



National American Indian & Alaska Native

ATTC

Addiction Technology Transfer Center Network
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Addressing Addiction

IN OUR NATIVE AMERICAN COMMUNITIES · VOL 7 ISSUE 1 WINTER 2021

**Pathways
to Recovery
from Meth**



DIRECTOR'S CORNER



Dear readers,

Welcome to the new issue of Addressing Addiction in our Native American Communities. For this issue we are focusing our attention on methamphetamine use and stimulant use disorders in rural and urban Native communities. The meth epidemic is serious and even though in recent years a lot of attention has been directed towards opioid addiction, meth abuse has never disappeared. Opioid addiction often goes hand-in-hand with meth abuse, or appears sequentially; when opioid use disorders are reduced, stimulant use disorders come back in full force, and vice-versa.

We would like to introduce you to Ed Parsells, who is a longtime collaborator of the National American Indian & Alaska Native ATTC, and the Director of the Methamphetamine Use Disorder Treatment Clinic in the Rosebud Nation of South Dakota. He has extensive experience in working with Native youth and adults suffering from a substance use disorder.

Our Program Manager for the ATTC, Steve Steine, has participated in the development of a curriculum for providers on how to offer treatment and prevention services to clients and communities with methamphetamine use issues together with representatives from other Regional ATTCs. Our center has been responsible for the module on meth abuse in Native communities. This is a training-of-trainers (TOT) curriculum, and Steve and his team will oversee the dissemination the Native American module of this curriculum.

I also want to highlight some of the initiatives we have started and carried out since the last time we published our newsletter. First and foremost, in order to support clinicians in their work with Native clients during the challenging winter months, we have offered a series titled, “Winter Living: Hope, Resilience, Love, and Strength.” The series will continue through March 5, and you can register to attend [at this link](#).

In the middle of a serious pandemic, it has become clear to everybody that this situation is going to take much longer than anticipated and that we need to focus on our own self-care as providers to be the best provider we can be. In Native culture this means to look at a holistic way of healing. We have been blessed by a series of storytellers sharing traditional legends from their tribes, which has been a wonderful opportunity to use humor to uplift each other at the same time as they ground listeners in the Native cultural ways.

I want to acknowledge the extraordinary work that substance use providers have done for your clients and communities throughout this pandemic. SUD counselors have an important purpose in promoting recovery among tribal members living in both urban and tribal communities, as well as supporting family members around the client. I want to thank all of you for the incredible work you have done during a very difficult time.

As we look to the future, our ATTC wants to offer as much support as we can for you to continue to do the important work you are doing. We also want to acknowledge that our Native SUD professionals and healthcare workers also have witnessed and experienced the loss of family members, colleagues and clients to COVID-19. It truly takes a village, and I hope we all can provide support to each other while we try to get to the end of this pandemic.

Anne Helene Skinstad, PhD

Program Director, National American Indian and Alaska Native ATTC

Methamphetamine and Its Devastating Effects

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Contributions from
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Introduction

Like all amphetamines, methamphetamine (meth) is a synthetic chemical in the family of psycho-stimulants. It was invented in the early 1900s with its primary medicinal purpose to help people stay awake or lose weight. Currently, meth is a schedule II substance, which means it may have some limited therapeutic value (doctors are known to prescribe it for weight loss and narcolepsy) but also has a high potential for abuse. Illegal meth as a powder is snorted, smoked, or injected after being dissolved in the water for a quick and intense high. The meth rush is over 3 times stronger than cocaine and lasts 4 to 5 times as long. A new wave of meth in a much purer form has been reported to be coming directly out of Mexico, and is causing increased concerns among public health officials.¹

Meth in crystal form, or crystal meth, is typically heated and smoked. One the dangers of using meth is that it's so often adulterated with toxic substances such as solvents and industrial cleaners. Such chemicals, while intending to heighten meth's psychoactive effects, can rot sensitive tissues, veins, muscles, and teeth.

