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Nebraska Urban Indian Health Coalition Substance-Abuse Prevention Capacity-Building Assessment: Final Report

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**NEBRASKA URBAN INDIAN HEALTH COALITION
SUBSTANCE-ABUSE PREVENTION CAPACITY-BUILDING ASSESSMENT**

**FINAL REPORT
May 15, 2012**

Prepared for the Nebraska Urban Indian Health Coalition, Inc.

**With Funding by
Behavioral Health Services Administration, Region 6
State of Nebraska**

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EXECUTIVE SUMMARY

The executive summary documents the major findings of an assessment of organizational-capacity to provide substance-abuse prevention programming conducted by the Consortium for Organizational Research and Evaluation (CORE) of the University of Nebraska at Omaha for the Nebraska Urban Indian Health Coalition (NUIHC). The purpose of the study is to provide an analysis of local Native American community needs and attitudes and the capacity of NUIHC to provide appropriate and effective substance-abuse prevention services.

The study consists of three parts: 1) a written survey to gather data on the perceptions of the Native American Community in Omaha related to substance-abuse issues and problems, 2) in-person interviews with NUIHC prevention and treatment staff to gather organizational-capacity information and 3) an integrated analysis of the findings of these two components of the evaluation, including recommendations to improve both NUIHC substance-abuse prevention and treatment efforts.

INTEGRATED ANALYSIS OF FINDINGS TO IMPROVE SUBSTANCE-ABUSE PREVENTION

The written survey instrument was administered by NUIHC staff to members of the local Native American community at two Powwows (Omaha Warriors Society and Metropolitan Community College Intertribal) held in Omaha during September/October 2011. Organizational-capacity information was gathered during November/December through formal interviews and observations with NUIHC prevention and drug-treatment program directors, counselors and staff.

The analysis of the findings of both the survey of the Native American community and NUIHC prevention/treatment personnel perceptions revealed strikingly-similar perceptions of the needs and problems to be addressed in the community. Just as importantly however, the analysis also provided several critical insights to guide and improve the development and implementation of NUIHC prevention strategies, actions and programs in year-2 of the effort. These major findings are as follows:

1. Drugs of Most Concern in the Native American Community

- The results from both surveys show that Native Americans perceive that methamphetamines, marijuana and prescription-drug abuse are the biggest problems facing the community. (Table 1 summarizes the numbers and proportions of respondents who ranked the drugs of greatest concern. The complete results for all drugs are shown in Table __ on page __ of the report).

**Table 1
Drugs of Abuse Ranked #1 Most Concerning in Respondents' Community***

OTHER DRUGS OF ABUSE	Omaha Warrior Powwow		Metro Community College Powwow	
	Number	Percent	Number	Percent
1. Methamphetamine	37	84.1%	55	74.3%
2. Marijuana	36	70.6	34	55.7
3. Prescription Drugs	23	63.9	28	48.3

*Respondents could rank more than one drug as a "1" or most concerning to them in their community

- The information gathered in the interviews revealed that the views of both NUIHC drug-prevention and treatment staff, based on their observations and treatment experience, are in **virtually complete agreement** with the community perceptions of which drugs are the most-problematic.
- [Also recognized alcohol and tobacco problems here? Or next section enough?]

2. Community Recognition of Substance-Abuse Problems and Commitment to Address

- An **overwhelming majority** of participants in both surveys recognize that their **community could use or definitely needs more effort to prevent** a host of drug, alcohol and tobacco problems plaguing the local Native American population. These include: **marijuana** (74% & 82%) and **illicit prescription-drug** (79% & 82%) abuse, **underage drinking** (79% & 84%), **binge drinking** (75% & 80%), **drinking and driving** (78% & 80%) and **tobacco use** (75% & 77%). The complete needs-for-prevention-perceptions are shown in Table __ on page __).
- Perhaps even more significantly, about **three-fourths (75%)** of respondents said that they **will commit to and actively participate** in making **changes and improvements** in the drug and alcohol problems of most concern to them in the community.

This finding is especially important and encouraging for future NUIHC prevention-programming in year-2, as the efforts during this initial grant period to “strengthen community” as a prevention strategy (such as through weekly craft-making and other social-skills and community-development activities), **did not attract sufficient numbers of regular participants for outcome-evaluation purposes.**

3. NUIHC Organizational Capacity and Resources to Improve Prevention Programming

- Another very important finding of the organizational-capacity study is that NUIHC has a significant number of **highly-trained and experienced treatment staff** who recognize the **importance and inseparability** of effective substance-abuse **prevention and treatment** efforts. The keen awareness of this critical link is due to the fact that **VIRTUALLY ALL** of the clients who receive treatment at NUIHC **began abusing alcohol and drugs as teens or even pre-teens.**
- The departmental-directors and counselors of both in-patient and out-patient treatment services all stressed that **initial-use prevention among youth** is critical to addressing and improving the rampant substance-abuse and addiction problems in the local Native American community. Similarly, **preventing relapses** in the use and abuse of alcohol and other drugs is critical for clients receiving treatment, both in **achieving and then maintaining sobriety.**
- Overall, the NUIHC **treatment** directors and counselors indicated an **enthusiastic willingness** to **cooperate and work** with NUIHC **prevention** staff in the future to **explore, develop and implement prevention strategies and programming** that would benefit both the youth/young adults in the community and substance-abuse treatment clients and graduates.

