

Introduction

July 2017 members of the Minnesota Chippewa Tribe's Tribal Executive Committee (TEC) discussed the Opioid issues along with the idea of holding a Tribal sponsored summit. Discussions were held at the Minnesota Indian Affairs Council (MIAC) at their Quarterly meeting in late July to proceed with the planning. The Minnesota Chippewa Tribe Human Services Division was tasked with planning and organizing the event. The White Earth Reservation Business Committee was the host Tribal Nation for the event.

The Minnesota Chippewa Tribe Human Services Division, Minnesota Indian Affairs Council Executive Director and Tribal members from White Earth, Bois Forte, Mille Lacs, Red Lake, Upper and Lower Sioux Communities made up the planning committee. There were countless others as well and contributions came from all of Minnesota's Tribal Nations.

The opening Ceremony included a prayer and song in both Dakota and Ojibwe Languages. The Drum Group Smokestack from the White Earth Nation provided additional songs to open the summit. The Honorable Terrance Tibbetts, White Earth Chairman welcomed the attendees and also spoke to the extent of the Opiate Problem at White Earth. Minnesota Indian Affairs Council Chairman Robert Larsen, Vice President Lower Sioux and Minnesota Chippewa Tribe President Kevin DuPuis, Chairman Fond du Lac & Chairman Darrell Seki, Red Lake Nation provided an additional welcome from their respective Leadership Positions. Chairman Seki, Red Lake spoke in his first language, addressing the attendees about the issues that concern the communities on the Red Lake Reservation. Minnesota Lt. Governor Tina Smith was the final speaker, who discussed the commitment to all of Minnesota's Tribal Governments from the Office of the Governor.

Tribal Leaders from nine (9) of Minnesota's Reservations and Sioux Communities were in attendance to share their concerns about the Opiate epidemic occurring in their communities. Newly elected Secretary/Treasurer Gloria Cobb, Lac du Flambeau, Wisconsin who was one of the presenters on day one of the summit shared what they are doing in their community.

Following the opening remarks by Tribal Leaders the attendees were provided with an opportunity to hear from invited speakers who shared their own stories with the attendees. The stories were from several recovering addicts in our tribal communities. Each one of them opened their hearts and lives to allow those in attendance hear the struggle of being addicted has impacted their lives and others. Their real-life testimonials were emotional and powerful, their message was clear about the state of our/their communities.

One of the early featured speakers was James Cross, Founder of Natives Against Heroin. He spoke to the audience about the challenges he had faced and how he eventually came to the current point of his life.

Natives Against Heroin has led a grass roots effort to shut down known drug houses in the urban community. NAH has also focused their efforts on Tribal lands by holding rallies at several of Minnesota's Tribal nations.

Resources/Networking

The Tribal Nations Opioid Summit planning team focused their efforts on providing participants with resource and networking opportunities that would give Tribal communities ideas to address the Opioid epidemic.

Day one of the summit was designed to provide those in attendance the opportunity to hear from invited speakers who work directly with tribal communities.

Dr. Douglas S. Harrington, M.D., Medical Director for Tshamikain Creek Research & Diagnostic Laboratory, Chief Executive Officer and Laboratory Director for Global Discovery and Biosciences presented on Opioids & Heart Disease. Dr. Harrington's presentation covered a Heart Disease Facts and the relationship to the Native American population.

Richard Moldenhauer, MS, LADC, ICADC, LPCC |Human Services Rep. 2, State Opioid Treatment Authority Representative, Alcohol and Drug Abuse Division, Minnesota Department of Human Services presentation titled "Tribal Opioid Summit 2017

"The Song Remains the Same" provided a graphic point of view of the statewide devastation that has occurred as a result of the Opioid Epidemic. Two counties with the highest number of Opiate Admissions have reservations located with them.

Dennis W. Olson, Executive Director Minnesota Indian Affairs Council gave the attendees an opportunity to examine the Information collected from the 2016 Tribal-State Opioid Summit held October 18, 2016 at Lower Sioux Indian Community in Morton, Minnesota. The Summit identified 5 key areas of focus; Prevention; Interventions and Treatment; Prenatal Exposure; Prescription Monitoring Practices; Tribal Law Enforcement & Public Safety. Within each of these topics, Barriers were identified and recommendations were developed by different working groups during the summit.

