NCJTC- Fox Valley | Strategies to Reduce Underage Substance Abuse in Tribal Communities

Welcome to the National Criminal Justice Training Center webinar-- Strategies to Reduce Underage Substance Abuse in Tribal Communities, presented by Dr. Anjali Nandi. My name is Greg Brown. And I will be moderating for you today.

Before we begin the presentation, there are some items I need to go over. Today's presentation is part of a webinar series for the Bureau of Justice Assistance Comprehensive Opiate, Stimulant, and Substance Abuse Program and the Indian Alcohol and Substance Abuse Program for Coordinated Tribal Assistance Solicitation Purpose Area 3, grantees and non-grantees, focused on responses to alcohol and substance abuse-related crime.

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Poll questions will be asked during this webinar. Please respond promptly, as polls are only open for a short period of time. So with that, let's try our first poll question. Which of the following best describes your role? Victim services, victim advocate; probation, community corrections; law enforcement; child advocacy center worker, social worker, mental health worker; and then the final choice is other.

10% of today's audience are victim services, victim advocates. 21% are probation, community corrections. 7% of the audience is law enforcement. 38% are child advocacy workers, social workers, or mental health workers. And about 24% are other.

With that, I'm pleased to introduce you to our presenter, Dr. Anjali Nandi. Dr. Nandi is an associate with the National Criminal Justice Training Center of Fox Valley Technical College. She's also the chief probation officer for the 20th judicial district for the state of Colorado.

Additionally, Dr. Nandi is a published author, having co-authored nine books. Justine Souto and Kevin Mariano are also joining us today as panelists.

Kevin Mariano is a project coordinator at the National Criminal Justice Training Center, providing technical assistance related to community policing, sex offender management, law enforcement victim advocacy, and multidisciplinary, multi-jurisdictional team development. Kevin has over 20 years of law enforcement experience and served as the chief of police with the Pueblo of Isleta Police

Department over seven years.

Justine is a program manager with the NCJTC. Justine oversees the Tribal Justice System Planning Program, which helps grantees plan and develop responses to address justice-related issues. She has experience working with tribal justice systems, grant management, and interpersonal communications.

My name is Greg Brown. And I will be moderating today's webinar. I'm a program manager with NCJTC. My background is in probation and community-based corrections. And, Anjali, the time is now yours.

Great. Thank you so much, Greg. So welcome, everyone, to this webinar, where we're going to be focusing on the impact of underage substance use. I know Greg just read out some learning objectives. And while we will talk a little bit about social-emotional learning-- this is completely my fault-- in addition to those, the other learning objectives will be for you all to have just an improved understanding of why this is so important.

Why should we be focusing on our youth? Why is it that substance use is so problematic? And why is there such a differentially increased amount of harm when our youth are using substances? So we'll talk about all of that.

And I'm thrilled to be able to talk about this topic because it is difficult and complex. And while there are some potential answers to some of these difficult situations that we face, a lot of it has to do with us turning inward to find out, what is it that we can do to move forward together to support our youth? So let's start by talking about why this is important.

So our youth are particularly susceptible to the negative effects of substances. So based on some brain development, it becomes even more important that we work to delay use because the earlier somebody starts to use substances, the more negative impact it has on their brain development.

So they're susceptible to this negative impact. But they also experience disproportionate harm. And by that I mean that if we're using as adults, yes, it's problematic, and, yes, we experience harm. But when we use as youth, that level of harm is much higher, not just to the brain but to our bodies, as well. And that negative impact then lasts for much longer than if we start using as adults.

So just really important to kind of pay attention to the age at which people start using. And so as this slide talks about, we reduce the significant impact if we can delay use past the age of 21. It's even

better if it's past the age of 25. But if we can just delay use, it seems to have less of a negative impact on brain development. And we'll talk a little bit about that here in a few minutes.

So youth usually consume less frequently than adults do. So they'll drink less frequently. They use drugs less frequently. But unfortunately when they do use, they use at a significantly higher quantity than adults do. So even though it's less frequent, the amount that they consume is usually higher.

So it's more often the case that youth will report binge drinking or binge using. And of course, this is important because of the inordinate negative impact on their brains, on their bodies, but also on lives.

So I have some statistics here. And I'll go through these statistics as we move along in the presentation. Over 5,000 people under the age of 21 die each year from injuries caused by drinking. So this could be drinking and driving. Or this could be engaging in a particular behavior while drunk, so anything related to alcohol.

And then approximately four and a half thousand young people every year die from drug overdoses. And then, a considerable amount of folks under the age of 21 visit an emergency room each year for alcohol-related injuries, whether it's using a knife in the kitchen and cutting myself, but I was also intoxicated, or on the playground with my friends, but because I was intoxicated or high-- not paying attention, land in the ER.

So alcohol-related injuries, we have about over 200,000 people under the age of 21 who show up in our emergency rooms. So these are just some statistics that kind of help us understand why this is so important.

Usually when people have either reported using drugs or using alcohol, they also are more likely to engage in other risky behavior, so whether it's unprotected sex or smoking marijuana. These numbers on the screen are when youth report using alcohol. So, when they report using alcohol, they're also seven times more likely to have had sex. They're also six times more likely to smoke marijuana.

When they report drinking, they're also four times more likely to have been hit or slapped by a partner. They're more likely to smoke cigarettes. And they're more likely to use prescription drugs without a prescription.

So let's talk really specifically, then, about the tribal population. And I have just a few stats here. Overall, in terms of our tribal population-- American Indian, Alaska Native population-- three times as

many are diagnosed with substance disorders compared to white Americans.

So the rate of substance use disorders or the rate of diagnoses is three times higher. And we can talk about why that is. But I just want to kind of provide you these numbers first, just so you start to feel some of the urgency or perhaps the importance of attending to it.

I'll also give you some good news about use and what we're noticing in surveys across the country. So there is some good news. But I still want to instill some sense of urgency before we move to the good news.

Usually twice as many folks from our tribal populations require treatment for addiction compared to any other racial or ethnic group. They also have the highest rates of alcohol-related deaths, higher opioid mortality, so dying from an overdose from opiate use or heroin use.

