



National American Indian & Alaska Native

PTTC

Prevention Technology Transfer Center Network
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Prevention

IN OUR NATIVE AMERICAN COMMUNITIES • VOL 2 ISSUE 1 DECEMBER 2020

**Prevention
in the Midst
of Crisis**



DIRECTOR'S CORNER



Welcome to a new issue of Prevention in Our Native American Communities. The center has just finished celebrating Native American Heritage Month by collaborating with the National AI & AN MHTTC and the National AI & AN ATTC to put on a very exciting program praising the strength of Native communities and cultures. We invited historians, a performance group, and a storyteller who all shared their love of their culture with us. You may view many of the events through [this playlist on our YouTube channel](#).

This is a difficult time amidst a very challenging year. Native communities are no strangers to challenging periods in history, and this pandemic is no exception. One of the ways we have responded to this devastating pandemic was to open weekly listening sessions with prevention specialists from Native communities across the country. These listening sessions were offered in collaboration with the SAMHSA's Tribal Training and Technical Assistance Center and were very successful, bringing together an average of 100 participants every week. Our goal for conducting these sessions was to provide prevention specialists with an opportunity to share experiences and concerns about the COVID-19 pandemic, and to be part of a discussion of sharing solutions for both their personal and professional challenges. Cindy Sagoe, MPH, shares some of her considerations after these sessions in her column in this issue. The group has taken a break after offering these sessions for many months, but they will resume in January as we are committed to giving prevention professionals a place to offer peer-to-peer support as the issues surrounding the pandemic continue to shift.

We have continued to provide support to our prevention specialists by offering the Substance Abuse Prevention Skills Training Program (SAPST), recently transferred to a virtual format by the Tribal TTA Center. We have continued to offer technical assistance to a couple of tribes who applied to be a part of Developing Health Campaigns Learning Collaborative, and we look forward to facilitating presentations of these program at a later stage.

We are very excited about initiating a culturally adapted Screening, Brief Intervention and Referral to Treatment (SBIRT) learning collaborative. The interest in this program is high, so we have decided to offer this program in four different cohorts beginning in January 2021.

Finally, we started the fourth cohort of our Leadership Academy earlier this fall. While we normally begin this program with a week-long intensive training, we have naturally had to adapt the program to spread out these trainings over many weeks, and we have gotten to know our new mentors and mentees through screens. We are grateful that we have been able to continue this important program, but we are also eager to meet in person as soon as we can do so safely.

If the predictions from our public health officials are correct, we are going to have some very tough months ahead of us. I wish we could say that we are closer to happier times, but we may have to dig deep to persevere through this. In the meantime, let us support each other, and appreciate and honor the work that you are all doing to care for your relatives and communities. I want to thank all of our staff, presenters, consultants, and colleagues who have been working with us these past 9 months for their commitment and support. We could never have done this without you.

Anne Helene Skinstad, PhD
Program Director

SUBSTANCE USE AND COVID-19

KEN C. WINTERS, PhD

Contributions from
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Introduction

Native American and Alaska Native communities are being harmed disproportionately by the COVID-19 pandemic. One documented example is that the Navajo Nation had the highest infection rate in the country this summer, greater than the rate at that time in New York, the state with the worst COVID-19 positive rate.¹ Yet it is difficult to reliably document the extent of its devastating effects among indigenous people. The national COVID data does not breakdown the results for the Native American and Alaska Native demographic group.

The elevated average rates of immune-compromising diseases and substance use among Native people compound their vulnerability to the virus. But the public health mindset of Native communities has led to action. Most tribal governments have responded with aggressive and proactive public health measures, including enforcement of travel restrictions and stay-at-home orders that preceded restrictions from many surrounding communities.

History tells us that substance use and resulting problems increase during times of widespread disruption of normal everyday life, and the present pandemic is no exception.² Both anecdotal and survey data from the US have confirmed this. Also, substance use may alter a person's risk of getting infected by COVID-19.

How Native and other communities are responding to minimize the pandemic's effects among substance users and to reduce barriers to services for substance use problems are inspirations to the public health field. These rays of hope and other issues about the bidirectional association of substance use and the pandemic are the focus of this column.

