

Providing Harm Reduction Services in Native Communities

Key Considerations from a Facilitated Discussion

Overview

In September 2020, the National Council for Mental Wellbeing, with support from the Centers for Disease Control and Prevention (CDC), launched [Preventing Overdose and Increasing Access to Harm Reduction Services during the COVID-19 Pandemic](#). This initiative provides grant funding and technical assistance to harm reduction organizations across the United States. As part of this project, the National Council hosted a facilitated discussion on Providing Harm Reduction Services in Native Communities in May 2021. Experts from the field, Philomena Kebec, Mo Mike and Hannah Warren, led the discussion with a group of harm reductionists who serve Native participants. Four key considerations for providing harm reduction services in Native communities emerged and are discussed in this brief:

- Provide staff education and training on Native culture, history and cultural care.
- Implement trauma-informed, resilience-oriented care.
- Address stigma through fostering trust and respect.
- Prioritize and center the work of Native people and organizations in harm reduction.

Language Used

For purposes of this brief, “Native” is used broadly to refer to people with Indigenous heritage and with ancestors who lived in what is now the United States. We acknowledge that the experiences of Native people are heterogeneous and each tribal nation and Indigenous community is unique. Many communities and individuals use other terms, such as Indigenous, Native American, Alaska Native and American Indian. We use “Native” when referring generally to people native to the United States as a whole, as a commonly accepted term, and the specific tribe or band, whenever possible.

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Background

Native communities experience disproportionate rates of substance use-related harms, including overdose and overdose death.^{1,2} In 2015, Native people experienced the highest drug overdose death rate in the United States.^{3,4} Numerous factors contribute to the increased risk of substance use-related harms faced by Native communities, including but not limited to, historical trauma, intergenerational trauma, social marginalization and oppression, racism and discrimination.⁵

Native communities have demonstrated unique and proactive acts of resiliency and collective responsibility to the opioid overdose crisis. For example, in 2011, the Leech Lake Band of Chippewa Indians, Red Lake Nation and White Earth Nation announced emergency declarations regarding the opioid overdose epidemic six years before the national state of emergency was declared.⁶ Native healing practices have also been successfully integrated with non-Native approaches to addressing substance use, including smudging,ⁱ sweat lodge ceremonies and talking circles.⁷ Similar to other healing practices, Native healing practices also continue to evolve over time.⁸

Harm reduction is a pragmatic, effective approach to reduce the harms associated with substance use.⁹ When harm reduction services are offered in Native communities, programs can take steps to ensure services are culturally congruentⁱⁱ to support individuals' holistic wellbeing.¹⁰ The following four key considerations were identified by experts from the field and are recommended for harm reduction organizations serving Native communities.

Provide Staff Education and Training on Native Culture, History and Cultural Care

To identify and implement effective and culturally centered strategies for harm reduction and substance use-related care, staff needs to understand Native history, culture and causes of trauma. Many traditions and practices have been erased or lost over time as a result of colonization and portrayals of history written by non-Native people.^{11,12,13} It is critical to preserve history to understand how Native cultures exist in current society.

Organizations can offer trainings on Native history and culture broadly and experiences specific to the tribes in their region to better understand how communities today continue to be impacted from a public health and broader cultural perspective. Partnering with local Native organizations is useful to inform the

ⁱ According to [Indigenous Corporate Training, Inc.](#), smudging is “a ceremony for purifying or cleansing the soul of negative thoughts of a person or place” practiced by some Native communities in North America. Smudging often involves creating smoke by burning sacred plants.

ⁱⁱ Culturally congruent care has been defined by [M. M. Leininger](#) as, “Those cognitively based assistive, supportive, facilitative or enabling acts or decisions that are tailor made to fit with individual, group or institutional cultural values, beliefs and lifeways in order to provide or support meaningful, beneficial and satisfying health care or well-being services.”

“Schools in Alaska often teach how pioneers brought great wealth to the state, yet information about wrongdoings against Alaska Natives and other aspects of the Indigenous experience are not readily accessible.”

- Hannah Warren

development of trainings and to deliver trainings to staff. Further, acknowledging whose land an organization is on not only provides historical context, but also can be incredibly meaningful for the communities that are represented.

