



National American Indian & Alaska Native

ATTC

Addiction Technology Transfer Center Network
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Addressing Addiction

IN OUR NATIVE AMERICAN COMMUNITIES · VOL 8 ISSUE 2 SUMMER 2022



Treating Opioid Use Disorders

DIRECTOR'S CORNER



Welcome to the latest issue of *Addressing Addiction in our Native American Communities*, published by the National American Indian and Alaska Native ATTC. We know from recent prevalence data that opioid overdose rates in Native communities, including Native youth, is extraordinarily high. Therefore, we decided to address opioid use disorders for the fourth time since 2013; this time we address treatment issues, including psycho-social and medical approaches like Medication for Opioid Use Disorders (MOUD), adherence to treatment, cultural adaptation of treatment approaches, and holistic approaches to treatment. We end the main column of this newsletter with the NIH HEAL (Helping to End Addiction Long-term) Initiative with specific reference to a study by Kamilla Venner, PhD, which aims to incorporate MOUD practices into Native healing traditions.

Dr. Venner will share her research experiences in her Dr. Duane Mackey "Waktaya Naji" Award lecture at the Great Plains Behavioral Health conference Sept. 20 – 22, titled "Creating Bridges and Culturally Adapting Western Science." Our center is also represented through a presentation by Kathyleen Tomlin, PhD, (Cheyenne River Sioux) on using the medicine wheel for ASAM-based substance abuse treatment assessment, Meg Schneider's presentation on tribal opioid response grantee success stories, and finally Ed Parsells' (Cheyenne River Sioux) presentation on enhanced motivational interviewing.

This newsletter also includes an article from the Great Circle Recovery Center. This center provides services to urban Indian communities and is the first tribally owned and operated opioid treatment program in Oregon.

We are celebrating Recovery Month by featuring Native issues in recovery through two webinar series: Virtual Native Talking Circle: Staying Connected in Challenging Times, and Cultivating Connections: Keep the Fire Going, which begins Sept. 21. We also are preparing to offer the Alcohol and Drug Exam Prep course twice in the next three months, and in October we will graduate 8 mentees from the American Indian and Alaska Native Leadership Academy.

This newsletter also includes an overview of upcoming events through the monthly webinars like the Essential Substance Abuse Skills training and the expansion of the Tribal Opioid Response (TOR) Care and Share webinar. This month is the last month our center will provide

all the services for the TOR recipients, but the Care and Share Listening session will be open to addiction professionals, including TOR recipients, going forward.

The target audience of the first pilot of our Behavioral Health Education Program (BHEP) was providers offering treatment for substance use disorders (SUD). We launched the second pilot of the BHEP in September and this time the target audience is providers who offer services to clients with SUD and co-occurring mental health disorders. The BHEP program is modeled after a BHA program in Alaska and is intended to support peer support specialists and BHA providers with the background knowledge and skills necessary to support their community members with behavioral health disorders.

As much as we wish the COVID-19 pandemic to be over, we have seen an increased spread of the virus yet again. The National AI/AN ATTC has been present at several national meetings and presented at the Annual Scientific Meeting of the College on Problems of Drug Dependence and the 50-year Anniversary meeting of the Association of American Indian Physicians. Both conferences were good and interesting but, unfortunately, ended up being super spreader events, and staff and consultants came back with COVID-19. Let us all try to protect and support each other through these very trying times and make sure we can see the light at the end of the tunnel.

Thank you for your support and interest in our work at the National AI/AN ATTC, and let us celebrate all the victories Natives in recovery have experienced.

Anne Helene Skinstad, PhD
Program Director
National American Indian and Alaska Native ATTC



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Treating Opioid Use Disorders

MARY K. WINTERS, MEd

Contributions from KEN C. WINTERS, PhD

INTRODUCTION

Some form of opioid has been part of either medicine or culture in the United States for hundreds of years. Opioids have a long history in modern medicine to treat pain and as a recreational source of a psychoactive high. More recently, a public health crisis of opioid abuse has escalated, including the co-use of opioids and methamphetamines (<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>).

Several factors are contributing to this crisis: the accelerated pace of opiate prescribing; the powerful influence to prescribe opioids for pain by the medical profession and pharmaceutical companies; the spread of dangerous illicit synthetic opioids like fentanyl (which is 50 times stronger than heroin) and drugs more potent than fentanyl, such as carfentanil and nitazenes; and the significant increase in the trafficking of opioids at the southern border (the U.S. Customs and Border Protection agency reported a 1,066% increase in the amount of fentanyl seized in fiscal year 2021 in south Texas: <https://www.cbp.gov/newsroom/local-media-release/cbp-officers-south-texas-ports-entry-post-significant-increases-0>).

