National American Indian & Alaska Native

ATTC Addiction Technology Transfer Center Network

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DIRECTOR'S CORNER

Welcome to the March issue of our newsletter. The month of March is Problem Gambling Awareness Month, and we thought it fitting to feature gaming in and outside of tribal communities. Please visit the *SAMHSA website* or the *National Council on Problem Gambling website* for more information on this topic. It is true that gaming venues in tribal communities have represented a financial boost for many tribal communities. Some have used the income from gaming to build infrastructure such as schools, roads, treatment facilities etc., while some have decided to give annual per capita payouts. Other communities have not seen the kind of financial success they anticipated.

In this issue of our newsletter, we want to emphasize the public health perspective on the issue of gambling. As a clinician, I know that the majority of people are able to control their recreational gambling. Others are not, however, and as a result are experiencing fiscal as well as behavioral problems affecting themselves and their families. We have a responsibility to make sure we support people with problem gambling issues in their recovery.

For this issue, Kate Winters focuses on gambling in the US from a historic perspective, with special focus on the history of American Indian gaming. Furthermore, this article also includes information about signs and symptoms of gambling disorders and prevalence of such disorders.

Dr. Kate Spilde writes more in details about the development of the gaming industry in American Indian and Alaska Native communities and the positive impact the industry has had on infrastructure development and health related issues of tribal communities living around the casinos.

We also want to introduce our readers to the new American Indian Gaming website at the Division on Addiction at Cambridge Health Alliance, a Harvard Medical School teaching hospital. The website grew out of a longstanding collaboration between Harvard Division on Addiction and the Healing Lodge of the Seven Nations in the Northwest region of the country. The project is called CIRCLE-NARCH.

We have created a corner of our newsletter featuring research relevant to American Indian and Alaska Native communities funded by the National Institute of Health, and this month we are sharing a canoe trip program.

Clinical supervision is a vital aspect of substance abuse treatment as it increases knowledge and job satisfaction, and reduces burnout and turnover of staff. For these reasons, our Center has adapted the TAP 21A (DHHS, 2007): Competencies for Substance Abuse Treatment Clinical Supervisors, to be culturally relevant for Native American communities. We are finalizing this training curriculum and plan to pilot this program a couple of times this spring.

Our second American Indian & Alaska Native Leadership Academy is underway and recent events in the upper midwest have reminded us of the importance of developing future Native American leaders. Programs like the Red Road Gathering may have to end because there is no one to coordinate this very important program. I know that there are many other successful programs across Indian country that are in the same situation without a successor(s) to take up the baton.

We continue to enjoy working with urban Indian and tribal programs across the country, and are so grateful for the support and collaboration we have encountered.

Regards,
Anne Helene Skinstad

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GAMBLING IN THE UNITED STATES AND TRIBAL COUNTRY

By: Mary K. Winters, MEd

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History of Gambling in the United States

There is a long history of legal gambling in the United States. This history is characterized by numerous periods of expansion and tolerance and then by contractions and even prohibition. These changes have been described by the eminent gambling historian, Professor I. Nelson Rose, in terms of three waves of gambling regulation *(Rose, 1991)*. A summary of Professor Rose's overview of the historical roots of gambling in the US is provided below.

First Wave

The first wave began during the colonial period and can be traced to end around the mid-1800s (1600's to mid-1800's). Whereas the early colonies varied considerably in their attitudes toward gambling, two types of gaming emerged during this period – lotteries and casinos. All 13 original colonies established lotteries, and proceeds helped to finance public works projects, public libraries, churches and some of the country's early and prominent universities, including Harvard, Yale, and William and Mary. Their popularity came to an end, though, as persistent scandals and fraud led to the public souring on their role as a legitimate source of revenue. Casino parlors, typically offering card and dice games, grew in popularity in towns and on riverboats. The mixture of alcohol and gambling enjoyed its early partnership during this period. It is believed that the Civil War, as well as a growing mistrust of gaming operators and lottery officials, contributed to the end of this phase.

Second Wave

Gambling's second wave began at the end of the Civil War and was fueled by America's western expansion (mid-1800's to early 1900's). This was a relatively brief period, characterized by a burst of gambling venues in California that coincided with the Gold Rush and additional expansion into Nevada. Players were quite diverse as popularity grew beyond white males. Lotteries experienced a resurgence (notably in the South as a source of rebuilding the war-ravaged region), and horse racing entered onto the scene. But reminiscent of the first wave, antigaming sentiment and scandals led to this wave's downfall. Perhaps the darkest example was the Louisiana lottery. The lottery was essentially run by a criminal syndicate from New York and their control was ensured by bribing state legislators. Proceeds were siphoned-away from legitimate winners. Disclosure of the Louisiana lottery fraud, as well as the rise of Victorian morality, contributed to the prohibition of nearly all forms of gambling in the US by 1910.

Third Wave

The third and last wave began during the Great Depression and this phase is sustaining a very strong momentum to present day (early 1930's to present). This wave includes several familiar and some new features: 1) pro-gambling sentiments that gaming

can stimulate the economy versus antigambling views led by moral and health concerns; 2) influence by illegal elements (e.g., organized crime syndicates) that created mistrust in the games and contribute to greater and more rigorous oversight of the industry; 3) economies of certain regions heavily dependent on this industry (e.g., Las Vegas, Atlantic City); 4) the introduction or revision of games that capitalize on existing technology; and 5) the expansion of tribal-based casinos (which we discuss in more detail below).