And then MATs, which is medication-assisted treatment, are less frequently implemented among our tribal populations than our general population. So again, just to kind of highlight some of the urgency.

This is more youth-specific statistics. So when we're focusing on just our Native American youth, nearly one in five of them has a substance use disorder. And approximately four in 10 have a lifetime prevalence of illicit drug use.

And these are adolescents between the ages of 12 and 17. They also have the highest rates compared to any other racial or ethnic group of lifetime tobacco products, marijuana use, use of opiates when they're not prescribed, and nonmedical use of prescription medication.

So I know I've just been sort of providing you a whole bunch of numbers. But I want to bring you into this conversation a little bit in the best way we can through a poll. But the question here is, which drug do adolescents use the most? Alcohol, marijuana, nicotine, or none of the above.

And so which drugs do adolescents use the most? 40% of the audience indicate alcohol, 29% marijuana, 30% nicotine/vaping, and we're at 1% none of the above.

Great. Thank you so much, Greg. I just want to highlight something you said a second ago. You said part of this response to the poll that you all are providing us reflects what's happening in your communities, which might be different from what I'm going to share with you, because what I'm going to share with you is from a national survey.

So every year or every other year, there's a national survey that's conducted called Monitoring the

Future. And the Monitoring the Future piece, what it focuses on is students in several different grades reporting on their frequency of use.

So again, this is across the whole country. And it may not be reflective of what you're talking about. But interestingly enough, 40% of you said alcohol. And that is the case. Alcohol is the most-used substance.

So alcohol, 40% of you said that's the most frequently used drug. And that is the case. Approximately 52% of high-school-aged youth report using alcohol and using alcohol the most frequently.

Now, marijuana is the second highest. So folks in the poll, you are absolutely right. And marijuana's only two percentage points underneath that, so definitely catching up.

And what was interesting to me is that vaping marijuana, vaping THC, was fast-rising. It's not as much as alcohol just yet. But the increase over the past three years has been significant. So vaping-- not nicotine, but vaping marijuana-- is really on the rise.

Just using tobacco or smoking regular cigarettes is on the decline. But vaping nicotine is on the rise. So again, not as much as alcohol, not as much as marijuana, but we're also seeing an uptick there. And then Greg asked a different question, which I hope I can remember. Greg, you had posed a question in there.

I did. One of the things that came up is, could you give us a little bit more information on what would constitute a disorder, or using that kind of language with usage?

Yes, thank you so much. And that's a really good clarifying question because over the years, things have changed, right? We used to have this continuum. We used to talk about a disorder in terms of a continuum, from use to misuse to abuse to dependence.

But now we're talking about a disorder in a little bit of a different way. We're talking about a disorder in terms of negative impact of the use on our functioning. So that's one way to talk about it.

Another way to talk about it is to talk about a continuum where addiction is defined as a shift in my homeostasis, where normal is with the drug versus without the drug. I'll give you all a silly example.

Let's say some of you drink coffee. And maybe some of you, when you wake up in the morning, you don't want anyone to talk to you. You don't want anyone to say anything to you.

You don't want anyone to bother you until you've had that cup of coffee. And when you have that cup

of coffee, that's when you feel, in quotes, "normal," right? So normal is with the drug versus without the drug.

And of course, coffee is just an easy way to tease you all. But it's also an easy way to explain sort of, what homeostasis feels like. And so there would be neurological and biological adaptations, meaning changes in our brain and changes in our body, that make normal being with the drug. And then we know that that's along the continuum of a disorder.

If we want to be very, very specific and talk about the DSM, as in, can we provide a diagnosis? There are several different criteria that we go through. And those criteria, depending on how many are checked, you either have a mild, moderate, or severe disorder.

So those are different ways of looking at it. The most practical way, though, rather than having to go through some sort of a screen, is just to think about, how much negative impact is this having on the person's life? Is it preventing them from functioning? Is it preventing them from functioning emotionally, physically, preventing them from being able to follow through with their obligations, those kinds of things? So that's one of the ways to kind of think about that.

All right, let's talk about signs and symptoms of a problem. So there are three different buckets, or three different categories, that help us understand that something's up, that there might be a problem.

And the reason this is even more important with our youth is because youth go through so many significant changes as they are developing. I mean, their brains go through such a rapid-changing process around the age of about 14, 15, through about 18 in particular. And of course it continues even after.

That change in their brain, all of the sort of, pruning back, the cleaning up of these connections that are not being used, rivals the same brain development that happens in the very early first couple years of their life. So, because there's so much change going on in their brain and then in their bodies, as well, teens sometimes act in really weird ways.

And I feel like I can say that because I'm living with a teen right now. My daughter is a teenager. And there are times where I don't know if we are going up or going down or whether things are-- you know, something that was super dramatic yesterday is completely chill today. So there's so much change that's happening that it's important to just highlight what is part of the roller coaster of youth and then what is a little bit worrisome that we might start to pay attention to.

And so we have these in kind of these three buckets. We have physical signs, behavioral signs, and then some psychological signs. And of course, some of these you'll look at and think, gosh, this might be happening with many of the teens that I know. And so we're looking for an overlap of these symptoms.

So what are the physical signs? You all can see your screen. These are pretty obvious. You've probably seen these, whether it's with youth or adults, but the sort of blood-shot eyes, change in eating or sleeping patterns, change in their physical appearance sometimes, shakes or tremors, those kinds of physical symptoms.

And then we have behavioral signs, just changes in behavior. And then some interesting ways that they might be trying to hide use, for example, whether it's mouthwash and they don't usually use mouthwash, they're trying to cover up something, or incense or excess perfume or those kinds of things.

Sometimes behavioral changes are suddenly changing a peer group or doing something different, behaving in a way that's different, engaging in behaviors that is a little bit different. Maybe you're noticing or the parents report there's money or valuables missing or they're starting to be a little more secretive.

And then, of course, there are psychological signs, as well. And among the psychological signs is just a change in their overall mood, change in their personality, change in their motivation. Or do they seem a little bit more paranoid than usual? And sometimes that looks like, you ask them a question, and they get overly suspicious about why you're asking them. Or, perhaps they seem more withdrawn or depressed.

