



National American Indian & Alaska Native

PTTC

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



Prevention

IN OUR NATIVE AMERICAN COMMUNITIES · VOL 3 ISSUE 1 FALL 2022

**Addressing
Stigma and
SUDs**



DIRECTOR'S CORNER



Welcome to the latest issue of the newsletter published by the National American Indian and Alaska Native Prevention TTC. This issue is focused on the negative impact stigma has on Natives in early phases of the development of a substance use disorder. People in this situation could profit from early intervention and someone to talk to, but may feel embarrassed to do so because of the stigma attached to using too much of any substance. Our overriding principle of prevention in Native and urban Indian communities is "Culture is Prevention," and prevention needs to be trauma-informed and non-stigmatizing. You will find Dr. Winters' article on the topic of stigma very important and enlightening for planning prevention initiatives.

The National AI/AN Prevention TTC has just finished working on a needs assessment for Native Partners for Success (PFS) grantees. The results from our study were quite interesting and enlightening, and Dr. Baez (Tap Pilam Coahuiltecan Nation), coordinator for the National AI/AN PTTC, provides an update about the report. We use a Community-Based Participatory Research/Programming (CBPR) approach to all our work in tribal and urban Indian communities; hence, before we publish any reports or articles, our Native partners participate in a discussion of the results and the write-up of the publication. We met with tribal PFS grantees and are now in the final stages of writing the report. Another outcome of the meeting with PFS grantees is the development of a forum to continue supporting our tribal colleagues going forward.

The new Native Prevention Fellowship Program started in October, and we are proud to share with you that we have 3 Native Prevention Fellows from tribal communities in Minnesota, Michigan, and Oklahoma accepted into the program. They will work in tribal and state-run prevention programs and participate extensively in programs offered through the PTTC network and also through our own National AI/AN PTTC. Dr. Baez shares more details about the program in this newsletter.

The importance of knowing how to collect data in a culturally informed way has been stressed by many of our partners in the prevention field. Our center is in the process of finalizing a toolkit for prevention providers focused on how to use CBPR and collect data in a culturally informed way. We are anticipating that this toolkit will be ready for publication sometime in November during Native American heritage Month. In honor of both the Veterans' Day, Nov. 11, and Native American Heritage Month, we invited Ray Daw (Navajo Nation), MA, to celebrate Veterans' Day with us on Nov. 10.

The annual Red Ribbon Week 2022 was the last week of October, and to "Celebrate Life," the National AI/AN Prevention TTC designed Indigenous Red Ribbon Week prevention resources for our AI/AN communities to use.

We are entering into November and December with holidays and time off. This can be difficult months for Natives with few family members or friends around and the historical trauma these holidays can represent. Let us reach out to our Native family members and invite them into our ceremonies and celebrations and offer support in challenging times this season. We have also been informed that we might experience an uptick of COVID-19 contraction during the winter months. Let us not forget what the tribal communities have experienced since March 2020 and do as much as we can to reduce infection rates among Natives and respect their need for taking care of their communities.

Anne Helene Skinstad, PhD
Program Director
National AI/AN PTTC

Stigma and Substance Use Disorders

KEN C. WINTERS, PhD

Contributions from
MARY K. WINTERS, MEd



Photo: Shutterstock

Introduction

Stigma" is used here, as it is in research literature and by the general public, to refer to a range of negative attitudes, beliefs, and behaviors that leads to prejudicial beliefs and discriminatory practices that manifest in the public and in social, economic and health care institutions (Earnshaw, 2020). Specifically, people with substance use disorders (SUD) are often stigmatized; this kind of stigma can be defined as the pervasive and pernicious perception that getting addicted to any substance is a personal choice under control by the person and is rooted in a lack of willpower, a moral failing, or both (McGinty and Barry, 2020). Rates of stigma are extremely high both in the general public and within professions whose members interact with people with SUDs, including the health care professions.

Stigmatizing also leads to stereotyping. People who have a substance use disorder (SUD) do not form a single, homogeneous group. Rather they vary in multiple ways related to contributing risk factors, symptom type, and severity. Stigma exists within people's perceptions as well as in public and private institutions. Breaking the cycle of stigma is vital to optimize the health and well-being of people suffering from SUD and those in recovery.