Meth's short-term effects if used in low to moderate doses include a mild intoxication, euphoria, and feelings of disinhibition and of greater connectivity with others. Larger doses result in alterations in one's perceptions, thinking processes, and memory. Long-term use is associated with severe depression, irritability and paranoia, concentration difficulties, fatigue, significant weight loss; and damage to brain structures believed to cause permanent memory and learning disabilities.²

Meth and Native Communities

Meth abuse has reached both urban and rural regions and is a major drug of abuse in many tribal communities. Whereas the opioid epidemic has garnered widespread attention in the US, awareness of the growing use of meth, and the violence and cost to quality of life it has spawned, is too often under the public health radar.

Prevalence

Meth is one of the most widely abused drugs, and the use of it is rapidly growing.³ There are indications that meth abuse among Native American and Alaska Native populations is more prevalent compared to non-Hispanic whites, and also when compared to many other ethnic groups.⁴ Some experts claim that more Native people, proportionately, are addicted to meth than any other racial/ethnic group in the US population. The 2019 data from the national drug use survey indicated that among those aged 12 and older, nearly 3% of Native people reported using meth in the past year.⁵

The Spread of Meth in Native Communities

Meth use intensified in the rural Midwest and Southwest US in the 1990s and gradually invaded Native communities. Rural states have been hard hit by the prevalent meth use for several reasons that minimized detection: easy access to raw materials used to manufacture this illicit drug, the ease in setting up laboratories in isolated areas, and the quick dispersal of meth odors.⁶ To compound matters, poverty, closed social networks, strained law enforcement resources, and limited treatment options in some rural communities likely contribute to meth's popularity and to challenges in preventing its manufacture and use. Tribal officials and law enforcement point to the fact that Mexican cartels have taken advantage of these factors and established meth production on tribal lands.⁷ Also, the current COVID-19 pandemic can disrupt drug trafficking, and this may prompt the resurgence of small-scale (home) production of meth.

Overdose

Similar to all ethnic groups, the drug linked to the highest percent of fatal overdoses among Native people is opioids. Yet meth overdose rates are not insignificant. Among the northwest states of Washington, Oregon, and Idaho from 2012-2016, meth was involved in 30% of drug overdose deaths among Native people; by comparison, opioids was involved in 67% of the drug overdose in this group.⁸ Based on national data, Native people were found to be disproportionately affected by meth's deadly potential. Meth overdose deaths, which surged in an eight-year period (2012-2108) in the United States, rose the most among Native people compared to other racial and ethnic groups. The death rate from meth overdose more than quadrupled during this time period. Higher overdose death rates were found among Native men compared to Native women, yet the death rate among Native women was higher than non-Hispanic Black, Asian, or Hispanic men.⁹

COVID-19 and Meth Use

The COVID-19 pandemic may disproportionately impact meth users.² Meth use can impair the immune system, which increases susceptibility to infection, and because meth can cause pulmonary problems, a person who contracts COVID-19 may have a poorer prognosis. Also, meth users are more likely to be homeless, which can increase the likelihood of COVID-19 transmission.¹⁴

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Meth and the General Population

Between 2015 and 2018, it is estimated that about half of the 1.6 million adult meth users were addicted to it and slightly more than 22% reported they injected the drug, according to a new report from the US Centers for Disease Control and Prevention. Meth's use is likely associated with the fact that its still readily available throughout the United States, that opioid users mix meth with opioids to increase the psychoactive effect of both drugs, and meth is a popular substitute when opioids are not available.¹¹

A high proportion of meth users suffer from a mental illness; complicating this issue is that meth-induced psychosis is marked by visual and auditory hallucinations and paranoia. It is often the drug that accounts for the highest percentage of adults incarcerated for a drug offense in many states. Also, many meth users also use other substances. Jones and colleagues found that the drugs most commonly co-used were cannabis (69%), prescription opioid misuse (40%), and cocaine (30%).¹¹

Readers interested in a detailed study of co-existing disorders among youth who have a methamphetamine use disorder will find it informative to read the study by Kuitunen-Paul and colleagues: "Beyond the tip of the iceberg: A narrative review to identify research gaps on comorbid psychiatric disorders in adolescents with methamphetamine use disorder or chronic methamphetamine use."¹²

Overdose

Meth overdoses cause a sudden increase in blood pressure, a hazardous increase in the user's body temperature, and lead to internal bleeding and liver failure from contaminants in the drug. These severe reactions can occur in certain people from only one use. A *fatal* meth overdose incident happens when multiple organ failure occurs from a deadly combination of high blood pressure and chemical contamination.