So, some of those are some signs and symptoms that maybe there's a problem brewing. So there are some long-term impacts of teenage substance use that's particularly important for us to understand.

So, between the ages of about 12 and 21, and sometimes even a little bit longer than that, sometimes up to 24, 25, the brain is particularly susceptible to drug or alcohol use. And this is because there are very significant changes that are happening in our brains.

So, in our brains, we have the reactive part of our brain, called the limbic system. Sometimes we call it the lizard brain. It kind of sits in the center of our brain. It takes care of impulses, big emotion, quick decision-making, those kinds of things.

And then we have our thinking brain, which is the frontal cortex. Now, the cruel truth is that our limbic system, the impulse part of us, the part of us that wants to go and try and do, matures first.

And by "matures," I mean gets cleaned up and well-connected. The neural connections are strong, and they're well myelinated. They're covered with this fatty material that really insulates them and sets us up, right?

So, the limbic system is fully developed approximately around the age of 15. So at the age of 15, we have a fully functioning go system, right? We have this fully functioning, 'let's try it,' 'let's do it,' 'let's take a risk,' 'let's be impulsive.'

And then the part of our brain that says, hey, wait a minute, let's think this through, should we really do this, does that actually sound like a good idea, what might go wrong, what might be the consequences? That part of our brain is called the frontal cortex. And unfortunately, the frontal cortex doesn't mature until approximately the age of 24, 25, around there.

So, essentially when we are between the ages of 15 and about 21, we have a fully functioning go system and not a fully mature and fully functioning stop system. So we essentially have all gas and no brakes or limited access to brakes.

If during this time we start using substances, we essentially delay the development of the frontal cortex. So I have a fully functioning limbic system, go system. Now my brain is trying to develop my frontal cortex. I start using substances. I get more attention paid to the limbic system and even less attention paid to the frontal cortex.

So then I grow up. And now I'm maybe a 45-year-old presenting in front of you. But my brain is developmentally still back there as a 15, 16, 17-year-old. So that's sort of an oversimplified way of understanding the enormous impact on the brain that early substance use can have, particularly under the age of 21.

It can also cause some learning issues because one of the things that's impacted is memory, so forming new memory, being able to learn things and forming memories from them. And so we end up with some learning disabilities.

The longer people use-- the earlier they start and the longer they use-- the more impact it has across their lifespan. And so we keep pushing for just delayed use, right? The longer we delay, the less likely we are to develop problems later on in life.

And then people who report drinking before the age of 15 are four times more likely to become dependent or addicted to substances later on in life. So just that delaying piece becomes so important.

So I think I've given you the answers to this a little bit. But here's another poll question. In a study using brain scans, scientists found that teens with higher substance use between the ages of 16 and 18 had smaller gray-matter volume at age 25 in which part of the brain?

77% said the frontal cortex, 4% amygdala, 14% the limbic system, and 5% the cerebellum.

Excellent, well done, folks. Well done. Yes, so when we use brain scans to look at the impact of substance use, we end up with smaller gray-matter volume by the age of 25 in the frontal cortex, meaning the frontal cortex is not able to fully develop because of early substance use. So great work, folks. Well done.

And let's spend just a little bit more time hanging out with the brain. So as I've been saying, alcohol has a bigger negative impact on a youth's brain versus an adult's brain because they're going through these significant, both structure changes and function changes.

So, when we use as youth when our brain is still developing, it affects several different things. In addition to not allowing the frontal cortex to develop, it also affects the way neurons communicate. So one of the things that becomes problematic is our reward system.

So most of you have probably experienced feeling good, doing something and kind of feeling a reward. Whether it's eating chocolate or finishing a puzzle or successfully accomplishing something, we've all felt kind of that reward, that feeling of reward.

When we feel that reward, whatever the behavior is that's associated with that reward gets reinforced, meaning we essentially learn we should do that again. And so when our brains are immature, when they're working on maturing, and we engage in substance use-- which by the way is highly rewarding to our brains because when we use substances, we just dump a whole bunch of good stuff-- dopamine, serotonin, all kinds of chemicals-- in our bodies and brains. Even though it's not good for us, it feels good. It overwhelms our reward system.

Unfortunately, what it does is it not just reinforces that particular behavior, it also reinforces all of the behaviors associated with it. So it changes the way our neurons communicate around how to orient ourselves towards making that happen again.

So, let's say we were using, but we were using with friends. It increases the reward that we get just around friends, as well. So it's not just using. It's all of the behaviors associated with it. If we were also driving while using, then it sort of, puts that into a picture, right? We drive and we use together. That's what becomes rewarding.

It also damages brain tissue. It damages the frontal cortex. It damages the limbic system. It damages brain tissue in general. And that damage is more significant in our youth than when we have an adult brain. And then it impacts, as I was telling you all earlier, both learning and memory that's leading to some learning difficulties as we grow up.

So, there are two neurotransmitters in particular that are impacted. I had mentioned dopamine and serotonin. But here I also want to focus on GABA. And GABA is released in particular when we drink alcohol.

So, dopamine is about motivation. It's about learning, and it's about reward, feeling motivated about doing a particular thing. Without dopamine, it's very difficult to learn new skills or learn new things.

And then GABA manages mood and also has kind of this calming, sedative effect. And when both these neurotransmitters are disrupted, we end up with problematic mood management, meaning we have high emotion, but we're not able to regulate it, or we get depressed and we're not able to come out of it.

So sometimes when our youth are using, we diagnose them with certain mental health issues that then seem to dissipate when they stop using. So, just something to kind of pay attention to. What really is happening here? And sometimes, of course, it's both. It's both a mental health issue and a substance use issue. But there's such a tough overlap here.

So, GABA is related to mood management and just the ability to calm things down, the ability to turn the volume down. So these are two really important neurotransmitters that get impacted during use.

So, like I was saying earlier, our limbic systems, when we are young, are on fire. They are well-developed, and we're ready to go. And so just based on how our brain is functioning at that time, we are more likely to take risks. That isn't something, unfortunately, that we can turn off.

As youth, they will take risks. And so, let's provide them with healthy risk-taking. So that's what I want to focus on for a few minutes, is, what is risk-taking? And how can we provide some healthy ways of supporting kind of this risk-taking piece?