Some of the specific substance-abuse prevention-programming ideas, actions, and tools provided by the treatment directors and staff as part of this study include:

- Recording and tracking the number of telephone calls or other requests received at NUIHC for substance-abuse treatment services for youths, as currently all such requests are referred to other providers such as Boys and Girls Town, due to the fact that NUIHC does not, at present, offer youth treatment.

They further indicated that calls and requests for youth assistance should also be carefully screened, as many of the calls may actually be for prevention rather than treatment services (for example, in cases where parents express concerns that their child may be considering or is perhaps already beginning to experiment with drugs). Finally, they also said that following-up to see if those seeking drug- and alcohol-related services actually are receiving/received prevention or treatment assistance.

- Obtaining and using the Victim Impact Class information and materials currently employed by the Douglas County Court and Departments of Probation, Parole and Corrections. A large proportion of clients on probation and parole say that if they had seen these “hard-hitting” video and pictorial materials (which graphically detail the grim realities, dangers and results of substance abuse) “five years ago,” before they began using alcohol and drugs, they may have never started.
- Working jointly with the prevention-program staff to develop and implement a regular Prevention Campaign for the local Native American community.
- Exploring the possibility of having Native American graduates who successfully completed substance-abuse treatment at NUIHC actively participate in prevention efforts. The treatment directors and staff strongly felt that in-person “testimonials,” provided by Native Americans themselves who have overcome alcohol and/or drug problems/addictions and gained sobriety, would be one of the most important and effective components of a Prevention Campaign and Program in Omaha.

Not only would the treatment graduates have the best chance of “reaching and impacting” Native American youths to produce positive alcohol- and drug-prevention outcomes, they would also benefit themselves immensely by becoming more involved in and integrated with their community, which is a critical aspect of treatment aftercare to prevent relapses and maintain sobriety.

4. The Special Needs and Resources of the Native American Culture/Community

- The findings from the interviews also revealed certain aspects of the local Native American culture and community that are unique, critically important and should always be kept at the forefront of strategizing, developing and implementing future prevention programming. These include:
 - “Word-of-mouth” communication is a vital aspect of Native American culture and the local community and is widely perceived by NUIHC staff and advisory-board members

as one of the **most-effective methods** used by individuals and the organization to distribute essential information.

For example, the staff believes that “the word” has already spread throughout the Native American community that NUIHC **only offers adult and not youth treatment services.** They also said that this may account for a “relatively small” (but actually unknown) number of calls or other **requests for prevention services** for both minors and young adults.

- Almost all of the Native American youth in the Omaha community have been born into or highly-exposed to a **severe low-income/poverty culture and way-of-life** where **alcohol and drug use/abuse “are everywhere”** and **constantly impact virtually every aspect** of their and their family’s lives. Many youths **begin drinking/using as teens or pre-teens (some as young as 5-7 years old)** and have already become **highly dependent** on these substances.¹

Other-intertwined aspects of the local, urban Native American environment also contribute to making substance-abuse prevention extremely challenging and difficult to achieve. These include (but are certainly not limited to): family and neighborhood violence, gang and gun-related behavior, sexual abuse and promiscuity, racial/ethnic conflict and discrimination and/or criminal activities.

In comparison to living and coping normally with these **all-pervasive horrors of everyday life,** the use of alcohol or other drugs (modeled by parents and other adults and often employed as a coping or escape mechanism), usually appears to be **quite mild and relatively good or benign to Native American youths.**

- Local Native Americans have **a deep interest in and largely-unmet hunger and need** for **traditional-culture** spiritual practices, prayer, healing and medicine, songs, language, heritage, arts, crafts/skills, recreations, foods, ceremonies and rituals. The **well-attended powwows** held in Omaha several times per year and **local Native American churches** help fill some of these needs and offer many important opportunities for both personal and community growth and development.

¹ The treatment staff noted that it is very common among the “20-something” young adults they treat (who invariably started using/abusing when very young) for to already be chronic alcoholics or drug-addicts and to have already developed “early-onset” of severe mental and physical dependencies, as well as many chronic diseases.

RECOMMENDATIONS TO IMPROVE NUIHC SUBSTANCE-ABUSE PREVENTION

Below, we present specific recommendations to guide and improve NUIHC substance-abuse prevention strategizing, planning, programming, implementation and evaluation that stem from our research findings. Prior to the completion of this report, most of these recommendations have been presented to and discussed with the prevention-program director and staff, who are incorporating them in to Year-2 planning and development.

