

PUBLIC SAFETY-LED COMMUNITY-ORIENTED OVERDOSE PREVENTION EFFORTS IN TRIBAL COMMUNITIES:

Companion to the PS-COPE Toolkit



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Introduction

The Public Safety-led Community-oriented Overdose Prevention Efforts (PS-COPE) is an approach to public safety-led overdose prevention in Black, Indigenous and people of color (BIPOC) communities that combines three frameworks: trauma-informed approaches, recovery-oriented systems of care and procedural justice. The [PS-COPE toolkit](#) outlines principles that enhance overdose prevention and response in BIPOC communities. The toolkit presents a broad overview of strategies that can be useful in enhancing overdose prevention and response.

Designed for leaders of tribal public safety agencies and of non-tribal jurisdictions that work in tribal communities, this companion document provides a more focused look at the unique contexts of tribal communities and of working with American Indian/Alaska Native (AI/AN) populations and discusses specific approaches for working with Indigenous peoples. It highlights the unique historical, socioeconomic and cultural factors that intersect to influence response strategies. In this first section, the overdose epidemic in tribal communities is described. The second section focuses on unique aspects of overdose prevention and response programs and initiatives in tribal communities. That is followed by a section exploring distinct issues to consider when planning and implementing overdose prevention and response, such as acknowledging the impact of historical trauma, understanding tribal sovereignty and addressing the complexities of rural and frontier geographies. The final section describes overdose prevention and response initiatives that exemplify the principles, infrastructure and core components of the PS-COPE framework. These initiatives portray how practical collaboration, community engagement and culturally sensitive approaches can shape effective solutions within tribal communities.

This companion document is grounded in the PS-COPE framework – which presents a holistic approach to overdose prevention and response. The framework underscores that effective strategies must encompass harm reduction, comprehensive service provision, community collaboration and the recognition of cultural nuances.



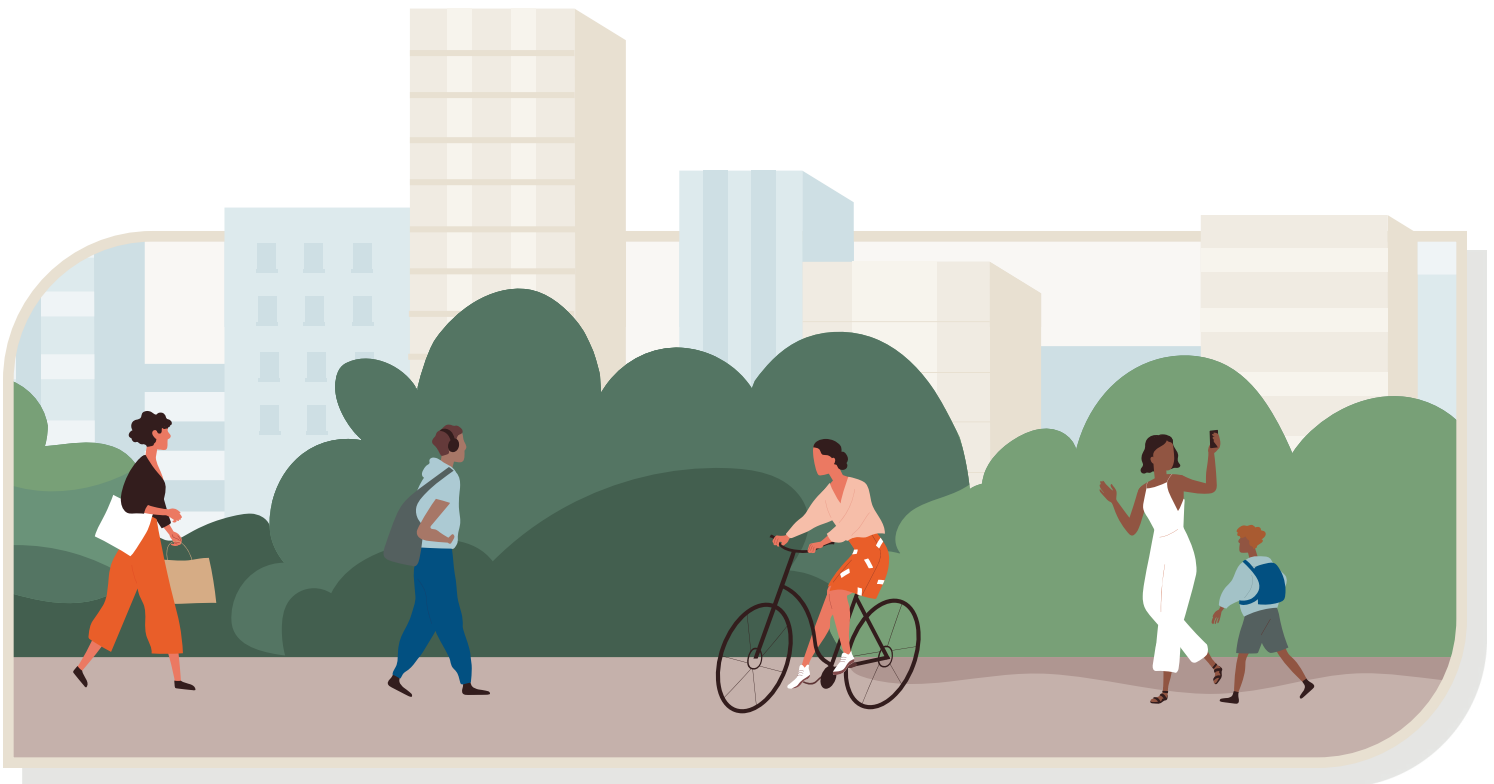


The Overdose Epidemic in Indian Country

The overdose epidemic is a public health crisis that has affected families, strained health care systems and amplified disparities faced by racialized communities across the United States. Tribal communities have been uniquely and disproportionately impacted.

Rates of overdose deaths involving opioids have risen in tribal communities over the past two decades. From 1990 to 2020, the age-adjusted rate of death from opioid overdose grew from 2.9 to 27.4 per 100,000 AI/AN individuals – a 900% increase (Kleinman, 2022). In both 2020 and 2021, American Indian and Alaska Native (AI/AN) people had the highest rates of drug overdose of all race and ethnic-origin groups (Spencer et al., 2022). They also experienced the second greatest percentage increase in overdose rates from 2020 to 2021, only surpassed by the rate increase for Native Hawaiian or Other Pacific Islander people (Spencer et al., 2022). Drug overdose rates for AI/AN people may also be underestimated by as much as 35% due to race and ethnicity misclassification on death certificates (Hill, 2022; Joshi et al., 2018; Kleinman, 2022; Spencer et al., 2022).