In terms of revenue, casinos are the big story. Both commercial and tribal casinos are growing; new casinos are built every year across the US. No longer are Las Vegas and Atlantic City exclusive hubs for casinos; there are commercial gaming venues in 36 states. With tax rates that can reach up to 40%, casino and casino–style gaming can generate hundreds of millions in state revenues.

What has not yet occurred with this phase is its end. Perhaps increased scrutiny and regulations by the government and law enforcement agencies has reduced the influence of cheating and scandals, and as Professor Rose notes, the public may be accepting of living "with adverse odds but not cheating" *(Rose, 1991)*.

Native Americans and Gaming

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Gambling traditions existed among numerous American Indian and Alaska Native (AI & AN) cultures for thousands of years *(Yanicki, 2014)*. Archaeologists' findings of numerous dice and gaming sticks in a cave of the Promontory Culture in Utah may represent America's first tribal gaming venue *(Yanicki, 2014)*. Gambling artifacts have been identified at the ancient city of Cahokia and Monk's Mound areas in present day Illinois dated around the 1300s *(Pautekat, 2012)*. The scope of Native gambling traditions changed with the arrival of Europeans in the 1600s, first by traders and later by settlers who placed bets on traditional and competitive Native games. By the 19th century, the establishment of reservations was met with the suppression of traditional tribal gaming practices by the US federal government, even though non-Native gaming casinos were expanding. But the course changed in the 20th century with the success of tribes' efforts to protect their gaming. Many tribes in the US established bingo operations *(Wilmer, 1997)* and by the 1970s, tribes began putting private casinos, bingo rooms, and lotteries on reservation lands, and in some instances, the gaming prizes were above the maximum legal limit of the state. The expansion of tribal gaming led the way for federal regulation in the form of the 1988 Indian Gaming Regulatory Act (IRGA). The act specifies purposes for which gaming revenues may be used, which include funding tribal government operations, providing for the general welfare of tribal members, promoting tribal economic development, and donating to charitable causes *(Canby, 1998)*. The casinos on reservations pay living wages to employees, provide full benefit packages, typically hire their own tribal members first, and often pay per capita payments to tribal members *(Brzuzy et al., 2000)*.

The AI & AN gaming industry has provided many tribes the opportunity to lift their communities out of poverty and the opportunity to fund educational, social and health programs (See Kate Spidle's article in this issue of our newsletter). Nonetheless, many tribes have not been able to address their persistent socioeconomic problems because of lack of resources *(Taylor & Kalt, 2005)*. Furthermore, gaming is a controversial topic in AI & AN communities. There are concerns expressed that gaming will contribute to decreased participation in traditional Native ceremonies and cultural activities; the eschewing of traditional values; and an over-indulgence in materialism. In addition, many tribal members are concerned about the potential for gambling addiction to victimize tribal members *(Peacock, Day, and Peacock, 1999a)*. It will be important for tribal communities to take a public health perspective *(Shaffer & Korn, 2002)* on gambling in their communities. On the one hand, most people can handle their recreational gaming, and gaming brings money to the community; on the other hand, some people will need support and treatment to recover from their gambling addiction.

What is a Gambling Disorder?

Often referred to as compulsive or pathological gambling, a gambling disorder is characterized by repeated gambling in the face of numerous and serious negative consequences. Those who suffer from a gambling problem represent all demographic groups and it can arise from all forms of gambling.

The latest edition of the American Psychiatric Association's

Diagnostic Statistical Manual of Mental Disorders *(DSM-5; American Psychiatric Association, 2013)*, provides a description of the signs and symptoms of a severe-end gambling problem. These include the following: preoccupation of past or future gambling; repeated unsuccessful attempts to control or stop gambling; accelerating gambling involvement in order to achieve desired excitement; "chasing" losses by gambling more; money problems due to gambling debt; and negative social and employment consequences as a result of gambling.

The early signs of a gambling problem can be subtle and may not yet reflect the DSM-5 symptoms. Here are 5 warning signs of a gambling problem that may be recognizable in the workplace:

1. The company discovers the individual using the computer at work to gamble.
2. The individual is borrowing money from co-workers.
3. The person is taking long breaks.
4. The individual asks for an advancing pay.
5. He or she is organizing or taking excessive interest in office pools.

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Prevalence

It is estimated that less than 1% of gamblers develop a clinical-level gambling disorder (e.g., meeting diagnostic criteria for a severe gambling disorder), and that another 2-3% show a less-severe gambling problem (e.g., at-risk for a severe problem by virtue of having one or more sub-clinic symptoms of a gambling problem) *(National Center for Responsible Gaming, 2011)*. Not only is the problem gambler adversely affected, but the financial and other consequences can lead to devastating effects to family relationships and friendships.

The research literature provides estimates of the prevalence of problem gambling among Native adults. The extant studies reveal a wide range of rates, although most of them show higher rates of "problem gambling" (which includes the severe-end group and those with a less severe form) among Native adults than non-Native groups *(Volberg and Bernhard, 2006; Wardman, el-Guebaly, & Hodgins, 2001; Westermeyer et al., 2005; Wolf et al., 2014)*. All of these studies are based on local or regional samples, which could account for the wide range of rates.