From 2015/2016 to 2017/2018, significant increases in meth-involved overdose mortality rates were observed in 42 of 47 states (data were not available in 3 states).¹³ Although deaths involving meth have historically been primarily concentrated in the western US, there has been a significant increase in meth-involved overdose mortality across the country. It is also notable that meth overdose rates were the highest among many states heavily impacted by the opioid crisis in years prior to 2015/2016. This latter finding supports the notion among some experts of the "twin epidemics" of meth and opioids owing to the fact that this co-use enhances the effects of both drugs.¹⁴

Drug-Related Incarceration

In Minnesota's July 2019 report from the Department of Corrections, meth-related offenses accounted for 69% of those incarcerated for a drug-related offense, by far the highest prevalence compared to other drugs.¹⁵

Rise in Stimulant-Related Overdose

Nonfatal drug overdoses where stimulants are suspected to be involved appear to be rising among youth. Researchers investigated trends in suspected nonfatal drug-related overdoses among youth based on a retrospective analysis of emergency department syndromic surveillance data from 2016 to 2019. Data were used to detect quarterly trends in suspected drug overdoses from April 2016 through September 2019 among youth aged 0 to 10, 11 to 14, and 15 to 24 years. Among all age groups, suspected stimulant overdoses increased across the study period by an average of 3.3 per quarter for 0 to 10-year-olds, 4.0 for 11 to 14-year-olds, and 2.3 for 15 to 24-year-olds. Suspected heroin and opioid overdoses either did not change or decreased during this period for the age groups.¹⁶

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Treating Methamphetamine Abuse

Trends in Admission

Treatment admissions involving meth use has increased over the past decade. A recent analysis by Jones and colleagues showed that among drug-related treatment admissions for those aged 12 years or older during the period of 2008-2017, meth-related admission increased from 15% in 2008 to 24% in 2017.¹⁷

The Native American and Alaska Native group had the highest percent among other groups in 2017 (44%, followed by Hispanic (30.6%), non-Hispanic White (26.2%), and non-Hispanic Black had the lowest percentage, (6.5%). Across the study period of 2008 to 2017, the rate of meth treatment admissions among Native clients nearly doubled.¹⁷

Treatment Considerations for Native Clients

Early Efforts

Glover-Kerkvliet provides an overview of early efforts to address meth in Native communities.¹⁸

- An early mention of meth use was in testimony provided by Ron Martin, Executive Director of the San Diego American Indian Health Center, to the Senate Committee on Indian Affairs on May 21, 1998 on unmet Native healthcare needs.
- Requests to IHS providers for meth rehabilitation increased from 137 in 1997 to 4,946 in 2004.
- Between 2003 and 2006 a number of tribal councils, government agencies, media outlets, and healthcare providers began to investigate and document the growing meth crisis among Native people.
- A report was released in 2006 commissioned by the Bureau of Indian Affairs, “National Methamphetamine Initiative Survey: The Status of the Methamphetamine Threat and Impact on Indian Lands”.¹⁹
- SAMHSA awards \$49.3 million in FY 2006 grant funding for 15 grants to tribal organizations for prevention, treatment, and recovery support services, with funds to particularly target the problem of meth use.

Yet as noted by Glover-Kerkvliet, the average healthcare provided by federal government or through contracted services met only ten percent of the need.¹⁸

Positive Directions

Treating meth abuse requires the addiction treatment approach and the treatment staff to be sensitive to the unique needs of Native American and Alaska Native clients. Clinical practice and research indicates that no single addiction treatment method works for everyone. So-called Western approaches including 12-step, cognitive-behavioral therapy, and motivational interviewing can be effective. Yet there are several specialized treatments for Native clients:

- art circles, meditation, and sun dances;
- tribal healing techniques; and
- traditional medicine wheel practices.²⁰

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General Treatment Approaches and Strategies

The unique psychological and physiological mechanisms of meth are such that it quickly and intensively binds to the nerve receptors in the brain's pleasure regions, and addiction occurs quickly. Psychologically and physiologically, meth grabs hold of the body and mind quickly, and addiction quickly develops. Thus, meth abuse is one of the most difficult drugs to treat.