Tribal communities experience residual effects from governmental policies that sequestered them to land of poor agricultural quality, fragmented families and limited career and educational opportunities (Hill, 2022). Today, AI/AN populations experience high rates of poverty, housing insecurity, incarceration and unemployment, all factors that put them at risk for substance use disorder (SUD) and overdose (Hill, 2022). Increases in drug overdose deaths parallel surges in deaths by suicide, leading some to link the two trends as a syndemic, fueled by sociocultural factors like difficult living conditions, discrimination and historical trauma (Ivanich et al., 2021; Jones et al., 2023). Tribal populations also face significant barriers to obtaining quality health care, including chronic underfunding of the Indian Health Service (IHS) and stigma around using mental health services (Joshi et al., 2018). Often, SUD treatment facilities are less likely to offer methadone or buprenorphine maintenance to AI/AN clients as compared to non-native clients (Krawczyk et al., 2021).





Overdose Prevention and Response

Effective overdose prevention and response initiatives require collaborative strategies involving diverse stakeholders. Various personnel play pivotal roles, often using innovative programming and approaches, as summarized in Figure 1 and described below.

Figure 1. Public Safety Personnel and Programs

| | |
|------------------------------|---|
| KEY PERSONNEL | <ul style="list-style-type: none">■ Tribal professional and volunteer first responders■ Tribal law enforcement■ First responders and law enforcement from non-tribal jurisdictions■ Court administrators■ Correctional officers■ Social services staff |
| INNOVATIVE APPROACHES | <ul style="list-style-type: none">■ Community relationship-building programs■ Diversion and decriminalization programs■ Harm reduction and overdose response programs■ Reentry and continuity of care programs |

Tribal professional and volunteer first responders. Firefighters and paramedics are the first responders frequently called to assist a person experiencing a suspected overdose. With proper training and equipment, they save lives with timely administration of the overdose-reversing drug naloxone. First responders can offer harm reduction resources and information about treatment and recovery support services. They can ask for consent to share contact information with community partners who can conduct post-overdose outreach. They can provide naloxone kits and resource information to bystanders, who may also be at risk of overdosing or be able to help others in the future.

Tribal law enforcement. As first responders, police officers, sheriffs, peace officers and village public safety officers often offer life-saving services. This contact may also be an entry point into the criminal justice system. To reduce that likelihood, law enforcement officials cultivate partnerships with other sectors to connect people to the treatment and recovery support services they need.



First responders and law enforcement from non-tribal jurisdictions. Law enforcement officers from non-tribal jurisdictions play a crucial role in overdose prevention and response in tribal communities, particularly in areas adjacent to tribal nations. Their involvement can enhance public safety efforts and collaborative initiatives aimed at addressing the overdose crisis within these communities.

Court administrators. Tribal court administrators and tribal court judges have significant power in deciding the fate of a person arrested for drug-related offenses. This can be leveraged to provide people with treatment opportunities rather than punishment for behaviors that stem from SUDs. In tribal communities, Healing to Wellness courts and treatment court models are often culturally based, bringing community-healing resources into the tribal justice process for physical and spiritual healing of the participant and the wellbeing of the community.

Correctional officers. Personnel working in jails, prisons or community corrections are responsible for a particularly vulnerable population at a high risk of overdose. When people with SUDs are incarcerated or under community supervision, correctional systems should provide appropriate harm reduction services and medications for treatment.

Social services staff. Although not conventionally thought of as public safety in other contexts, social services staff in tribal communities contribute to the safety and welfare of individuals and families. They do welfare checks, manage housing and support programs and are often engaged in emergency situations, providing support and services for survivors.

Collaborative efforts between sectors have given rise to innovative programs tailored to tribal communities, promoting cultural healing resources, and supporting successful reentry after incarceration. In tribal communities, public safety-led collaboratives have implemented overdose prevention and response programs that typically fall into five categories:

- 1. Primary prevention programs** focus on root causes and key predictors of substance use. In tribal communities, these programs often are directed at all members of a community. Education about tribal ways of being; traditional cultural values, practices and teachings; and the role of community in protecting and nurturing one another helps to foster culturally congruent approaches to preventing overdose. The programs use culturally centered and evidence-based practices to build protective factors and resilience among youth. Many of these programs also teach youth about the signs of overdose and how to respond. For instance, the Pueblo of Pojoaque and the Lummi Nation have implemented education and prevention programs that connect law enforcement with K-12 students.
- 2. Community relationship-building programs** focus on outreach, training community members and enhancing communication with public safety personnel during noncrisis, noncriminal interactions. This relationship-building can improve relationships between public safety and the community. Knock and Talks are one example often used in tribal communities, where officers are assigned to visit with community members. For example, the Isleta Pueblo Police Department hosts regular community meetings to continue raising awareness on substance use (National Criminal Justice Training Center, 2021).
- 3. Diversion and decriminalization programs** may be the most well-known public safety-led overdose response programs. These programs focus on diverting individuals with chronic, unmet mental health and substance use needs from the criminal legal system to appropriate behavioral health services. One example is the Navajo National Crisis Response Team, in which calls related to substance use and mental health get referred directly to Tribal Behavioral Health. Other tribal communities are embedding social workers into law enforcement teams to facilitate access to needed services or implementing healing to wellness courts.



4. **Harm reduction and overdose response programs** focus on reversing the effects of overdose and connecting individuals in crisis to needed services. These public safety sector programs aim to reduce overdose deaths and often have a coordinated team of responders, typically including a law enforcement officer, an emergency medical technician (EMT) or firefighter, a treatment provider – and increasingly, a peer specialist. There are also community-based harm reduction programs that are beginning to work with tribal public safety – and widen the definition of first responder. For instance, The White Earth Band of Chippewa Indians has incorporated outreach specialists who accompany first responders to the scene of an overdose and facilitate follow-up and connection to harm reduction resources, including treatment.
5. **Reentry and continuity of care programs** aim to prevent overdose among people re-entering the community after incarceration. For example, Native American Reentry Services in Washington state is a nonprofit organization dedicated to aiding Native American, Asian Pacific Islander and other Aboriginal individuals in reintegrating into their communities' post-incarceration. Their program, *HEAL for Reentry*, uses the White Bison Warrior Down wellbriety model to support successful reentry. The program focuses on connecting individuals to community resources and to cultural and traditional resources. It also offers consultation to other organizations to support tribal reentry programs.





Distinct Issues Related to Overdose Prevention and Response

Addressing overdose in tribal communities is affected by a range of distinct factors that need to be considered. The most impactful are social and structural determinants of health, historical trauma, sovereignty and working in rural or frontier geographies.