Gloria Cobb, Secretary/Treasurer, Randy Samuelson Health Director Lac Du Flambeau Band of Lake Superior Chippewa, Chris Poole, Indian Health Service-Bemidji Area provided the summit attendees with an example of Tribal Action Plan that identified community partners and resources through the Federal Government that were made available from the Tribal Training and Assistance Center (TTAC) and SAMHSA, Office of Tribal Justice, Department of Justice, Bureau of Indian Affairs and the Indian Health Service.

Commander Kailee Fretland, Clinical Pharmacist/ Residency Director Red Lake Indian Health Service presentation titled "Hope for Tomorrow" was developed in response to the Heroin Epidemic that has impacted the Red Lake Nation.

Commander Fretland identified three areas that the Red Lake Nation is focusing on to address the concerns of the community;

1. Prevent People from starting Heroin;
2. Reduce Heroin Addiction;
3. Reverse Heroin Overdose

Each of these invited presenters provided a PowerPoint presentation that we were able to obtain. We will be placing this report along with each presentation on the Minnesota Chippewa Tribe Website in an effort to provide participants, MCT Membership and others with the opportunity to view the information that was shared and discussed during the summit.

Day 2 of the summit provided an opportunity for attendee participation in several breakout sessions that were designed to seek input and develop an action plan. The breakout session topics were

- 1. Community Outreach**
- 2. Law Enforcement**
- 3. Substance Abuse**
- 4. Traditional Healing**
- 5. Child Welfare**

Community Outreach Breakout session

This breakout session was facilitated by a member of the White Earth planning committee, who also took notes and provided the following information from the discussions that took place during the morning community outreach session. The session topics were determined by the participants and the following questions were asked of those who were part of this session.

What are the challenges? – What is needed? – What is working?

Minnesota Chippewa Tribe Member (Leech Lake) - Speaker Day one

- Need tribal leaders to be more involved throughout the tribes
- Need accountability
- Need to change our thinking
 - Example: 'Don't be a snitch'
 - Example: Families know what's going on within family but too afraid to say anything
- Natives Against Heroin- Founder
- Challenge: going back to their way; colonized
- We're from mother earth; we need to go back to the ways we were taught
- 'Being Heard' – Natives Against Heroin
- Difference between 'snitching' and 'accountability'
- Minnesota Chippewa Tribe members (White Earth Band)
- Going into communities
 - Talking about Narcan
- MAT worked
 - Works as long as you let it
- Outreach
 - Wants to succeed
- Recovery stressful
- Cannot find words to describe
- Community outreach is necessary
- Challenge addict to say 'I need help'
- Go to 'trap house' Rule 25
 - Wait until bed is found
 - Follow client/patient
- Tolerance; medically inaccurate
- Naloxone does not produce tolerance
- Naloxone is an antidote for opioids
- High risk

- Strongly encourage pregnant women to go to hospital after overdose using Narcan
 - Mom might respond fine but fetus could be having seizures
 - Chronic high-dose users
 - Naloxone storage should be between 50-80-degree temperature storage
- Fentanyl footprint
 - Audience question: How does White Earth have over 1,000 trained Naloxone?
 - Steve Rummier Hope Foundation
 - <http://steverummierhopenetwork.org/about-us/>
 - Train the trainer out in the community
 - Training throughout the reservation

Steve's Law

The Minnesota Senate unanimously passed a bill that would equip first responders with a crucial antidote to heroin overdoses and also provides immunity for people who call 911, even if they may be users themselves.

- What happens to/with expired Narcan?
 - Results are sent to US Government; information isn't thrown away
 - Drugs out – no information
- Health Division
- Medical Director, White Earth
 - If a class is set up
 - Kits need to be checked monthly if not weekly.
 - Make sure nothing expired or broken, replace if needed

Law Enforcement breakout session

The Law Enforcement session was facilitated by Minnesota Chippewa Tribe Human Services Division. This session had a large number of participants and was held in the main event hall. There were 9 Tribal nations represented by various levels in this session. Several of the speakers were Tribal Police Chiefs. Most of the discussion was focused on what Tribal Law Enforcement programs are doing to address the Opiate problem and other issues that are directly related to Opioid use in our tribal communities.

The following information is an edited version of the topics covered by Law Enforcement representatives of the respective Tribal Nations. Names will not be used but will identify the title and position if possible.