Opioid-related deaths have risen dramatically since the 1990s (Stafford et al., 2022). The latest data from the Centers for Disease Control and Prevention show U.S. drug overdose deaths reached an all-time high in 2021, climbing to an estimated 107,622 (<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm?source=email>). All people of color, including AI/AN, are experiencing the steepest increases in opioid overdose deaths (El-Bassel & Shoptaw, 2021).

A recent study reported that opioid overdose deaths among AI/ANs increased fivefold from 1999 to 2019, while the number of drug overdoses overall in the U.S. has quadrupled since 1999 (Qeadan et al., 2022). The CDC's report on this issue is summarized in Figure 1 below). The rate per AI/AN 100,000 that have died of an opioid overdose has almost doubled since 2018, from 14.2 deaths per 100,000 in 2018 to 27.4 deaths per 100,000 in 2020.

Figure 1: Overdose Deaths Involving Opioids Among American Indians and Alaska Natives, U.S. 2010-2020



Source: <https://www.cdc.gov/injury/budget/opioidoverdosepolicy/TribalCommunities.html>



different health conditions. Below is a list of commonly prescribed opioids: (<https://www.addictshelpline.com/legal-opioids/>)

- Buprenorphine
- Butorphanol
- Codeine Sulfate
- Fentanyl
- Hydrocodone Bitartrate
- Hydromorphone
- Levorphanol Tartrate
- Meperidine Hydrochloride
- Methadone Hydrochloride
- Morphine Sulfate
- Oxycodone

TREATMENT ISSUES

An estimated 1.6 million people in the U.S. suffer from opioid use disorder (OUD) (Wang et al., 2021). Treating OUD poses many challenges. The published research literature provides some insights regarding these select topics, which are addressed below: Adherence to Treatment, Culturally Informed Treatment with a Holistic Approach, Medication for Opioid Use Disorder (MOUD), and Addressing Barriers to MOUD Treatment.

ADHERENCE TO TREATMENT

Behavioral and medication-based treatment for OUD is highly effective when a client adheres to the treatment plan (Timko et al., 2016; Wakeman et al., 2020). Studies published between 2001 and 2019 reported that almost half of individuals in treatment are not retained at 12 months, with further attrition for longer timeframes (O'Connor et al., 2020).

Several demographic characteristics have been linked to retention. Stafford and colleagues (Stafford et al., 2022) analyzed 2,381,902 cross-sectional treatment episodes for individuals in the U.S., discharged between Jan. 1, 2015 and Dec. 31, 2019. Key individual-level variables that

Native college students are also falling victim to opioid misuse. Based on 2015–2019 data from the American College Health Association-National College Health Assessment survey, researchers found that the percentage of opioid misuse was highest among Native college students (7.12 %) relative to other race/ethnicity groups (Qeadan et al., 2021). A risk factor analysis indicated that interpersonal problems with peers and family were highly related to Native opioid misuse.

enhanced retention were being employed, fewer days waited to enter treatment, being referred from somewhere other than the criminal justice system, being older at time of entering treatment, and being older at time of first use.

CULTURALLY INFORMED TREATMENT WITH A HOLISTIC APPROACH

A central philosophy about achieving successful treatment for OUD is to address the whole person, an approach most salient among American Indian and Alaska Native (AI/AN) communities. Native cultures' ancestral strengths and healing traditions provide a valuable vehicle for integrating traditional treatment approaches to meet the needs of the entire person when getting care for an OUD.

Kamilla Venner, PhD, assistant professor in the Department of Psychology at the University of New Mexico, a member of the Ahtna Athabascan Tribe, and an OUD treatment researcher, provides this insight:

“We need a more holistic view that goes beyond a person’s biology. We must integrate culture, societal factors, and even spirituality, when appropriate, into mainstream medical institutions and education.”

(<https://heal.nih.gov/news/stories/native-cultures>)

Two national initiatives to treat OUD with a holistic approach are summarized on the following pages.