Social and Structural Determinants of Wellbeing

Social determinants of wellbeing refer to conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. They encompass elements like socioeconomic status, education, the physical environment, employment and social support networks. Structural determinants of health involve deeper systematic structures and processes that shape social determinants, including economic, political, cultural, and societal values and norms. Structural determinants shape the distribution of power, income, goods and services, which ultimately determine individuals' access to resources for health and wellbeing.

Tribal communities have substantial health and wellbeing disparities due to both social and structural determinants. Structural determinants, like historical trauma and systematic exclusion, are particularly impactful. The legacies of forced removal from ancestral lands, cultural genocide and other abuses have led to profound and enduring psychological, social and economic challenges, significantly affecting overall wellbeing. Structural racism, as manifested in discriminatory housing policies, unequal access to quality education and economic exclusion, has also played a significant role.

Poverty rates in American Indian communities are significantly higher than the national average, affecting access to healthy food, safe housing and quality health care. Additionally, many of these communities reside in rural areas with limited access to medical services. High levels of poverty can increase risk factors for SUDs, including opioid addiction. The stressors associated with low socioeconomic status, such as unemployment and inadequate housing, can contribute to the cycle of addiction.

Education is another critical social determinant. Inequities in education quality and access for American Indians, related to structural racism and lack of funding, can limit their opportunities for higher-income jobs, further entrenching cycles of poverty and poorer health outcomes. The historical trauma stemming from the government's relocation of Indigenous children from their families and traditional tribal lifestyles to boarding schools has engendered deep-seated distrust in educational systems across generations. In the United States, American Indians exhibit the lowest rates of educational achievement compared to any other demographic (Cai, 2020). The roughly 180 schools managed by the Bureau of Indian Education consistently grapple with inadequate funding. While most Native students enroll in public schools, these institutions fall short in offering a curriculum and teacher training that adequately embrace Indigenous history and identity (National Indian Council on Aging, n.d). Consequently, Native individuals often confront amplified hurdles in accessing higher-paying jobs with commendable benefits, owing to limited entry to quality education, geographical limitations, language disparities, discriminatory practices and challenges related to transportation.

Finally, social networks and supports, which are key factors in wellbeing, can be strained in tribal communities. The erosion of



traditional family structures and community networks due to forced relocations, residential schooling and other colonial practices has led to social isolation for some, contributing to mental health challenges and other health issues. These challenges are compounded by the limited availability of culturally appropriate treatment. Within tribal communities, excellent mental health programs that incorporate traditional health approaches exist but may be stretched beyond their resources (Bargfeld, 2022, Department of Health and Human Services, 2011). Outside of tribal communities, where a majority of AI/AN families live, many treatment programs are not designed with cultural considerations in mind and may not provide culturally responsive services that respect contemporary and traditional AI/AN healing practices (Gone & Trimble, 2012).

These social and structural determinants interact in complex ways to produce health disparities in American Indian communities. They underline the need for comprehensive approaches in overdose prevention and response that address not only medical needs but also social and structural factors.

Historical Trauma

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), trauma results from “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being” (SAMHSA, 2014). Historical trauma is identified as the compounding of emotional and psychological wounding from one generation to the next (Cerdeña et al., 2021); examples include communities that experienced colonization, genocide, forced migration, racism, and slavery.

Indigenous communities have experienced multi-generational trauma due to the long-lasting and profound impact of colonization, forced assimilation, dispossession of land and cultural genocide experienced by Indigenous peoples in the Americas. Recognizing and understanding historical trauma – and taking a trauma-informed, recovery- and resiliency-oriented approach – is crucial in developing culturally sensitive and effective strategies for supporting tribal communities as they address the overdose epidemic.

Trauma and Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) refer to a range of traumatic or stressful events that occur during a person’s childhood and can have long-lasting effects on their physical, emotional, and mental wellbeing. These experiences are typically categorized into three main types: abuse, neglect, and household dysfunction. ACEs can have significant and lasting impacts on individuals’ physical and mental health. These experiences are associated with a higher risk of developing chronic health conditions, such as heart disease, obesity and mental health and substance use challenges. ACEs can have a compounding effect, meaning that the greater the number of ACEs, the more significant the impacts on wellbeing. ACEs impact the developing brain in a way that increases risk-taking, susceptibility to initiating substance use, likelihood of addiction and vulnerability to relapse.

Research on the prevalence and impact of ACEs among AI/AN populations has shown that there is a higher prevalence of ACEs among AI/AN populations and that individuals have a higher total number of ACEs as compared to other populations (Giano et al., 2021). Research also indicates a strong association between ACEs and polydrug use, post-traumatic stress disorder (PTSD), depression, and suicide attempts among reservation-based adolescents and young adults (Brockie et al., 2015) and intimate partner violence, likelihood of incarceration and suicide attempts among AI/AN women (Jones et al., 2021).

This research is one of the key reasons that it is important for jurisdictions to implement the trauma-informed, recovery- and resiliency-oriented approaches that are embedded within the PS-COPE model. Care comes first, and that means creating safety, building trust, being community- and person-oriented, being culturally responsive and engaging the community in all aspects of the work.



Sovereignty

Tribal nations have the inherent authority to govern themselves. However, this sovereignty is not absolute and is subject to limitations imposed by the U.S. Constitution, federal laws and court decisions.

Recognized by international and U.S. federal law, sovereignty is the principle that tribes maintain autonomy and self-determination to establish their own laws, enforce them and adjudicate disputes within their territories. Sovereignty empowers tribes to regulate activities on their lands independently of the federal or state government, including managing resources, economic development, education, health care and cultural preservation.

As autonomous entities, tribes create and administer programs that address their community's specific needs in health and human services and in public safety. They design services that culturally align with their community, helping to ensure that services are effective, sensitive to tribal customs and reach vulnerable members. However, sovereignty means tribes are largely responsible for funding these services. While federal support is available, it is often insufficient, leading to disparities in the quality of services compared to non-tribal communities (U.S. Government Accountability Office, n.d.).

Jurisdictional complexities between tribal, state, and federal law can create challenges in overdose prevention and response initiatives, such as jurisdictional gaps, confusion about which entity has jurisdiction and lack of timely connection to services.

Collaborating Across Jurisdictions

Many tribal nations lack their own 911/emergency call dispatch center and services, relying instead on other jurisdictions to communicate information and direct overdose-related calls in tribal communities appropriately to tribal services.

This gap means within tribal communities, people often interact with non-tribal public safety officers from jurisdictions adjacent to tribal nations. Law enforcement officers from non-tribal jurisdictions play a crucial role in overdose prevention and response in tribal communities, particularly in areas adjacent to tribal nations. Their involvement can enhance public safety efforts and collaborative initiatives aimed at addressing the overdose crisis within these communities.