The personal impact of stigma can have a spiraling downward effect. Stigma, with attending shame and fear of criticism, may discourage people from disclosing a problem with substances to avoid discrimination, which can further contribute to less willingness to seek treatment.

The person's substance use problem may escalate, as does the fear of being labeled. The estimate that about 90% of those with a SUD do not receive treatment is an indirect indicator of stigma's negative impact on willingness to seek treatment. Stigma's other negative effects include limiting treatment availability, limiting the amount of SUD treatment covered by health insurance, reinforcing the view that those with a SUD are criminals, and creating barriers for those in recovery who are seeking employment.

American Indian and Alaska Native People and Stigma

For AI/ANs with a SUD, stigma can be directly felt. Based on 2019 data, 7.2% of AI/ANs age 26 and older reported an alcohol use disorder within the prior year, and 9.6% reported a cannabis use disorder (<https://www.samhsa.gov/data/report/2019-nsduh-american-indians-and-alaska-natives>). By comparison, the national rates were lower: 7.2 % (alcohol use disorder) and 5.9% (cannabis use disorder).

Stigma can be exacerbated when another mental health disorder (MHD) co-exists with a SU disorder. In 2019, it was estimated that 79,000 AI/ANs aged 18 and older (about 6% of those sampled) suffered from both a SUD and a co-existing MHD in the prior year (<https://www.samhsa.gov/data/report/2019-nsduh-american-indians-and-alaska-natives>).

Historical trauma, socioeconomic challenges, and other risk factors suffered by AI/ANs may further reinforce stigmas with those with a substance use disorder or with a co-occurring disorder.

Language and terminology when referring to a substance use problem can create a negative bias. Researchers studied how people reacted to various addiction-related terms. The terms that elicited the strongest negative bias were addict, alcoholic, and substance abuser. The alternative term, a person with a substance use disorder, was associated with less negative implicit bias (Ashford et al., 2018). Listed below are the study findings pertaining to the acceptability of terms for a substance use problem and for treatment for these problems given specific situations and context (Ashford et al., 2018).

Recovery Dialects	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	STOP	STOP	STOP	STOP
Alcoholic	✓	STOP	STOP	STOP	STOP
Substance Abuser	STOP	STOP	STOP	STOP	STOP
Opioid Addict	✓	STOP	STOP	STOP	STOP
Relapse	✓	STOP	STOP	STOP	STOP
Medication Assisted Treatment	STOP	STOP	STOP	STOP	STOP
Medication Assisted Recovery	✓	✓	✓	✓	✓
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓
Person w/ an Alcohol Use Disorder	✓	✓	✓	✓	✓
Person w/ an Opioid Use Disorder	✓	✓	✓	✓	✓
Long-term Recovery	✓	✓	✓	✓	✓
Pharmacotherapy	✓	✓	✓	✓	✓

Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

Language and the Media Impact Stigma

There are several ways the media can steer attitudes and perceptions of science to the public: disseminating scientific findings, coverage of public health behaviors, and coverage to responses to crises, such as fatal overdoses. The language used by the media not only can perpetuate stigma, it can also lead to discriminatory actions and policies (Bessette et al., 2020).

Media coverage of and the language pertaining to addiction likely shapes public opinion and public health responses (Stoltman et al., 2022). Media may contribute to and perpetuate public stigma about addiction by including inaccurate or outdated language (Atayde et al., 2021). To further compound matters, public stigma can be influenced by the media, which then contributes to structural and internalized stigma that are barriers to addiction treatment and recovery (Wolfson et al., 2021).

Based on research that has identified language associated with stigma (Kelly & Westerhoff, 2010), there have been formal efforts by the media to respond accordingly. A prominent example is the Associated Press Stylebook, a journalistic writing rulebook, which was updated in 2017 to better reflect the current scientific understanding of SUD as a treatable disease that affects a person's brain and behavior, and encourage the use non-stigmatizing phrases and person-first language (Associated Press, 2017). Specific guidance includes using preferred phrases (e.g., *newborn exposed to substances* rather than *addicted babies*; *overdose prevention site* rather than *safe injection facility*) and selecting images so as not to perpetuate stigma (National Institute on Drug Abuse, 2021; Socia et al., 2021). It behooves journalists to think critically about the language they choose, the intention of their narrative from the start, and the people they position as experts on the topic.