-
- [draft final for content; target prevention campaign at powwows where good] survey response/participation and showed high willingness to participate and commitment to making changes and improvements in their community]

[Developing programs that incorporate, perhaps through the use of a “roadman or highway man” (who may or may not have been successful in overcoming alcohol and drug problems) these elements and make them central to the messaging and content of prevention outreach, campaigns and programs is crucial to attain positive outcomes and program success.]

COMMUNITY SUBSTANCE-ABUSE SURVEY FINDINGS

The written survey instrument was administered by NUIHC staff to members of the local Native American community at two Powwows (Omaha Warriors Society and Metropolitan Community College Intertribal) held in Omaha during September/October 2011. A total of 193 surveys were completed (76 Omaha Warrior and 117 Metro College) and the major findings are as follows:

1. Alcohol, Tobacco and Other Drug Issues of Most Concern

- The highest numbers and proportions of respondents in both surveys (84% and 74%) said that they were most concerned about **methamphetamine abuse** in their community. Concerns over **marijuana abuse** (71% and 56%) and **prescription drug abuse** (64% and 48%) ranked second and third among respondents at both gatherings.

Drugs of Abuse Ranked #1 Most Concerning in Respondents' Community*

OTHER DRUGS OF ABUSE	Omaha Warrior Powwow		Metro Community College Powwow	
	Number	Percent	Number	Percent
1. Methamphetamine	37	84.1%	55	74.3%
2. Marijuana	36	70.6	34	55.7
3. Prescription Drugs	23	63.9	28	48.3

*Respondents could rank more than one drug as a “1” or most concerning to them in their community

- In terms of alcohol issues, the highest numbers and proportions of respondents in both surveys (76% and 68%) also said that they were most concerned about **drinking and driving** in their community. Concerns over **access and availability** of alcohol and **underage drinking** ranked second and third among respondents at the powwows.

Alcohol Issues Ranked #1 Most Concerning in Respondents' Community*

	Omaha Warrior	Metro Community College

ISSUE	Powwow		Powwow	
	Number	Percent	Number	Percent
1. Drinking and Driving	34	68.0%	64	76.2%
2. Access and Availability	32	60.4	41	59.4
3. Underage Drinking	28	66.7	40	57.1

*Respondents could rank more than one issue as a “1” or most concerning to them in their community

- Regarding tobacco issues of most concern, the highest numbers of respondents at both the Omaha Warrior and Metro College Powwows said that **health factors** were their greatest concern, followed closely by **access and availability** and second-hand smoke.

Tobacco Issues Ranked #1 Most Concerning in Respondents’ Community*

ISSUE	Omaha Warrior Pow-Wow		Metro Community College Pow-Wow	
	Number	Percent	Number	Percent
1. Health Factors	29	64.4%	46	63.0%
2. Access and Availability	29	59.2	40	61.5
3. Secondhand Smoke	28	60.9	33	55.9

*Respondents could rank more than one issue as a “1” or most concerning to them in their community

2. Difficulty of Minors Procuring Alcohol from Relatives and Others

- Not surprisingly, a majority of respondents thought that it was easiest overall for minors to obtain alcohol from older siblings and friends; and more difficult to obtain it from parents and adult strangers.

What was surprising (and alarming) however, was the **high proportion who said that it was very easy or easy for minors to obtain alcohol from their parents** (39% Omaha Warrior powwow and 38% Metro College powwow) **and from adult strangers** (64% Omaha Warrior and 59% Metro College). Table 4 shows the complete results.

Difficulty Obtaining Alcohol from Relatives, Friends and Others

PERSON PROCURING ALCOHOL	VERY DIFFICULT				DIFFICULT				EASY				VERY EASY			
	O War		Metro CC		O War		Metro CC		O War		Metro CC		O War		Metro CC	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Older Siblings	6	(8.3)	15	(13.9)	8	(11.1)	13	(12.0)	41	(56.9)	46	(42.6)	17	(23.6)	33	(30.6)
Parents	20	(27.8)	24	(22.6)	24	(33.3)	42	(39.6)	23	(31.9)	26	(24.5)	5	(6.9)	14	(13.2)
Friends	2	(2.8)	10	(9.2)	6	(8.3)	9	(8.3)	31	(43.1)	36	(33.0)	33	(45.8)	53	(48.6)
Adult Stranger	11	(14.5)	14	(13.0)	15	(20.8)	30	(27.8)	28	(38.9)	37	(34.3)	18	(25.0)	27	(25.0)

3. Opinions and Perceptions of the Community and Substance-Abuse Issues

- An **overwhelming majority** of respondents in both surveys said:
 - Their community **wants a change in the frequency of drinking and driving** in their community (85% OW and 80% MC)
 - They will **actively participate in change** in the alcohol and drug issues of most concern to them in this survey (80% OW and 69% MC)

3. Their community **believes there is an alcohol problem among their youth** (74% OW and 64% MC)

4. Perceptions of Substance-Abuse Prevention Efforts

- An **overwhelming majority** of participants in both surveys agreed that **their community could use more effort or definitely need more effort to prevent** underage and binge drinking, drinking and driving, and marijuana, illicit prescription-drug and tobacco use.