So, children and adolescents are more likely to take risks because their limbic system is more mature than the frontal cortex. Risk-taking is also about discovery, self-discovery. It's about discovering identity. It's about pushing boundaries.

Unfortunately I know this based on my relationship with my daughter-- pushing boundaries happens on every level. She is trying to find her identity. And you'll probably experience this with if you have kids or if you work with youth. You'll see this boundary-pushing that happens so frequently.

So, it's a part of finding who they are and a part, unfortunately, of finding who they are in opposition to you, in opposition to the system, in opposition to school or their teachers, meaning they're not just discovering who they are. They're pushing against you.

They want to find who they are and how they are not you. So they're really highlighting the ways in which they are different from you. So it's really an important developmental piece.

It's not about them trying to hurt you or hurt their parents. But it's really about them going through this really important self-discovery. So, let's see if Greg has any questions at this point before we kind of move to what healthy risk-taking might look like.

Yeah, there's a couple. A person asked, what's the percentage of nicotine use among youth, if you know those statistics and how big of a problem is that?

Yes, so it's actually dropped significantly in the past five years. And it's approximately 11% of youth report using nicotine. And the numbers of people who are vaping nicotine are at approximately 14% right now.

Thank you. And kind of a related question-- and I think you touched on it, but maybe a little bit more information-- how concerned or how big of a problem are cannabis oils and vaping beyond just the nicotine vaping?

Yeah, so vaping THC creates a whole bunch of additional issues, right? So it has all of those negative health impacts very similarly to what nicotine does. But then we also have the psychoactive component.

And in particular there are two significant impacts of using a vaping THC. One is the inability to focus on multiple things at the same time. So if we're driving, for example, we really have to focus on multiple things, right? I have to watch multiple cars, I need to pay attention to the street lights, street signs, what's happening in the car, et cetera.

And when we're vaping THC, our ability to pay attention to multiple things, which is also called task-switching, is impaired. And sometimes youth will report, but THC makes me feel more focused, right? They'll say, I feel more focused.

But what's really happening is their ability to spread their focus is diminished, their ability to task-switch. So they can't manage complex tasks under the influence of THC. And of course, if you couple THC with driving, it becomes even more problematic.

So that's one of the negative impacts. And then the other negative impact is the impact on vision and particularly peripheral vision. I hesitated there because I was losing the word "peripheral" for a second. So peripheral vision is impacted, meaning I have this sort of narrow, kind of tunnel focus or tunnel vision. So those are some of the negative impacts from vaping THC.

Someone asked, what if a youth is fearful of taking risks? Is that a factor to look at and in what context?

Yeah, that's a really good, insightful question because we have so many overlapping issues right now. So with our youth, they're going through some complex stuff, right? They're going through physical development, psychological development, their hormones. I mean, all of that stuff is happening to them. In some ways, they're not terribly willing participants.

And so because of all these changes, there are times where youth might present as fearful, fearful of trying new things, fearful of being out and about, fearful of making mistakes. And so it is important to pay attention to that.

You've probably seen the data-- you all have probably seen the data on this. We're noticing really high rates of anxiety and depression among our youth. And it's been rising over the past several years.

So perhaps at a different call or a different webinar we can talk about anxiety and depression in youth and how to pay attention to some of those things-- but a feeling of worthlessness, a feeling of fear, a fear of being found out, fear of trying new things, fear of being laughed at, those kinds of things. But also a feeling of emptiness, very, very commonly, our youth are reporting and unfortunately more and more these days. So definitely something to be thinking about and addressing as time goes on.

Kind of a complex one. And I'll just read it. "I can't help but note the use of the phrase 'delay use.' Is there not social advocacy in the abstinence of drugs and alcohol while making the correlation

between the use and risk associated with said use to the target youth First Nations?

And are these messages being done by those who represent this population? For lack of a better analogy, when McDonald's decided to expand their marketing, they began running commercials that featured actors from the target market group and used the vernacular, dress, et cetera."

Yeah, so that's a complex question. And I think there are two parts to this question. So one, when I say "delayed use," what I'm doing is using sort of a harm-reduction method, right? So if people are going to use, let's have them use later on.

Ideally people don't use. Ideally folks don't use alcohol or drugs. But I don't know how easy of a sell that's going to be versus pushing people away from using now, meaning it's an easier conversation to have with folks to say, don't use now, here's why, delay your use, versus don't use at all.

Unfortunately in the research, campaigns about not using at all don't seem to have an effect. What does seem to have a positive effect are two different things-- one, social norming campaigns and, two, education around the delaying of use versus sort of, purely scaring people from using at all.

And by social norming campaigns, I mean providing information about people around them. So people who look like you, people who are your age, people who are in your community, here's what they're doing. And we call them positive social norming campaigns because we really highlight where things are working.

So 60% or 70% of the high school students who you go with, right, who are around you, do not drink on the weekend. So that's a positive social norm. And then for those who do, there's a little section at the bottom that says, if you're worried about your use, if you're worried about your friends' use, contact blabbity-blah.

And then there's information regarding just support, where you can get support. So we're not shaming folks. So scare tactics or pushing people, sort of to not use-- I so wish that would work. And unfortunately in the research we're finding it's not.

But again, if in your community you're thinking that that's the way to go, absolutely. Try it, right? Gather the data. Do the education. Engage in the prevention techniques.

We have to, in all our communities, engage in this work in whatever way you think is going to work for your community. And then there's a whole ton of information available to support whatever campaign people want to pursue.

The second part of the question is the importance of providing data that's relevant-- culturally relevant data. That's really important, so it's very easy when we provide data. Things like, alcohol and drugs have a terrible impact on your brain, when we provide that information and we provide data, it's very easy for us as human beings to say, well, maybe your brain. But it doesn't impact my brain.

So, in order to reduce that response, we need to provide relevant data. So, I think that's the other point that the person with the question is making, that we have to provide data about that particular community or whatever's relevant to those youth so it actually has sort of an emotional response versus something that we can distance from. So, I think that's a really good question.