Another HEAL Initiative study project focuses on a community study to prevent youth drug misuse in Cherokee Nation. (<https://heal.nih.gov/news/stories/Cherokee-connect>) The multilevel project is taking place in 20 schools and surrounding communities throughout the Cherokee Nation service area, which spans 14 counties in northeastern Oklahoma. Ten schools receive the school-based intervention and their communities will take part in the community organizing effort; 10 other schools and their surrounding communities are controls for the study. The program has three components:

- **School-based:** Coaches meet regularly with each student beginning in 10th grade and support students to set and achieve life goals, assist students in articulating their personal values, and assess risk for substance abuse.
- **Community:** Trained community organizers assemble action teams of local citizens and use evidence-based drug prevention strategies.
- **Communication strategies:** This involves raising awareness of existing Cherokee Nation resources such as drug takeback programs and educating service providers about not overprescribing opioid medications.

HEAL Initiative

The National Institutes of Health’s Helping to End Addiction Long-termSM Initiative, or NIH HEAL InitiativeSM, supports research to enhance a multi-dimensional perspective for pain management and to improve treatment for opioid misuse and addiction. One of the HEAL Initiative projects is Dr. Venner’s study, which seeks to incorporate medication-based treatment into Native healing traditions that embrace spiritual and cultural elements in addition to physical and psychological considerations for treating OUD (<https://heal.nih.gov/news/stories/native-cultures>). This study uses both Western (e.g., medications to treat OUD) and Indigenous worldviews (a “two-eyed seeing” approach to create an evidence-based, sustainable, and culturally centered and holistic intervention in which physical, mental, emotional and spiritual health are addressed) for AI/AN people suffering from an OUD.



Authors of a California focus group study (Zeledon et al., 2022) examined the perspective of nearly 200 AI/ANs in California to assess culturally based or traditional healing treatment modalities to treat OUD. Eight focus groups were conducted in recovery centers and 13 were conducted in tribal and urban Indian organizations. Participants emphasized building a sense of belonging, connecting with their culture, and having awareness of how to prevent opioid and other substance use disorders and that treatment works.

TRIBAL OPIOID RESPONSE GRANTS

The Substance Abuse and Mental Health Services Administration (SAMHSA) has administered Tribal Opioid Response (TOR) grants since 2018. The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based prevention and treatment services. Treatment options include medication-assisted treatment with one of the three FDA-approved medications opioid use disorder (MOUD). Tribes are also encouraged to address the co-occurrence of stimulant and opioid abuse.

MEDICATION FOR OPIOID USE DISORDER (MOUD)

Treatment with medications for opioid use disorder (MOUD) can significantly reduce overdose risk. The two most widely prescribed MOUDs are methadone and buprenorphine, with naltrexone also having



The TOR Technical Assistance Center is located at the University of Iowa's Native Center for Behavioral Health. The Center provides resources and training for groups that have been awarded TOR grants from SAMHSA. Since October 2018, the TOR program has fulfilled more than 350 technical assistance requests and hosted more than 85 events for about 3,600 participants. The program also published the award-winning *Prevention, Treatment, and Recovery Innovations in Native American Communities* and is working on a second volume of these tribal success stories.

some popularity. Methadone, a full agonist, can only be administered by federally regulated opioid treatment programs and in acute inpatient hospital settings for OUD treatment. Buprenorphine, a partial agonist, is the first medication to treat OUD that can be prescribed or dispensed in physician offices, significantly increasing access to treatment. Differences in their availability by county exist based on several factors, including proportion of certain ethnic groups and availability of opioid treatment programs (Correy et al. 2022). (More on this issue in the section on barriers to treatment).

MOUD and AI/AN

The use of MOUD among AI/AN was highlighted in an analysis of two national databases - the 2018 National Survey on Substance Abuse Treatment Services and the 2017 Treatment Episode Dataset - to estimate the extent to which MOUD is available and used among AI/ANs across the U.S. (Krawczyk et al., 2021). The main study results were :

- Facilities serving AI/ANs (N = 1,532) offered some level or type of MOUD (40%) at similar rates as other facilities (41%);

- AI/AN-serving facilities were less likely (22%) than other facilities (28%) to offer buprenorphine or methadone maintenance, which is the standard of care; and
- AI/AN clients were more likely to exhibit greater prescription opioid use and methamphetamine co-use relative to other groups.

The authors concluded that despite comparable rates of use of MOUD for AI/AN-serving and other facilities, “most AI/ANs in specialty treatment do not receive medications for opioid use disorder” (Krawczyk et al., 2021).