Public Perceptions

Various national surveys in the U.S. since the 1950s have shown these two trends regarding public knowledge about behavioral disorders:

- Knowledge about mental disorders has increased, specifically concerning the neurobiological underpinnings of mental disorders, yet perceptions about the underlying causes of SUDs have continued to point in the direction of personality flaws and weak morality (National Academy of Sciences, 2016).
- Perceptions about the dangerousness and unpredictability of people with SUDs have increased over time (National Academy of Sciences, 2016).



Because "diagnostic labels" can be stigmatizing, the long-standing tradition of classifying clients based on the Diagnostic Statistical Manual (DSM; American Psychiatric Association, 2013) has been debated for decades.

The DSM is the authoritative guide to diagnose and classify substance use and other mental disorders for health care professionals. It also informs research, public health policy, education, reimbursement systems, and forensic science.

Yet diagnoses can lead to labeling and stigma, which can be a barrier to seeking services, an issue particularly relevant to Indigenous people who tend to shun diagnostic labels and find such labels a barrier to treatment.

Stigma comes from Latin and Greek and originally meant a burn, tattoo, or other mark inflicted on another person to signify their disgrace.



Table 1 to the right shows the results of a survey published in 2014 that compares the public's views pertaining to various stigma issues of mental illness and drug abuse (Barry et al., 2014). In general, the survey results indicate that drug abuse is stigmatized more by the public than mental illness.

Yet an argument can be made that we still do not know enough about the underlying biological causes of a substance use disorder, and this gap is slowing the integration of this disorder with the rest of medicine. The public, unfortunately, views medical disorders with less stigma compared to disorders for which a medical basis is less certain (National Academy of Sciences, 2016).

Stigma-Busting for AI/ANs

The lives of AI/ANs with mental and substance use disorders may have been improved by virtue of several national initiatives during the past several decades. In 1963, the Community Mental Health Act of 1963 was a major effort to improve the behavioral health care by providing the framework for a shift away from long-term institutional care toward community-based treatment that encouraged social integration rather than ostracization from communities. This re-focus gave voice to people suffering from behavioral health disorders and contributed to softening stigmatizing attitudes.

More recent national efforts to reduce stigma and enhance the lives and rights of AI/ANs with SUDs include the following: the Americans with Disabilities Act (1990); the Surgeon General's Report on Mental Health (1999); the Americans with Disabilities Amendments Act (2008) that expanded protections under the act; and the Mental Health Parity and Addiction Equity Act (2008) that sought to ensure a level of equity with health insurance coverage (National Academy of Sciences, 2016). Also, the

	Drug Addiction	Mental illness
Unwilling to work closely with someone with	78%	38%
Unwilling to have someone with ___ marry into your family	90%	60%
Employers should be able to deny employment	64%	25%
Landlords should be able to deny housing	54%	15%
Should not have equivalent health insurance as public at large	43%	21%
Discrimination against ___ is a serious problem	37%	62%

Source: Barry et al. 2014.

National Institutes of Health (NIH) has recognized the value of stigma research with a significant boost in grant support in recent years. From 2015 to 2019, stigma-related projects funded by NIH increased from 117 to 224, a 91% rise.

Yet, over the same 50-year period characterized by these advances, stigmatizing views by the public about SUDs persist (National Academy of Sciences, 2016). Society's tolerance for or endorsement of negative norms about those with a SUD further enables stigma attitudes among individuals, families, and communities.



Opening Minds is an ongoing anti-stigma initiative in Canada, with the goal to change the attitudes and behaviors of Canadians toward people with substance use and mental health disorders, and to encourage individuals, groups, and organizations to eliminate stigma and discrimination (<https://mentalhealthcommission.ca/opening-minds/>).

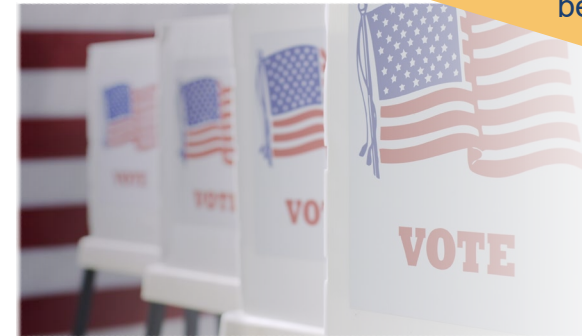
One piece of the *Opening Minds* initiative is a program targeting youth, named *Headstrong*. This activity brings together youth from local high schools to a regional summit where they participate in exercises, learn about the problems created by stigma, and hear stories from people with lived experience of mental health problems or mental illnesses. Equipped with toolkits and examples of anti-stigma activities, these students go back to their schools and lead anti-stigma efforts, bringing mental health awareness along with messages of hope and recovery. The youth champions are also supported by a coordinator who links them with a coalition of community groups, which also provides resources and access to speakers.