Introduction of Tribal Police Chiefs and representatives, each gave a synopsis of their current staffing levels, along with efforts and challenges in dealing with the Opioid Epidemic.

Chief Law Enforcement Officer, White Earth

White Earth Law enforcement has 28 officers and 4 investigators, working together on the drug problems. (Overdose resulting in one death reported 11/12/17 this morning)

- White Earth has been working with substance abuse and mental health providers when we come across over doses on how to get help.
- People with multiple over doses and have been saved by Narcan. A lot of time officers respond and get there the patient refuses.
- Working with substance abuse and civil commit, we talked about arresting but can't do that.
- People want us to arrest family members to get them help, we work with civil commitments.
- Emergency commitments in White Earth we lead tribal nations on commitments but that also backfired.
- We are overwhelmed with civil commitments and couldn't find beds for detox.
- Civil commitments are only as strong as what you have behind you, you do
- Emergency Civil Commits and then Civil commits has task of finding beds and doing rule 25 and getting help. It's an uphill battle.
- A lot of times you have members that are 2-5 times on Civil pickups, pick up Friday and release and have another commit on Monday. We still do it and will continue.
- Turning ODs into mental health issues, an OD is considered a suicide attempt. **When we take a person to the hospital on an OD the Dr will not sign them or find a bed or treat as a suicide,** if someone says I want to kill myself

and tells me how he's going to do it and I tell a Dr, they will find a bed right away.

- Multiple ODs should be treated as suicide attempts, not sure where change will come from, we should look at getting legislation changed on that. We are at that point we need that change.
- MN Tribal Police Chiefs Association, all 11 tribes as tribal chiefs collaborate together and see what is going on, continue after today, monthly or quarterly meetings, talk trends and data on each res. Work with all agencies available.
- Few stats from white earth, you may think they are high but they are low. 45 ODs 5 deaths, 1 from meth.
- We know we can track deaths, as far as unreported, my opinion 5x that 45, a lot of times we have a report and they are gone.
- Narcan saves lives
- Deployments & tracking are possible, we are struggling with it because we handing out so many Narcan doses. We come on scene and there's Narcan on table. Some deaths this year have been not been prevented after using Narcan (up to 10x in a month) and they are relying on it and pulling the trigger everyday thinking Narcan is going to save them.
- The jail wouldn't take an overdose that had a warrant. Road block.

White Earth is in Mahnomen County, shaded dark on every map (Moldenhauer Presentation) we have a lot of people, if its dark maybe people are wanting help, some people on outside look at it like "they have a problem."

As far as law enforcement, we are working with a lot of the agencies and trying to figure out solutions to the opioids, can't forget about meth, 10-15 years ago a little meth was a big deal now we are finding large amounts.

Chief Law Enforcement Officer, Leech Lake

Leech Lake, currently 28 officers, 3 narcotics investigators and 2 school resource officers. They all sit on Paul Bunyan and Headwaters/Safe Trails Taskforce. Headwaters taskforce targets larger amounts of drugs and firearms. Lots of resources in place, hoping for grants. (**Saturday 11/10/17 2 overdoses**, deployed Narcan, life saved)

- Now dealing with heroin and intravenous user.
- Nobody wants to snitch or say where they get the stuff from.
- Lots of things going on reservation wide. Meth project organizer, educate make people aware.
- I get calls at home from family members, come pick up son, has warrant get him where I know he will be safe.
- When dealing with crack cocaine it was overwhelming, we're at that point with heroin and hoping it will end too, and switch to something else.

- Tribes and community culture are our biggest assets to us that's going to help.
- Without community support it's frustrating for law enforcement, we need to hear from the community, when you see or hear something we need to know, better to say something than not to say something.
- This is going to take more than Law Enforcement, it's going to take everybody.
- It's not a M-F job, the real work is in the community after hours, positive community interaction.
- Start thinking about generations down the line. What they see on a daily basis becomes the norm for them and it is not normal.

Law Enforcement Officer, Upper Sioux Community

We are a small close-knit community, PD doesn't have specialized departments. We have a chief and officers. We are Face to face with community every day. The after-school kids program is in the same building as us. Later in the day I may be in there home and dealing with what we are talking about. And knowing the impact the drugs are having on their families.

Law enforcement should be the guardians and always advocate for our people and what we can do. Be proactive. Our whole police department trained and carry Narcan.