In recognition of the growing problem of meth abuse, there have been a great deal of research reports and clinical attention on treatment.²¹ Experts are in general agreement that the most effective treatments for meth addiction are not based on a "one-size-fits-all" approach. Behavior-based therapies, such as cognitive-behavioral therapy and contingency management interventions are preferred, and a generic 12-step model as a stand-alone approach is less likely to be effective.²²

An evidence-supported and comprehensive behavioral treatment is the Matrix Model. This 16-week program combines behavioral therapy, family education, individual counseling, 12-step support, drug testing, and encouragement for non-drug-related activities. The Matrix Model has been shown to be effective in reducing meth abuse.²³ Contingency management (CM) interventions provide tangible incentives contingent on compliance with treatment expectations and maintaining abstinence. With respect to meth abuse, a CM-based program, Motivational Incentives for Enhancing Drug Abuse Recovery (MIEDAR) has demonstrated efficacy.²⁴

An important component to treating meth addiction is to educate clients about the "funk" that can emerge following abstinence and a sense of recovery. Approximately 4-6 weeks after withdrawal and treatment, many meth users will have a sudden and harsh period of hopelessness and anhedonia (loss of pleasure from usually pleasurable activities).

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Medications

While medications have proven effective in treating some substance use disorders (e.g., opioid use disorder; alcohol use disorder), there are no effective pharmacotherapies to treat meth abuse. Some years back there was preliminary research using animal models that the class of anti-depressants known as selective serotonin reuptake inhibitors (SSRIs), may prove promising.²⁵ But studies with humans did not yield positive findings. Because meth abuse can cause methamphetamine psychosis, anti-psychotic medications have shown some effectiveness in reducing these meth-induced symptoms.²⁶

Summary

Native American and Alaska Native people are among the highest risk groups for use of this “devil” drug - meth. Traumas related to long-term decreased access to education, delivery of health services that are discriminatory, and the exploitation of rural locations by the illegal drug industry are among the factors that likely contribute to this health problem among Native people. To address the persistent problem of meth abuse in the US, including in Native communities, there is a continuing need to mobilize public health prevention efforts, treatment capacity, and linkages to long-term care. The continuing roles of IHS, SAMHSA and the Office of National Drug Control Policy to develop and fund prevention initiatives, detoxification centers and treatment programs and policies tailored to Native communities, including those specific for adolescents, are vital.⁷ Experts point to strengthening meth prevention and treatment efforts by coordinating them with efforts already underway to address the opioid crisis. An overall theme from agencies that provide substance use treatment was a lack of detoxification centers needed for clients to be admitted.

An important change going forward for prevalence surveys is to not treat Native clients as uniform groups; what cross-cultural researchers have referred to as “ethnic gloss.”²⁷ The cultural heterogeneity among the nearly 600 federally recognized tribes needs to be better recognized in order to inform prevention and treatment efforts.

We conclude with this wise position offered by James E. Copple, founding partner of Strategic Applications International, a group which has contracted with the federal government to help Native tribes fight meth: “We’re never going to arrest our way out of this problem. It requires a community solution - treatment and all the necessary psychosocial support, a context in which the recovering addict can find a job, have family and spiritual support.”²⁷

Lest you be carried away

*Do not let your worldly storms
overtake you, lest the tides of
your sorrows carry you into
the less traveled recesses
of your mind.*

- Sean A. Bear 1st



Suggested Reading

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Into a World of Recovery

A conversation with Ed Parsells, BS, CCDCIII, Cheyenne River Sioux Tribe

Director of the Rosebud Sioux Tribe Methamphetamine and Opioid Residential Treatment Program



Steven G. Steine, ATTC Program Manager: For the reader, please tell us a little about yourself.

Ed Parsells: My name is Ed Parsells, and I am an enrolled member of the Cheyenne River Sioux Tribe. I am married; we celebrated 41 years together this past year and have three children.