There must be a good partnership and communication structure in place between non-tribal emergency response and the tribal community's crisis-related resources. This structure should clarify and address:

- **Cultural sensitivity:** Non-tribal law enforcement officers need to be culturally sensitive and respectful when interacting with tribal communities. Understanding the unique history, traditions and needs of these communities is essential to building trust and cooperation. Tribal agencies may need to partner with the tribe's cultural centers or leaders to periodically provide cultural awareness training to non-tribal law enforcement agencies that provide services to the tribal community.
- **Jurisdictional boundaries:** Different legal systems and jurisdictions can complicate the coordination of efforts. Clarifying roles and responsibilities and establishing protocols for working together is crucial to avoid conflicts and ensure seamless cooperation.
- **Political and administrative concerns:** Cross-jurisdictional work may involve navigating complex political landscapes and administrative procedures. Ensuring commitment and support from all relevant stakeholders is essential for sustained collaboration.



- **Resource disparities:** Tribal communities may face resource limitations compared to non-tribal law enforcement agencies. Disparities in funding, training and equipment can hinder effective collaboration and may need to be addressed to level the playing field.
- **Data sharing and privacy concerns:** Sharing sensitive information between different jurisdictions can raise privacy concerns. Establishing secure data-sharing protocols that protect individuals' rights while allowing for necessary information exchange is critical.

To maximize the impact of cross-jurisdictional work, it is essential to address these challenges and cultivate a collaborative and culturally sensitive approach that respects the sovereignty and unique needs of tribal nations, so that all involved can:

- Improve their understanding of how systemic issues in surrounding communities – such as lack of culturally relevant substance use treatment and social services – contribute to overdose risk.
- Improve interactions during public safety encounters with Native persons who are at risk of overdose.
- Reduce the potential for trauma or re-traumatization experienced in interactions.

Additionally, effective collaboration across jurisdictions can:

- Increase timely connections to services.
- Deploy law enforcement strategically during overdose prevention and response, such as when there is an imminent threat to safety.
- Communicate with tribal communities about the role of public safety in overdose prevention and response.
- Engage tribal elders, peer recovery support specialists, SUD professionals and other tribal community supports strategically to reduce the burden on public safety.

Working in Rural/Frontier Geographies

Rural and frontier are terms used to categorize areas of a country based on population density, remoteness, and the size of the community. However, the definitions can vary based on the context and the organization or agency using them. In general:

- Rural typically refers to areas that are not urban and are not densely populated, do not have large numbers of buildings or infrastructure and often consist of open space. There is no single definition of what constitutes a rural area in the U.S., as different organizations use different criteria. For example, the U.S. Census Bureau defines rural areas as all population, housing and territory not included within an urban area. Meanwhile, the United States Department of Agriculture (USDA) identifies rural areas based on population thresholds and other factors.
- Frontier areas are the most remote parts of the country. The term “frontier” is less commonly used than “rural,” but when it is used, it often refers to areas with a population density of fewer than six people per square mile, although this can also vary. Frontier areas typically have additional challenges compared to rural areas due to their remoteness, such as limited accessibility to services like health care, lack of transportation infrastructure and fewer economic opportunities.



Many tribal communities are in rural or frontier areas. This poses several challenges to overdose prevention and response, which are similar challenges for other service provision. Challenges include:

- **Accessibility:** Rural communities often lack adequate access to overdose prevention and response services due to geographical distance, limited transportation and scarcity of providers. Solutions include technology-assisted prevention and response (including by phone, chat or e-mail), mobile services and training community members in basic overdose response and first aid. Response time often is a significant challenge; in outlying, smaller communities it can take 30 to 45 minutes for emergency medical services to arrive.
- **Availability:** Many rural communities have fewer resources for response, and limited behavioral and physical health facilities for follow-up after overdose. This results in longer wait times and travel distances for needed care. Strategies to address this challenge include the implementation of health workforce training programs in rural settings, policies to attract and retain health professionals and enhanced funding for rural health infrastructure. Directing more federal and state funds towards rural health programs can also help.
- **Aging population:** Rural areas often have a higher percentage of older adults who require more intensive health care services. Strategies to support the health of aging rural populations include implementing and supporting home and community-based services, expanding geriatric health care services, and promoting age-friendly health systems.
- **Health disparities:** Rural communities typically exhibit worse health outcomes, including higher rates of chronic diseases and lower life expectancies. Community-based interventions, collaborations with local organizations and health promotion campaigns can address these health disparities. Incorporating social determinants of health into health care delivery can also help to reduce disparities.
- **Sustainability of services:** Overdose prevention and response programs in rural and frontier communities face issues with sustainability due to limited funding and difficulties in maintaining staff. Strengthening cross-sector partnerships, rural-specific grants and promoting social supports can help maintain and expand necessary services.

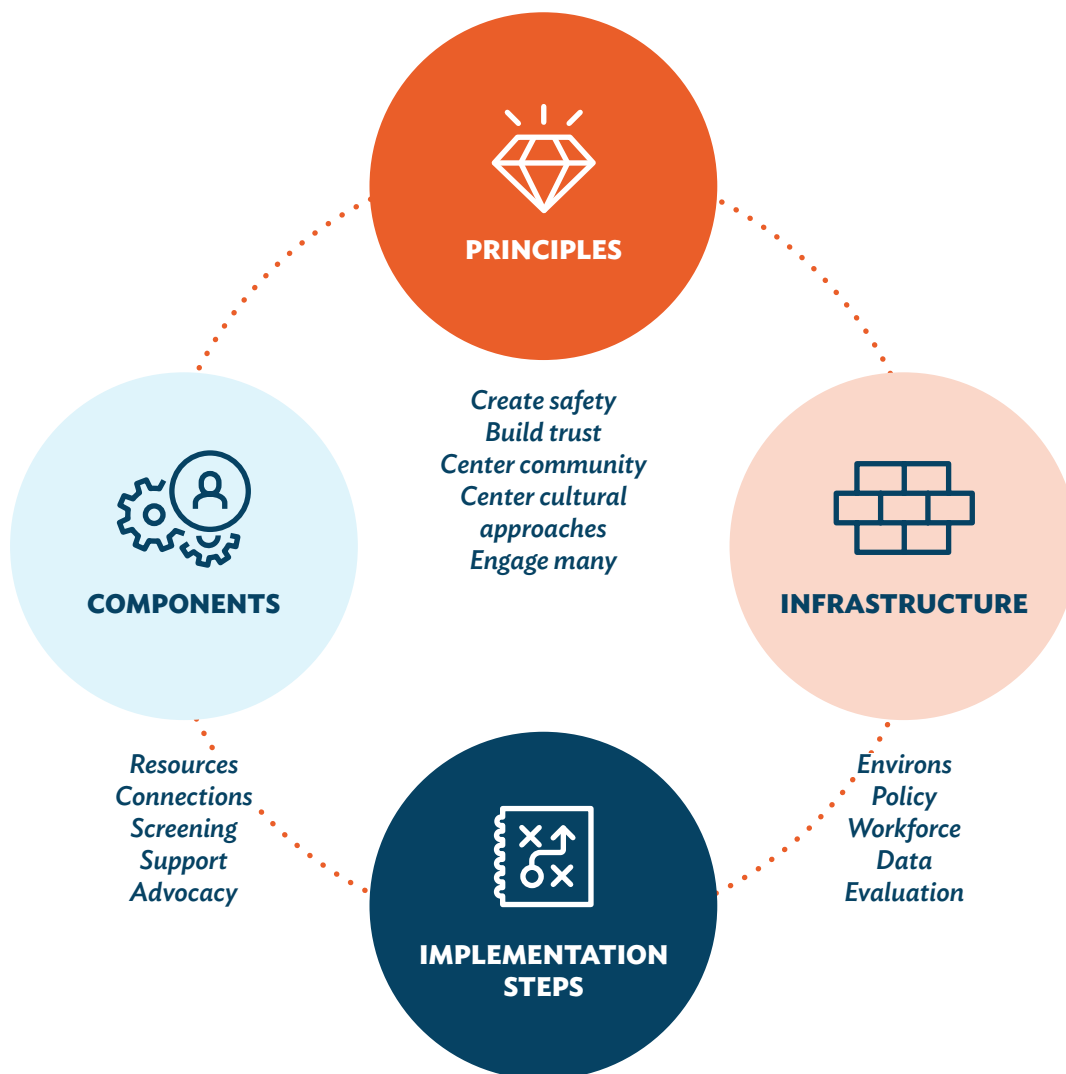
Addressing overdose prevention and response challenges in rural and frontier communities requires a comprehensive approach that considers the unique aspects of those areas, augmenting resources and innovating delivery methods.