- We have Emergency Medical Technicians(EMT's) on staff as Law Enforcement Officers (LEO's) this allows our efforts to go one step further, we understand what is going on
- OD once they get Narcan, they don't want law enforcement there or treatment, we don't allow them to go anywhere but the hospital.
- We will place the hold on them.
- Narcan has a directive effect of 15 minutes.
- OD drugs average about an hour, in 15 minutes they could relapse.
- Our small community we can't allow that, we take that step, we initiate that call and transport on that hold.
- At the hospital we have the counselors and others, we do not leave until we have that care established.
- Lack of beds is the struggle.

Juvenile Drug Problems

Demographics indicate the population of juveniles is high with many young teenage kids into meth and opioids, one case of a mother doing it with her kids. Mother had been in treatment 7 times, every one court ordered.

- When we have a patient, who wants to go that moment that night. One thing we've done, we kind of cheat the system.

- When a person calls and says I want to go to treatment, average wait 7 days, we put them on an ER hold which jumps to top, we transport anywhere in the state of MN cause when that one person reaches that point we know as LEOs, that is important.

With more people combining opioids and meth, we have two Drug Recognition Experts so we have an increased number of drug impaired DUIs.

One death, fentanyl heroin and meth, the combo is there, opioid summit still remember other drugs there, our people use whatever is available to them for their high. I am struggling with the capabilities we have locally. currently our tribes have put together a pilot program, developing a treatment facility, the goal is to make sure that we always have that bed available, so we can take immediate actions when they call.

Law Enforcement Officer, Lower Sioux Community

Lower Sioux experiencing many of the same issues as Upper Sioux Community. The challenges that we have is that several Overdose deaths have occurred in the past year and half, the community struggles with this and appreciates any guidance or information that can be provided from the summit.

Law Enforcement Officer, Mille Lacs

Mille lacs has 25 officers. Mille lacs county revoked their agreement. Pine county still active.

- 57 ODs this year, up from 30 last year and not even done with the year.
- Lost 5 community members to Overdose
- there is a heroin fentanyl influx like nothing before, attributed to not having a community agreement.
- Cannot do search warrants, county attorney won't recognize arrest.
- Support and education efforts to opioid use and OD what to do how to identify.
- People weren't calling 911 in fear of being charged.
- OD in pine county in the last few months heroin is starting to move in
- Working with east central drug task force and pine county.
- Tribes need to group together and push for legislation change to safe guard tribal police departments.

Law Enforcement Officer, Prairie Island Sioux Community

Law enforcement can be tip of the spear we have a lot of options to us but they are short term. We don't have the number of overdoses that other agencies have, 3 in last month all have been saved.

- Need to be looking at long term solutions.

- Narcan is not the answer.
- We need something more for the people.
- Meeting with social services weekly. Concerns of confidentiality. They weren't open to sharing a lot for what was going on and in a lot of cases couldn't we share the same confidentiality.
- We share intelligence from LEOs they share from social services and education.
- We want to start young, what are kids seeing their homes.
- Work hard to do that. Dakota nations finding a solution for treatment center.
- Frustration insurance company thinks people are cured after 90 or 120 days, all these behaviors should be gone.
- People learn differently and heal in different ways.
- One might heal in 90 days another in 2 years. The more they have the ability to heal themselves the better they are. They can learn how to heal themselves. We are looking forward to working with Dakota leaders.
- When did it become the norm that people are Overdosing and dying.
- Why are families afraid to come forward?
- We need to develop strong relationships with family members to partnership there.

Investigator, Red Lake Nation

The Red Lake Nation is a more unique self-governance reservation. We function without County and State involvement, we are on our own. Red lake Police Officers were some of the first law enforcement to carry Narcan, but feel this is just a quick fix and are looking for long term solutions to Heroin Epidemic. Red Lake Police Department has come a long way in last few years in dealing with their communities, they feel their relationship with members of their community is good and they have built some trust with their people.

- Chairman and Red Lake Tribal Council has declared state of Emergency
- working vigilantly to do things that are unique to us, nobody to turn to but ourselves.
- Red lake annual drug and gang summit. (late winter February/March)
- Red lake conducts neighborhood watch meetings.
- Work with casino surveillance
- We do a lot of hands on training with casino security and housekeeping departments.