For those interested in an international look at this issue, a special COVID-19 edition of the Global Drug Survey was developed as part of a global effort to better understand the impact of the pandemic on substance use. Over 55,000 people took part in the survey that ran for 7 weeks in 2020 (May – June). Results from 11 countries, including the US, are reported.³ [Available at this link.](#)

COVID-19 Contributes to Changes in Substance Use

Use Patterns

Some national data confirm an uptick in substance use since the pandemic-related lockdown. A survey conducted in late April/early May by the Addiction Policy Forum indicated that 20% of the respondents reported that either their own or a family member's substance use had increased since March at the start of the pandemic (N = 1079).⁴

The results of a nationwide sample of 500,000 urine drug tests collected after mid-March conducted by Millennium Health indicated sharp increases for cocaine (up 10%), heroin (up 13%), methamphetamine (up 20%) and non-prescribed fentanyl (up 32%).⁵

Changes in alcohol use are the focus of recent surveys. A RAND Corporation study found that among respondents over the age of 30, the overall frequency of alcohol consumption compared to a year ago increased by 14% among adults; and among women, episodes of heavy drinking increased by 41%.⁶ Rodriguez and colleagues found that those reporting more psychological distress and perceived threat due to COVID-19 also reported a greater increase in heavy drinking episodes in the month after the national push for a lockdown.⁷ A representative sample of the US population aged 21 and older was asked about alcohol consumption patterns before and after the enactment of COVID-19 stay-at-home orders. Among survey participants that were recent drinkers prior to the lockdown, these increases in drinking in April compared to February were reported: 29% indicated consuming more drinks per day and 21% reported more binge drinking.⁸

