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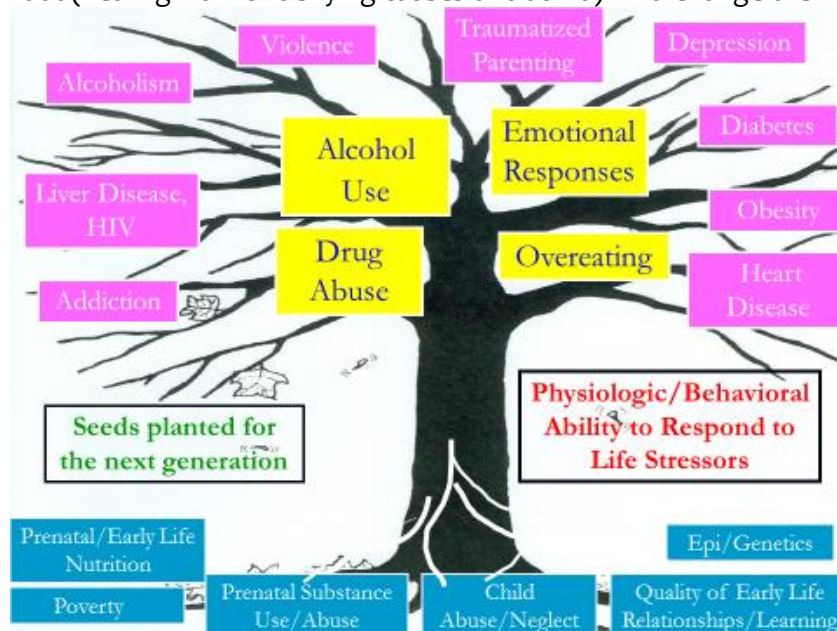
November 8-9, 2016

Opium Abuse/Misuse Summit: Meeting Summary

Over the two day summit, attendees discussed strategies on how we, as Tribal Nations, can take back our communities, our families, our health and culture from the alarming and increasing drug abuse epidemic. The data that USET has been able to gather shows that this epidemic goes beyond the borders of our territories. Presentations on historical trauma, the science behind addiction, and data were provided on day one. The goal of the summit was to be able to share resources that can assist Tribes in reducing the impact of drug abuse in their communities and to identify an action plan in moving forward.

Discussion

Historical Trauma: Darryl Tonemah (Kiowa/Comanche/Tuscarora), Ph.D., M.Ed. provided a look into cultural, historical and multigenerational trauma. A key take away from the presentation focused on “Changing the Root (healing from underlying causes of trauma)... To Change the Fruit”.



Presentation Slides can be found here: [Click here for presentation](#)

Mental Health and Addiction: David H. Zald, Ph.D., Professor of Psychology and Psychiatry, Director of Interdisciplinary Program in Neuroscience for Undergraduates, Director of the Affective Neuroscience Laboratory, Vanderbilt University, presented on “Examining the Neuroscience of Addiction”.

Presentation Slides can be found here: [Click here for presentation](#)

Breakout Sessions:

- Incorporating Cultural Values into Treatment: Mohegan Tribe
[Click here for presentation](#)
- Funding Availability for Tribal Nations on Substance Abuse
[Click here for presentation #1](#)
[Click here for presentation #2](#)
[Click here for presentation #3](#)

National and Regional Data Trends: Christy Duke, Senior Epidemiologist, USET, provided an overview of current data trends, how to improve data and what additional data sources could be utilized to get a better picture of Opioid and Substance Abuse in Tribal communities.

Presentation Slides can be found here: [Click here for presentation](#)

Round Table Discussion: Establishing Partnerships for Community Engagement

Requiring community engagement means that we have to lead by example. Participants were asked to rate their community's engagement level on a scale of 1 to 10, with 10 being the highest. The average community engagement level was a 6.5. Not bad, but attendees then focused and shared examples of how they maintain engagement on pertinent issues. Attendees shared that empowering or making a community feel involved in the process leads to increased engagement.

INFORM: Provide the public with balanced and objective information to assist them in understanding the problems, alternatives and/or solutions. (Provide fact sheets, web sites, social media campaigns)

INVOLVE: Work directly with the public throughout the process to ensure that public concerns are understood and considered. Obtain public feedback on analysis, alternatives and/or decisions. While keeping the public informed, listen to and acknowledge their concerns and feedback. (Public forums, focus groups, surveys)

COLLABORATE: Partner with local tribal, state and community resources to identify a preferred solution. Clearly identify what solutions the group has the power or authority to make to avoid misunderstanding.

EMPOWER: Place the final decision making in the hands of the public and then implement what they decide. (What are you doing to keep momentum going?)

Best Practices:

- Penobscot Indian Nation: Tribal Collaborative Healing
[Click here for presentation](#)
- Promoting Safe Prescribing in Tribal Communities
[Click here for presentation](#)
- Seneca Strong: Provided an update on current prevention and treatment programs.

Action Plan: Where do we go from here?

IMMEDIATE	LONGTERM
<p>Continue to Bring Tribes Together to have the discussions on:</p> <ul style="list-style-type: none">○ Best Practices○ Program Planning (sharing vs. recreating the wheel)○ Have more joint discussions versus individual silos	<ul style="list-style-type: none">• Advocate for increased funding for treatment facilities.• Look into a credentialing program and future opportunities in distance learning.• Discuss future of youth treatment facility and the feasibility of changing treatment age limits ranges.

Resources:

Indian Health Service

Indian Health Manual Links:

- Chapter 30 – Chronic Non-Cancer Pain Management Policy: https://www.ihs.gov/ihm/index.cfm?module=dsp_ihm_pc_p3c30
- Chapter 32 – State Prescription Drug Monitoring Programs Policy: https://www.ihs.gov/ihm/index.cfm?module=dsp_ihm_pc_p3c32

IHS Prescription Drug Abuse Workgroup Websites:

- Pain Management: <https://www.ihs.gov/painmanagement/>
- Opioid Dependence Management: <https://www.ihs.gov/odm/>
- Tele-behavioral Health Trainings: <https://www.ihs.gov/telebehavioral/training/>

Surgeon General Report: Facing Addiction in America

<http://www.Addiction.SurgeonGeneral.gov>