As a result of the number of drugs coming into Red Lake, a task force was created in an effort to combat the activity that was impacting their communities. This resulted in 100 search warrants and established a new tribal law regarding self-administering of these drugs by needle or ingestion. If a person is suspected of an

overdose the individual will go to hospital, if you refuse treatment you go to jail and be charged.

The Red Lake Band of Chippewa is unique in a manner that allows for the Bands Leadership to declare a state of emergency, create a Tribal Ordinance to banish members of Red Lake Band of Chippewa who are Drug Dealers, it is not the users that are targeted. If someone is caught dealing drugs, anything that is owned by the Drug Dealer will be confiscated. **(Cameras, dogs, gates, product, money and if we consider you a dealer you will be banished)** 25-30 vehicles that have been seized, large amounts of cash, electronics, tv's, we bust them and leave them.

The Red Lake Law Enforcement meets Mondays and Thursdays with other Tribal entities such as; Housing, Children and Family Services, and any tribal program that provides direct services to our people. What is unique about these meetings is that they are not with not managers or directors, they are with those working in the programs who experience and have knowledge of the families. We discuss what has happened in the last 3 or 4 days, and what can we do to help these people. We brainstorm and come up with ideas and strategies, this is how we came up with self-administering law, It's a good thing!

Law Enforcement Officer, Fond Du lac

The Fond Du Lac Band of Lake Superior Chippewa Leadership has expressed their concern with the Opiate and Heroin problem in their communities.

Their Tribal Law Enforcement has made attempts to educate the community members about Drug Recognition. One example is to create different scenarios that community members can actually participate in to test their awareness to drugs and paraphernalia, unfortunately, many don't know what they are looking for.

We take a building or room or trailer, mock it like a teen bedroom, we started out by placing some of things in plain sight. We then placed paraphernalia in the room, have the foster parents or grandparents walk through room in an attempt to find what they can. Once they are done we bring them back into the room and have them show what they found, or in many cases, what they missed that is connected with drugs or suicide.

One of our future goals/projects is to purchase a trailer and mock it up to resemble the scenarios that we identified and bring it directly to each of our communities.

White Earth Chief of Police

Discussed working with all tribal casinos in the state, as far as the trespass orders for drug dealers, Bemidji FBI, someone dealing drugs at any casinos they would be banished from every casino in MN. If Caught in Mahnomen, the network would alert other casinos so they can't jump casino and communities.

White Earth has 4-5 task forces involved with their Law Enforcement, the Headwaters Safe Trails Task Force is federal funded and specific to Indian country. Minnesota Tribal Taskforces supports all Minnesota tribal nations and communities. White Earth is moving to developing their own task force that will work cooperatively with other Taskforces in Minnesota.

Police assisted addiction recovery initiative is a nationwide group of Law Enforcement Officers, who are advocating on behalf of police for an alternative to arrest. Their efforts are geared towards working with county & tribal attorneys, so that someone with an addiction can be provided another option and make efforts toward not getting another conviction.

Facilitator

Native American drug and gang task force exist but Jurisdictional challenges for our Mille Lacs relatives are creating many barriers. They are facing additional challenges as a result of no law enforcement agreement.

Comment from facilitator: Start discussions about the drug dealers and gangs, they have the power to threaten and carry out actions to people. What can we tell the community to support them coming forward? What can we do to assure them they will be safe if they come to you.

Upper Sioux: In our community we have that daily face to face meeting with community members we always stress and we mean it you can call us, even though we know who you are if you say you want to be anonymous you are.

Red Lake: we do it both ways, you can call in and remain anonymous, it takes more work on our part. If we get 3 anonymous on one house, we are going to start watching. We also offer 500 to anyone that calls in a tip and results in a search warrant. Been out 2 months, no takers yet.

Fond Du Lac: Community meetings, talk about drug problem, LEO 100 people complain we aren't doing anything. Reassured we are doing things. Went as community member not officer to community meeting. 6 people showed up, next had food and 8 people showed up, next meeting had door prizes, 12 people. Why aren't more people here? Member said this is an open meeting and afraid dealers across road are going to see us and know we are snitching. Dealer sees 8 people no fear, 300 people or whole community show up dealer will be concerned. We all come together we are stronger.

Tip lines & online tip lines, we don't get many.