Photo illustration: Shutterstock

As part of national efforts to understand and change attitudes, beliefs, and behaviors that can lead to stigma and discrimination, the National Research Council produced a book in 2016, *Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change* (National Academy of Sciences, 2016) that reviewed and discussed evidence on discrimination, negative attitudes, and stereotyping faced by individuals with substance use disorders, and changes in behavioral health norms that are needed to support individuals with substance use disorders to seek treatment and other supportive services. Two major themes from the book are indicated below:

“Norms and beliefs related to behavioral health, such as the stigma associated with mental and substance use disorders, are created and reinforced at multiple levels, including day-to-day contact with affected individuals, organizational policies and practices, community norms and beliefs, the media, and governmental law and policy.” (p. 7)

“Changing stigma in a lasting way will require coordinated efforts, based on the best possible evidence, which are supported at the national level and planned and implemented by a representative coalition of stakeholders.” (p. 9).

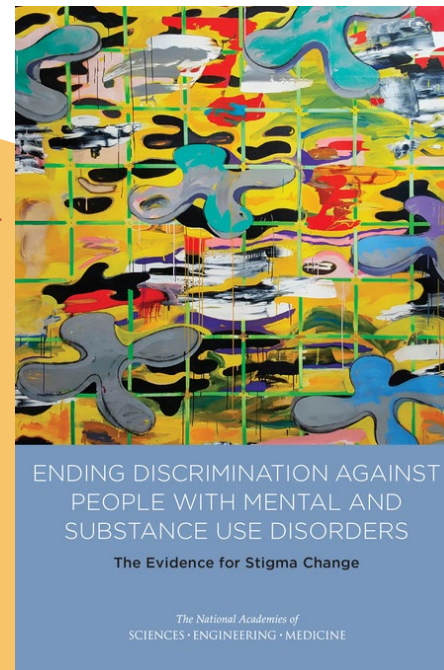


When Oregon voters passed the state's pioneering Drug Addiction Treatment and Recovery Act in 2020, also known as Measure 110, the emphasis was on treatment as much as on decriminalizing possession of personal-use amounts of heroin, cocaine, methamphetamine, and other drugs. The hope also was that Measure 110 would reduce the stigma of drug abuse.

Under the law, people receive a citation, with the maximum \$100 fine waived if they call a hotline for a health assessment. But most of the more than 3,100 tickets issued so far have been ignored, and only 0.85% entered treatment.

Critics note that in the absence of any pressure or compelling incentive for people with SUDs to seek treatment and recovery and thereby stop using drugs, high rates of drug use, SUD, and attendant harm are likely to continue. Oregon has among the highest addiction rates in the country, and fatal overdoses have increased almost 20% over the previous year.

Source: https://www.wdjo.com/front-page/world-national/after-rocky-start-hopes-up-in-oregon-drug-decriminalization/?fbclid=IwAR3JKmcFxb986893kSOAvqc2S5SkjJbAYZFpXmuQQZqdm89LCKx-DR_Y4mJM



Summary

Norms and beliefs about substance use disorders arise from multiple sources, including day-to-day contact with people affected by substance use disorders, workplace policies and practices, community expectations, the media, health policies, and governmental law and policy. It is encouraging that leaders in the substance use prevention and treatment field are prioritizing the problem of stigma. For example, the five-year strategic plan of the National Institute on Drug Abuse includes to “identify and develop approaches to address stigma” (<https://nida.nih.gov/nidamed-medical-health-professionals/health-professionals-education/words-matter-terms-to-use-avoid-when-talking-about-addiction/addressing-stigma-health-disparities>).

Changing negative social norms that stigmatize people with SUDs will require a coordinated and sustained effort involving several approaches, which need to include the public perception that anyone can have a problem with alcohol or other substances for several reasons, including their biology, their environment and experiences, and mental health issues. People are more likely to get treatment and recover when their social networks support them in the absence of judging them.