A noteworthy publication is based on a recent analysis of a national health data, the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) *(Kong et al., 2016)*. Kong and colleagues identified three groups: (1) non-gambling/low-frequency gambling (defined as reporting not gambling more than five times per year in their lifetime), (2) low-risk gambling (defined as reporting gambling more than five times in a year and endorsing 0, 1 or 2 criteria for pathological gambling based on DMS-IV in the previous year), or (3) at-risk, problem or pathological gamblers (defined as reporting 3 or more criteria for pathological gambling based on DMS-IV in the previous year). AI & AN adults reported the lowest rate of non-gambling/low frequency gambling (AI & AN 66.5%, white/Caucasian 70.5%, black/African American 72.8%, other racial/ethnic group 72.3%) and reported the highest rate of low-risk gambling (AI & AN 30.1%, White/Caucasian 26.5%, black/African American 23.4%, other racial/ethnic group 24.7%). The rate of at-risk, problem or pathological gambling among AI & AN adults (3.4%) was comparable to the other ethnic/racial groups.

Problem Gambling and Co-occurring Disorders

There is a modicum of research indicating that

a gambling problem typically co-occurs with other mental disorders, including substance use disorders (e.g. Bland et al., 1993; Cunningham-Williams et al. 1998; Kessler et al., 2008; Petry et al., 2005). Also, research suggests that the severe-end version of a gambling problem, i.e., DSM-5-defined gambling disorder, typically starts during early adulthood and is frequently secondary to other mental or substance disorders that are associated with the onset and persistence of a gambling problem. Some mental disorders precede a gambling disorder, but in other instances the reverse is the case – a mental problem follows the onset of a gambling problem (Kessler et al., 2008).

A recent and large-sample study was reported where Kong and colleagues (Kong et al., 2016) examined the association between problem-gambling severity and mental/behaviors disorders among AI & AN adults based on the NESARC study. The study findings indicated that all ethnic groups showed an association between problem-gambling severity and at least one past-year Axis-I or Axis-II psychiatric disorder (e.g., any substance use disorder; any mood disorder; Personality Disorder), but the association was stronger among AI & AN adults relative to other American adults. Among the AI & AN individuals that met criteria for either low-risk or risk/problem gambling, 66.5% reported at least one psychiatric disorder, compared to among non-Native adults where 45.0% of low-risk or risk/problem gamblers reported at least one psychiatric disorder. This study emphasizes the need for further development of screening and treatment approaches for AI & AN individuals to address those with both a gambling problem and a psychiatric disorder.

Adolescent Gambling

The popularity of gaming is not limited to adults; the majority of adolescents have gambled for money during their teenage years. The most popular games played by adolescents are cards, sports betting, social betting, and lotteries (Stinchfield & Winters, 1998). Estimates vary considerably, but the majority of surveys indicate that prevalence rates of problem gambling are higher among youth compared to adults (Stinchfield & Winters, 1998), and rates among AI & AN youth tend to be higher than among White youth (Stinchfield, 2011). Similar to White adolescents, there is a significant association among AI & AN youth between gambling involvement and other risky behaviors, including tobacco use, alcohol use, and antisocial behaviors (Peacock, Day & Peacock, 1999b; Stinchfield, 2011).

Signs that a teenager has a gambling problem are analogous to signs seen in adults (Fisher, 2000). These include excessive time spent gambling, experiencing and/or ignoring consequences associated with personal responsibilities (e.g., declining school grades), withdrawal from one's social groups and usual activities, and borrowing money from friends and family without paying it back. Experts point to the importance that parents be alert to this potentially risky behavior and take preventative actions, which may include welcoming friendly social poker games with betting limits but also having conversations that gambling can be addictive and lead to serious personal and social consequences.

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TRIBAL GOVERNMENT GAMING: (RE) BUILDING NATIVE NATIONS

By: Katherine A. Spilde, PhD

Photo: Shutterstock

Governments and Gambling

Governments around the world have historically used gambling as a method to generate revenue for public causes. While the most common form of government-owned gambling is the lottery, more governments are investing in casino gaming expansion since this segment offers additional benefits including job creation, tourism benefits and community amenities (i.e. restaurants/entertainment/recreation) that lotteries do not. `

Tribal governments in the United States began to pursue casino gaming as a form of revenue generation in the late 1970s. Tribal leaders were struggling to provide services to tribal citizens as federal funding began to decline in the 1970s and 1980s. Tribal government gaming was initially a strategy to simply replace those lost funds and provide jobs for tribal citizens. Strategically, tribal leaders realized that local action was more likely to be successful than economic development or social policies handed down by the federal government. Through all of the various federal policy approaches toward American Indians, there is consensus that federally-directed policy has failed to produce sustained economic growth on reservations. National data captures the bleak conditions at that time: Native Americans residing on reservations have regularly been among the poorest people in the US. In the 1970 US Census, the per capita income of Native people on major US reservations was 32 percent of the US average. It rose to 41 percent of the national average in 1980 but fell to 32 percent again by 1990. The decline in the 1980s has been attributed to the pronounced retreat of federal funding directed toward Indian Country in that decade.