White Earth Chief of Police

White earth run anonymous tip line, calls go directly to my desk so I get those right away then pass on to the appropriate. Results are not always immediate and what everyone wants to see, we attempt to explain to some people that call in. In the past 911 emergency dispatch would broadcast their name on air. In Indian country its crucial people know their name is not being blasted on air. I give my cell number to everybody. They can call me anytime. I'm going to listen. If someone has something to tell me no excuse to not tell me.

Open floor & Questions from participants

Question: How successful is your rate working with non-tribal Law Enforcement when you do drug busts or domestics, how successful is that working with them helping our tribe to feel safer. If you both come together on the call.

WE Chief answer: In WE our contractual agreement we work well with county agencies, the county relies on things we have, Moms, mats, dove, all we've established the county relies on us and law enforcement. It changes year to year with sheriff. Its always a good agreement.

Question: Is it more successful for tribe and people?

Answer: I think it is, cooperation is what it is. We've been working well, monthly meetings with those county and other municipalities

Question: How many councils have adopted the states immunity law when it comes to reporting ODs, harm reduction portion, had busts here in WE and NTW where alleged dealers were paraded out as major busts but just addicts feeding addiction. Under state law they would have been immune? Are you in favor of the immunity law passed resolution acknowledging immunity law.

Answer: FDL, I don't think our council has passed adopting, we just accepted that law. If someone's calling in on a OD, we don't want them to stop, we don't want someone to OD because others are worried about getting arrested. So Instead they go put them in the woods or on the road, we want to be saving lives.

Question: What's the first step in establishing a task force legislation bill joint powers agreement?

Answer: White Earth Task Forces are developed through a Memorandum of Understanding (MOU)with State of Minnesota. We looked at getting state funding and applying for a state run task force, that's funding only, we as tribes can be recognize without state funding. Contractual agreements.

Question: Is there Interest in establishing inner tribal task force?

Answer: Yes

Participant comment: Giving money to go make buys and go do this and that. Contributing to cause, giving money to addict for dealer, why not give it to them to get into treatment and help with basic needs. Living expenses. Get help they need, no demand you don't need a supply.

Question: Banishment, gang bangers, dealers, does that apply to every reservation? Are you putting his or her face out there so they aren't going from one reservation to the other?

Answer Red Lake: Banishments in red lake only apply in red lakes. Casino applies to our casinos. Not only drugs, stealing money or doing things like that at a casino we banish them on spot. That's just RL casinos.

Question: Why is that?

Answer: Only one we have jurisdiction for.

Natives Against Heroin come in community, someone comes out in violent way, how are you expecting us to approach that? our approach is going to bring that brother or person in that house down to the ground and then we call you. What are we, what are consequences for us if we go on beyond peaceful manner?

Question: How can you, tribal officers, donate and help us with our moment when we are helping you in a way and in another way?

Answer White Earth: First question, we would like to meet with your organization so we are on the same page. When doing walks and call for civil standby before anything happens. We've Done that with the group here. If you're planning a walk let of know we will have civil standby. We Won't engage in the walk but we will be there. I will take off my uniform and walk with you guys. I don't speak for all of them.

Substance Abuse Breakout (1st session; morning)

Facilitator- White Earth Cultural Resources

Maternal Outreach and Mitigation Services (MOM'S)

For expecting Mothers addicted to opiates or with children under age of two. Culturally based. On the Reservation housing is available for the participants, in the urban community housing is not. All or most are on the Medical Assisted Treatment program.

- First MOM'S program client was June 15th, 2015
- 75% of clients have over 30 days sobriety
- 'These Moms', 'Those babies' they're a family too
- Two clients received Narcan they administered to someone who Overdosed by a stop sign down the road after they had Narcan training
- MCT Member– Leech Lake – who are the referents?
 - 100% support **Medical Assisted Treatment/suboxone (MAT)**
Treatment for a substance use disorder that includes a pharmacologic intervention as part of a comprehensive substance abuse treatment plan (counseling and behavioral therapies) with an ultimate goal of patient recovery with full social function
<http://www.dpt.samhsa.gov/medications/medsindex.aspx>
 - Heard wonderful things of MOMs program
 - It is working for the people
 - Also, questions about Sanford? babies born there?
 - Civil Commitments refer, etc.
 - W.E. Staff found a client at a jail and brought her to the MOM's program
 - Staff did HARM reduction and people trusted them
 - Council had a big part in having them 'pick their team' for the program
 - Works very closely with **Indian Child Welfare (ICW)**
 - Many clients sign up for voluntary cases with ICW
 - Moms come to program every morning and some of their significant others waited outside for them even in the hot weather
 - Summit participant
 - is 8 months sober and it's very hard going back into the community 2 – 5 times a day she is asked to use drugs but is able to say no because of the support from **MAT** program
 - Whether for or against **MAT**