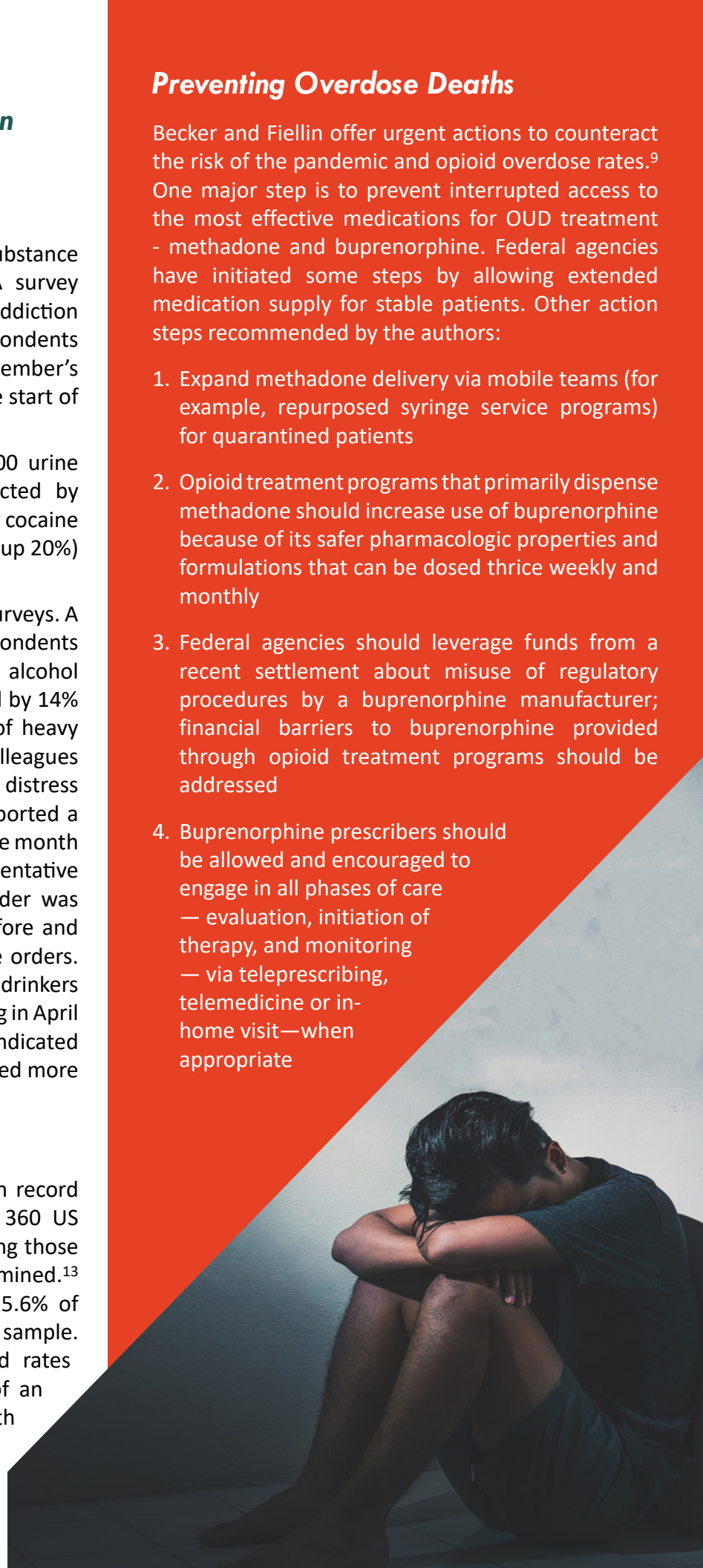
Substance Use Disorders

Based on a recent analysis of electronic health record data from more than 73 million patients at 360 US hospitals, the extent of the COVID-19 risk among those with a substance use disorder (SUD) was examined.¹³ Those with a history of an SUD comprised 15.6% of the COVID-19 group versus 10.3% of the total sample. And two subgroups had particularly elevated rates of COVID-19: those with a recent diagnosis of an Opioid Use Disorder and African Americans with any SUD.

Preventing Overdose Deaths

Becker and Fiellin offer urgent actions to counteract the risk of the pandemic and opioid overdose rates.⁹ One major step is to prevent interrupted access to the most effective medications for OUD treatment - methadone and buprenorphine. Federal agencies have initiated some steps by allowing extended medication supply for stable patients. Other action steps recommended by the authors:

1. Expand methadone delivery via mobile teams (for example, repurposed syringe service programs) for quarantined patients
2. Opioid treatment programs that primarily dispense methadone should increase use of buprenorphine because of its safer pharmacologic properties and formulations that can be dosed thrice weekly and monthly
3. Federal agencies should leverage funds from a recent settlement about misuse of regulatory procedures by a buprenorphine manufacturer; financial barriers to buprenorphine provided through opioid treatment programs should be addressed
4. Buprenorphine prescribers should be allowed and encouraged to engage in all phases of care — evaluation, initiation of therapy, and monitoring — via teleprescribing, telemedicine or in-home visit—when appropriate



COVID-19 Contributes to the Adverse Effects of Substance Use

Drug Overdose

Drug-related deaths have increased recently, and the pandemic has been implicated. One study showed a 13% increase in drug-related deaths nationwide during the first half of 2020.¹⁰ Another report indicated that suspected fatal or nonfatal overdoses jumped in the early months of the pandemic: 18% in March, 29% in April, and 42% in May, and most states have observed increases in opioid-related deaths since the pandemic began.¹¹ The Washington/Baltimore High Intensity Drug Trafficking Area has developed a surveillance tool called the Overdose Detection Mapping Application Program, which stated that among participating counties nationwide, the overall overdose report submissions increased by 18% after stay-at-home orders commenced in mid-March.¹²

HIV Risk

The Centers for Disease Control (CDC) recently alerted public health departments and clinicians that several HIV clusters and outbreaks have occurred primarily among young people who inject drugs. The CDC further noted that the COVID-19 pandemic has complicated the delivery of essential services for those who inject, and is potentially hampering efforts to halt the increase in HIV transmission.