And I have one more question for now, I think, that's related, which is, there was 20 years ago this whole idea that there were such things as gateway drugs. Are there really gateway drugs? Or are we really looking at gateway peers to drug usage, abuse, dependence, and all of that?

Yeah, so, for sure, are there certain drugs that, if we use, increase the likelihood to use other things? Sure. Those are correlations. And I provided some of those earlier, right? Using alcohol, then we're more likely to also use other things. But is it using the alcohol that does that? Or was it something that came before?

And what we're starting to find out is that it might be a very complex story. So, part of the story is when our youth experience what we call adverse childhood experiences, negative experiences in their childhood, it increases the likelihood that youth will use.

When they don't experience a positive pro-social adult-- it doesn't have to be the parent, but any positive, pro-social adult-- it impacts them negatively and increases the likelihood that they will use. When folks have experienced trauma-- and by trauma, I'm talking about not just direct trauma but intergenerational trauma-- it increases the likelihood that people will use.

And again, all of these are correlations. I'm not saying that it causes that if people use. It just increases. There's a higher likelihood. There's a higher chance, a higher percentage.

So there are a lot of those, sort of, if kids don't have a safe, stable, nurturing place to go, it increases the likelihood of use. And I have a slide on that I'll cover here in just a little bit.

But it's a really important thing to be thinking about, that it's not just gateway drugs. There are so many different experiences that kids have that impact their decision-making.

And so one place that we could go to is sort of this hopelessness-- oh, my gosh, it's impossible. All our

youth will be using. And yet, there are protective factors that are within our grasp that are so doable and possible in order to reduce the likelihood that people use.

So, it makes me excited that this question is being posed because the flip side of the question is, what can we do to reduce use? What are the gateways into sober living, right? What are the gateways into positive decision-making? So, I think that's where the question is leading.

So, let's talk again about risk-taking. And we'll talk about what we all can do to support healthy risk-taking. So even though some of these might be tough, there are ways in which we can support that same kind of reward for taking a risk by providing other healthier options.

And some of these might be things that are available within your community, some might not. So, you'll have to kind of work through this. But are there sports that folks can get involved in, that our youth can get involved in? Or maybe creative arts, doing new activities as a family, engaging in something new as a family, trying something out, meeting new people, which I know in the times of COVID is really tough.

Traveling, of course, is off the books right now. Maybe even being on stage or running for different positions at school, that's huge risk, right? And provides great reward there, as well.

But then as the adult around the youth-- and again, you don't have to be the parent or caregiver-- but when you're an adult around youth, just notice that they will be paying attention to you. You are modeling at all times. So model positive behavior.

Talk with your child or whoever the child is-- doesn't have to be yours-- and develop deep social-support systems because if you are a parent, during this time, during the 15-to-18 period, they will have to find their identity. And they'll have to find their identity as different from you.

So if they're turning away from you, they need to be turning towards something and someone. And of course, they can turn to their peers. But wouldn't it be cool if they could also turn to other pro-social adults? So really work on that social support system. It truly, truly takes a community, a village, to support our youth.

A sense of family connectedness seems to be really, really supportive for our youth, and then making sure that we're involved with all our youth and we know where they are. That's one of the really interesting things. There's a high correlation-- when parents know where their kids are, it seems to be inversely correlated with use.

So, when we know where they are, less likely that they're engaging in substances. So again-- a total correlation; no causation. But it's something just to pay attention to.

And then, here's some helpful skills for us as adults. We need to talk. And we need to listen, so a lot of empathy. But that has to happen with really clear structure and rules.

Youth will push hard against the rules. That's exactly what they are supposed to be doing. That's healthy brain development. They should be pushing up against our rules. And our jobs are to calmly and consistently, and with a ton of empathy, keep setting those clear rules and clear consequences for violating those rules.

So talking and listening is about having conversations. We can talk about it in terms-- and this goes back to sort of the delay piece, right-- changing the discussion from right and wrong or a moral thing to talking about not now, talking about health versus morality, equipping them with refusal skills, ways to say no, different ways to just practice saying no.

And then for us as adults to avoid sending mixed messages about alcohol-- I think sometimes we can send these really mixed messages to our youth around how we drink or how we engage in alcohol or how we talk about it and then sort of this mixed message about how we want them to engage with it. So, really important.

And then also to prepare them for emergencies that come up. Have plans. If they are going out somewhere, have backup plans just in case. Even though they've said, I'm not going to drink, or I'm not going to use drugs, have a backup plan.

And then have clear rules with clear consequences. And part of that is also catching our youth doing it right, reinforcing them every step of the way. Our reinforcements for our youth should be at least five times the number of times we provide consequences. So really work hard to catch them doing things right.

So, here are some additional skills, some of which we've talked about already. But I just want to kind of highlight a few of them. And I'm going to invite Justine to jump in. Any time, Justine, if you feel like you have something to add to these pieces, definitely jump in.

I'll just start them. And then I'll just check in with Justine to see what her thoughts are. So, it's really important that we have ways of supporting our youth that are culturally congruent, that are part of who they are and part of their identity.

So, that might mean that we are paying attention to certain cultural or traditional, spiritual activities, that that's what we're leading with for them, that we're providing them support along the way and that we recognize that there is an impact of historical trauma, that we understand what that means and that we engage the whole community, whether it's family or a social group or tribal community members. But we're trying to pay attention to the larger social circle. Justine, what are your thoughts about this?

My mind is actually racing right now because there's so many nuances to this that are going through my mind. And even going back to your previous slide about the things that we can do to build or increase these skills with our youth, these things are so important. But it also requires the caregiver or the parent to also have these skills and be able to differentiate between these.

So, I struggle sometimes when we have, oftentimes, role models that are teaching the youth some of these negative or harmful coping tools, that, who is the person in their lives, then, that can help them to build these skills? And as far as these additional skills that you list, again, sometimes there is incongruence between what we teach them, of the things that are important in our culture, in our traditions, to what actually happens.

Like, an example is when we have ceremonies or we go to the longhouse or you do a sweat lodge or whatever you might do culturally to bring stability to become more grounded and in tune with yourself. Then you leave that situation, and then you might go do something self-destructive.

So, there is oftentimes that incongruence. So, it's so important to have role models that can help point out or steer you into a direction that will bring that congruence and that balance.