Perceptions of Substance-Abuse Prevention Efforts in Community

SUBSTANCE ABUSE ISSUES	More Than Enough Effort		Just Enough Effort		Could Use More Effort		Definitely Need More Effort	
	O War N (%)	Metro CC N (%)	O War N (%)	Metro C N (%)	O War N (%)	Metro C N (%)	O War N (%)	Metro C N (%)
Underage Drinking	6 (8.2)	4 (3.5)	9 (12.3)	2 (12.4)	32 (43.8)	60 (53.1)	26 (35.6)	35 (31.0)
Drinking And Driving	5 (6.8)	6 (5.3)	11 (15.1)	18(15.9)	29 (39.7)	49 (43.4)	28 (38.4)	40 (35.4)
Binge Drinking	5 (6.8)	6 (5.3)	13 (17.8)	16(14.2)	27 (37.0)	54 (47.8)	28 (38.4)	37 (32.7)
Marijuana Use	7 (9.6)	10 (9.0)	7 (9.6)	19(17.1)	30 (41.1)	44 (39.6)	29 (39.7)	38 (34.2)
Prescription Drug Abuse	6 (8.2)	5 (4.5)	9 (12.3)	15(13.5)	21 (28.8)	48 (43.2)	37 (50.7)	43 (38.7)
Tobacco Use	4 (5.5)	9 (8.1)	12 (16.4)	19(17.1)	28 (38.4)	38 (34.2)	29 (38.2)	45 (40.5)

ORGANIZATIONAL CAPACITY-BUILDING STUDY

NUIHC drug-treatment program directors and counselors, as well as prevention program staff were formally interviewed to gain insights into areas where organizational- and drug-related program capacity-building could and should occur. The principal investigator for the project conducted the interviews and the major findings are as follows:

1. NUIHC Staff Perceptions Consistent with Survey Results

- Staff perceptions of prevention/treatment needs are in complete alignment with the community survey findings that **methamphetamine** is the biggest drug problem for the populations being served, followed by **marijuana and prescription drugs**.

Also consistent with the survey results, the other major prevention problems most often cited and faced by staff are: 1) **DUI's** and 2) an **environment/family history** where **drugs and alcohol** have been a **constant part of people's lives since they were very young**. [add a third an more?]

2. Staff Perceptions of Need for Youth and Community Prevention Services

- Few Native American youth contact NUIHC, but when they do they are immediately referred to Boys and Girls Town (based on their good reputation for treatment in the community). The staff believes that the low number of requests for assistance for youth is likely due to it being widely known in the Native American community that NUIHC only provides adult treatment.
- NUIHC treatment programs are in an expansion mode (after a decade or more with the same caseload of 50 clients) and staff would like to see more credentialing for and provision of youth treatment services. In addition, treatment staff would like to see more youth prevention and intervention work in collaboration with the NUIHC prevention program.
- Almost ALL of the clients treated at NUIHC as adults were using alcohol and/or drugs as teens or even pre-teens, so staff see the great need for more and more-effective prevention efforts. Some clients started drinking as early and ages 5-7, so by the time they are in their teens or 20's they may have already begun to have "early onset" of severe physical and mental dependencies and chronic diseases.

3. Additional Staff Perceptions of Needed Prevention Initiatives at NUIH

- The relapse/prevention aspects of the alcohol and drug-treatment programs here at NUIHC could be improved by integrating many of the aspects and components of the suicide and methamphetamine prevention programs that are already here. More specifically, those aspects that deal with the underlying emotional issues, feelings, past traumatic events and the resulting anger, grief and depression would also be of great benefit to the treatment programs.

For example, death stress is at the top of the list of things native people and others don't have the coping skills to deal with; so much so that clients do not attend funerals, withdraw completely and drop out of treatment.

- Follow-up and follow-through are the keys to prevention of relapse during and after treatment OR to prevent use and abuse in the first place.

This should include reaching out as a community (possibly through the Native American or other churches) to track progress and make sure people are involved in the community, pursue healthy activities and can access the resources they need to stay away from drugs and alcohol.

- Prevention is extremely difficult when you are dealing with individuals from family and community environments, where the horrors of everyday life (perhaps since they were toddlers) may include severe poverty, sexual abuse, family violence, gang and gun-related behavior, promiscuity and/or criminal activities. In comparison, using drugs and alcohol often appears quite mild and relatively good or benign to youths.

A large proportion of NUIHC clients on probation and parole told staff that had they seen the information and materials in their Victim Impact Classes before they began to use alcohol and drugs, they may have never started. The hard-hitting videos and pictures presented show the grim REALITY of alcohol and drug dangers, also EXPLAIN the reasons behind drug abuse why the harmful impacts are in their lives. It is a common theme for those in treatment to say that these materials would have been good to see and know about 5 years ago!

It is important that youths who became “victims” of alcohol and drug abuse at an early age, realize there were some factors and deficits in their lives that were (at one time) beyond their control, so that they do not blame, shame and punish themselves too harshly.