Successful anti-stigma programs are likely to need support by governments at the local and national level, as well as ongoing evaluation and monitoring from the outset and going forward

with implementation. Evaluation information can inform what worked, with whom, and under which conditions in order to adjust as needed ongoing program development as well as future programs.

What would a successful, multi-dimensional program look like? These evidence-based strategies to reduce stigma related to SUDs were identified by the National Academy of Sciences (2016):

1. Education, such as substance use literacy campaigns;
2. Advocacy (e.g., letter-writing and Twitter campaigns);
3. Programs that facilitate social contact between people with and without SUDs (e.g., peer programs);

The National AI/AN Prevention TTC uses the following overriding principles in working on prevention efforts in Native communities:

Culture is Prevention, and Prevention needs to be trauma-informed and non-stigmatizing.



Suggested Readings

[*Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change*](#) (see sidebar on previous page)

National Institute on Drug Abuse webpage on [*Addressing Stigma and Health Disparities*](#).

[*Shatterproof.org*](#), a national nonprofit dedicated to reversing the SUD crisis in the U.S.

4. Delivery of media campaigns over a range of platforms, including donated air-time and the use of newer social media;
5. Less stigmatizing terminology (e.g., use SUD rather than drug abuse);
6. Emphasize the underlying neurological basis of SUDs and reject the moral defect belief;
7. Emphasize that treatment works via reporting on research and providing lived experiences; and
8. Close loopholes and barriers to accessing SUD treatment.

Partnerships for Success

Data-Informed Decisions Working Group Report

On September 29, 2022, the National American Indian & Alaska Native Prevention Technology Transfer Center spent time with Tribal Partnerships for Success (PFS) grantees in a virtual gathering. We shared about the PFS study that took place a year ago in October 2021. The recap included the purpose of the study, some of the feedback we learned from the Community Conversations, and some needs of our Tribal communities. The collected data identified factors of grantee success, barriers in meeting program requirements, and improvement recommendations. Initially, the primary goal was to improve future SAMHSA Strategic Prevention Framework – Partnerships for Success (SPF-PFS) funding announcements and delivery of technical assistance to better meet the needs of communities and grantees. The Conversations on Tribal Partnerships for Success revealed much more regarding inalienable rights and support for our Native communities.

The National AI/AN PTTC's goals for meeting with participants are to create a forum for PFS Tribal grantees to engage with and support each other; to discuss and gather feedback on SAMSHA's recently completed project seeking recommendations for strengthening the PFS program; to identify additional needs of Tribal PFS grantees; and to determine ways that the PFS grantees would like to partner with the National AI/AN PTTC and Regional PTTCs to address identified needs.

Several grantees shared about their experience with improvements to the Program Requirements and Parameters. For example, when hosting events for one's tribal community, funding availability is lacking for providing light refreshments. Others shared about their experiences with specific AI/AN communities being treated like all other AIAN communities.

It is important to note that tribal communities are different from one another. On tribal lands, Native communities have a great deal of control over how they operate. Urban and rural Native communities, large and small, have their own traditions and Indigenous ways of living.

Because the grantees are provided federal funds for their programs, a number of participants shared that they would like more hands-on guidance for reporting and understanding the guidelines. All agreed they would like to meet more often and provide a networking opportunity to share their successes and needs.

The goal of the study was to identify program improvements and assess the barriers and facilitators encountered by the PFS grantees. However, the results indicate the need to listen more to the needs of tribal communities. It is imperative that the Conversations on Tribal Partnerships for Success continue to engage tribal leadership and Native prevention and intervention specialists to address their community's needs from the cultural lens of each participating tribal community. Our next conversation with grantees will be in January 2023.

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Prevention Fellowship Program

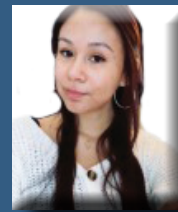
This summer, the Prevention Technology Transfer Center (PTTC) Network received one-time funding to recruit and train a small cohort of early-career or students committed to pursuing a career in substance use prevention. The National American Indian and Alaska Native PTTC accepted applications for fellows interested in a one-year career development and practicum opportunity, during which the fellows will accomplish many of the requirements for the Prevention Specialist certification.