And certainly the impact of historical trauma, it's there. It affects everyone in Indian country in one way or another. And I know that the chat's probably going to blow up because people will say, oh, what do you mean? It doesn't affect me at all.

Well, you know, I used to think that, too. And then you start to look at things that are traits of your family. And you start to realize, well, maybe we do have some trauma that we've experienced in our family. And we've just always stuffed it. We've ignored it so that we can get along in this mainstream culture and society that we live in just so that we can get along.

I really enjoy these additional skills, though, because your list here talks about culture and traditions, family support and community members. And it reminds me that when I was managing a Purpose Area 3 project for my tribe, for the Oneida Nation in Wisconsin, I had a committee that looked at

different things we could build in the community that would send this positive message of reducing underage drinking.

And we turned to the Search Institute-- 40 Developmental Assets that mirrors very much what you have here, Dr. Nandi. And they build the 40 Developmental Assets according to age group and according to external assets and internal assets.

So, in this listing, external assets include support, whether that be from family or your neighborhood or your school climate; empowerment; community values and youth peer support, that feeling of safety; setting boundaries and expectations, whether it be at school, in the home, in the neighborhood; and a constructive use of time, allowing youth to have that play time to really play and just make those right-brain, left-brain connections and to be artistic and creative.

And then the internal assets might be a commitment to learning and building positive values and social competencies. In Oneida, we have something called the Good Mind. And the Good Mind reflects all of those positive values.

I think for Ojibwe it would be the Seven Grandfather Teachings. So, all of these things are there. They exist already to help to build those positive values and those connections. And especially positive identity and developing social skills, those are all internal assets.

You know, one of the things that really popped up for me, and maybe you can speak to kind of your kind of transformation in this process, is there was this strong belief around, we needed professionals to help people with issues like substance use and dependence and things like that. And what we're seeing in the research is really that may be a piece of it, but there's so much more.

And you bring in the 40 Developmental Assets. There's so much more that we can do as communities, citizens, professionals, outside of just the traditional substance abuse treatment area, that are value-added and very important in addressing this problem. So thank you for that.

Thank you. I appreciate that, too. And it's true, all of our communities have all the answers. We have the elders who can be these positive role models. We've got people who are involved in culture, traditions, other religious teachings. We have our festivals or our powwows or our social dances, things that are just outlets that are really positive that you can plug in.

And in this world of managing our grants that give you the resources to be able to implement new and better ways of doing things in our communities, there's so much that already exists. It's just being able to identify them. And that's why I always encourage using an advisory board so that people from

very different disciplines and different community perspectives are able to look at this.

One of the things we did, too, as an outreach to the community is we printed like, lawn stakes, signs. You know how you see like, those political signs that people have staked in their yards?

Well, before homecoming we printed up signs that said, this household does not serve alcohol to youth. It was something of that nature, because that was kind of a big thing, is youth would be able to party before homecoming or prom or after. And they would do it in the homes. And the parents advocated for this because they were being responsible.

They would take all of their friends' keys so that nobody could drive after they were drinking in this family's home. So that had been a very normal thing for different families in the communities, very popular families in the community.

So, we encouraged the use of those signs just to say, we don't do that here. And that was hard. And there was a lot of debate among our advisory board about whether to do that or not, and what kind of message would it send? And are we going to be accused of finger-pointing at the fine families who do provide alcohol to their son or daughter and their friends? So, it's definitely challenging.

Justine, thank you so much for all of that. I just want to comment on how much I appreciate your vulnerability when you say, gosh, some of these things are really difficult and that sometimes it's incongruent. Sometimes we say one thing, and then we do another. We ask our youth to behave in a particular way, but then we model different behavior.

So, I think it's so important that we're vulnerable and honest in that way. So, I cannot tell you how much I appreciate that you said that. And part of what you're pointing at is the importance of looking inward first, right, that it's very easy to point our fingers at our youth and say, you know, you folks need to get it together. And yet, let's start by looking inward.

So, I think that was part of what you were talking about, which is so cool. And then you just gave such a great example of positive social norming with those stakes in your yard. I think that was such a great example. So, I just so appreciate that.

And then the last piece that I just want to highlight about what you said was, yes, it is the case that you have all of these additional skills and all of the stuff that we've been talking about. It exists right now in your communities. It is there.

And so then, how do we talk about it? How do we make sure that we're walking the walk with our

youth? That becomes, I think, part of the question. So, I so appreciate you jumping in on that. Thank you.

Thank you.

All right, so we just have a couple more things to cover. And then we'll open this up for just a Q&A session. So, it wouldn't be fair to sort of, not talk about co-occurring disorders. I know we've touched on that just a little bit already. But I think it's helpful for us to just name some of the co-occurring disorders that are pretty common with substance use.

So a co-occurring disorder, of course, is when we have both a substance use issue and a mental health issue. So some common ones for our youth are anxiety and depression, ADHD, and then a whole bunch of other issues, like maybe eating disorders or OCD or PTSD, even thoughts of suicide, which I know sometimes are among depressive symptoms. But I just wanted to kind of, highlight that one in particular because that's so important to be paying attention to with our youth.

Mental health and substance use have this kind of overlap, where sometimes, because of mental health symptoms that somebody might be experiencing, they use substances to self-medicate. So, they're experiencing certain symptoms that are uncomfortable. And so we engage in certain substance use.

Unfortunately, those substances then, not only perhaps help with the symptoms, but then they have some problematic effects. And so they impact the way the brain works, that sometimes can *lead to* having a mental health disorder. So there's this really vicious cycle there.

So, it's important for us to be able to untangle these and address mental health issues, whether that's through skill-building or whether that's through medication. Medications are different from somebody just using substances to manage their symptoms.

There might be people on the call who are completely anti-medications. And I definitely hear you. And at the same time, if there is a choice between medications that we know do a certain thing versus substances that do another thing that have all of these other deleterious impacts, in terms of harm reduction, we'd rather go for the known controllable substance than the other thing that sort of causes all of these additional problems. So, just something to sort of consider.

So, earlier I was talking about, what are some of those cool things that we can do, the protective factors? What leads to a reduced likelihood of substance use?