- The treatment staff said that word-of-mouth communication and “testimonials” by those who have overcome alcohol/drugs are the most effective ways to advertise and provide prevention information to our people. Those who have been successful in treatment should be encouraged to do prevention outreach in the community with youth and do follow-up with those who have completed treatment. Some sort of compensation for graduates’ time should be provided for those who perform this critical education, outreach and follow-up in the community.

5. Treatment Staff Perceptions of NUIHC Capacities for Prevention/Treatment

- Treatment directors and counselors all said they could definitely use additional training materials to expand their relapse-prevention and treatment work at all of the different treatment-intensity levels.

For example, there are newer training materials available at the Master’s and Ph.D. levels for group work in treatment and relapse prevention that have been proven successful.

- Staff also said that more training is especially needed on mental health issues, to better understand and manage clients and to assist them more. This would include obtaining more client and specialized Native American assessment tools and training in their use.
- The directors and counselors also strongly felt that “aftercare” is the most important component of the relapse-prevention aspect of treatment which helps clients attain long-term sobriety. They also said that an important part of aftercare should be assisting all graduates of treatment in having greater involvement with the community and helping youth avoid becoming involved with alcohol and drugs in the first place.

IV. RECOMMENDATIONS FOR PREVENTION AND TREATMENT CAPACITY-BUILDING

Based upon the analysis and integration of the community survey and staff interview findings, we make the following recommendations to improve the organizational capacity of NUIHC to provide alcohol- and substance-abuse prevention and treatment services in the community:

1. Youth Prevention and Treatment

I. INTRODUCTION

This final report documents the major findings of an assessment of substance-abuse-prevention capacity-building conducted for the Nebraska Urban Indian Health Coalition (NUIHC). The purpose of the study is to provide an analysis of NUIHC capacities and potentials in providing preventative substance-abuse programming and treatment.

The study consists of two parts: 1) a written survey to gather data on the perceptions of the Native American Community in Omaha on substance-abuse issues and problems and 2) in-person interviews with NUIHC treatment and prevention staff to gather organizational-capacity information. The written survey was developed by NUIHC staff with the assistance of Region 6 of the Behavioral Health Services Administration (BHSA) of the State of Nebraska, administered to attendees of two local pow-wows and the results were tabulated and analyzed by the UNO Consortium for Organizational Research and Evaluation (CORE).

The interviews were conducted by the CORE principal-investigator with both in-patient and out-patient treatment supervisors and counselors, as well as the prevention-program administrator and staff. The final report details and integrates the findings of the two parts of the evaluation and also includes recommendations to improve both ongoing NUIHC substance-abuse treatment and prevention efforts.

II. COMMUNITY SUBSTANCE-ABUSE SURVEY FINDINGS

The written survey instrument was administered by NUIHC staff to members of the local Native American community at two Powwows (Omaha Warriors Society and Metropolitan Community College Intertribal) held in Omaha during September/October 2011. A total of 193 surveys were completed (76 Omaha Warrior and 117 Metro College) and the major findings are as follows:

1. Alcohol, Tobacco and Other Drug Issues of Most Concern

- The highest numbers and proportions of respondents in both surveys (84% and 74%) said that they were most concerned about **methamphetamine abuse** in their community. Concerns over **marijuana abuse** (71% and 56%) and **prescription drug abuse** (64% and 48%) ranked second and third among respondents at both gatherings.
- Table 1 shows the complete results regarding drug abuse of most concern in the Native American community:

Table 1
Other Drugs of Abuse Ranked #1 Most Concerning in Respondents' Community*

OTHER DRUGS OF ABUSE	Omaha Warrior Powwow		Metro Community College Powwow	
	Number	Percent	Number	Percent

1. Methamphetamine	37	84.1%	55	74.3%
2. Marijuana	36	70.6	34	55.7
3. Prescription Drugs	23	63.9	28	48.3
4. Cocaine	19	54.3	22	41.5
5. Ecstasy	13	41.9	17	36.2
6. LSD	9	26.2	11	26.2

*Respondents could rank more than one drug as a “1” or most concerning to them in their community

- In terms of alcohol issues, the highest numbers and proportions of respondents in both surveys (76% and 68%) also said that they were most concerned about **drinking and driving** in their community. Concerns over **access and availability** of alcohol and **underage drinking** ranked second and third among respondents at the powwows.
- Table 2 shows the complete results regarding alcohol issues of most concern in the Native American community:

Table 2
Alcohol Issues Ranked #1 Most Concerning in Respondents’ Community*

ISSUE	Omaha Warrior Powwow		Metro Community College Powwow	
	Number	Percent	Number	Percent
1. Drinking and Driving	34	68.0%	64	76.2%
2. Access and Availability	32	60.4	41	59.4
3. Underage Drinking	28	66.7	40	57.1
4. Binge Drinking	22	57.9	34	50.0

*Respondents could rank more than one issue as a “1” or most concerning to them in their community