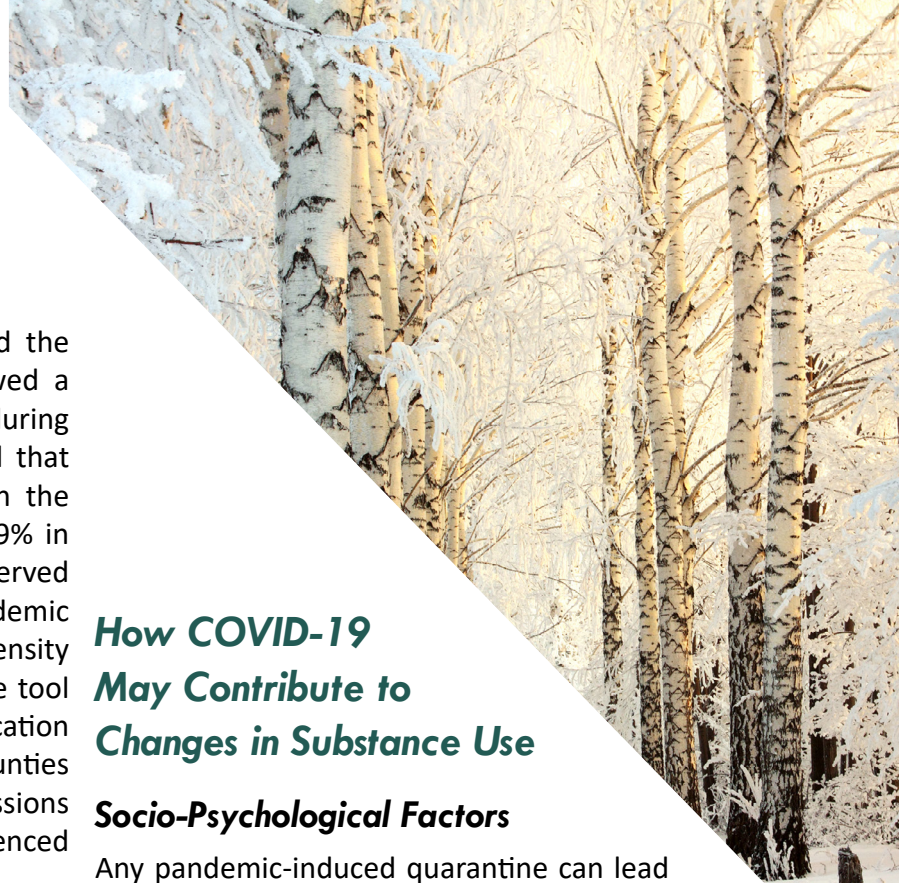
How COVID-19 May Contribute to Changes in Substance Use

Socio-Psychological Factors

Any pandemic-induced quarantine can lead to psychological distress, including depression, anxiety, and helplessness,¹⁴ and recent research suggests that this pandemic is giving rise to a COVID-19 Stress Syndrome.¹⁵ For many, being exposed to unfamiliar yet negative psychological experiences contribute to a significant increase in substance abuse. For example, it is well-documented that stress, both acute and chronic, is a trigger for alcohol use, and for some, alcohol abuse).¹⁶

Social Distancing

Given shelter in place orders and limits on socializing, there are concerns that greater amounts of substances are being used or consumed at home when a person is alone. Solitarily drinking or using, for some, can contribute to greater use or a change in the drug use pattern (e.g., shift to a substance that is more powerful to relieve stress).¹⁷ Thus, in the absence of social contextual controls, natural moderators of a person's substance use are not exerting their influence, and greater use and more substance-related consequences may occur.¹⁸ Social distancing may increase the risk of an isolated overdose and subsequent failure for the person to receive emergency services, such as the administration of naloxone by a health worker. Also, either actual isolation or the feeling of isolation can be barriers to important interpersonal relationships that are therapeutic in the management of a substance use problem.



How Substance Use May Contribute to COVID Risk and Outcomes

As noted above, the pandemic and resulting lockdown appear to have an impact on substance involvement and problems resulting from these spikes in use. But a compounding problem is that people who use substances are among those vulnerable to the effects of COVID-19.^{19,2} Because the virus poses direct challenges to lung functioning, those who smoke or vape are especially susceptible.²⁰ Smoking/vaping contributes to changes in a person's immune system, as well as damage to the cells lining the airways in the lungs. These complications may contribute to worse COVID-19 outcomes.

Moreover, when COVID-19-induced lung functioning is compromised, smokers/vapers who use other substances are at an even greater health risk. For example, the risk for a fatal overdose in those who use opioids therapeutically is increased when the user suffers from respiratory problems.²¹ Those who smoke crack cocaine may experience a more severe version of the COVID-19 infection because they already have greater inflammation of, and damage to, lung tissue.²² Because methamphetamine can damage pulmonary functions, users of this drug may experience more severe COVID-19 symptoms and increase their risk of mortality with COVID-19 infection.²³

Alcohol use can contribute to COVID-19 risk in at least two significant ways: alcohol has immunosuppressing effects both generally and in the respiratory system specifically,²⁴ and the disinhibiting properties of alcohol may make individuals more likely to engage in risky behavior or make poor decisions (e.g., alcohol intoxication may lead a person to more likely violate social distance protocols or to forget to wear a mask).²⁵



Photo: Shutterstock

The risk of contracting COVID-19 among youth appears to be low. Yet recent data indicate that for young people who smoke or vape, the risk is elevated. A survey of 4,351 youth nationwide showed a strong association between smoking-related behaviors and COVID-19 symptoms and diagnoses among youth.²⁶ The youth who reported ever using e-cigarettes, but not traditional cigarettes, were five times more likely to report having COVID-19 compared to non-tobacco users. Those who had ever used both e-cigarettes and traditional cigarettes were seven times more likely to report having COVID-19. A confounding factor may be that the tobacco users were more likely to get tested for COVID-19.