ADDRESSING BARRIERS TO MOUD TREATMENT

Tribal communities experience numerous barriers to MOUD, many of which are likely unique to tribal communities, including institutional discrimination towards AI/AN populations, incompatibility of Western medicine with AI/AN traditional healing approaches, and distrust of federal health services within tribal communities (Venner et al., 2018). Other barriers include distance to access services, transportation, and limited number of MOUD prescribers.

The Rural Health Information Hub has identified several factors for MOUD programs to be successful in tribal communities (<https://www.ruralhealthinfo.org/toolkits/moud>):

- **Offer the medication types commonly offered in the primary care setting.** These MOUDs include buprenorphine and naltrexone. Naltrexone for OUD is administered with an extended-release injectable formulation and it does not cause euphoric effects, thus there is no abuse or diversion or trafficking potential for this drug.
- **Deliver educational resources.** Programs for clients and the community that explain the benefits of MOUD can improve client compliance and reduce the stigma about treating an OUD with medications.
- **Ensure coordinated and holistic care.** This includes supplementing MOUD with holistic treatment services that address medical and psychosocial issues.

Synthetic opioids, primarily fentanyl, comprise the most common drugs involved in overdose (OD) death. A vaccine that blocks fentanyl from reaching the brain to prevent opioid abuse is under development. The authors of this study (Weitzman et al., 2022) examined the attitudes and concerns regarding a fentanyl vaccine based on interviews with persons at risk of OUD because of pain and/or substance use histories. Attitudes were generally favorable toward a fentanyl vaccine, especially if the vaccine were to have lifelong efficacy. Perceived benefits centered on the potential for a life-saving intervention, suffering averted, healthcare dollars saved, and the utility of a passive harm reduction strategy. Concerns centered on uncertainty regarding vaccine safety, questions about efficacy, worry about implications for future pain management, stigma, and need for supportive counseling and guidance.



Weintraub and colleagues (Weintraub et al., 2021) published a report on the progress of the use of telemedicine to support medication treatment for opioid use disorder (MOUD). Inpatient and outpatient participants who opted for telemedicine received a range of telemedicine-based services to address addiction recovery, psychiatric problems and medication management. The results of a retrospective chart review of 472 patients treated in the program between August 2015 and April 2019 found that a high percentage of clients consented to telemedicine and that compared to face-face-treatment, retention rates and toxicology results were more favorable.

Drug agonists activate certain receptors in the brain. Full agonist opioids (e.g., methadone) activate the opioid receptors in the brain fully completely, resulting in an opioid effect, although the effect is muted compared to an opioid. Partial agonists (e.g., buprenorphine) work in the same way, but with less of activation.

One treatment challenge is to address possible co-occurring disorders among individuals with an OUD. In some instances, clients with an OUD may experience psychiatric-like symptoms only while using the opioid or when in withdrawal from it. Because these problems can stop after a period of time with no drug use, this suggests the person does not have an underlying co-existing behavioral problem. Yet it's estimated that in approximately 20% those with an OUD, the person suffers from a pre-existing, co-occurring psychiatric disorder. The most common of these include depression, anxiety, PTSD, antisocial personality disorder, and other substance use disorders (e.g., heroin addiction). Those with a pre-existing co-occurring disorder will need a treatment plan that addresses these co-existing conditions.



Examples of AI/AN OUD Treatment Programs and Resources (listed alphabetically)

Blood Tribe/Kainai First Nation

[How Kainai First Nation is overcoming the opioid crisis through harm reduction | CBC.ca](#)

Cherokee Nation in Oklahoma

[Helping Youth Break the Cycle of Opioid Misuse in Rural Oklahoma | NIH HEAL Initiative](#)

Cook Inlet Tribal Council (CITC) Recovery Services

[Cook Inlet Tribal Council | Recovery Services \(citci.org\)](#)

Great Plains

[Great Plains Tribal Opioid Response Program \(greatplaintribalhealth.org\)](#)

Lummi Nation's Healing Spirit Opioid Treatment Program

[Lummi Nation \(lummi-nsn.gov\)](#)

Mille Lacs Band of Ojibwe

[Substance Use Disorder Services | Mille Lacs Band of Ojibwe](#)

White Earth Nation

[White Earth Nation](#)

SUMMARY

OUD has disproportionately impacted AI/ANs. The logistics of preventing and treating OUD among Natives offers greater challenges compared to addressing other substance abuse. Opioids are highly addictive and have a high potential for causing a fatal overdose. Effective medications for OUD are now available, and their use within a holistic, multi-dimensional treatment approach is viewed as an optimal strategy for AI/ANs. A challenge for the field is to reduce barriers to OUD treatment that are related to rural factors as well as those specific to tribal communities.