So, here are some of the things that we call protective factors. It's sort of similar to what Justine was talking about when she was talking about these 40 Developmental Assets, both internal and external.

So, one of the fundamental ones is a healthy and secure relationship. And it says "parents" here, but really caregiver, anyone. When parents seem to disapprove of substance use, it seems to be a protective factor.

When parents are engaged in the youth's life, when there's an adult mentor, when there are social norms that support either no use or delayed use, and when there are culturally congruent services that are available in the community, when the kids are engaged in school, when they're participating in other things, in hobbies or activities or after-school activities, when they are able to manage in social situations, and when they have access to health care, these seem to be some of our protective factors that reduce under-age substance use.

So, we've referenced a whole bunch of statistics, a whole bunch of information. And I know we'll talk about more of this in the Q&A section. But we did want to provide you with a references and resources slide. And this can also be found in the handout section. So, let's move to the Q&A portion.

So, I think I have a question for all three of you. And we can start wherever you like. The question is, historical trauma's widely promoted. Is there any promotion of historical wisdom?

Yes, I love this question. And I really appreciate it because it is that cultural wisdom. And there's a book on this, too, called *Collective Wisdom.* And it speaks a lot to collectivistic societies as opposed to individualistic societies, where, like in Indian country, we tend to live in multigenerational households.

The role of auntie and uncle go far beyond being a blood relative. For example, I am an auntie to many, many young people and even those who are adults now. [CHUCKLES] And I always felt like, I don't have children, but this is probably why, so that I have the energy to be that auntie to those youth that need this positive role model in their lives.

So, there definitely is that collective wisdom. And that is what has made Indigenous people so resilient since the beginning of time. There's always been things that you struggle with, whether it be a bad harvest year or whether it be with colonization or forced assimilation at the boarding schools. These things we've always survived. And it is because of this strong, multigenerational support that we provide each other.

Thank you. Kevin, any additional comments on that question? And then I'll hand it over to Anjali.

Thanks, Greg. I think Justine covered it all there with talking about, you know, multi-generations and all with, you know, the side of, when you talk about culture and traditions and all. You know, there's many in that collective wisdom.

From the law enforcement side, I know we kind of went back and looked at some of how we can work with the elders and others, as well, too, you know, in some of the programs that we were working on and all that. So we were able to actually collect that information and use that. So really helpful and all that. So, that's pretty much what I have there, Greg. Thank you.

Thanks, Kevin. And, Anjali, anything additional?

You know, Justine did such a great job. And I think the person who's asking the question really is onto something. We frequently talk about everything that's problematic or all the ways in which things are difficult.

And yet there is so much wisdom that currently exists and so much strength in community-- deep, old strength that's so important to lean into and to really highlight. So, I just love that question. And very, very important to pay attention to.

Great. Thank you, guys. So, the next question we have is, how do we reinforce these strategies when youth say that they don't have any interest in learning about culture? It seems like sometimes it depends upon the person's readiness and willingness to hear those messages.

Yeah, for sure. It is absolutely about their readiness and willingness to share those messages. But it's also about how we approach the conversation. If I approach you with, 'you need to,' or 'I think this is important,' in any of those ways if I approach the conversation, immediately I'll get pushback.

So, it's important for us to be invited into the conversation or to start up a conversation that starts with where the youth is as opposed to where we want them to be. So, frequently we use this expression-- start where they are, right? You've all probably heard that.

Start where they are. And then let's get curious about what else is there. But we get curious with them. It's a partnership, as opposed to a telling or 'I'm right, you're wrong.'

It's a humble way of having this conversation that I think is really, really important, because our youth, too, are wise. They are brilliant in their own right. And so there's a certain amount of expertise that they have that we have to honor, as well.

Thank you. The next question is, a lot of youth I work with struggle with identity. And historical trauma is a huge factor in which youth struggle with challenging implicit thoughts. Any suggestions on moving forward with guardians and awareness without causing shame or crisis?

Yeah, a really insightful question because sometimes we're actually not aware that we have some of these implicit thoughts or implicit biases. And the truth is each one of us has these implicit, sort of automatic thoughts, implicit biases.

And the first step is just to acknowledge that we do and then to increase our awareness around them. Our second step is to challenge some of those. And sometimes we challenge them by having counter-experiences, right, experiences of people who don't fit that mold or experiences that don't quite fit into that stereotype or that implicit bias. So, that's part of sort of how we address some of these kind of inherent biases.

Thank you. And I think I have a question for all three of you. People throw this idea of cultural resiliency around. But how do you get administrators who don't understand Indigenous life ways to support this? And I know, Kevin, you've had a lot of experience working with multidisciplinary teams and tribal governments and law enforcement and corrections.

Justine, I know that you do a lot of this work with your grant support and helping communities move forward with strategic planning. And, Anjali, I do know your consulting experience, and you've worked with lots of systems. So, I think you all have something to add to this.

Yeah, I think in working with a couple of different, obviously, agencies that didn't really know about tribal law enforcement and trying to educate them more, a lot of it was pretty much set around the education of how we're going to educate other programs, both from tribal to non-tribal agencies and departments.

I think a lot of our struggles and challenges were actually the non-tribal side because they really didn't understand the side of how tribes would actually operate from the law enforcement side there. And we actually were able to develop a training curriculum that we shared with our neighboring state, actually.

It was a municipal agency there that we were able to send one of our officers over there to provide some training to understand on the cultural side of how we do certain things and how we, from the law enforcement side, approach things and all that. But a lot of it was pretty much the education and sharing that information from our side to the other side there.

Thanks, Kevin. And, Justine, your thoughts on this question.

I think there can be resistance to anything that somebody doesn't understand. And even to native people, it might be challenging, especially if you're working for a tribal community that's not your own. And I think it could be very true for a non-native person who's working in a tribal community.

And also, the historical trauma aspect affects everyone differently. And one example was, in Oneida where I worked, when we were trying to develop ways of-- within our tribal school-- of restorative practices that would, instead of shaming youth or punishing them by giving them detentions, which they never showed up for, which the parents never made them go to, we tried to take a restorative approach to that.