- Regarding tobacco issues of most concern, the highest numbers of respondents at both the Omaha Warrior and Metro College Powwows said that **health factors** were their greatest concern, followed closely by **access and availability** and second-hand smoke.
- Table 3 shows the complete results regarding alcohol issues of most concern in the Native American community:

Table 3
Tobacco Issues Ranked #1 Most Concerning in Respondents’ Community*

ISSUE	Omaha Warrior Pow-Wow		Metro Community College Pow-Wow	
	Number	Percent	Number	Percent
Health Factors	29	64.4%	46	63.0%
Access and Availability	29	59.2	40	61.5
Secondhand Smoke	28	60.9	33	55.9
Quitting	22	64.7	32	51.6

*Respondents could rank more than one issue as a “1” or most concerning to them in their community

2. Difficulty of Minors Procuring Alcohol from Relatives and Others

- Not surprisingly, a majority of respondents thought that it was easiest overall for minors to obtain alcohol from older siblings and friends; and more difficult to obtain it from parents and adult strangers.
- What was surprising (and alarming) however, was the **high proportion who said that it was very easy or easy for minors to obtain alcohol from their parents** (39% Omaha Warrior powwow and 38% Metro College powwow) **and from adult strangers** (64% Omaha Warrior and 59% Metro College). Table 4 shows the complete results.

Table 4
Difficulty Obtaining Alcohol from Relatives, Friends and Others

PERSON PROCURING ALCOHOL	VERY DIFFICULT		DIFFICULT		EASY		VERY EASY	
	O War N (%)	Metro CC N (%)	O War N (%)	Metro CC N (%)	O War N (%)	Metro CC N (%)	O War N (%)	Metro CC N (%)
Older Siblings	6 (8.3)	15 (13.9)	8 (11.1)	13 (12.0)	41 (56.9)	46 (42.6)	17 (23.6)	33 (30.6)
Parents	20 (27.8)	24 (22.6)	24 (33.3)	42 (39.6)	23 (31.9)	26 (24.5)	5 (6.9)	14 (13.2)
Friends	2 (2.8)	10 (9.2)	6 (8.3)	9 (8.3)	31 (43.1)	36 (33.0)	33 (45.8)	53 (48.6)
Adult Stranger	11 (14.5)	14 (13.0)	15 (20.8)	30 (27.8)	28 (38.9)	37 (34.3)	18 (25.0)	27 (25.0)

3. Opinions and Perceptions of the Community and Substance-Abuse Issues

- An overwhelming majority of respondents in both surveys said:
 3. Their community **wants a change in the frequency of drinking and driving** in their community (85% OW and 80% MC)
 4. They will **actively participate in change** in the alcohol and drug issues of most concern to them in this survey (80% OW and 69% MC)
 5. Their community **believes there is an alcohol problem among their youth** (74% OW and 64% MC)
- Most participants also said they **trust law enforcement officers** in their neighborhood (52% OW and 57% MC), while much smaller proportions said that they did not trust them (23% OW and 16% MC)
- **About half** of those surveyed at Omaha Warrior (51%) thought that **underage drinking laws were very aggressively or aggressively enforced** in their community, while 49% said they were only somewhat aggressively or not aggressively enforced at all. **Two-thirds (67%)** of those at Metro College however, said that they were somewhat or not aggressively enforced at all and only 33% said enforcement of the law was very aggressive or aggressive.
- Finally, respondents in the two surveys **were split** over whether they **favor the use of marijuana for medical purposes**. A majority in the Omaha Warrior Powwow survey did not favor its use by a margin of 43% to 37%, while a majority at the Metro Community College gathering did by 37% to 34%.

4. Perceptions of Substance-Abuse Prevention Efforts

- An **overwhelming majority** of participants in both surveys agreed that **their community could use more effort or definitely need more effort to prevent** underage and binge drinking, drinking and driving, and marijuana, illicit prescription-drug and tobacco use. Table 5 shows the complete results of perceptions of substance abuse prevention efforts in their community.

Table 5
Perceptions of Substance-Abuse Prevention Efforts in Community

SUBSTANCE ABUSE ISSUES	More Than Enough Effort		Just Enough Effort		Could Use More Effort		Definitely Need More Effort									
	O War N	Metro CC (%)	O War N	Metro C (%)	O War N	Metro C (%)	O War N	Metro C (%)								
Underage Drinking	6	(8.2)	4	(3.5)	9	(12.3)	2	(12.4)	32	(43.8)	60	(53.1)	26	(35.6)	35	(31.0)
Drinking And Driving	5	(6.8)	6	(5.3)	11	(15.1)	18	(15.9)	29	(39.7)	49	(43.4)	28	(38.4)	40	(35.4)
Binge Drinking	5	(6.8)	6	(5.3)	13	(17.8)	16	(14.2)	27	(37.0)	54	(47.8)	28	(38.4)	37	(32.7)
Marijuana Use	7	(9.6)	10	(9.0)	7	(9.6)	19	(17.1)	30	(41.1)	44	(39.6)	29	(39.7)	38	(34.2)
Prescription Drug Abuse	6	(8.2)	5	(4.5)	9	(12.3)	15	(13.5)	21	(28.8)	48	(43.2)	37	(50.7)	43	(38.7)
Tobacco Use	4	(5.5)	9	(8.1)	12	(16.4)	19	(17.1)	28	(38.4)	38	(34.2)	29	(38.2)	45	(40.5)