To provide culturally relevant harm reduction services, providers should understand Native wellness and healing perspectives. For example, Western medicine often approaches an individual's health problems using a biological lens, separating an individual's identity and spirituality from their health problems, while Native healing may focus on holistic

wellness, which includes identity and spirituality.¹⁴ Harm reduction providers can learn to bridge these paradigms to provide more effective care, such as the Model of Indigenous Mental Health Care and Healing, which values traditional healing as a legitimate component of a broader service array, rather than an alternative.¹⁵ For example, employing Native care providers and valuing and incorporating the importance of community as a component of mental health can help to strengthen a person's cultural identity.¹⁶

Implement Trauma-informed, Resilience-oriented Care

Health care providers often lack knowledge about trauma in Native communities and its impact on health.^{17,18,19} **Historical trauma** generally presents among populations that have been subjected to long-term, mass trauma and in this context refers specifically to the psychological and physical effects of forced relocation, land dispossession, loss of spiritual practices and culture and other traumas inflicted on Native people.^{20,21} **Intergenerational trauma** refers to the historical trauma and unconscious grief experienced by Native communities that is passed from generation to generation.²² For many Native people, the healing process consists of confronting these traumas, learning the history and reconnecting with spiritual practices and culture, but current discriminatory practices by providers and social and political institutions and ongoing trauma can hinder this process. Understanding historical and intergenerational trauma can help providers explore and implement non-stigmatizing strategies for addressing emotional or behavioral challenges.²³

Trauma-informed, resilience-oriented care acknowledges and responds to different kinds of trauma and focuses on not only a person's deficits but also their strengths that can be drawn on for healing and building resilience.²⁴ Providing harm reduction services in Native communities requires understanding the impact of historical and intergenerational trauma, as well as any personal trauma, on health and wellbeing, including higher rates of substance use, depression, violence and suicide.^{25,26,27}

Familial support and engaging in activities that serve to connect people to their communities, culture, history and the environment all contribute to one's resilience.^{28,29,30,31,32}

A survey of Native adults from two Southeastern U.S. tribes found that symptoms of anxiety and depression were less prevalent among individuals with greater family support.³³

Non-Native service providers must consider both historical trauma and individual, family and community strengths when identifying strategies to support Native individuals and communities. For Native-specific resources on trauma and resilience, see the [Capacity Building Center for Tribes Resource List](#).

Address Stigma through Fostering Trust and Respect

People who use drugs (PWUD) face interpersonal, internalized and community stigma,^{34,35,36,37} and Native communities are not immune to this. Native PWUD may encounter stigma based on substance use, as well as discrimination against Native people, on a daily basis. Minimizing interpersonal and perceived community stigma requires building trust and culturally responsive relationships through listening and using non-stigmatizing language.³⁸ Strong community support, where Native PWUD feel welcomed, respected and heard, can help address community, interpersonal and internalized stigma.

While harm reduction may be a new concept in some Native communities, the concept of caring for each other to reduce harm aligns with longstanding cultural values. Further, incorporating Native healing practices, such as smudging, into harm reduction can have multiple benefits. For example, some Native people benefit from harm reduction practices because it can be the process of healing from substance

use disorder (SUD) that reconnects them with their culture.³⁹ For example, offering participants the option to smudge before engaging in harm reduction or recovery services creates space for them to reconnect spiritually.⁴⁰ Smudging can help participants articulate what they need to say, which may aid some in their recovery process.

Embodying a person-centered approach at all levels, from leadership to staff, is critical to build trust with participants and gain their respect. Further, providing space to engage in traditional practices demonstrates the value of and respect for the role that culture has

"If someone comes to my office and they have had something really troubling happen, the first thing I do is ask if they want a smudge. It helps to clear the air and clear the mind. It tells them that it's really important for me to hear what they need to say."

- Mo Mike

Beyond Trauma


South Dakota Urban Indian Health created a trauma-informed, resilience-oriented recovery group to provide space for Native PWUD to address historical, childhood and ongoing trauma in their recovery journey. Each session opens with a prayer and smudging before participants share their challenges and successes.

in addressing substance use. Non-Native providers should allow participants to lead traditional practices, as this is part of their recovery journey and cultural identity. With a strong foundation of trust and respect, organizations and participants can address stigma together.