As American Indian tribal governments began developing gaming establishments in the late 1970s and early 1980s, local and state officials asserted jurisdiction, and arrests and lawsuits followed. Several court decisions in the 1970s distinguished between criminal/prohibitory and civil/regulatory authority on Native American reservations. Ultimately, the dispute landed in the US Supreme Court, which noted in 1987,

> *The federal interests in Indian self-government, including the goal of encouraging tribal self-sufficiency and economic development, are important; and federal agencies, acting under federal laws, have sought to implement them by promoting and overseeing tribal bingo and gambling enterprises. Such policies and actions are of particular relevance in this case since the tribal games provide the sole source of revenues for the operation of the tribal governments and are the major sources of employment for tribal members.*

Thus, the Court ruled that the federal and tribal interests in tribal self-government and economic self-determination outweighed the states' (in this case California's) stated interest in preventing infiltration of tribal gaming by criminal elements. The state could also not forbid non-Indians from participating in high-stakes bingo and commercial card games on the reservation.

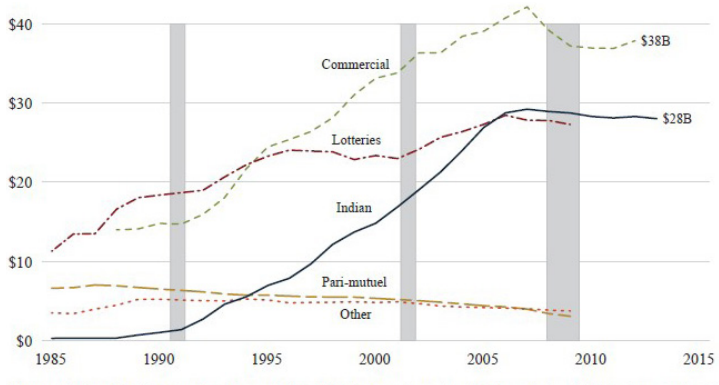
The Growth of Tribal Government Gaming

Shortly after this 1987 Supreme Court decision, the US Congress passed the Indian Gaming Regulatory Act (IGRA) in 1988 which directed tribal gaming revenues toward community investment. For example, IGRA requires that 100% of net revenues from any tribal gaming are not to be used for purposes other than: (1) to fund tribal government operations or programs; (2) to provide for the general welfare of the

Indian tribe and its members; (3) to promote tribal economic development; (4) to donate to charitable organizations; or (5) to help fund operations of local government agencies.

Following the passage of IGRA, tribal gaming spread quickly across the United States. According to the National Indian Gaming Commission (NIGC), there are currently 245 tribal governments engaged in gaming in the United States. These tribal governments operate 450 gaming facilities across 28 states. Tribal government gaming generated gross gaming revenues of $28.5 billion in FY2014. The National Indian Gaming Association (NIGA) reports that tribal gaming has created 665,000 jobs nationwide. Approximately 75% of those jobs are held by non-Native people.

Indian Gaming Revenues in Comparison to Other Sectors'
(Billions of 2013 dollars)



Other includes charitable gaming, charitable bingo, legal bookmaking, and cardrooms. (Figure reproduced from Akee, Spilde, Taylor, 2015.)

The Impacts of Tribal Government Gaming

With the success of tribal gaming in many regions of the United States, a number of tribal governments now have an ample flow of governmental revenues for the first time. Indian gaming revenues have allowed tribes to invest in new programs to address poverty and provide public goods. One of the most common investments has been in education: school construction, college scholarships, and Native language revitalization programs. Tribes have developed "wrap-around services" to help their citizens get jobs and keep them. Tribes have combined conventional, traditional Native, and non-Native religious treatment in drug rehabilitation programs and healing centers. Improvements in tribal services have resulted from an increase in government resources and employment. As a result, tribes have reduced emergency response times from hours to minutes. Tribes have invested in their cultural lives, specifically museums, ceremonial grounds, artifact repatriations, and arts patronage. Social services have increased dramatically across reservations. There has been an increase in elder care services, foster care, policing, endangered species management, water quality, financial literacy, public works, and more.

Tribal governments have also used the revenues from gaming to extend their capacity in economic development, based on the widely shared view that casino gaming will not provide sustained economic growth indefinitely. Typically the pattern begins with developing adjacent hotels, conference halls, amphitheaters, and other amenities that increase the drawing power and visit duration to casinos. In many cases, tribes have invested in nearby retail businesses, outlet malls, and other businesses that take advantage of customer traffic. Finally, tribes turn toward more distant sectors as varied as banking, commercial real estate, and federal facilities management, often redeploying the management experience gained in tribal gaming development.

Reservation life has improved in measurable ways in the wake of tribal gaming. For example, the differences between the quality of life for Native Americans on reservations and that experienced by Americans in the rest of the country decreased dramatically in the 1990s and at a more moderate pace in the 2000s (Figure 1). Real per capita income earned by Indians living on reservations in the lower forty-eight states grew by 33.3 percent in the 1990s (compared to the national average of 11.4 percent) and by 11.5 percent over the 2000s (compared to the national average of –3.3 percent). Consistent gains were made over the 1990-2010 period for educational attainment, income and female labor participation and similar reductions in poverty and overcrowded homes.

A range of empirical studies have been done of the effects of the expansion of tribal government gaming on those living on or near the reservation, with a variety of methods

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and control variables. For example, Akee et al. (2010; 2013) found that an increase in unearned income from per capita payments resulted increased educational attainment and reduced obesity for the most well-off households. Costello et al. (2003) found that increases in income are associated with a reduction in ADHD and drug and alcohol abuse by adolescents in affected families. In related work examining the effect of the casino on increased incomes, Wolfe et al. (2012) found that casino operations are correlated with decreases in smoking, heavy drinking, obesity, hypertension, diabetes, and days of anxiety. Evans and Topoleski (2002) found that counties with tribal casinos experienced increases in employment and population size and declines in mortality. Preliminary research looking at a nationally representative data set finds reductions in Native American early childhood obesity for children (ages 0-6) who experience a change in household income from per capita distributions (Akee et al., in process). This research will be an ongoing project, as Indian gaming continues to reshape the economic, political, and social environment of Natives living on and near reservations.