Photo: Shutterstock

“Native communities are responding to the current health challenges in several ways: providing culturally relevant and collaborative services and initiatives, taking a Native world view of health, strengthening community assets, and exhibiting personal resilience.”

Preventing Relapse Among those in Recovery

Those in recovery from a substance use disorder or anyone seeking to maintain a drug-free lifestyle face many challenges due to the consequential stress and isolation from the COVID-19 pandemic. The results from the Addiction Policy Forum survey indicate that among respondents, feelings of loneliness, sadness, and worry have significantly increased since the beginning of the pandemic.⁴ The anecdotal reports based on months of virtual listening sessions hosted by our National American Indian Alaska Native Technology Transfer Centers confirm similar concerns of distress among indigenous people in the US.

Recovery Service Issues

Accessing recovery services during the pandemic can be more difficult. It has been reported that some hospitals have reduced the number of beds dedicated to addiction treatment as the demand for medical services increases during the COVID-19 pandemic. There are several reports that people with a SUD are waiting longer to obtain treatment or experiencing disruptions in receiving services. Persons with an opioid use disorder may face challenges in obtaining medications or obtaining services from syringe service programs. Those in recovery may be uniquely challenged by social distancing measures. Isolation disrupts relationships that serve to support recovery and may result in fewer opportunities to participate in self-help groups and to seek other counseling services. Peer support from 12-step meetings and other social interactions are more difficult. Social support is vital for persons trying to recover from an SUD; when social isolation increases, many people turn to substances to manage their negative effects.

Finally, the stigma associated with substance abuse can be a barrier to receiving services, and its effects exacerbated during this pandemic period. People with a substance use problem are often more reluctant to seek services compared to others, and when services are sought, they may receive substandard care or even be rejected for care.²⁷ These challenges to receiving adequate services may be more severely experienced in Native communities given the poor or inconsistent state of tribal health resources.

The good news is a number of factors are serving to counter pandemic-related problems to some degree, including changing policy to facilitate telehealth, expanded use and familiarity with telehealth practices, virtual meetings and gatherings, and increasing access to medications for those with an opioid use disorder. It is becoming the norm for service providers and support groups to offer virtual connections. The use of smartphone apps is becoming more popular. A related recent development: changes to Medicare and Medicaid rules are also enabling telemedicine consultations for SUD to be reimbursed more easily.

These trends may particularly benefit Native people who live in rural areas or who otherwise have had trouble accessing treatment in the past. Native people seeking treatment for an opioid use disorder can now begin treatment with buprenorphine without an initial in-person doctor visit, which used to be a requirement. Patients deemed stable may now obtain from 14 to 28 days of take-home doses, in contrast to the previous rule which required daily supervision.

Being Proactive

For those in recovery and for whom attendance in recovery support groups is part of one's routine, there are steps a person can take to avoid disruptions during the pandemic. Professor Amy Krentzman, PhD, from the School of Social Work at the University of Minnesota is a nationally-recognized researcher on recovery from a substance use disorder. She offers these two perspectives.²⁸

1. Despite Lack of In-Person Recovery Support Meetings, Many Options Exist

Several remote recovery meetings are available. There are "location-agnostic virtual meetings" and "location-centric virtual meetings". A diverse range of recovery resources and social networks is at the website for In The Rooms (<https://www.intherooms.com/home/>). Also, remote meetings have many advantages of convenience (e.g., no travel issues, flexible times, many choices).

2. Resist Concerns about Technology

Some may have a negative view about attending a virtual recovery meeting because doing so is foreign to the traditional face-to-face meeting. Then there is the concern that technology is too complicated to use. These issues need not be a barrier to attending virtual meetings. Online meetings are getting favorable reviews and user-friendly and secure apps and websites are now the norm.

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Addressing Stress Without Substance Use

A pathway to preventing vulnerability to COVID-19 complications is to avoid managing stress by using substances. Our recent newsletter from the National American Indian & Alaska Native MHTTC ([Volume 2, Issue 2](#)) which focused on mental illness and COVID-19 offered several steps for reducing stress during these difficult times.

1. Limit Exposure to Pandemic Related News

Staying informed about the pandemic is important but it is unwise to over-expose oneself to reports about this virus.