The way I perceive my career is that I backed into the field of substance abuse. Back in 1979, I started doing research on what was going wrong in my life and I discovered the field of substance abuse and recovery. Three years later, people started paying me for what I had found out. That led to full time ministry with an emphasis on alcohol and drug addiction recovery. Then that eventually led into full time substance abuse services - initially with the churches, then with the federal government, Indian health service, and Tribal Programs. I wound up meeting a man by the name Duane Mackey. He and I did some work on a couple of projects, but he introduced me to Anne Helene Skinstad and the ATTC and we have been working together ever since. In my current position, the journey started in 2016 and we've learned a lot about meth treatment over those years. We have revised our program, adapted, and produced and created some strategies and mechanisms and ways of addressing meth, taking the culture into consideration. I then created a seven-direction treatment model for substance abuse. We have taken that seven-direction model and made it meth specific in the last few years.

SGS: Can you share about the work you've been doing in the addictions field - currently, and in the past?

EP: Back in the 80's when I was introduced to the field, there was a strong and very heavy reliance on 12-step recovery. So that has been the foundation, and it has broadened considerably over the years and become less 12-step oriented. I personally gravitate toward rational emotive cognitive behavioral therapy. For me, it fits Native culture very well of all the methods because there is an emphasis on a relationship with not only the substance, but your past, your present, and also your future. Global thinking lends itself to relationship-oriented methods. That's kind of foundational for me and everything that I've done. I worked in outpatient treatment settings, residential, inpatient treatment; I did a few years with Indian Health Service and they had a hospital-based treatment center. I think it was the only one in the country at the time, and that was an eyeopener. That was dealing with in-stage addiction of all types, so that was a fascinating few years.

Photo: ATTC Staff

SGS: How would you describe the use of methamphetamines with Native populations now versus 20 years ago? In other words, how it has evolved and changed over time?

EP: When I came to Rosebud in 2002, I directed an adolescent residential treatment program and that's when I first saw meth as it is today. It was very popular among adolescents, then there were a couple of huge, negative monumental incidents around meth, and it kind of lost his popularity because of that. It's always been there, it's never gone away, but over the course of about 10 years, meth was on a roller coaster. Then around 2010, the prevalence has been on a steady increase ever since. Meth is taking hold, and it's the biggest problem we have right now on the Rosebud Reservation, in my opinion. It has gone from this recreational thing to now it is a huge, huge problem. It's an epidemic.

SGS: Of those reporting at least a one-time use of methamphetamine, the Native population reported five times that of the of the overall population. Why is methamphetamine so prevalent among Native populations especially compared to other ethnic groups?

EP: It's complex, but just from an observer standpoint in the field, I know that drugs and alcohol provide a tremendous source of relief from emotional pain. I think our Native population is saturated with discomfort and I think that's why the prevalence even of alcoholism seems to be higher, especially on Native land. Substance use disorders and other forms of addiction create dysfunction in the home. Many Native kids are exposed to dysfunctional homes or trauma, often referred to as adverse childhood events (ACE). Use of meth often is accompanied by paranoia and violence, which exacerbate the dysfunction in the household. I am often referring to Dr. Cardwell Nuckols, a neuroscientist, and my coach; he has taught me how meth use disorder differs from alcohol use disorders, and that meth is very addictive. Psychologically, meth is associated with euphoria that lasts longer than a cocaine high, a can of beer, or a marijuana joint. Unfortunately, one of the saddest realities is that every meth high produces a form of brain damage, and the cumulative effect could produce long-term irreversible cognitive dysfunction. Eventually, we often see psychotic breakthroughs, unlike any of the other drugs.



Photo: Shutterstock

SGS: In your opinion, and based on your 40 years of experience working with people with substance use disorder, what are the most serious impacts of methamphetamine use disorders on Native communities, families, and individuals?

EP: The negative impact on the families. Any kind of substance use disorder will take a toll on families, because it produces a lot of family stress. But with meth, there seems to be a whole new level of family dysfunction. I'll give you an example; I remember a woman who was going to court and was about to lose her parental rights. Her attorney asked me to meet with the judge in her defense and share how treatment can be successful and to inform the judge that people are able to recover from severe meth use disorders. I shared this with the judge, but the woman had resisted attempts to get into treatment by her social worker and her mother, so it was important to hear from the woman herself. She still refused to go to treatment and said, "I'm not going to treatment, so go ahead and take those kids." This is an example of what a strong hold meth use disorder has on a person.