More Work to be Done

Tribal government gaming has exceeded the expectations of the tribal leaders who innovated the industry in the 1970s. As early as 1999, the National Gambling Impact Study Commission (NGISC) noted that,

> *Gambling revenues are…used to support tribal language, history, and cultural programs. All of these programs have historically suffered from significant neglect and underfunding by the federal government. Although the problems these programs are aimed at reducing continue to plague Indian communities at significant levels, gambling has provided many tribes with the means to begin addressing them. There was no evidence presented to the Commission suggesting any viable approach to economic development across the broad spectrum of Indian country, in the absence of gambling* (NGISC Final Report, p. 6-7).

While there is considerable heterogeneity of impact across different tribal communities, for the vast majority of tribes, gaming has produced welcome results. Without tribal gaming, there is no doubt that conditions across Indian Country would not be improving at the current pace or with tribal direction. However, the accumulated economic and social deficits on reservations are so large that even with sustained growth in gaming revenues, it will take decades for American Indians to close the gap with regard to the standard of living that is enjoyed by the average American.

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Photo: healingofthecanoe.org

Healing of the Canoe

A Collaboration between the Suquamish Tribe, Port Gamble S'Klallam Tribe, and the University of Washington Alcohol and Drug Abuse Institute

By: the current HOC team: Lisa Rey Thomas, PhD (Tlingit), ADAI and Suquamish Tribe; Lisette Austin, MA, ADAI; Dennis Donovan, PhD, ADAI; Robin Little Wing Sigo, MSW, Suquamish Tribe; Albie Lawrence, MSW, Suquamish Tribe; Nigel Lawrence, BA, Suquamish Tribe; Laura Price, Port Gamble S'Klallam Tribe

"We told them what we needed them to do and then they did it!"

(Quote from an Elder)

The Healing of the Canoe project is a partnership between the Suquamish Tribe, Port Gamble S'Klallam Tribe, and the Alcohol and Drug Abuse Institute (ADAI) at the University of Washington (UW). Healing of the Canoe, or HOC, emerged out of a relationship between a "newly minted" Alaska Native psychologist, Lisa Rey Thomas, and the Suquamish Tribe. The administrator of the Suquamish Tribe Wellness Center at the time, Chuck Wagner, was concerned about the increase in substance use among youth in the community and had heard about work being done by a partnership between the Seattle Indian Health Board and the UW Addictive Behaviors Research Center. Administrator Wagner reached out to Lisa to hear about "Canoe Journey – Life Journey: A Life Skills Curriculum for At-Risk Native Youth." After a number of discussions, Chuck and Lisa went to the Suquamish Tribal Council for approval to find and apply for research funding to support wellness in the Suquamish Tribe. Support and approval from Tribal Council from the beginning was important due to a history of research abuse and misuse by academic institutions perpetrated on tribal communities. In the end, Council stated that it was because of their trust in the relationship already established between the community and Lisa (by then a post-doctoral fellow at ADAI) that they would even consider moving forward. At the same time, the NIH National Center on Minority Health and Health Disparities (now the National Institute on Minority Health and Health Disparities or NIMHD) released a call for proposals for a potential 11-year Community Based Participatory Research initiative. Collaboratively the Suquamish Tribe and ADAI developed the proposal with equitable allocation of budget, authority and "power" – with Dr. Dennis Donovan (ADAI) as Principal Investigator and Dr. Lisa Rey Thomas (Tlingit, ADAI) and Robin Sigo (Suquamish Tribe) as Co-Investigators. This NIMHD initiative was highly competitive and Healing of the Canoe was one of 25 proposals funded (NIMHD Grant # R24 MDOO1764); only three of those 25 focused on issues of concern in American Indian/Alaska Native communities. Thus a successful and effective 12+ year partnership was launched!

Healing of the Canoe was awarded in three competitive phases:

Phase I – A three -year award in which to:

- Develop and strengthen the partnership between the Suquamish Tribe and ADAI
- Conduct a thorough needs and resources assessment to identify community concerns and strengths in order to inform the research
- Develop and/or adapt a community based, culturally grounded intervention
- Pilot the intervention if possible
- Insure ongoing community engagement
- Develop ongoing mutual capacity building by providing research training to tribal partners and cultural humility training to academic partners

Phase II – A five-year award in which to:

- Continue partnership development and nurturing
- Test the portability and generalizability of the community engagement and intervention adaptation processes by extending the partnership to a third partner, the Port Gamble S'Klallam Tribe (Laura Price, Port Gamble S'Klallam added as a Co-Investigator) – develop and strengthen partnership, conduct needs and resources assessment, adapt life skills curriculum, insure ongoing community engagement
- Finalize interventions – Tribal/community specific life skills curricula using the canoe journey as a teaching metaphor

- Finalize and implement research protocols
- Co-author publications and local, regional, and national presentations
- Implement and rigorously evaluate the interventions
- Ongoing mutual capacity building and extend to funding institutions

Phase III – a three-year award in which to:

- Develop a generic curriculum template for adaptation by other tribes and Native organizations
- Develop a training manual and protocol for training other tribes and Native organizations
- Conduct at least 4 trainings for up to 30 participants each for representatives from tribes and Native organizations
- Provide ongoing technical assistance to trainees
- Disseminate HOC via additional publications and presentations

The HOC team has accomplished a great deal over the three Phases. In Phase I, we completed all planned activities. The needs and resources assessment in Suquamish was conducted through focus groups with youth, Elders, service providers, and community members; in-depth interviews were conducted with key stakeholders as identified by the Cultural Co-Op (the Cultural Co-op was appointed by Tribal Council to serve as our Community Advisory Board or CAB). The assessment documented the prevention of youth substance abuse as the highest priority. Importantly, community members indicated that strengthening youth connection to community and culture would have the effect of reducing substance use and promoting wellness. In addition, youth, elders, and Suquamish traditions were identified as strengths already existing in the community to address the concern. The original "Canoe Journey, Life Journey" curriculum was identified as the most relevant intervention and a community adaptation committee worked for a number of months to incorporate Suquamish specific values, teachings, stories, practices, etc. into each session. The curriculum was named "Holding Up Our Youth" by the Elders and piloted with work groups, a summer school class, and as an after school class. This work informed Phase II.

We also completed all planned activities for Phase II. The Port Gamble S'Klallam Tribe (PGST) joined the partnership with Tribal Council approval via a resolution. PGST Council appointed the Chi-e-chee committee as the CAB for guidance and oversight of HOC in the PGST community. The needs and resources assessment identified the prevention of youth substance abuse as the greatest concern and the revitalization of PGST culture as the greatest strength. An adaptation committee was convened and the resulting curriculum was named "Navigating Life the S'Klallam Way". The Holding Up Our Youth curriculum was implemented as a daily class in the Suquamish Tribal High School, Chief Kitsap Academy, and was also implemented in both Suquamish and PGST as a series of three, intensive 2 ½ day retreats. Baseline, post, and 4-month follow up data were collected and analyzed with preliminary findings indicating that there was a reduction in youth substance use, an increase in participation in community and cultural activities, and an increase in a sense of hope and optimism about the future. In both communities, articles published in the tribes' monthly newsletters and community gatherings and meals were held to keep community members informed about HOC and to provide opportunities for questions and feedback. Also, the team members from ADAI spent time in both communities attending cultural and community events and volunteering when appropriate.

We have exceeded planned activities for Phase III. We were funded to conduct four inter-tribal/Native organization trainings with up to 30 participants each. In fact, we've completed 14 trainings with a total of 238 trainees from 25 different tribes and 10 Native organizations ranging from southeast Alaska to the north, Michigan to the east, the Oregon coast to the south, and Neah Bay to the west! Trainees learned how to implement each component of the HOC process including adaptation of the curriculum to make it culturally grounded and appropriate for their own community. In addition, we were asked by Tribal leadership to apply for the Honoring Nations Award that

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"identifies, celebrates, and shares outstanding examples of tribal governance". We anticipate hearing about that in the next few weeks.

Finally, we are extremely proud of additional impacts that HOC has had on research with AI & AN communities. In particular:

- Working with the UW Office of Sponsored Programs to negotiate and craft data ownership and use agreements that recognize the sovereign right of tribes to own research data and determine how it is used.
- Working with the UW Human Subjects Division to develop a process for Institutional Review Board review and approval of research protocols that both adhere to federal regulations and respect tribal sovereignty and tribal research partners.
- Working with federal funders to educate about the necessity of the two points listed above and to have language requiring Council (or other leadership with delegated authority) review and approval of research proposals prior to funding.
- Publication of 4 articles in academic journals and 1 academic chapter, all co-authored by tribal and academic research partners.
- Multiple local, regional, national, and international presentations, invited and juried, all co-authored and co-presented by Tribal and academic partners.
- A life-long partnership among the research team.

For more information, please visit our website: *healingofthecanoe.org*.

Many people of the modern world value materialism, money, and relationships in weighing one's worth. People's wants also cause problems in their own lives, focusing on what they do not have, instead of what they already do. To want is to not honor what has been freely given by the Creator who provides what is needed. It can also drive a person to paths that were not meant to be followed.

I was taught that long ago, our humble leaders, elders, and people believed in giving, helping, and accepting others differences as a gift from the Creator, who only creates perfection for the benefit of all. They did not value hand-outs, help, and honor for the benefit of self. They only took what was provided by the Creator, but no more than what was needed. This is part of living in harmony and balance with all of Creation, but also in homage to our Creator.

We must remember that the practices, beliefs, and teachings given to us by the Creator are all intertwined. To honor the Creator, we must also remember to honor all of Creation, all life, and value each spirit that exists in not only each and every person, but also in all of Nature. This also is part of honoring the part of the Creator that exists in all things, no matter in how small or large amount that may be. To find happiness in the Creator, and what is provided, is to live in harmony and balance with all of Creation. This is humble life without want, which allows us to be led by the Creator's will and beckons us forth. When we keep our eyes, mind, and heart on the Creator, our path in life leads us forth into what the Creator would have for us in order for us to grow in the Creator's will alone, without our own selves getting in the way.