2. Use Electronic and Social Media to Communicate with Significant Others

Social isolation can be countered by keeping in close contact with family and friends through electronic means. Also, consider reaching out to others who may need your support but are not in your inner circle of family or friends.

3. Express Healthy Emotions

Stress can be dampened by expressing realistic emotions, such as fear and anxiety, within reason. But do not allow these negative emotions to linger.

4. Focus on the Positives

Be as positive and optimistic as possible. Be appreciative of what you have and recognize that others have it worse.

5. Avoid Unhealthy Habits; Regulate Eating and Sleeping Habits

This includes getting adequate sleep, regulating your eating, and limiting or avoiding the use of alcohol and other drugs.

6. Practice Relaxation Techniques

Embrace ways that help you relax, whether it's mindfulness, meditation, yoga, reading, or listening to music.

Also, our center produces weekly health-related webinars or virtual peer-to-peer sessions, some of which focus on the prevention of and recovery from substance use problems. For more information about these and other virtual resources, go to pttcnetwork.org/native.

Summary

The state of knowledge is still evolving on how SUDs are affecting COVID-19 susceptibility and outcomes. Yet as COVID-19 continues to infect people, those with a substance use problem and those in recovery will feel its effects. Native communities, who experience higher rates of substance use disorders and likely higher rates of COVID-19 infections than other US populations, are expected to be disproportionately affected by the impact of this novel virus on substance use.²⁹

Native communities are responding to the current health challenges in several ways: providing culturally relevant and collaborative services and initiatives, taking a Native world view of health, strengthening community assets, and exhibiting personal resilience. The authors are impressed by the many “glass half-full” sentiments expressed during the various listening sessions hosted by our center. These signs of optimism are remindful that the other side of this pandemic is in our future.



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REFERENCES

1. Navajo Nation Department of Health (June, 2020). Dikos Ntsaaígíí-19 (COVID-19). <https://www.ndoh.navajo-nsn.gov/COVID-19>. Accessed December, 2020.
2. Volkow N. (2020). Collision of the COVID-19 and Addiction Epidemics. *Annals of Internal Medicine*. 173. 10.7326/M20-1212.
3. Winstock AR, Zhuparris A, Gilchrist G, Davies EL, Puljevic C, Potts L, Maier LJ, Ferris JA, Barratt MJ.(2020). GDS COVID-19 Special Edition Key Findings Report. <https://www.globaldrugsurvey.com/gds-covid-19-special-edition-key-findings-report/>. Accessed December 2020.
4. Addiction Policy Forum. (2020). Survey: COVID-19 Affecting Access to Addiction Treatment and Key Services. <https://www.addictionpolicy.org/post/survey-covid-19-affecting-access-to-addiction-treatment-and-key-services>. Accessed December 2020.
5. Millenium Health. (2020). Millenium Health's Signals Report™ COVID-19 Special Edition Reveals Significant Changes in Drug Use During the Pandemic. <https://www.prnewswire.com/news-releases/millennium-healths-signals-report-covid-19-special-edition-reveals-significant-changes-in-drug-use-during-the-pandemic-301089684.html>. Accessed December 2020.
6. Pollard M, Tucker J, Green H. (2020). Changes in Adult Alcohol Use and Consequences During the COVID-19 Pandemic in the US. *JAMA network open*. 3. e2022942. 10.1001/jamanetworkopen.2020.22942.
7. Rodriguez L, Litt D, Stewart S. (2020). Drinking to Cope with the Pandemic: The Unique Associations of COVID-19-Related Perceived Threat and Psychological Distress to Drinking Behaviors in American Men and Women. *Addictive Behaviors*. 110. 106532. 10.1016/j.addbeh.2020.106532.
8. Barbosa C, Cowell A, Dowd W. (2020). Alcohol Consumption in Response to the COVID-19 Pandemic in the United States. *Journal of addiction medicine*. 10.1097/ADM.0000000000000767.
9. Becker W, Fiellin D. (2020). When Epidemics Collide: Coronavirus Disease 2019 (COVID-19) and the Opioid Crisis. *Annals of Internal Medicine*. 173. 10.7326/M20-1210.
10. Katz J, Goodnough A, Sanger-Katz M. (July 15, 2020). In Shadow of Pandemic, US Drug Overdose Deaths Resurge to Record. *The New York Times*. <https://www.nytimes.com/interactive/2020/07/15/upshot/drug-overdose-deaths.html>. Accessed December 2020.
11. Wan W, Long H. (July 1, 2020). 'Cries for help': Drug overdoses are soaring during the coronavirus pandemic. *The Washington Post*. <https://www.washingtonpost.com/health/2020/07/01/coronavirus-drug-overdose/>. Accessed December 2020.
12. Overdose Detection Mapping Application Program. (2020). ODMAP website: <http://www.odmap.org/>. Accessed December 2020.
13. Wang Q, Kaelber D, Xu R, Volkow N. (2020). COVID-19 risk and outcomes in patients with substance use disorders: analyses from electronic health records in the United States. *Molecular psychiatry*. 10.1038/s41380-020-00880-7.
14. Avery A, Tsang S, Seto E, Duncan G. (2020). Stress, Anxiety, and Change in Alcohol Use During the COVID-19 Pandemic: Findings Among Adult Twin Pairs. *Frontiers in Psychiatry*. 11. 571084. 10.3389/fpsy.2020.571084.
15. McKay D, Asmundson G. (2020). COVID-19 Stress and Substance Use: Current Issues and Future Preparations. *Journal of Anxiety Disorders*. 74. 102274. 10.1016/j.janxdis.2020.102274.
16. Blaine S, Sinha R. (2017). Alcohol, stress, and glucocorticoids: From risk to dependence and relapse in alcohol use disorders. *Neuropharmacology*. 122. 10.1016/j.neuropharm.2017.01.037.
17. Zaami S, Marinelli E, Vari M. (2020). New Trends of Substance Abuse During COVID-19 Pandemic: An International Perspective. *Frontiers in Psychiatry*. 11. 10.3389/fpsy.2020.00700.

