Mental Health TTC, has offered three year-long Leadership Academies since 2018. Between 20 and 30 Native Leaders have graduated from the program and are back in their Native communities using their new leadership skills. The Center is very proud to share with you our webinar series Community Based Change Through Leadership Initiatives, through which the graduates present their CAPSTONE projects. Six graduates have presented their projects already and we are planning additional presentations in August and September. Please check out our [YouTube channel](#) and stay tuned for upcoming sessions.

Mental Health Awareness Training

In December 2022, the Native Center for Behavioral Health received a new grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide culturally informed Mental Health Awareness Training in the Greater Sioux City, Iowa, region. Sioux City has the largest urban Indian population in Iowa, and although Indigenous peoples make up less than 3 percent of the region's residents, they represent 47 percent of the area's homeless population, and more than 40 percent live in poverty.

The SAMHSA grant provides for training up to 1,600 individuals, including first responders, corrections system and school personnel, providers, employers, and families in culturally informed Mental Health First Aid. The first training session was held June 20 with 15 attendees. Additional trainings are being scheduled for September, October, and November.

Research at the Speed of Trust

Conducting research in Indigenous communities is not the same as conducting research anywhere else. This new guide from the National AI/AN PTTC offers guiding principles for researchers and resources for Indigenous communities to help them understand some of the complexities they may encounter and elements they must consider when approaching research with Native populations. In May, the guide received the Communicator Award of Excellence in the Social Impact-Institutional category from the Academy of Interactive & Visual Arts ([aiva.org](#)). It is our hope that this guide will help researchers and the Indigenous communities they work with to avoid common pitfalls, improve their relationships, and strengthen the value of their research efforts.

[Download the guide here](#)

UPCOMING EVENTS

All of the events and opportunities listed below will be announced on our email list. [Join our mailing list to make sure you receive these announcements!](#)

AUGUST

Back to School, Back to Tradition

Join us to learn and share about traditional ways to start the school year off in a good way. Having important conversations with youth and their families can begin the year on a positive note. Addressing some key ways to support youth as they grow is important for both educators and families for healthy outcomes. The 2-part series will provide you with some tools and ideas and allow you to share some of your best practices for prevention, too!

Register here: <https://uiowa.zoom.us/meeting/register/tJMldO2ogT4sGdQI5Le1IOVoS-ZxKUoUlb6x>

Dates: Aug. 16 & 30, 2023

Time: 1-2:30pm CT

Fall 2023:

- **Prevention Basics for Specialists**
- **Native Prevention Core Competencies**
- **Indigenized Moderated Ethics**
- **AI/AN SAPST**

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National American Indian & Alaska Native

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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**Native Center for
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