- Sean A. Bear

Additional references for Gambling in the United States and Tribal Country (continued from page 5)

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PROMOTING CULTURES OF RECOVERY IN TRIBAL NATIONS: CIRCLE-NARCH

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By: The CIRCLE-NARCH Research Team: Angelena Campobasso, MURP, member of the Okanogan and Sanpoil Nation of the Colville Indian Reservation; Heather Gray, PhD; Debi LaPlante, PhD; Sarah Nelson, PhD; Martina Whelshua, PhD, member of the Arrow Lakes Nation of the Colville Indian Reservation

In 1988, seven Northwest tribes facilitated an innovative collaboration to create a residential treatment facility for their youth. Their goal was to construct a comprehensive primary inpatient treatment center to serve American Indian and Alaska Native youth with substance abuse problems. Together, the tribes, with congressional funds, successfully established a center in Spokane Valley, Washington in June of 1996.

The Healing Lodge of the Seven Nations is a 45-bed adolescent residential chemical dependency treatment center funded by Indian Health Services and the State of Washington. The Healing Lodge provides a safe and caring environment for adolescents in need of a 90-day integrated treatment program designed around the individual residents' needs. Some of the services available include family education, Native American cultural programs, medical care, an alternative school, a recreation program, a music/expressive arts program, and supportive mental health services.

A Board of Directors with Tribal Council representatives from the Coeur d'Alene Tribe, Nez Perce Tribe, Kootenai Tribe, Colville Confederated Tribes, Spokane Tribe of Indians, Kalispel Tribe, and the Confederated Tribes of the Umatilla govern the Healing Lodge. This unique governing body – from seven separate nations – along with Indian Health Services provides the Healing Lodge with a strong foundation to support its treatment programs. This governing structure gained national recognition from the Harvard Project in 2002 as a rare collaboration among separate tribes in an effort to secure the future of their youth by ending the cycle of addiction.

In recent years, the Healing Lodge has noted a disturbing trend of youth enrolling in its inpatient program at younger and younger ages. Some as young as 12-years-old have been admitted to the Healing Lodge in need of substance abuse treatment and, in many cases, mental health counseling. The Healing Lodge serves only youth who meet the American Society of Addiction Medicine's (ASAM) criteria for Level 3.5 Intensive Youth Treatment Program.

In 2011 and 2012, The Healing Lodge received a federal grant that allowed the clinical staff to provide training on normal adolescent behavior, addiction, and dialectical behavior therapy to tribal community members throughout the seven nations. It was during these trainings that parents, tribal service providers, and tribal community members expressed their frustrations and fears about the condition of their children. They needed some kind of support to help deal with the crisis of drug addiction in their communities.

At this time, during 2012, the Healing Lodge reached out to the Division on Addiction at Cambridge Health Alliance, a Harvard Medical School teaching affiliate (the Division) in an effort to collaborate on research to help tribal youth. After a few meetings and visits, the Healing Lodge Board of Directors

entered into a collaborative partnership with the Division. This unique partnership is called the Center for Indigenous Research, Collaboration, Learning, and Excellence (CIRCLE). It became the means by which to support the Healing Lodge and the seven nations in addressing the crisis of adolescent addiction.

During the summer of 2013, Division faculty members announced the Native American Research Centers for Health (NARCH) grant opportunity and its potential to serve the goals of the Healing Lodge. The long-term goal is to support tribal communities in building recovery environments for youth returning home from inpatient treatment: adolescents returning home from inpatient treatment in 2013 experienced relapse rates anywhere from fifty to ninety percent. The question was, how can the Healing Lodge assist tribal communities in supporting their youth when they return home?

Division faculty members and staff at the Healing Lodge submitted a NARCH grant application during the summer of 2013. The next fall, the collaboration was awarded a NARCH grant to undertake Tribal Participatory Research (TPR) in the seven tribal nations. The NARCH grant project is titled, *Promoting Cultures of Recovery in Tribal Nations*. The Principal Investigators are Dr. Martina Whelshula, a member of the Arrow Lakes Nation of the Colville Indian Reservation and Drs. Debi LaPlante and Sarah Nelson of the Division. Angelena Campobasso of the Healing Lodge and Dr. Heather Gray of the Division round out the research team as essential research associates. Through the NARCH project, the clinical/research partnership at the heart of CIRCLE is being strengthened.

The goal of the CIRCLE-NARCH project is to develop an understanding of the existing strengths and needs of each tribal community to build sustainable recovery environments. Strengths and needs assessments will be conducted in each of the tribal communities. Key informants from each of the seven tribes will respond to questions about how their communities support adolescents returning from inpatient substance abuse treatment. To whom can these kids turn as they try to maintain their recovery? What kinds of challenges will they face? What are the key groups and organizations that might be able to provide additional support? What are the roles of educators, healthcare providers, tribal elders, and others in this process? What is the role of tribal culture in supporting long-term recovery and "wellbriety?"

Because we're using a Tribal Participatory Research approach, we are being guided by a working group composed of representatives from each of the seven tribes. One unique aspect of our research is the active participation of 1-2 tribal council representatives from each tribe as members of our core working group. We met with group members for the first time during June, 2015. Together, we decided that Group Level Assessment (GLA) is the best framework for conducting these sessions. Since June we've thought about ways to modify GLA to be more appropriate for tribal communities and decided on what topics and questions should be asked in each assessment, including those for adolescents currently in the Healing Lodge program.

We have also invited Native American college students to gain first hand helping experience by facilitating the GLAs. We're preparing these students to conduct this work by offering online courses in research methods, addiction, and human subjects protection.