III. ORGANIZATIONAL CAPACITY-BUILDING STUDY

NUIHC drug-treatment program directors and counselors, as well as prevention program staff were formally interviewed to gain insights into areas where organizational- and drug-related program capacity-building could and should occur. The principal investigator for the project conducted all the interviews and the major findings are as follows:

1. NUIHC Inpatient and Outpatient Treatment Programs

- **The outpatient treatment program is for adults only** and serves male and female Native American, Black, White and Hispanic populations. Approximately **85-90% clients are probation/parole referrals** for mandatory treatment services.
- **The inpatient program is exclusively for Native Americans adults**, the vast majority of clients being **20-49 years old**. (Additional demographic and tribal-affiliation information about clients, caseloads and staffing are presented in the Appendix).
- Staff perceptions and treatment data are in alignment with the community survey findings that **methamphetamine** is the biggest problem for the populations being served, followed by **marijuana**

and prescription drugs. In addition, other major treatment problems cited by staff are: DUI's, the prevention of continued use/relapses after initial treatment and an environment/family history where drugs and alcohol have been a constant part of people's lives since they were very young.

2. NUIHC Treatment Staff Perceptions of Most Important Client Issues

- The drug users/abusers in treatment almost always also have co-dependency on alcohol and it is common to escalate to more-powerful drugs or trade one addiction for another (including smoking tobacco). Alcohol is the #1 drug of choice (probably because it is least expensive and most socially acceptable) for all demographic groups, including Native Americans.
- Approximately 90% of clients are tobacco smokers, which is most prevalent in economically-depressed areas. About half of those are willing to discuss the health concerns and risks of smoking.
- Most patients in treatment do not have the skills or know how to cope with life situations and/or emotions (particularly relating to grief and death); so they seek to use or relapse into alcohol or drugs for relief and/or escape.

4. Staff Perceptions of Demand/Need for Youth Prevention and Treatment Services

- Few Native American youth contact NUIHC, but when they do they are immediately referred to Boys and Girls Town (based on their good reputation for treatment in the community). The treatment staff believes that the low number of requests for assistance for youth is likely due to it being widely known in the Native American community that NUIHC only provides adult treatment.
- NUIHC treatment programs are in an expansion mode (after a decade or more with the same caseload of 50 clients) and staff would like to see more credentialing for and provision of youth treatment services. In addition, treatment staff would like to see more youth prevention and intervention work in collaboration with the NUIHC prevention program.
- Almost ALL of the clients treated at NUIHC as adults were using alcohol and/or drugs as teens or even pre-teens, so staff see the great need for more and more-effective prevention efforts. Some clients started drinking as early as ages 5-7, so by the time they are in their teens or 20's they may have already begun to have "early onset" of severe physical and mental dependencies and chronic diseases.

5. Additional Staff Perceptions of Needed Prevention Initiatives at NUIHC

- The relapse/prevention aspects of the alcohol and drug-treatment programs here at NUIHC could be improved by integrating many of the aspects and components of the suicide and methamphetamine prevention programs that are already here. More specifically, those aspects that deal with the **underlying emotional issues, feelings, past traumatic events and the resulting anger, grief and depression** would also be of great benefit to the treatment programs.

For example, **death stress** is at the top of the list of things native people and others don't have the **coping skills** to deal with; so much so that clients do not attend funerals, **withdraw completely and drop out of treatment.**

- **Follow-up and follow-through** are the keys to **prevention of relapse during and after treatment** OR to **prevent use and abuse in the first place.**

This should include **reaching out as a community** (possibly through the Native American or other churches) to **track progress** and make sure people are **involved in the community**, pursue healthy activities and **can access the resources they need** to stay away from drugs and alcohol.

- Prevention is **extremely difficult** when you are dealing with individuals from family and community environments, where the **horrors of everyday life** (perhaps since they were toddlers) may include severe poverty, sexual abuse, family violence, gang and gun-related behavior, promiscuity and/or criminal activities. In comparison, **using drugs and alcohol** often **appears quite mild and relatively good or benign** to youths.

A **large proportion of NUIHC clients** on probation and parole told staff that had they seen the information and materials in their **Victim Impact Classes** before they began to use alcohol and drugs, **they may have never started.** The hard-hitting videos and pictures presented show the **grim REALITY of alcohol and drug dangers**, also EXPLAIN the reasons behind drug abuse why the harmful impacts are in their lives. It is a common theme for those in treatment to say that these materials **would have been good to see and know about 5 years ago!**

It is important that youths who became “victims” of alcohol and drug abuse at an early age, **realize there were some factors and deficits in their lives that were (at one time) beyond their control**, so that they do not blame, shame and punish themselves **too harshly.**

- **The treatment staff said that word-of-mouth** communication and **“testimonials”** by those who have overcome alcohol/drugs are the **most effective** ways to **advertise and provide prevention information** to our people. Those who have been **successful in treatment** should be encouraged to do **prevention outreach** in the community **with youth** and do **follow-up** with those who have **completed treatment.** Some sort of **compensation** for graduates' time should be provided for those who perform this **critical education, outreach and follow-up** in the community.