Prioritize and Center the Work of Native People and Organizations in Harm Reduction

When providing harm reduction services in Native communities, engaging participants in dialogue about their needs is critical to help identify the best way to assist them. Native people and communities should be actively engaged at every step of planning, implementation and evaluation to ensure that services are developed with them, not for them. The community's consent should be established early in the process when developing and implementing harm reduction activities, particularly when it comes to opportunities to fund services in Native communities.

Non-Native providers may also consider whether they are best positioned to deliver services. Having Native people on staff offers participants a level of comfort in receiving services from someone from their own community and can help center Native voices in harm reduction. Native communities have made significant contributions to harm reduction and should be compensated appropriately for their work. Partnering with Native-led organizations can be an effective, culturally centered approach to deliver harm reduction services, rather than establishing a new program. However, it is important to acknowledge the potential challenges and power dynamics when Native and non-Native communities collaborate. A successful collaboration centers the voices of Native communities and recognizes them as equal partners in this work.



“We don’t need people to do things for us. We like to have our own internal capacity, and if you come in to support us as an established organization, that feels better and more respectful.”

- Philomena Kebec

Harm reduction programs can best serve Native participants by ensuring that staff are culturally aware and services are culturally congruent, drawing on the strengths and resilience already present in Native communities.

Resources

Type of Resource	Title	Source	Date	Description
Resources and information	Overdose Prevention and Harm Reduction	First Nations Health Authority	2021	Provides resources and information related to overdose prevention and the COVID-19 pandemic, including a video and factsheet.
	National American Indian and Alaska Native Addiction Technology Transfer Center	Substance Abuse and Mental Health Services Administration (SAMHSA)	2021	Technical assistance center that offers education and resources for addiction treatment providers serving Native communities.
	Healing Tool: Pocket Guide for Addressing Behavioral Health Goals in Native Communities	National American Indian and Alaska Native Addiction Technology Transfer Center Network (SAMHSA)	2021	Short guide to discussing substance use issues, including medication-assisted treatment, with leaders and stakeholders in tribal communities.
	Prevention, Treatment and Recovery Innovations in Native Communities	National American Indian and Alaska Native Addiction Technology Transfer Center Network (SAMHSA)	2021	A series of short case studies from 15 tribal communities that have successfully implemented medication-assisted treatment.
	NativeDATA	Northwest Portland Area Indian Health Board	2021	Provides guidance and resources on respectfully collaborating with tribes and Native-serving organizations to share health data.
	iKnowMine.org Truthful, Accurate Information for You(th)	Alaska Native Tribal Health Consortium	2020	Compilation of resources and information to support harm reduction services and substance use-related practices in Alaska.

Type of Resource	Title	Source	Date	Description
	Trauma and Resiliency	Capacity Building Center for Tribes	2020	List of key resource hubs, videos and books on trauma and resilience.
	Raising Healthy Native Youth	Healthy Native Youth	2020	Compilation of Native youth-related resources, information and guidance to access and deliver age-appropriate health programs.
	Tribal Training and Technical Assistance Center	SAMHSA	n.d.	Technical assistance center that offers a catalog of resources and tools, including webinars and handouts, related to mental health, substance use and suicide prevention using the Strategic Cultural Framework.
Toolkits	Expanding the Circle of Care: A Practical Guide to Syringe Services for Tribal and Rural Communities	Gwayakobimaadiziwin Bad River Needle Exchange	2020	Provides guidance on rural harm reduction practices and syringe services in the Gwayakobimaadiziwin Bad River Needle Exchange program in Northern Wisconsin.
	Tribal Opioid Response Resource Toolkit	National Indian Health Board	2020	Toolkit on implementing opioid response programs in tribal communities, including a recorded presentation, planning activities, examples from the field and additional resources.
	Peer Support Toolkit	Southern Plains Tribal Health Board	2020	Toolkit on integrating peer support workers into tribal organizations and communities.