PS-COPE in Practice: Effective Overdose Prevention and Response in Tribal Communities

As described in the Public Safety-led Community-oriented Overdose Prevention Efforts (PS-COPE) [Toolkit](#), PS-COPE approaches (summarized in Figure 2) integrate trauma-informed, recovery-oriented, procedurally just strategies into overdose prevention. Five principles, including safety creation, trust-building, transparency, cultural responsiveness and community engagement underpin the program.

Figure 2. PS-COPE Framework (adapted)





When they reflect PS-COPE principles and approaches, overdose prevention and response programs have several distinct characteristics. They:

- 1. Are pragmatic.** Programs accept that drug use is happening among community members and work to minimize the harmful effects. These programs understand that zero-tolerance policies are not realistic or beneficial, and instead focus on practical strategies to reduce harm.
- 2. Focus on individual and community wellbeing.** Programs prioritize the improvement of health, social and economic outcomes for individuals and communities over enforcing drug laws and policies. This includes efforts to reduce HIV transmission, decrease overdose rates, improve public safety, and increase access to and use health, social and recovery support services.
- 3. Involve community members.** Programs value the input and involvement of people in community – including persons in recovery and persons who use drugs – in the creation and implementation of policies, programs and services. This recognizes that these individuals are experts in their own lives and are crucial in shaping effective responses.
- 4. Are accessible and inclusive.** Programs are easily accessible to those who need it the most, including individuals who use drugs, their families and friends. It should also be inclusive in a way that does not discriminate based on any demographic factors. This includes providing services for those who might be hard to reach such as the homeless, incarcerated individuals or those living in outlying areas.
- 5. Use a collaborative approach.** Effective programs often involve partnerships between various stakeholders including tribal councils, public health departments, law enforcement, health care providers, community organizations and people with lived experience of substance use. Collaboration can ensure that the program is well-rounded, targeting various aspects of the issue, and that the resources are used efficiently.
- 6. Provide access to comprehensive services.** These programs provide access to a wide range of services to address the diverse needs of individuals. This might include harm reduction education, naloxone distribution, counselling, drug checking services, detoxification and linkage to long-term treatment and recovery resources.
- 7. Use evidence-based practices and traditional and culture best practices.** Programs should be grounded in scientific research and follow evidence-based practices. In addition to harm reduction approaches, this can include using motivational interviewing, engaging individuals in cognitive-behavioral therapy or providing access to medications for opioid use disorder like buprenorphine and methadone. Programs monitor and evaluate their outcomes to continuously improve and adapt their services.
- 8. Engage in advocacy for policy change.** Effective programs recognize the need for systemic change. This may involve advocating for policy changes that reduce stigma and barriers to treatment, promote harm reduction, decriminalize substance use and address the social and structural determinants of health that contribute to substance use disorders. This can also include educating the public, policymakers, and other stakeholders about the realities of substance use and the benefits of harm reduction approaches.

The programs profiled in the next section showcase how effective overdose prevention and response programs in rural and frontier tribal communities can be aligned with the principles, infrastructure elements and core components of PS-COPE. Each program takes a distinct approach to address the opioid crisis through collaboration, prevention, and healing. They also exemplify the transformative power of culture and community in combating the overdose epidemic within Indigenous communities.



PRINCIPLES | Person- and Community-centered Care and Support: Gwayakobimaadiziwin Bad River Harm Reduction

Based in a rural, indigenous tribal reservation in northern Wisconsin, Gwayakobimaadiziwin Bad River Harm Reduction (GBRHR) began offering harm reduction services and supplies in response to gaps in the care for Ojibwe people who use drugs (PWUD). The program is founded and run by Native women who approach the work from a physical, intellectual, spiritual, and social stance. They provide syringes, safer use supplies and naloxone via a free, anonymous phone line and mobile delivery. The program relies heavily on secondary exchange to cover a broad geographic area where many individuals lack access to transportation, phones, or cell phone service.

The program embodies the principles of PS-COPE that are summarized in Figure 3.