- We need to stop overdoses and deaths
- Need Narcan in every first aid kit
- Proponent for **HARM** *This is a public health strategy that was developed initially for adults with substance abuse problems for whom abstinence was not feasible. Harm reduction approaches have been effective in reducing morbidity and mortality in these adult populations.*
- Summit Participant – Couldn't have made it in his recovery if he went back to his community
 - Need an open mind on the path to recovery, they need to live
 - Promoting prevention programs in Leech Lake schools
 - Everyone's path is different
- MOMS Success – Summit Participant
 - 3 Addiction Counselors
 - Peer Support
 - Case Aides
 - Security Guards
 - Forestry
 - Administrative Assistants
 - Of all graduates and past participants
- Some clients even made it every day during bad winter weather
- Had a single dad in program who graduated and is now an addiction counselor
- Take your judgement out the window

Oshki Manidoo Center Director

- Started as a youth facility in 2008
- 2013 Women's Wellbriety started there
- Youth residential, Women's Wellbriety, outpatient, outpatient MAT
- MAT new to him and was skeptical at first
 - Educate yourself and see the results
- Even with success at MOM's, some may need a little more help; that's where we come in
- Giving client to meets their cultural needs as well as MAT needs

Nurse – Residential Nursing Expert

- We help with reunification of MOM's and their kids
- Some kids thank them for seeing their mothers sober
- Many people want to 'transplant' and start fresh in a new community but still have support

- Have a lot of dedicated staff
- Also works with ICW closely
- How are civil commitments working with clients at MOMS?
 - Way less than before as far as referrals
 - MOMs are coming to use more even at 4-weeks pregnant as opposed to before when they would be 7 months along
 - Because when staff are 'on' a client it's because we love and care for them
 - Sometimes we have a Civil Commitment worker come in to talk with clients before one happens
 - Very open with clients
 - They know if we report positive VA's to ICW, etc.
 - We have to have hard conversations with clients and not 'kick them out the door' because they have a positive VA

MCT Member – Leech Lake

- Commends the MOMS program for all the work they do
- Every pregnant woman has to have services

OMC Staff

- Waiting list for MOMS?
 - Using MOMS gets you in to Oshki Manidoo (OMC) immediately
- 90-95 women served in 2016 @ OMC
 - Wait list 10-15 typically @ OMC

OMC Staff

- More successful discharges @ OMC

Rich – White Earth MAT Urban Manager

- Proud of commitment White Earth has made in supporting the community
- Audience member: Used for 5 years and hasn't used for 3 days is a big success
 - A lot of stigma with Suboxone. What do we need to do?
 - Suboxone is the grit on our tires that keeps us going on icy roads
 - Are we addicted to suboxone? – NO

Tara Mason White Earth Tribal Council

- Tribal Members came to see her and talk about HARM Reduction concept
 - Said, "we have a problem"
 - HARM reduction a few hours a week; Why are we hiding the needles?

- Staff stated they needed a house or R.V. for harm reduction and then turned into the MOMs program
- Everyone has to be at the table
- Still a lot of stigma of MOMS, MAT and Harm Reduction
 - Deep down, we are making a difference; we have people saying so
- MOMs program had to have commitment and passion
- It's not substituting one addiction for another
 - Seeing children and families being reunited
- No person is going to be left behind; carry your head high because you are making a difference
 - Do you realize how many lives you touched? You are here and you are healthy
 - We have to change our way of thinking; you have to be supportive and have courage