Type of Resource	Title	Source	Date	Description
	Harm Reduction Toolkit	Alaska Native Tribal Health Consortium	n.d.	Toolkit containing harm reduction information, resources and materials for supporting PWUD in Alaska.
Booklet	A Trickster Tale: Outsmarting Opioids Through Education and Action	Northwest Portland Area Indian Health Board	2021	Provides information and resources related to opioid use disorder and step-by-step guidance for overdose prevention, including use of naloxone.
Video trainings and webinars	Peer Recovery ECHO Program	Indian Country ECHO	2021	Technical assistance training series led by staff from the Southern Plains Tribal Health Board to educate peer specialists on managing and caring for patients with SUD.
	Healthy Native Youth Community of Practice	Healthy Native Youth	2020	Virtual sessions that provide resources and opportunities to engage with Native professionals in the field. Sessions are held every second Wednesday of the month from 1-2:30 p.m. ET.
	Harm Reduction Trainings	iKnowMine.org	2020	Live and recorded videos on a wide range of topics related to HIV, harm reduction, trauma-informed care and homelessness.
	Indigenizing Harm Reduction with First Nations Health Authority (FNHA) Indigenous Wellness Team	University of British Columbia, Centre of Excellence in Indigenous Health	2017	90-minute recorded webinar discussing harm reduction from an Indigenous perspective. Provides examples from the field and research on the root causes of addiction and substance use in Native communities.

References

- ¹ Mack, K. A., Jones, C. M., & Ballesteros, M. F. (2017). Illicit drug use, illicit drug use disorders, and drug overdose deaths in metropolitan and nonmetropolitan areas—United States. *American Journal of Transplantation*, *17*(12), 3241–3252.
- ² Venner, K. L., Donovan, D. M., Campbell, A. N. C., Wendt, D. C., Rieckmann, T., Radin, S. M., Momper, S. L., & Rosa, C. L. (2018). Future directions for medication assisted treatment for opioid use disorder with American Indian/Alaska Natives. *Addictive Behaviors*, *86*, 111-117.
- ³ Tipps, R. T., Buzzard, G. T., McDougall, J. A. (2018). The opioid epidemic in Indian country. *Journal of Law, Medicine, and Ethics*, *46*(2), 422–436.
- ⁴ Mack, K. A., Jones, C. M., & Ballesteros, M. F. (2017). Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas- United States. *American Journal of Transplantation*, *66*(19), 1-12.
- ⁵ American Psychiatric Association. (2021). Stress & Trauma Toolkit for Treating Indigenous People in a Changing Political and Social Environment. <https://www.psychiatry.org/psychiatrists/cultural-competency/education/stress-and-trauma/indigenous-people>
- ⁶ Seven Directions: A Center for Indigenous Public Health. (2019). An Environmental Scan of Tribal Opioid Overdose Prevention Responses: Community-Based Strategies and Public Health Data Infrastructure. https://assets.website-files.com/5d68735d677c2aa989f0317b/5da8c57dcbc040a41d532331_ENV.SCAN_TribalOpioidOverdosePrevent_Sept2019-compressed.pdf
- ⁷ Zeledon, I., West, A., Antony, V., Telles, V., Begay, C., Henderson, B., Unger, J. B., & Soto, C. (2020). Statewide collaborative partnerships among American Indian and Alaska Native (AI/AN) communities in California to target the opioid epidemic: Preliminary results of the Tribal Medication Assisted Treatment (MAT) key informant needs assessment. *Journal of Substance Abuse Treatment*, *108*, 9-19.
- ⁸ Cuellar, N. G. (2006). *Conversations in Complementary and Alternative Medicine Insights and Perspectives from Leading Practitioners*. Jones and Bartlett Publishers.
- ⁹ Inciardi, J. A. & Harrison, L. D. (Eds.). (1999). *Harm reduction: National and international perspectives*. Sage Publications.
- ¹⁰ Leininger, M. M. (1991). The Theory of Cultural Care Diversity and Universality. *NLN Publications*, *15*(2402), 5-68.
- ¹¹ Running Strong for American Indian Youth. (2021). Traditions & Culture. <https://indianyouth.org/mission-history/traditions-culture/>
- ¹² Sicangu Community Development Corporation. (2020, November 19). Indigenous, Not Invisible: The U.S.'s Erasure of Native Peoples. <https://sicangucdc.org/blog/f/indigenous-not-invisible-the-uss-erasure-of-native-peoples>
- ¹³ Barnhardt, C. (2001). A History of Schooling for Alaska Native People. *Journal of American Indian Education*, *40*(1), 1-30.
- ¹⁴ McCormick, R. (2009). Aboriginal Approaches to Counseling. In E. Kirmayer & V. Guthrie Valaskakis (Eds.). *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada* (pp. 337-354). Vancouver: University of British Columbia Pres.
- ¹⁵ Stewart, S. L. (2008). Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. *International Journal of Health Promotion and Education*, *46*(2), 49-56. doi: 10.1080/14635240.2008.10708129
- ¹⁶ Stewart, S. L. (2008). Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. *International Journal of Health Promotion and Education*, *46*(2), 49-56. doi: 10.1080/14635240.2008.10708129