Figure 3. Principles of PS-COPE

| PRINCIPLE | DESCRIPTION |
|--|--|
| Create safety | <ul style="list-style-type: none"> Respect sanctity of life by giving aid. Safeguard individual welfare in public safety environments. Protect from physical and psychological injury in interactions. Exemplify fairness, dignity, and respect. Use de-escalation strategies, including effective communication, where and whenever possible. |
| Build trust | <ul style="list-style-type: none"> Provide clear and understandable information. Provide open communication regarding decisions and change. Engage in transparent decision-making and ensure decisions are fair and consistent with tribal law and order codes, along with U.S. law. Be open to questions, concerns, and feedback. Act with transparency. |
| Be person- and community-oriented | <ul style="list-style-type: none"> Amplify individual, community and public safety personnel voices in decision-making, program implementation and systems change. Identify concerns, needs, values and strengths collaboratively and integrate into service response, care or support. Promote resilience. Assist people with their individualized needs and goals. |
| Center cultural approaches | <ul style="list-style-type: none"> Acknowledge community and historical trauma. Maintain dignity and respect for culture and gender diversity in all interactions. Align all aspects of the program to be consistent with best practices of diversity, equity and inclusion. Prepare staff for working with diverse segments of community with cultural and linguistic competence and humility. Address disproportionate adverse health outcomes. |
| Engage many | <ul style="list-style-type: none"> Engage the voice of tribal elders, community members, persons and families with lived experience of addiction and recovery in conceptualizing, planning and delivering services. Ensure there are diverse voices at the table and in key decision-making positions. |



In a region where health care resources are scarce, GBRHR is providing concierge, personalized harm reduction services for PWUD. The harm reduction services are delivered by contracted peer workers or staff members within the underserved region of Bayfield, Ashland, Iron and Price counties. To make services more accessible, GBRHR runs a hotline and has partnered with Next Distro to facilitate access to safer use supplies via mail order.

“We ensure the provision of essential supplies, such as syringe supplies, smoking and safe sex supplies, Naloxone, snacks and warm clothes,” said Philomena Kebec, Co-founder of GBRHR. “We aim to equip our community with the tools and knowledge they need to protect themselves and others.” Prior to her current role, Kebec was a prosecutor before shifting her perspective and becoming a harm reductionist.

Their organization serves the indigenous and non-native folks, with a focus on the former due to their statistically higher drug overdose rates in Wisconsin. “We’re helping our Indigenous relatives as much as possible, acknowledging the need for culturally relevant health care that they richly deserve,” Kebec said.

Their efforts are powered by the desire to help the community. “When we began in 2014, we had no knowledge, resources or skills, but we were determined. The Chicago Recovery Alliance gave us our first donation of naloxone,” Kebec recalled.

Naloxone, commonly known as Narcan, is an emergency medication designed to rapidly reverse opioid overdose. The local community, having been educated about the medication, recognizes it as a second chance at life.

Kebec explained, “The community awareness around naloxone is high; most people know how to use it and identify overdosing individuals. It resonates with our culture’s ethos – love, kindness, forgiveness and giving people second chances.”

There has been an intergenerational aspect to the conversations and knowledge sharing that is rippling through the community. “Once the grandmothers were on board, then everybody was on board,” said Kebec. “They were really doing a lot of the communications work around naloxone. We also see youth being very interested in overdose prevention and naloxone, having parents who have chaotic drug use in their life. Having naloxone on hand to make sure that they can take care of their parents if their parents are not responsive at any point and children actually doing that. I think there is a lot more respect recently for the agency of children, so much so that the county Public Health Department is regularly providing naloxone at the high school and the middle school.”

The organization also works with tribal first responders, trained and certified volunteers who are on standby for emergencies. They are critical in emergency situations, as the nearest ambulance service is miles away. These have naloxone available, breathing equipment and other equipment for addressing medical emergencies.

GBRHR also advocates for improved health care access for PWUD, addressing the systemic issues of racism within health care systems. “Our people face significant problems, especially in the emergency department, when seeking services. There is a clear need for systemic change,” Kebec said, “focusing on preventative measures rather than relying solely on emergency responses.” They work to promote easier access to medications for opioid use disorder, a crucial step in averting potential overdoses.

Initially GBRHR did not work with law enforcement. The Bad River Band does not exercise criminal jurisdiction and maintains a contract with the Ashland County Sheriff’s Department (ACSD). That relationship has not always been satisfactory. In 2018, a significant tragedy occurred: A lone eighth grader with a knife was shot in the heart by a brand new and poorly trained county officer – from 50 yards away. Kebec noted, “The community was enraged about his death and rightly so.” Since its inception,



GBRHR has been working with community members to raise awareness of issues, especially with regards to the lack of access to prescribed medication and other essential health care in jail.

With a change in leadership in the county, GBRHR has been engaging in more of a collaborative relationship, offering technical assistance on overdose prevention to ACSD in coordination with the Bad River tribal clinic. Kebec observed that the new administration has a level of compassion and a genuine interest in understanding the challenges faced, in using health department data and in learning from the community. She also noted that the new sheriff and jail administrator are both AI/AN individuals.

Kebec said they are in the initial stages of developing an innovative partnership with the jail, providing tribal patients who are incarcerated with medications supplied by the tribal clinic and in-jail clinic provider visits. This is crucial, given incidences to overdose while in custody and soon after release.

Ultimately, GBRHR is promoting drastically new approaches to addressing drug use. Their collective efforts point towards a hopeful horizon – one where every individual, regardless of their circumstances, receives the care they deserve.

INFRASTRUCTURE | Community Unites to Reduce Harms: Blackfeet Nation Task Force

To successfully implement PS-COPE, programs need an infrastructure that supports and strengthens overdose prevention and response in Indigenous communities. There are five key infrastructure elements:

1.

Use information systems to support data-based decision-making.

2.

Establish and maintain safe, secure environments.

3.

Review and renew policies, procedures and workflows.

4.

Develop a trained and responsive workforce.

5.

Monitor, evaluate and improve the program.



Data Collection and Data Sharing

Collecting, sharing and interpreting sensitive data can be challenging, both within the tribal community itself between disciplines, and beyond the tribal community.

For example, staying within Health Insurance Portability and Accountability Act (HIPAA) guidelines is a concern that sometimes prevents behavioral health or public health professionals from sharing even basic information with public safety professionals. Tribal police departments stop making referrals to treatment agencies because those agencies do not let them know they received the referral and are getting the individual and/or family connected into appropriate services. This lack of communication might be due to a misunderstanding of HIPAA. Acknowledgement of receipt of referral and a basic response that individuals are now able to get help can be done without being in violation of HIPAA.

The Blackfeet Nation has established a task force that covers all of these elements. Like many other places in North America, the Blackfeet Nation has been significantly impacted by opioid overdoses, driven by deep-seated disparities and structural determinants of health. In response, the Tribal Business Council declared a state of emergency in 2021 and appointed a task force to identify the scope of the problem, describe short- and long-term needs and provide recommendations on how to proceed. Misty LaPlant, former Blackfeet Law Enforcement Services investigator and Jesse Harwood, a captain and drug investigator in the Blackfeet Law Enforcement Services, have been leading that effort.

“The task force started as we began to see overdoses happening, but there was a breakdown in communications between hospitals, EMT and dispatch,” said LaPlant. “We thought about what this means for our roles as first responders and how we can address the issue.”