I think the second greatest impact is the psychiatric impact of meth is on individuals and the community. Now, I know that there's a prejudice and stigma associated with meth use disorders, which unfortunately is rooted in reality. It's like a black eye in our culture to have meth use disorder. Furthermore, being intimately involved in Native culture, when people are healthy, everybody is equipped to fulfill a purpose within the society. People with meth use disorders are not able to contribute. Sociologically, our communities are tremendously disrupted by their absence, and not only their absence but some of the behaviors impacted by their substance use including theft and assault. We've never seen this degree of aggression in our society and it's totally disruptive with sociological and economic impact. When people aren't fulfilling their purpose and contributing to society, it leaves a void.

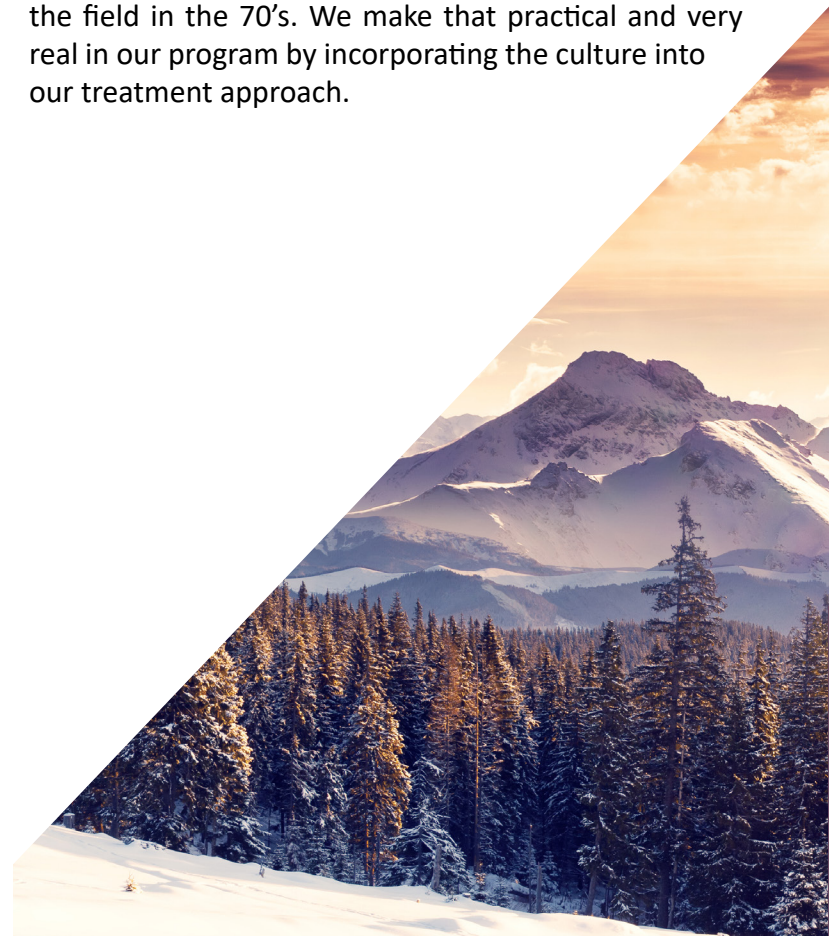
SGS: I'm going to shift the conversation a bit and talk about hope; hope for treatment, and for recovery. Is there a treatment program out there, specifically for Native patients who are suffering from a stimulant use disorder?

EP: I know in South Dakota, there are five or six meth specific treatment programs. Ours is a residential treatment program. I think what sets the meth specific treatment programs apart is the recognition of the severities of the disorder, and severity of the psychiatric issues resulting from stimulant use. This is anecdotal; my experience, my observation, but it's also my testimony and reality. I've never met somebody who suffers from meth use disorder; mild, moderate, or severe, who didn't experience meth related psychosis. Not one. Most will not offer that information in a standard assessment interview, because they don't want you to think they're crazy. I give them permission to talk about it. When I do, they admit that either during acute intoxication, acute withdrawal, protracted withdrawal, or post-acute withdrawal, they have experienced meth-related psychosis. A meth specific treatment program is going to take this into consideration and find ways to address it.