The National AI/AN PTTC Prevention Fellowship Program (PFP) is designed to prepare Native Prevention Fellows to achieve certification from the International Certification and Reciprocity Consortium (IC&RC) Certified Prevention Specialist (CPS) exam. The National AI/AN PTTC will supplement 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.

Though these activities are a priority of the Substance Abuse and Mental Health Services Administration (SAMHSA), they also align with several of the foundational elements of the Tribal Behavioral Health Agenda. This framework was developed with a diverse coalition of federal, tribal, and community partners with the aim of creating sustainable, effective, and culturally appropriate strategies to address the unique needs of Native communities. The one-year fellowship program will develop and sustain a well-trained and knowledgeable group of AI/AN prevention professionals who understand and exemplify the principles and best practices of substance use prevention across the lifespan.

Our three prevention fellows are Shelene Head (Ojibwe-Red Lake Band); Marie Schuyler-Dreaver (Haudenosaunee/Anishinaabe); and Willie Ed Tapedo (Caddo/Kiowa). All are at early stages of their careers in the prevention field, serving Native communities across the country. Each will be planning and preparing their year ahead with a specific tribal community. Moreover, they will be trained and mentored by prevention specialists who are experienced experts and have been serving AI/AN populations.

Shelene Head
Ojibwe-Red Lake Band



Marie Schuyler-Dreaver
Haudenosaunee/Anishinaabe



Willie Ed Tapedo
Caddo/Kiowa



Engaging in research with Native American communities: A toolbox



The importance of knowing how to collect data in a culturally informed way has been stressed by many of our partners in the prevention field.

Historically, it must be noted and acknowledged that past researchers have exploited Native Americans with the purpose of conducting research to further their own professional development. The Native Americans included within these studies were often excluded from the research process altogether and rarely informed about results of such studies (Sobeck et al., 2003). By discarding community involvement and conducting research without considering the negative impacts that may occur for the Native communities, the relationship between Natives and researchers has been considerably strained.

Today, best practices recognize the importance of community involvement as well as incorporation of cultural elements within all aspects of the research process, known as Community-Based Participatory Research (CBPR).

The National AI/AN PTTC has been working on a toolkit to help researchers work respectfully with Native populations. Overall, this document will serve as a

resource for individuals involved in research within Native communities and outlines the basic elements in conducting CBPR. This document also contains imperative information regarding ethical considerations, principles of research, IRB information and processes, and resources for further understanding on conducting research in Native communities.

Recognizing that all tribal communities are different and have their own guidelines for research and IRB processes, the toolkit provides general direction and information for researchers to consider when working with Native communities. It is by no means an exhaustive document of all information available, but rather is a resource of reference to further researchers' understanding of how to conduct valuable research in Native communities in a respectful way.

The toolkit will be published on the [National AI/AN PTTC website](#) in the coming weeks. If you haven't already joined our mailing list, [sign up](#) to be notified when the toolkit is available.

UPCOMING EVENTS and RECENT PRODUCTS

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!

Prevention Advisory Council Meeting Tuesday, Nov. 29

The National American Indian and Alaska Native PTTC Advisory Council will meet to discuss our Year 5 work plan, the new Prevention Fellowship Program, and other initiatives.

Honoring Our Native Veterans' Past, Present, and Future Thursday, Dec. 1, 3 p.m. Central

Our Native Veterans serve to protect and defend the US, their tribal lands, and its people. The National AI/AN ATTC and National AI/AN PTTC are collaborating to honor Native American veterans for their service in a series that began Nov 10, 2022. The series will provide opportunities for Native American veterans to have support, for their families to learn more about their support services, and a learning collaborative for Veterans that provides access to culturally responsive resources, including treatment and healing options. [Click here to register.](#)

New series starting in December: Being a Good Relative: Healthy Prevention Opportunities During Winter Dec. 6, Jan. 17, Jan. 31, Feb. 14, Feb. 28

Registration will open soon.

Fact Sheet: Social Wellness in Challenging Times

As the holiday season approaches, Indigenous people may find it challenging to maintain their social wellness amid both the "normal" stress of the holidays and the potentially triggering effects of events that are so closely associated with colonization and historical trauma. This fact sheet provides resources for Native people to improve their social wellness while staying connected to their culture and heritage.

[Download the fact sheet here.](#)



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