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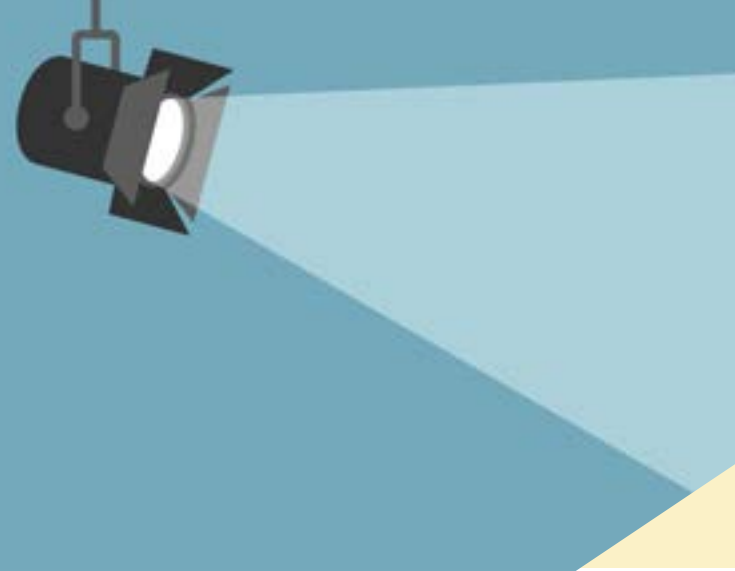


Uncertain relationships

Many consider substance use similar to relationships, as some may see a substance as friend they can rely on when there may not be anyone else to speak to or trust. Yet these substances can also be very insidious by gaining one's trust only to lead them further into a downward spiral where one may ask, "How did I let this happen?"

Looking at this in other ways, this can be seen as a teaching moment by utilizing story telling such as how the coyote tricked another animal to ride in its mouth only to be eaten OR someone being dragged into a lion's lair and expecting not to be devoured.

~ Sean A. Bear 1st



URBAN INDIAN ORGANIZATION SPOTLIGHT



Tell us about your organization and the services you provide.

We are Oregon's first Tribally owned and operated Opioid Treatment Program. We have been open since January of 2021. We started with a small team and have grown rapidly to meet the demand of serving those struggling with Opioid Use Disorder.

The best part about our clinic is the vision and support that the team works from. They believe that hope is available and recovery is possible for all.

Peers have been an important part of our model and helping to support our patients as they enter into the first steps of their recovery. Another amazing part of the work that we are able to do here is serve Grand Ronde Tribal members, other Tribal members, and the wider community. We can see anyone that is in need and struggling with an OUD diagnosis. We have just released Oregon's first Mobile Medication Unit. We drive from our home clinic to the Tribe and two other smaller communities where we bring the medication to the patients.

We are expanding the current building that we are in to build a recovery center that is peer-run. We plan to have a workout area, employment station, and other activities to support those further along in their treatment and encourage healthy activities and access to breaking down barriers for them. We offer culturally specific care along with adapting to all those in our recovery community.

We are also growing staff internally through developing them into counselors and other roles as the clinic grows.

We have counseling, groups, peer support, case management, child care, and medication assisted treatment.

Photos: Shutterstock

What role does culture play in the development and implementation of your program's initiatives?

Our clinic was built with the understanding the community and culture are part of the healing that is needed for people. We have Grand Ronde Tribal members, other Natives, and non-Natives on our staff. Our foundation is rooted in the teachings of the Grand Ronde Tribal community. We have camas flowers embedded in flooring and Tribal art work throughout the clinic from Tribal members within the Grand Ronde Tribe. If there is something that we need information or support on as a program, we have Tribal elders and the cultural department in Grand Ronde to offer us guidance and support. We review cultural activities and encourage our clients to attend and be open to learning about activities within the Grand Ronde community. We as a program are open to learning and fluid towards cultural actives beliefs and practices. We meet everyone where they are.

We also support other Tribal experiences, like our peer Jim, who brings teachings from his culture and shares them with us. We also have staff who are Grand Ronde Tribal members or married to GR Tribal members who help us with smudging and/or building items that are sacred, like the box that holds our eagle feather in our group room. We are all learning together and are by no means experts in anything except medication assisted treatment.