5. Treatment Staff Perceptions of NUIHC Capacities for Prevention/Treatment

- Treatment directors and counselors all said they could definitely use additional training materials to expand their relapse-prevention and treatment work at all of the different treatment-intensity levels.

For example, there are newer training materials available at the Master’s and Ph.D. levels for group work in treatment and relapse prevention that have been proven successful.

- Staff also said that more training is especially needed on mental health issues, to better understand and manage clients and to assist them more. This would include obtaining more client and specialized Native American assessment tools and training in their use.
- The directors and counselors also strongly felt that “aftercare” is the most important component of the relapse-prevention aspect of treatment which helps clients attain long-term sobriety. They also said that an important part of aftercare should be assisting all graduates of treatment in having greater involvement with the community and helping youth avoid becoming involved with alcohol and drugs in the first place.

IV. RECOMMENDATIONS FOR PREVENTION AND TREATMENT CAPACITY-BUILDING

Based upon the analysis and integration of the community survey and staff interview findings, we make the following recommendations to improve the organizational capacity of NUIHC to provide alcohol- and substance-abuse prevention and treatment services in the community:

1. Youth Prevention and Treatment

- NUIHC should let the Native American Community know (perhaps as part of an outreach and education campaign) that while they do not currently provide youth substance-abuse treatment, the health coalition does provide prevention services and treatment referrals and is “a good place to start” for anyone seeking assistance. This outreach is necessary due to the relatively few calls for youth assistance, most-likely due to the fact that the Native American community “knows” that NUIHC provides treatment only for adults.

NUIHC should also immediately begin collecting data on the number of youths (and adults) who call or otherwise contact the agency for substance-abuse assistance, and also conduct some follow-up to see if those referred actually received assistance or services elsewhere.

- As adult in-patient and out-patient treatment programs are currently in an expansion mode, NUIHC should also explore and pursue additional credentialing and funding to provide youth treatment services in addition to ongoing prevention efforts.
- NUIHC should obtain the “Victim Impact Class” materials developed in Montana and currently used by Douglas County (see Section II, Part 4) for use in existing and future prevention and treatment efforts.

2. Collaboration of Prevention and Treatment Programs

- NUIHC administrators and directors should initiate a series or perhaps regular **meetings between prevention and treatment program staff**, so personnel in all programs can become more familiar with the goals, activities and plans of the others. There currently exist many important opportunities for collaboration and **information exchange** between the prevention and treatment divisions that will be **highly beneficial to all programs and future efforts**.
- One such **potential collaboration** described by both prevention and treatment staff that should be pursued immediately, is the **employment of treatment graduates to provide “testimonials”** in prevention initiatives, programs and events. Doing so would aid treatment-program aftercare and relapse-prevention efforts and help graduates maintain their sobriety through crucial involvement with the larger community and by helping others; while at the same time providing the prevention program with speakers and personnel who have the critical first-hand experience and knowledge to be credible with the targeted youth and young-adult audiences.
- Treatment staff suggested (and we concur) that it would be highly beneficial for the community for the treatment and prevention programs collaborate to jointly **conduct a regular (annual or two events per year) Prevention and Education Campaign**. The staff also stated that one of the most important aspects of the event(s) would be **having our Native people who have gained sobriety here, tell others** this that is a GOOD PROGRAM at NUIHC!

This campaign or other related activities would be greatly bolstered by the inclusion of **“spiritual people”** with direct-knowledge of traditional cultural and spiritual practices such as: traditional prayer, songs, drums, sage ceremonies, medicine wheels (perhaps conducted by a Native American “roadman or highwayman.”

Such teachings are of **great interest** to those in the community and this provides the added bonus of **helping keep people focused**. Native American people are actually VERY **spiritually-inclined**, but are/have been often swayed away from traditional practices by alcohol or other addictions. It would be good to **videotape the best programs** so they could be used over and over again.

- Finally, we also recommend that NUIHC also immediately pursue the development of a substance-abuse aftercare program. Currently **all aftercare is referred out** to other agencies or back to the reservation. It would be much better and more effective for treatment graduates if **NUIHC could have their own aftercare program** here on a **weekly basis**, which would also compliment and almost-certainly improve the outcomes of all prevention (both initial-user and post-treatment relapse) effort.
- The treatment staff indicated that to be effective, aftercare must include the **reaching out as a community** (possibly through the Native American or other churches) to **track graduates’ progress** and make sure that they are **involved in the community**, pursue healthy activities and **can access the resources they need** to stay away from drugs and alcohol.

V. APPENDIX