The task force’s work started slowly over the first year, hampered in part by lack of funding. Since then, it has developed into a diverse committee of law enforcement, EMTs, nurses and social workers from central and outlying communities. They have been holding meetings with the community and using the Overdose Mapping and Application Program (ODMAP) to pull information and data together about overdoses on the reservation and to compare this data to other states and tribal nations.

Law enforcement’s role in overdose prevention has evolved over that same period. Harwood shared, “I used to think they (PWUD) deserve to go to jail, they are bad. Misty opened my eyes to harm reduction. If there is a demand, there will always be a supply. With the drug supply becoming so dangerous and so toxic, it requires resources and knowledge and skills and funds to stay safe.”

Staying safe requires access to harm reduction services, health care and access to medications for opioid use disorders. Harwood, LaPlant and others have worked with tribal law enforcement officers and community members to adopt a harm reduction mindset, which involves encouraging individuals to seek treatment post-overdose rather than face immediate incarceration. Officers have been open-minded, learning and adapting.

The task force works with the tribal harm reduction specialist as she works to provide syringe and needle exchange, do outreach and education about overdose and write grant applications to continue her work.



All of these efforts face significant challenges, including lack of funding and technical assistance available for implementation of overdose prevention and response in tribal communities, and limited treatment facilities. The Blackfeet Nation has requested assistance from the IHS to further develop treatment and substance use resources, but support has been slow in coming. This struggle resonates across Indian country, where many treatment centers are under resourced and long distances must often be traveled for adequate care.

The Rocky Mountain Tribal Leaders Council, a consortium of Montana and Wyoming tribes, is working with the Montana Healthcare Foundation on a feasibility study for a treatment center operated by tribes to build capacity specifically for tribal members. The Blackfeet Nation has passed a resolution supporting this effort.

The task force's work marks a significant step forward in tackling the overdose crisis within the Blackfeet Nation, but the community recognizes there is still much to be done.

ODMAP and PDMP

One promising strategy for overdose prevention efforts is the use of real-time overdose and substance use surveillance tools. ODMAP is a federal overdose monitoring program which collects fatal and non-fatal overdose data and projects them onto a national map, which enables coordinated community overdose response and prediction of overdose trends. There are two methods for entering overdose event data: manually, which allows first responders to enter data while in the field, or through API, a software that allows for automated data integration with an agency's overdose records. To participate in ODMAP, agencies can fill out an [electric form](#) found on the ODMAP site, which also includes [helpful tips and resources](#).

Similarly, prescription drug monitoring programs (PDMPs) are state-wide electronic databases that track usage of controlled substance prescriptions and facilitate targeted efforts to reduce medical non-adherence. Information on PDMPs by state can be found at the [PDMP Training and Technical Assistance Center](#).

Tribal engagement in PDMP and ODMAP programs has been slowed by lack of resources and personnel. Grants co-funded by the Bureau of Justice Assistance and the Centers for Disease Control and Prevention have supported ODMAP implementation in four tribal nations, including the Oneida Nation, White Earth Band of Chippewa Indians, Tulalip Tribe and the Eastern Band of Cherokee Indians. In April 2023, the Eastern Band of Cherokee Indians became the first tribal nation to adopt the API software, allowing overdose event data entered into the tribal data hub to be automatically transmitted to the ODMAP database.



CORE COMPONENTS | Culture and Community: Fort Peck Approach to Combating the Overdose Epidemic

Fort Peck Reservation, home to the Sioux and Assiniboine tribes, has been grappling with the impacts of the overdose epidemic for years. Under the direction of Dale Four Bear, the Spotted Bull Recovery Resource Center has adopted an approach to address the crisis that correlates to the five core components of PS-COPE:

- 1. Collaborate with recovery resources.**
- 2. Connect with and mobilize the community.**
- 3. Screen and assess for overdose risk behaviors.**
- 4. Provide early intervention and continuing support.**
- 5. Advocate to strengthen SUD services and systems.**

In their work, these core components are inflected with culturally resonant approaches and practices that enhance overdose prevention and response.

Four Bear is a culturally grounded leader who works with the Fort Peck Tribal Council to connect the needs of the community and tribe to resources. He encourages staff to have an active role in leadership, planning and connecting with community. Courage Crawford, Program Development Specialist, views partnerships and collaboration as essential to the center's success. The Spotted Bull staff works closely with the college to recruit potential providers and help those with substance use challenges achieve higher education degrees through their 477 program, thereby reintegrating them into the workforce. (See *Tribal 477 Programs and Recovery* section for more information on these programs). They also work with the tribal courts, drug court, DUI court, family court and Healing to Wellness Courts, which are instrumental in providing referrals. Collaboration with multiple entities and jurisdictions that provide public safety for Fort Peck has also been vital in identifying gaps and filling them with tribal resources.

To meet the growing needs, Spotted Bull expanded its model to include co-occurring disorder behavioral health options and a medication-assisted treatment (MAT) program. A significant boost came in the form of a community tribal opioid response grant, enabling them to establish social connections with clients through outreach.

Crawford stressed the significance of peer support, sharing, "We build peer supports into all of our grants. They work with their clients on a day-to-day basis, helping them wherever they are in the spectrum of recovery. In the MAT program, peers reach out to community members to say, 'Hey, would this be an option for you to come in and try MAT?' instead of continuing opioid use."

However, the facility has also shifted its focus towards prevention and community awareness events, providing alternative activities like rodeo schools and horse riding to build resiliency among the community's youth. In moving away from a solely treatment-focused approach, they now emphasize aftercare and prevention, which has resulted in positive progress in their efforts to combat addiction.



Tribal 477 Programs and Recovery

Tribal 477 programs are initiatives in the United States that empower tribal communities by consolidating various federal assistance services into a single, flexible program. The name “477” comes from Section 477 of the Social Security Act, which authorizes the integration of various federal assistance programs, recognizing the unique needs and challenges faced by tribal communities. The programs aim to improve self-sufficiency, employment and socioeconomic conditions among tribal members.

Historically, AI/AN nations have faced systemic challenges in accessing government services due to bureaucratic hurdles and one-size-fits-all policies that often do not align with their cultural values and practices. The Tribal 477

programs seek to overcome these barriers by granting tribes the authority to design and administer assistance programs tailored to their specific needs and aspirations. This approach respects tribal sovereignty, enabling them to exercise greater control over their affairs and better address their unique social and economic challenges.

By consolidating and streamlining federal resources, such as funding for education, job training, childcare and social services, these programs help tribes achieve more efficient and effective service delivery. Instead of navigating through multiple disconnected programs, tribes can now access a comprehensive set of services, which are better integrated to promote holistic and sustainable development within tribal communities.

Furthermore, tribal 477 programs support sovereignty, resiliency and cultural preservation. By incorporating traditional practices and values into the design of services, tribes can ensure that their cultural heritage and traditions endure for generations to come.