- ¹⁷ Garcia, A. N., Castro, M. C., & Sanchez, J. P. (2019). Social and Structural Determinants of Urban American Indian and Alaska Native Health: A Case Study in Los Angeles. *MedEdPORTAL: The Journal of Teaching and Learning Resources*, 15, 10825. doi: 10.15766/mep_2374-8265.10825
- ¹⁸ Bassett, D., Tsoie, U., & Nannauck, S. (2012). "Our Culture Is Medicine": Perspectives of Native Healers on Posttrauma Recovery Among American Indian and Alaska Native Patients. *The Permanente Journal*, 16(1), 19-27. doi: 10.7812/tpp/11-123
- ¹⁹ Brown-Rice, K. (2013). Examining the Theory of Historical Trauma Among Native Americans. *The Professional Counselor*, 3(3), 117-130.
- ²⁰ Sotero, M. M. (2006). A Conceptual Model of Historical Trauma: Implications for Public Health Practice and Research. *Journal of Health Disparities Research and Practice*, 1(1), 93-108.
- ²¹ American Psychiatric Association. (2021). Stress & Trauma Toolkit for Treating Indigenous People in a Changing Political and Social Environment. <https://www.psychiatry.org/psychiatrists/cultural-competency/education/stress-and-trauma/indigenous-people>
- ²² American Psychiatric Association. (2021). Stress & Trauma Toolkit for Treating Indigenous People in a Changing Political and Social Environment. <https://www.psychiatry.org/psychiatrists/cultural-competency/education/stress-and-trauma/indigenous-people>
- ²³ Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). TIP 61: Behavioral Health Services for American Indians and Alaska Native. <https://store.samhsa.gov/product/TIP-61-Behavioral-Health-Services-For-American-Indians-and-Alaska-Natives/SMA18-5070>
- ²⁴ National Council for Mental Wellbeing. (2021). Trauma-informed, Resilience-oriented Care. <https://www.TheNationalCouncil.org/consulting-services/trauma-informed-resilience-oriented-care/>
- ²⁵ Carron, R. (2020). Health disparities in American Indians/Alaska Natives: Implications for nurse practitioners. *The Nurse Practitioner*, 45(6), 26-32. doi: 10.1097/01.NPR.0000666188.79797.a7
- ²⁶ Carron, R. (2020). Health disparities in American Indians/Alaska Natives: Implications for nurse practitioners. *The Nurse Practitioner*, 45(6), 26-32. doi: 10.1097/01.NPR.0000666188.79797.a7
- ²⁷ Joo-Castro L, Emerson A. (2021). Understanding Historical Trauma for the Holistic Care of Indigenous Populations: A Scoping Review. *Journal of Holistic Nursing*. 2020 Dec 11:898010120979135. doi: 10.1177/0898010120979135. Epub ahead of print. PMID: 33307966.
- ²⁸ McKinley, C. E., Boel-Studt, S., Renner, L. M., & Figley, C. R. (2021). Risk and Protective Factors for Symptoms of Depression and Anxiety Among American Indians: Understanding the Roles of Resilience and Trauma. *Psychological Trauma: Theory, Research, Practice, and Policy*, 13(1), 16-25. doi: 10.1037/tra0000950
- ²⁹ Isaacs, D. S., Tehee, M., Green, J., Straits, K. J. E., & Ellington, T. (2020). When psychologists take a stand: Barriers to trauma response services and advocacy for American Indian communities. *Journal of Trauma & Dissociation*, 21(4), 468-483. doi: 10.1080/15299732.2020.1770148
- ³⁰ Brissette, C. N., Whyne, Z. E., Lehrer, H. M., Woo, J., & Steinhardt, M. A. (2020). Associations of Historical Loss, Resilience, and Coping with Loss-related Emotional Symptoms in the Anishinaabe. *American Journal of Health Behavior*, 44(2), 244-251. doi: 10.5993/AJHB.44.2.11
- ³¹ Reinschmidt, K. M., Attakai, A., Kahn, C. B., Whitewater, S., & Teufel-Shone, N. (2016). Shaping a Stories of Resilience Model from urban American Indian elders' narratives of historical trauma and resilience. *American Indian and Alaska Native Mental Health Research*, 23(4), 63-85. doi: 10.5820/aian.2304.2016.63
- ³² Brave Heart, M. Y., Myers, O., Skipper, B., Schmitt, C., Chase, J., Elkins, J., Mootz, J., & Waldorf, V. A. (2020). Iwankapiya American Indian Pilot Clinical Trial: Historical Trauma and Group Interpersonal Psychotherapy. *Psychotherapy (Chicago, Ill.)*, 57(2), 184-196. doi: 10.1037/pst0000267
- ³³ McKinley, C. E., Boel-Studt, S., Renner, L. M., & Figley, C. R. (2021). Risk and Protective Factors for Symptoms of Depression and Anxiety Among American Indians: Understanding the Roles of Resilience and Trauma. *Psychological Trauma: Theory, Research, Practice, and Policy*, 13(1), 16-25. doi: 10.1037/tra0000950
- ³⁴ Latkin, C., Davey-Rothwell, M., Yang, J., & Crawford, N. (2013). The Relationship between Drug User Stigma and Depression among Inner-City Drug Users in Baltimore, MD. *Journal of Urban Health*, 90, 147-156.