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Connecting Prevention Specialist to Native Communities During Times of Crisis: Listening Sessions

Cindy Sagoe, B Pharm, MPH, Akan Tribe



The COVID-19 pandemic has been a very complex process for tribal members, families, and communities. When the pandemic began, it wasn't long before we observed the impact of social isolation and lockdowns on tribes, communities, families, and individuals. We also saw the impact on prevention specialists and providers (essential workers) supporting these communities while having to move to remote workspaces and trying to navigate the new way of life and issues coming up.

Throughout this crisis, our center has received several similar technical assistance requests to provide support for substance abuse prevention specific to the challenges being faced with the pandemic by providers. In addition to our virtual training and programming, these requests prompted the collaboration between our center and the SAMHSA Tribal Technical Assistance Center to begin hosting a listening session series called "Connecting Prevention Specialists to Native Communities in Times of Crisis."

*"Traditions
lift us buoyantly
beyond this
pandemic and
continue to bring us
back to our wholeness."*

Topics covered included resources for substance abuse prevention, suicide prevention, mental health and self-care for providers, digital applications and digital storytelling tools, etc. These tools and resources have been compiled into a [continually updated resource guide](#) for anyone who might need them.

This series, which began as weekly (will continue monthly in January) Friday sessions with anywhere from 70 to 200 participants, has evolved into a safe space for Native American and Alaska Native peer-to-peer support, sharing, and learning of innovative ways to implement prevention programs and strategies during the pandemic while remaining resilient as a Native people and communities.

Indeed, the resiliency within tribes and tribal providers can be seen by the innovative solutions shared during these listening sessions. Activities like virtual adaptations of prevention programs as well as cultural, spiritual, and traditional ceremonies/practices, using social media and other digital platforms, and even using 3D printers at tribal colleges to make personal protective equipment for tribal members are just some of the examples of the innovation and creativity mentioned during the sessions.

These impactful stories and resources shared reminded us that innovation does not need to be a “big production” but could be simple and still impactful. Innovation could be as quiet and pure as spending time outside by the river connecting with nature, as fundamental as using tribal youth to safely deliver meals to elders, conducting virtual prevention programs with tribal youth using social media, or providing mental health care and grief counseling through virtual means.

Despite challenges with access to technology and the internet, it has been a great time for elders to pass down traditions to youth using virtual platforms to share ideas and connecting with practices and traditions.

While we look forward to being able to host face-to-face events, I am grateful for the opportunity to connect and learn from all the amazing people who join our calls to share their time, knowledge, and resources.

If you would like to join us, please check our website for more details: pttcnetwork.org/native.