Please describe past and current behavioral health initiatives and success stories/outcomes from these initiatives.

We have patients who have gotten jobs, worked towards their recovery goals of getting their children back, and or started to reconnect with their culture through community building. We built a garden with our team, and our friends Jan and Tanya from Grand Ronde brought the dirt for us; then we were able to work with patients to plant gardens as part of their recovery work. We have one patient that felt very disconnected from his community; Jim was able to help him get access to a language program to find some connection and meaning. We were working to decrease and taper the time this individual needed to come to clinic, and they wanted to come daily for the connection and sense of community they felt here. We work closely with our health and wellness program in Grand Ronde to make sure our Grand Ronde Tribal members get access to their physical health care.

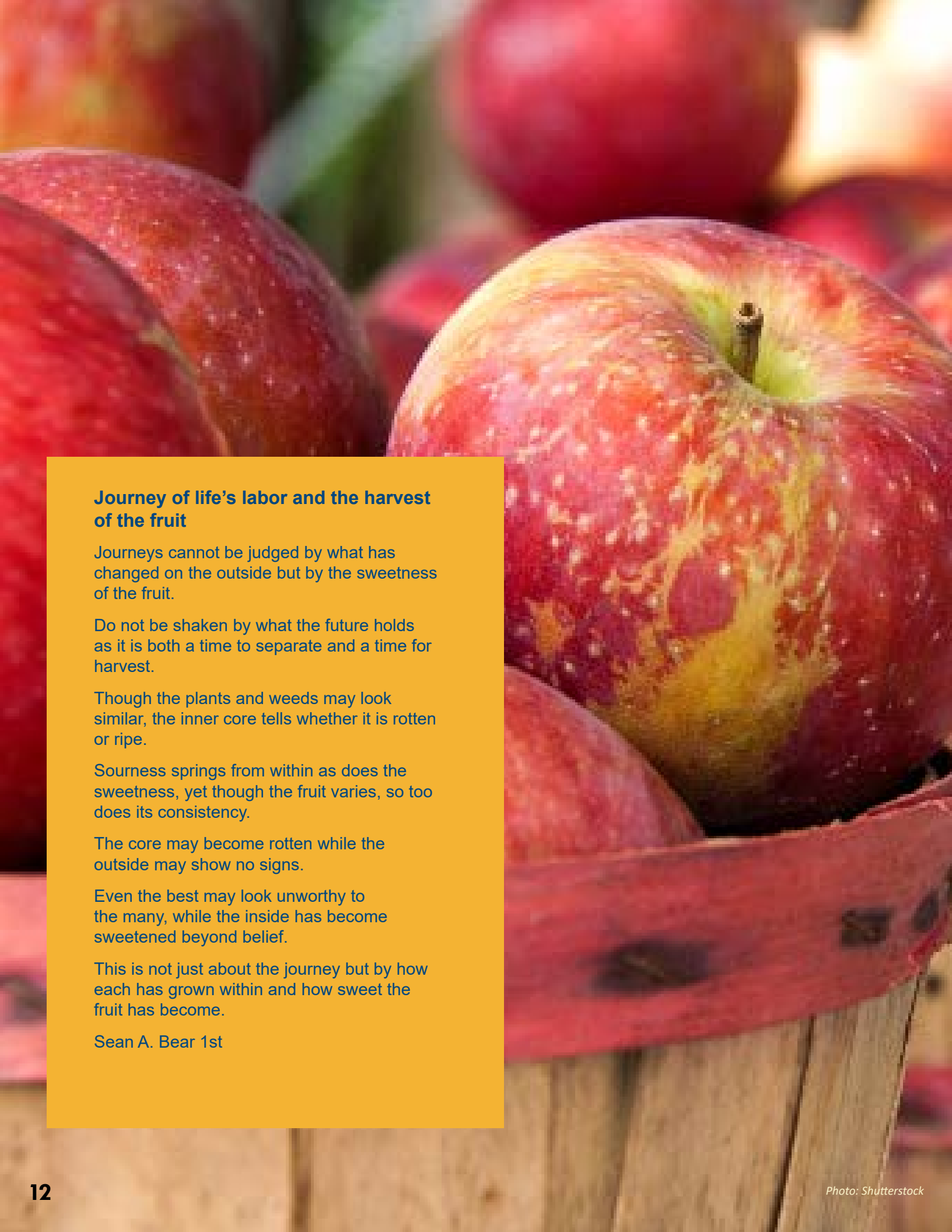
Please tell us about challenges/barriers in the field and recommendations for overcoming these barriers.