And in talking about it, I probably didn't explain it to the school administration in the best way. But I talked about ways that we can help encourage the youth to have more discipline, more self-discipline and self-control, and work with explaining some structure and boundaries to the youth in a different way so that things were more understood, more consensus-based, and less punitive in dealing with consequences when the youth broke any of those boundaries.

And I could see this person's eyes glaze right over when I talked about discipline and accountability. And in the boarding schools in the late 1800s and even into the mid 1900s, boarding schools were a place of corporal punishment, where discipline wasn't about appropriate boundaries for the developmental age of that youth. It was corporal punishment. It was very harsh punishment-- highly punitive, highly shaming.

So, I was speaking a language, I realized, that this person could not relate to because discipline was only equated with punishment. So, sometimes how we present the information or the activities that you'd like to implement, you have to just be careful about how you present it. And maybe you can be a champion for this by having somebody be a spokesperson who will be more relatable to that person in administration.

So, in my case, I needed to talk to somebody from our culture who could talk about this term-- oh, gosh, the name is escaping me right now-- degana-- ganalunkwa-- or that's not even right. But the phrase meant readdressing their minds.

So, we came up with this concept of readdressing their minds that could work with more of our troubled youth and readdressing their minds and helping to shape their ways of thinking and recognizing what they might be doing is more self-destructive or causing harm to somebody else.

And how can we readdress our minds to think in more pro-social ways and come up with our own solutions to make things right.

Thanks, Justine. And Anjali?

Gosh, I think Justine did such a great job right there. You know, the piece around discipline that Justine brings up is so important because fundamentally discipline is actually about teaching and learning. It's about learning skills. That's the root word of the word "discipline."

And unfortunately it's morphed into this belief that by punishment, that's how people learn. And unfortunately it isn't how we learn. In fact, we learn the wrong message through punishment.

It's really through a drawing out, drawing out the wisdom of the other person that I'm talking with. And so it has to do a lot with relational aspects, as opposed to this, sort of, putting in or telling. So that's the only piece that I would add.

Thank you, all. So, another question-- do you feel that synthetic socialization, socializing with friends, family, et cetera, via social media online due to the pandemic restrictions has a smaller effect on reaching to youth regarding delayed alcohol and drug use than socializing in person?

So, there's definitely an impact of missing sort of, the in-person, in-the-flesh interactions. There's less likelihood that we're going to get all of the positive chemicals that social interaction provides us. And yet these onscreen methods are what we have right now.

And so, I would much rather that we support onscreen methods of connection versus no connection at all because no connection then brings isolation and a whole bunch of other negative aspects. So, while, as the questioner put it, the synthetic forms or technological forms of connection are not quite the real thing, they're the best we have unfortunately in these COVID times.

What I would say, Anjali, when you look at youth, my experience has been that they get most of their information not the way that we did growing up but by social networking and by social networking platforms. So, those are things that we definitely need to pay attention to because it is where they get their sources of information and create peer associations and experiment and get a lot of information that may be misinformation.

Yeah, that's very true, very true.

So, another question that we have is, because of the rapid changing in brains that you talked about

with youth, is that also a positive, in that if someone's running into pretty serious drug and alcohol dependence issues, that they can turn that around more quickly maybe than an adult can, and we might be able to see a pretty strong bounceback, you know, from a kid who's really struggling and showing some really concerning behavior?

Yes, that is actually the case, too. So, that's the positive side to this. If we can catch it early and turn the ship around, so to speak, we do see people bouncing back quite incredibly and very minimal impact in their brains when we do brain scans later on.

Later on in their life's a really minimal impact of substance use. So, that is absolutely the case, that if we catch it early that our youth have such incredible resilience. Yes.

For the last question, are there assessments that can be used with tribal populations, tribal youth-- the 40 Developmental Assets was mentioned; there's other assessments out there-- to look at assets in important developmental areas that people can look at or incorporate into how they're assessing the youth that come into their respective professions?

Yes, definitely lots of options in terms of assessment. It just depends on what we're assessing for. So, there are assessments to look at adverse childhood experiences and those impacts. There are assessments that can look at people's social-emotional development or social-emotional skills, developmental assets.

There are assessments for risk factors and protective factors. And of course there's substance use, as well. So, yes, for sure, lots available. And on our references slide, which is also found in your handout section, all of those websites and links will really provide you with a lot of those assessments that you're looking for.

Thank you. That's going to close our question and answer portion of today's webinar. In closing, we'd like to share brief information on additional training and technical assistance opportunities. NCJTC is a training and technical assistance provider for the Coordinated Tribal Assistance Solicitation Purpose Area 3 grantees and non-grantee tribal agencies focused on implementing system-wide strategies to address crime issues related to alcohol and substance use in tribal communities.

We're also a TTA provider assigned to assist tribal comprehensive opiate, stimulant, and substance abuse program grantees focused on developing, implementing, or expanding comprehensive efforts to identify, respond to, treat, and support those impacted by illicit opiate stimulants and other drugs of abuse. TTA services for both programs include customized on-site and virtual training, regional

trainings, conferences, webinars, peer-to-peer support, on-site or virtual meeting facilitation, written resources, community planning, justice system collaboration, and sharing grantee best practices.

For additional information on general TTA services, links to featured offerings, and to request TTA, please visit our program website as shown on the screen for more information. Please follow the on-demand link to view upcoming webinars and our robust library of webinar recordings and self-paced online training opportunities.

Another valuable resource is the COSSAP Resource Center. A snapshot of the COSSAP Resource Center is shown here along with a web link. Featured Resources include funding opportunities, COSSAP grantee site profiles with a data visualization tool, information about demonstration projects, peer-to-peer learning, and recordings of all previous COSSAP webinars covering a range of substance use, disorder-related topics, and strategies.

Of particular significance is the ability to request training and technical assistance, or TTA, whether you are a COSSAP grantee or not. The COSSAP TTA program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and projects in building and sustaining multidisciplinary responses to the nation's substance abuse crisis.

For more information, you can contact the COSSAP program at cossap@iir.com. I'd like to thank everyone in the audience, Dr. Nandi, Justine, and Kevin for their excellent presentation today. Thank you for attending the webinar. And have a wonderful day. Thank you, all.