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- ³⁵ Turan, B., Budhwani, H., Fazeli, P. L., Browning, W. R., Raper, J. L., Mugavero, M. J., & Turan, J. M. (2017). How Does Stigma Affect People Living with HIV? The Mediating Roles of Internalized and Anticipated HIV Stigma in the Effects of Perceived Community Stigma on Health and Psychosocial Outcomes, *AIDS and Behavior*, 21(1), 283-291. doi:10.1007/s10461-016-1451-5
- ³⁶ Phillips, L. A. & Shaw, A. (2012). Substance use more stigmatized than smoking and obesity. *Journal of Substance Use*, 18(4). <https://doi.org/10.3109/14659891.2012.661516>
- ³⁷ Muncan, B., Walters, S. M., Ezell, J., & Ompad, D. C. (2020). “They look at us like junkies”: influences of drug use stigma on the healthcare engagement of people who inject drugs in New York City. *Harm Reduction Journal*, 17(53). <https://doi.org/10.1186/s12954-020-00399-8>
- ³⁸ SAMHSA. (2018). TIP 61: Behavioral Health Services for American Indians and Alaska Native. <https://store.samhsa.gov/product/TIP-61-Behavioral-Health-Services-For-American-Indians-and-Alaska-Natives/SMA18-5070>
- ³⁹ SAMHSA. (2018). TIP 61: Behavioral Health Services for American Indians and Alaska Native. <https://store.samhsa.gov/product/TIP-61-Behavioral-Health-Services-For-American-Indians-and-Alaska-Natives/SMA18-5070>
- ⁴⁰ SAMHSA. (2018). TIP 61: Behavioral Health Services for American Indians and Alaska Native. <https://store.samhsa.gov/product/TIP-61-Behavioral-Health-Services-For-American-Indians-and-Alaska-Natives/SMA18-5070>