REFERENCES, continued

18. Kuendig H, Kuntsche E. (2011). Solitary Versus Social Drinking: An Experimental Study on Effects of Social Exposures on In Situ Alcohol Consumption. *Alcoholism, clinical and experimental research*. 36. 732-8. 10.1111/j.1530-0277.2011.01663.x.
19. Ornell F, Moura H, Scherer J, Pechansky F, Kessler F, Diemen L. (2020). The COVID-19 Pandemic and its Impact on Substance Use: Implications for Prevention and Treatment. *Psychiatry Research*. 289. 113096. 10.1016/j.psychres.2020.113096.
20. Tonnesen P, Marott J, Nordestgaard B, Bojesen S, Lange P. (2019). Secular trends in smoking in relation to prevalent and incident smoking-related disease: A prospective population-based study. *Tobacco Induced Diseases*. 17. 10.18332/tid/112459.
21. Leece P, Cavacuiti C, Macdonald E, Gomes T, Kahan M, Srivastava A, Steele L, Luo J, Mamdani M, Juurlink D, Canadian Drug Safety and Effectiveness Research Network. (2015). Predictors of Opioid-Related Death During Methadone Therapy. *Journal of Substance Abuse Treatment*. 224. 10.1016/j.jsat.2015.04.008.
22. Kleerup E, Koyal S, Marques de Magallanes JA, Goldman M, Tashkin D. (2002). Chronic and acute effects of “crack” cocaine on diffusing capacity, membrane diffusion, and pulmonary capillary blood volume in the lung. *Chest*. 122. 629-38.
23. Zhao S, Kwong C, Swaminathan A, Gohil A, Crawford M. (2018). Clinical Characteristics and Outcome of Methamphetamine-Associated Pulmonary Arterial Hypertension and Dilated Cardiomyopathy. *JACC: Heart Failure*. 6. 209-218. 10.1016/j.jchf.2017.10.006.
24. Molina P, Happel K, Zhang P, Kolls J, Nelson S. (2010). Focus On: Alcohol and the Immune System. *Alcohol research & health : the journal of the National Institute on Alcohol Abuse and Alcoholism*. 33. 97-108.
25. George S, Rogers R, Duka T. (2005). The acute effect of alcohol on decision making in social drinkers. *Psychopharmacology*. 182. 160-9. 10.1007/s00213-005-0057-9.
26. Gaiha S, Cheng, J, Halpern-Felsher B. (2020). Association Between Youth Smoking, Electronic Cigarette Use, and Coronavirus Disease 2019. *Journal of Adolescent Health*. 67. 10.1016/j.jadohealth.2020.07.002.
27. Agterberg S, Schubert N, Overington L, Corace K. (2020). Treatment barriers among individuals with co-occurring substance use and mental health problems: Examining gender differences. *Journal of Substance Abuse Treatment*. 112. 10.1016/j.jsat.2020.01.005.
28. Krentzman AR, (2020, June). Supporting addiction recovery during COVID-19: What child welfare workers need to know. Center for Advanced Studies in Child Welfare. <https://cascw.umn.edu/portfolio-items/supporting-addiction-recovery-during-covid-19/>. Accessed December 2020.
29. Baldwin JA, Eaves E, Brown B, Elwell K, Williamson H. (2020). The Behavioral Health of American Indian/Alaska Native Populations: Risk and Resiliency. 10.1007/978-3-030-18435-3_10.

Finding Peace

Long ago, all my relations had known that whatever we do to the earth, we also do to ourselves (much like Karma). They lived with the teachings of a circular world (the great web), that where something begins, it will also end. That is how they knew that only as a whole can true peace be found. Just as a tree with branches, they too must work in harmony with its roots, or it will cease to be.

- Sean A. Bear



RECENT ACTIVITIES & 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!](#)

Connecting Prevention Specialists to Native Communities in Times of Crisis: Listening Sessions - This session will continue in collaboration with the Tribal TTA Center on the third Friday of each month.

Prevention Webinar Series - We host a webinar on prevention practices in Native American communities on the fourth Wednesday of each month.

Developing Health Promotion Campaigns - We are currently working with a couple of tribes on health promotion campaigns based on needs they identified in their communities.

Substance Abuse Prevention Skills Training - We will be offering this training with the Saginaw Chippewa Tribe of Michigan in January. If you would like more information on offering this training for your community, please email Cindy Sagoe: cindy-sagoe@uiowa.edu

Screening Brief Intervention and Referral to Treatment (SBIRT) Technical Assistance Opportunity for Providers in Native American Communities - We will be hosting four cohorts through this program beginning in January.



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