Tribal 477 programs can also contribute to recovery-rich tribal communities.

They create an environment where community members can heal, recover and preserve cultural heritage, fostering more resilient, trauma-informed and recovery-oriented tribal communities.

These initiatives consolidate federal assistance services, promoting a holistic approach to address various needs simultaneously, creating a network of care and fostering collective support.

Crawford underscored the importance of designing interventions in collaboration with the community, stating, “The most important lesson we’ve learned, and we’re so grateful for our elders who provided this wisdom, is to design with our community.”

Furthermore, Crawford highlighted the transformative power of cultural connections, saying, “When we start connecting people to their culture and their identity, providing them with their Indian names, and letting them go to sweat lodge and letting them go to Sun Dance – when we started supporting those spiritual components and cultural components – we really saw leaps and bounds. Those are the fabrics woven in each program. We continue to do them, whether we get grant funding for it or not because they really work.”

He added, “The first battle we had was meth. They declared war on meth, and we had a lot of families broken apart. And they didn’t have a solution for it. So, we created a medicine wheel talking circle and from that expanded into connecting them to sweat lodge and fasting and getting their Indian names. When we did that, meth was no longer an issue. That’s what helped when clinical or Western medicine could not help. I really have to acknowledge that. How do you write that in a formal evaluation?”

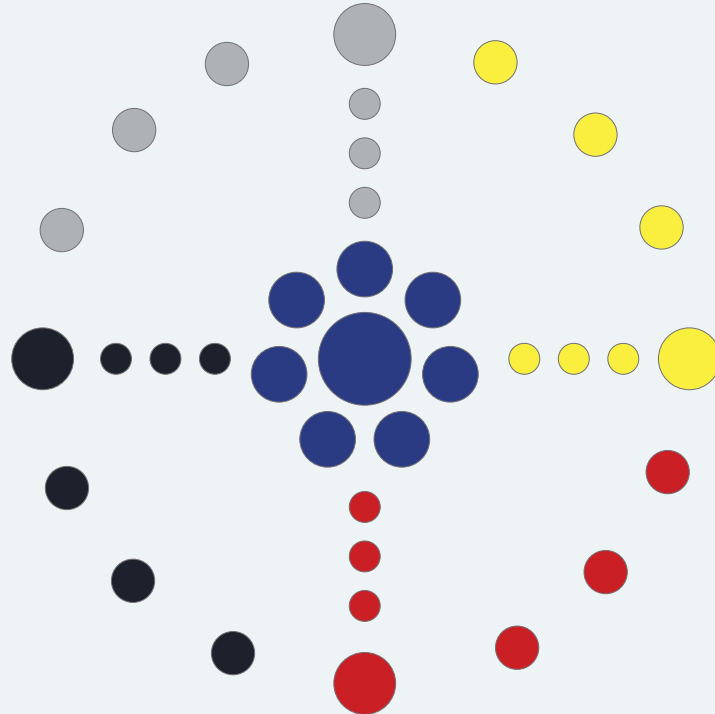
By building partnerships, engaging with community members and incorporating cultural connections, the Fort Peck Spotted Bull Outpatient Program has shown that healing begins from within and flourishes when driven by the people it serves.



Medicine Wheel Teaching

Medicine Wheel Teaching is rooted in the spiritual and cultural beliefs of many AI/AN peoples. The Medicine Wheel typically consists of a circular diagram divided into four quadrants or directions, each associated with specific colors, animals, elements and teachings. The key components include:

- 1. Four directions:** The Medicine Wheel is divided into four main directions: East, South, West, and North. Each direction holds unique qualities and teachings.
- 2. Colors:** Each direction is associated with a specific color. These colors can vary between traditions, but they often hold symbolic significance.
- 3. Symbols:** In some traditions, different animals are linked to each direction, and they are often seen as spiritual guides or symbols of certain qualities. For instance, the Eagle is often associated with the East and represents vision, clarity, and higher perspectives. In others, four elements – earth, water, fire and air – are often tied to the Medicine Wheel's directions.
- 4. Teachings:** Each direction offers specific teachings related to various aspects of life that emphasize the importance of balance and harmony. It encourages individuals to integrate all aspects of their being – physical, mental, emotional, and spiritual – to achieve overall wellness. They also emphasize the interconnectedness of all things, including humans, animals, nature and the spiritual realm.



The specifics of the Medicine Wheel can vary among different AI/AN cultures and communities. The teachings are deeply rooted in the traditions and wisdom of each specific group, and the meanings attached differ accordingly.



Cultural Considerations for Adapting and Using PS-COPE Tools

The tools in the [PS-COPE toolkit](#) are general by design, but they do not provide a one-size-fits-all approach. They will need to be adapted for the specific communities and cultural contexts in which you are working.

Adapting materials for AI/AN populations requires a thoughtful, respectful, and collaborative approach that recognizes the importance of preserving and celebrating Indigenous cultures and knowledge. It is essential to work directly with tribal communities to co-create materials that meet their specific needs and aspirations. There are five key considerations to keep in mind:

- 1. Recognize the diversity among and within tribes.** Each tribe has its own distinct traditions, languages and cultural practices. When possible, avoid generalizations and tailor the materials to the specific tribal community you are addressing.
- 2. Be aware of the culture and norms of the specific tribal communities in which you are working.** For example, in some tribal cultures, certain commonly used terms and colloquial references can be offensive.
- 3. Use language that resonates with the target audience.** This includes using appropriate idioms, expressions and colloquialisms that are familiar to them. The tone should also align with the cultural context, whether formal, informal or somewhere in between.
- 4. Include visual representations.** Consider the use of images, illustrations and graphics that are culturally relevant and relatable to the audience. Ensure that the visuals do not contain any culturally inappropriate symbols or gestures.
- 5. Use local examples and context.** Incorporate examples and references that are relevant to the audience. Use local references, when possible, to help the audience better relate to the material.
- 6. Seek feedback.** Involve tribal community members in the adaptation process from the outset. Engaging with community leaders, educators and elders can provide valuable insights and ensure that the materials are culturally appropriate and relevant.



Conclusion

Across Indian country, communities and systems are struggling to cope with overdose. Tribal communities face disproportionate harm from overdose. To increase their impact, public safety systems in and serving tribal communities need to implement approaches that address the unique needs of the communities. PS-COPE is an approach to implementing public safety-led overdose prevention and response programs that integrates principles of trauma-informed approaches, recovery-oriented systems and procedural justice practices to guide public safety-led overdose prevention and response efforts. This framework can be adapted for use in tribal communities to create safety, build trust, promote effective overdose prevention and increase recovery in tribal communities.



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