Our program is founded on the seven-direction model which is a bio-psychosocial spiritual model. We wrap that around the needs of the clients with meth use disorder. There's a strong emphasis on what we call the orientation phase. We're going to bring clarity for every person coming into our treatment program on their history of psychosis, because we need to know to plan treatment properly.

We're fortunate to have a team of doctors from Massachusetts General Hospital and Harvard Medical School who are doing a rotation to help Rosebud with assessment and treatment of meth use disorders. They've been a part of our program for the past few years. Clients with severe psychotic breakthroughs have to undergo a psychiatric consult, which is a challenge because we don't have psychiatric care at Rosebud.

We have a mental health department, but to get a psychiatrist through telehealth is going to take weeks to set up. We take our commitment to clients with psychotic episodes very seriously and make sure that they are properly treated. We give our clients permission to talk, and through their sharing of experiences, they get their psychiatric medications adjusted and can become functioning members of society. This process can take a long time. The brain has an amazing way of bouncing back; neuroplasticity occurs, and the brain resurfaces itself to accommodate recovery. Some people may have to be on medication for a long period of time, which we think of as fundamental in a meth treatment program. However, in our program, culture is also foundational. Spirituality is the foundation for recovery. That's been the battle cry, that's been the mantra since I've been in the field in the 70's. We make that practical and very real in our program by incorporating the culture into our treatment approach.



*"... in Native culture,
when people are
healthy, everybody
is equipped to fulfill
a purpose within the
society."*



Photo: Shutterstock

SGS: What can we do as a family member, friend, coworker, spouse, or sibling to help?

EP: I think education is very important. I know in Montana they had the Montana Meth Project (<https://montanameth.org/our-work/>). The program showed outstanding results by educating the public and the community. It was called a prevention program. It didn't use scare tactics, per se, but it did educate the public to the degree of meth-related issues and problems. When people understand that and own it, then that can have a dramatic impact on how meth is dealt with in the family and in the community. I think some of them could probably serve as counselors by now from their self-education, and they have a solid working knowledge. They surround their family member with everything they need mentally, emotionally, spiritually, and physically to make an environment conducive to recovery. That kind of effort is very helpful.

SGS: What would be your vision for steadily treating stimulant use disorders for Native clients?

EP: So when I say spirituality is foundation for recovery, each of our clients gets to explore a path - if they choose - of a belief system. In the belief system, there are teachings. That could be Native culture; they can reach out to others who are involved in Native culture if they are educated about meth use disorder and recovery, then everything about the culture is going to be packed with help. Some of our clients are going to choose Christianity or other belief systems. There again, if clergy and spiritual leaders of a Christian faith are educated about the needs and the issues around meth use disorder, then how they apply their brand of spiritual teachings can be beneficial. So, the vision would be all these spiritual sources and resources would get up to speed on what the needs are for people suffering from meth use disorder and be available on a macro scale. Then, I think, away we go! We're off into a world of recovery.

Growth is not without Pain

The weight of pain in our lives can pay a heavy toll on our well-being if we are unable to healthily resolve them.

Some succumb to its weight over time, unable to carry it anymore, while

Others wear the weight of their past like armor to protect them from further pain, still

Few are able to finally cast it all away, rise above them, and soar into the unknown heights of enlightenment.

- Sean A. Bear 1st

Stimulant Use Disorder Webinar Series



Offered by the Great Lakes ATTC and the Northwest ATTC, with collaboration from Region 4, the National American Indian & Alaska Native ATTC, and the National Hispanic and Latino ATTC

This recent series of presentations provided an overview of the current knowledge on the problem of stimulant (cocaine and methamphetamine) use in the US. It included a review of the extent and geography of use, the clinical syndromes provided by acute and chronic use, a review of behavioral treatments with evidence of efficacy for the treatment of stimulant use disorders (SUD), and an overview of the status of pharmacotherapy research on treatments. A panel of providers also presented their experiences with effective treatment strategies and evidence-based practices for working with individuals with SUD. The series concluded with three presenters discussing change management strategies for successfully implementing evidence-based practices. Additionally, the series contained several supplementary and cultural modules featuring the impact of stimulant use various cultural population groups including Native Americans.