When we tried to have basic antibiotics on site, we found that we had to stop doing that internally as the patients would only want to be seen here, and we could not do the intensive primary care. So we work with our case manager and our peers to get them to appointments.

The biggest barrier is being unhoused and facing mental health challenges. Treatment access is limited for severe mental health issues in this area... keeping staff healthy and safe, and continuing to create a supportive environment... patients can only thrive when the team is thriving.

 <https://www.greatcirclerecovery.org/>





Journey of life's labor and the harvest of the fruit

Journeys cannot be judged by what has changed on the outside but by the sweetness of the fruit.

Do not be shaken by what the future holds as it is both a time to separate and a time for harvest.

Though the plants and weeds may look similar, the inner core tells whether it is rotten or ripe.

Sourness springs from within as does the sweetness, yet though the fruit varies, so too does its consistency.

The core may become rotten while the outside may show no signs.

Even the best may look unworthy to the many, while the inside has become sweetened beyond belief.

This is not just about the journey but by how each has grown within and how sweet the fruit has become.

Sean A. Bear 1st

Photo: Shutterstock



TRIBAL OPIOID RESPONSE



TOR activities wrap up; Care & Share to continue

Meg Schneider
TOR Program Coordinator

Since late 2018, the Tribal Opioid Response (TOR) Technical Assistance Center has been providing resources and training for groups that have been awarded SAMHSA TOR grants. Many of these grantees are tribal entities serving their own communities; others are consortia serving several tribal populations in their geographic area; and still others are Urban Indian Organizations (UIOs) serving Native people who live away from their tribal homelands.

Like everyone else, we were taken off guard by the suddenness and severity of the COVID-19 pandemic and had to pivot quickly to continue supporting TOR grantees. Since early 2020, all our TOR events have been virtual, and we added a monthly Care & Share session to help grantees connect, share ideas, and support each other as they face their own challenges with the pandemic — which, in many cases, only worsened the opioid crisis and sparked higher incidences of suicide and mental health issues.

Although our role as a technical assistance center for TOR grantees is ending, we are continuing and expanding the Care & Share monthly sessions under the National AI/AN ATTC. These 90-minute sessions take place on the second Wednesday of the month and are guided discussions for participants to share their expertise, unique tribal and community practices, and offer peer-to-peer support.

In the coming months, we will be publishing a full report of our TOR-related activities, as well as a second volume of our award-winning publication, *TOR Grantee Success Stories: Prevention, Treatment, and Recovery Innovations in Native American Communities*. In the meantime, we invite all professionals working in addiction prevention, treatment, and recovery to join our expanded Care & Share sessions — just click the box below.

[Register for our next Care & Share session](#)

Provisional data from the Centers for Disease Control and Prevention earlier this year showed a 39% increase in drug overdose deaths for Native people from 2019 to 2020; only Black people had a higher increase (44%). Drug overdose deaths hit a record in 2021, with almost 108,000 deaths recorded. In late 2021, the CDC also reported that, although the overall suicide rate in the U.S. declined during the height of the COVID-19 pandemic, suicide deaths for young adult males and people of color increased — possibly (at least in part) because people of color were more likely to lose their jobs and have poorer access to both primary and mental health services.

EVENTS

2nd Monday of the month	Virtual Native Talking Circle: Staying Connected in Challenging Times Register for future sessions at this link.
1st Wednesday of the month	Essential Substance Abuse Skills webinars: Click here to view a playlist of recorded webinars. Future sessions will be announced on our email list.
2nd Wednesday of the month	Care & Share for Prevention, Treatment, and Recovery Join us for a guided discussion for participants to share their expertise, unique tribal and community practices, and offer peer-to-peer support for others serving Native people and tribal communities. Discussion topics are determined by registration responses. Register at this link.
3rd Wednesday of the month	Behavioral Health webinars: Click here to view a playlist of recorded webinars. Future sessions will be announced on our email list.
Sept. 21	Cultivating Connections in These Changing Times: Keeping the Fire Register for future sessions at this link.
Sept. 30	Fundamentals of Co-Occurring Disorders Series Register at this link.
	Explore our Academic Programming and Special Topics. If you would like find out more or offer these trainings in your area, email Steve Steine at steven-steine@uiowa.edu .



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