In summary, we feel we're at an exciting and promising phase of the CIRCLE-NARCH project. Having done the hard work of securing funding and building a working group, we're about to start conducting the strengths and needs assessments within the seven tribal communities to learn from the people whose voices matter. We look forward to sharing what we learn as this project moves forward.

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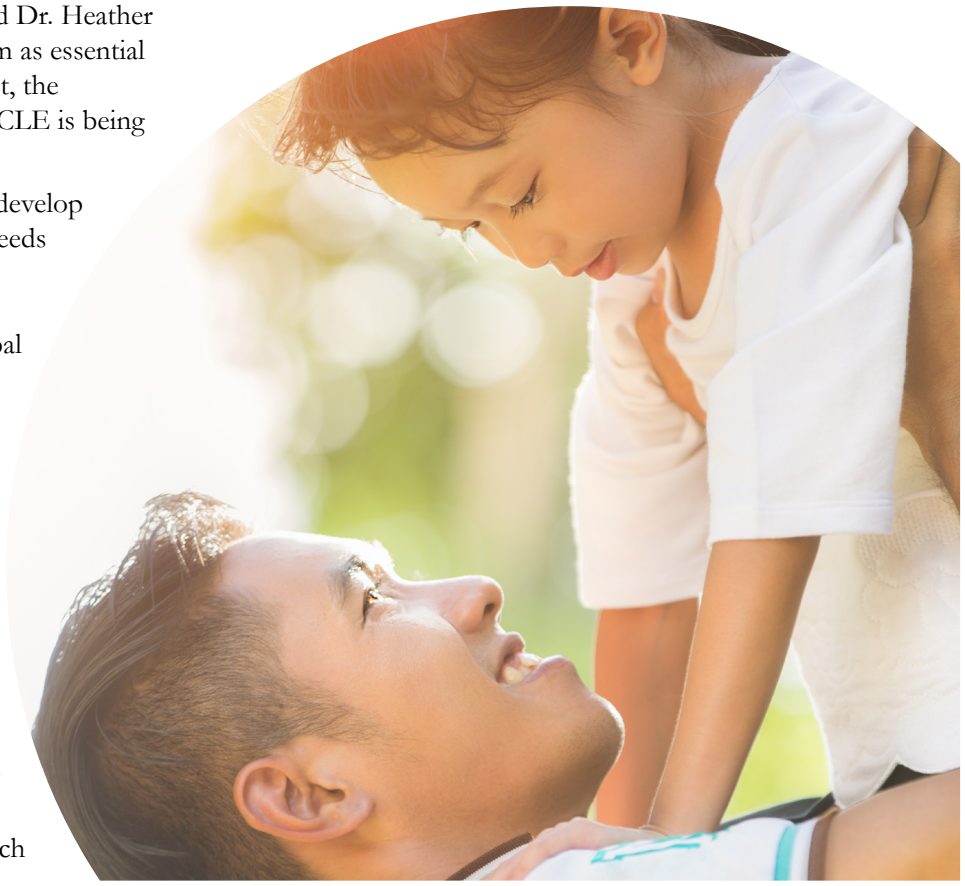

National American Indian & Alaska Native
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

University of Iowa
1207 Westlawn
Iowa City, IA 52245

TRAININGS, EVENTS and OPPORTUNITIES:

MARCH

3/2/2016 12 - 1 pm Central	Behavioral Health webinar series: *The DSM-5*	Online*, see *Behavioral Health webinar page for registration information*
3/7-10/2016	*IHS Traditional Strengths and Wellness Summit;* Center staff will present at this conference	Lac du Flambeau, WI
3/15-18/2016	YMSM + LGBT Center of Excellence Training of Trainers event: *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals, 2nd Edition*	Washington DC
3/16/2016 12 - 1:30 pm Central	Essential Substance Abuse Skills webinar series: *Basic Counseling Skills*	Online*, see *ESAS webinar page for registration information*
3/22-23/2016	*Alcohol and Drug Exam Review Training*	Rosebud, SD

APRIL

4/6/2016 12 - 1 pm Central	Behavioral Health webinar series: *The Impact of Colonization on Native Communities*	Online*, see *Behavioral Health webinar page for registration information*
4/6-8/2016	*North Dakota Addiction Counselors Annual Spring Conference;* Center staff will exhibit at this event	Fargo, ND
4/11-13/2016	*National Indian Health Board: 2016 National Tribal Public Health Summit;* Center staff will present at this event	Atlanta, GA
4/11-14/2016	Annual ATTC Network Meeting and Director's Meeting	Baltimore, MD
4/20/2015 12 - 1:30 pm Central	Essential Substance Abuse Skills webinar series: *Clinical Evaluation: Treatment Planning*	Online*, see *ESAS webinar page for registration information*
4/20-21/2016	*8th Annual Tribal Public Health Conference;* Center staff will present at this event	Shawnee, OK
4/22-23/2016	*MARRCH Conference;* Center staff will present at this event	Nisswa, MN
4/26-28/2016	*South Dakota Native American Curriculum Training*	Rapid City, SD, contact Jacki Bock for registration information**

*Webinars require advance registration. Go to our website: *attcnetwork.org / americanindian* and click on *Trainings & Events* to see a full list of upcoming webinars and registration information. Questions? **Contact Jacki Bock at *jacki-bock@uiowa.edu* or 319-335-5564.