Presenters and panelists:

Todd Molfenter, PhD

Dominick DePhilippis, PhD

Bryan Hartzler, PhD

Regina Fox, BS, CSAC

Denna Vandersloot, MEd

Richard Rawson, PhD, UCLA
School of Medicine, University of
Vermont

Michelle Peavy, PhD, of Evergreen
Treatment Services

Presenters for the Supplementary modules:

Stimulant Use among African Americans: Lawrence Bryant
(Consultant; Region 4)

Stimulant Use among the Latinx Population: Maxine Henry and Ruth
Yanez (National Hispanic and Latino ATTC)

Stimulant Use among the Native American and Alaska Native
Populations: Ed Parsells (Consultant), Sean Bear, Noah Segal, Steve
Steine, and Kathleen May (National American Indian and Alaska
Native ATTC)

Stimulant Use Disorder Webinar Series Part 1: Strategies to Address Methamphetamine and Cocaine

[Click here to view the recording.](#)

Stimulant Use Disorder Webinar Series Part 2: Provider Perspectives on Effective Strategies for Treating Individuals with Stimulant Use Disorders

[Click here to view the recording.](#)

Stimulant Use Disorder Webinar Series Part 3: Implementing EBPs to address Stimulant Use Disorders

[Click here to view the recording.](#)

RECENT ACTIVITIES & UPCOMING EVENTS

2nd Monday of the month	Virtual Native Talking Circle: Staying Connected in Challenging Times Register for future sessions at this link.
2nd Tuesday of the month	Native American Storytelling: Culture is Prevention Click here to view previous sessions. Register for future sessions at this link.
1st Wednesday of the month	Essential Substance Abuse Skills webinars: Referral, Service Coordination, and Documentation - recorded January 6. Click here to view the recording. Professional and Ethical Responsibilities - recorded February 3. Click here to view the recording.
3rd Wednesday of the month	Behavioral Health webinars: Introduction to Motivational Interviewing, Part 1 - recorded January 20. Click here to view the recording. Introduction to Motivational Interviewing, Part 2 - Wednesday, February 17. Click here to register.
1st, 3rd Fridays of the month	Winter Living: Hope, Resilience, Love, and Strength Click here to view previous sessions. Register for future sessions at this link.

TRIBAL OPIOID RESPONSE EVENTS

2nd Wednesday of the month	Sharing and Caring through Technology Register for future sessions at this link.
4th week of the month, day may vary	TOR Monthly Webinars: Click here to view previous sessions. Comprehensive Overview of GPRA Data Collection for SAMHSA TOR Grantees - Wednesday, February 24. Click here to register.
Various dates	TOR Regional Meetings: Portland IHS Region - January 26 Billings IHS Region - February 9 Alaska IHS Region - February 25

For additional events in our Mental Health and Prevention programs, please visit their websites: MHTTC: mhttcnetwork.org/native; PTTC: pttcnetwork.org/native



Photo: Shutterstock

Trust in the Creator's Plan: Desire or Need?

New age practices have stumbled upon an old concept of manifesting or creating one's future.

Looking at teachings, I've realized that the destiny we intend to manifest may not necessarily be the one we need. Manifesting one's destiny reflects a lack of faith in what the Creator has in store for us. Doing so can interfere with not only our own learning, but the will of others.

Attempting to instill our own will on others and our surroundings interferes with the natural order of things, just as a mind medicine may.

For instance, when looking from a much larger perspective, wouldn't two parties or sides of a war pray to win and to keep their loved ones unharmed and bring them safely home? It ends with all being placed into accordance with what is right and needed by those much higher and wiser than man. Throughout history and within nature, opposing species or peoples war for the control or desires of the few, yet these occurrences also play a role in reducing overcrowding to sustain life.

Like mentioned before, what we see or think in life, so many others do as well. Manifesting change interrupts the natural order of things and imposes our desires or will upon others.

Sean A. Bear 1st, BA
Co Director, Meskwaki Tribal Member



National American Indian & Alaska Native

ATTC

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

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