Andrew T– MD, Prescribing Doctor

- Started out at HCMC
- All addictions are totally different
 - Most of high grade opium comes from Afghanistan
- 80% of patients he sees got to heroin before pain pills
- MAT is needed because heroin steals lives
- 16 times less likely not to die if you are in a MAT program
- Days of heroin use, societal costs, improve pregnancy outcomes
- After starting med for example, someone wondered where their phone was when they woke up instead of when/where they would get heroin
- Methadone in a pure agonist
- Suboxone is a mixture of Buprenorphine and Naloxone
 - Issues with Methadone
 - Cheaper
 - More dangerous/ less safety
 - Has to be given in special clinic
 - Suboxone
 - Diversion
 - Best option
 - Safer then Methadone
 - Naltrexone
 - Feeling of Depression; 'don't feel right'
 - Not well tolerated in general
- Match patient to therapy

- What meds should they be on?
- 95% failure rate if not in MAT program
- Less withdrawals with Suboxone as opposed to Methadone
- Lots of people on MAT get jobs, have kids, etc.
- MAT is a friendly program
 - Suboxone issue being an 'addiction' issue
 - Addicted to 'not being sick'
- By far the best drug we have right now to help
- People use suboxone on the street to prevent getting sick when they don't have heroin
- More of it is it being a moralistic issue
- Physiologically, yes you do get dependent on Suboxone but you do not feel the euphoria

MCT Member– 7 Years of Sobriety

- Bought those drugs to prevent withdrawal symptoms
 - Do they digress with the dosage?
 - Some will get off and some will decrease their level
- MAT doesn't help with Meth at all
- Meth doesn't kill at the same rate as heroin does
- Do MAT meds have any long-term effects on babies?
 - I don't know, not enough information
 - Buprenorphine has been used since 1981
 - Studies have not been done

Traditional Healing Break-Out Session

Facilitated by: Merlin Deegan, White Earth Cultural Department

Location: Shooting Star Casino-Roy Lake

10:00am Welcome & introductions

Merlin gave some background information about White Earth & his family history

- 3 ½ yrs. ago White Earth created our cultural division
- If we are going to create change in our communities we need to have community support and Tribal leadership commitments
- Cedar ceremonies monthly for staff & community members (cedar washing & drum/song)
- You have to have consistency in ceremonies
- Fasting camp with Doreen Day
- Need to have Program managers and Divisional Directors on board
- People need to have access to the medicines
- White Earth is creating a Cultural curriculum specific to White Earth
- Anishinaabe World View training for White Earth program managers-mandatory
- Spring 2018 Cultural Training for staff (2 day), staff will receive CEU/certification
- Staff will receive ½ hr. of cultural training during orientation
- White Earth & Naytahwaush clinics expansion will have healing atrium, will have 2 rooms for traditional healers

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MCT Member-White Earth

- Glad to have leadership support
- Need more sweats
- White Earth has many ceremonies
- Naming Ceremonies-some people don't know how to ask for this
- There are a lot of people seeking sobriety and culture
- Skirt teaching & making, regalia, birch bark basket sessions
- Many programs are incorporating culture into programming

What are other communities doing?

- Fond du lac:
 - having issues using tobacco in programming
 - Need RBC leadership support
 - 8-10 yrs. ago had a gathering of traditional healers including some from Canada
- Mille Lacs:
 - Has been having traditional healers in medical clinics for 25-30 yrs.

Concerns from participants:

- Half-way house in Leech Lake is not incorporating culture in program
- Feels suboxone is being pushed on clients
- Would love to see more cultural/traditional medicine training for western medical professions-this came from some non-native Traditional healers can be stretched very thin-do we really want to exhaust them by having them training western providers. Western providers should learn by cultural immersion and attending ceremonies.
- Western medicine gets hung up on research & evidence. Tribal communities understand the limits of western medicine and medical providers requested more traditional medicine training

Barriers:

- Programs are not accepting suggestions for cultural activities for healing
- Finding someone to come do the cultural teaching-right person
- Shaming others for doing some cultural activities
- Services (counseling, group therapy, home visit) bring the money to the programs and there is no funding for cultural programming
- Non-native providers working with tribal communities
- We need to start working together and stop saying "they are from that reservation or that reservation"
- Healers resistance to accept funding
- If you truly support something, you need to have grants written not only for a cultural position but with the "program" in mind also. Unbalanced
- Hasn't heard much about cultural integration into a western medical clinic

Suggestions:

- Discuss concerns with Program managers, directors or council
- Provide community sweat to other tribal communities that don't offer
- Culture is making a connection to something bigger than us.
- We need to know who we are before we can help others
- Don't let the "systems" control you-you need to make a connection with culture, spirituality and self
- We have to learn to not judge others by the color of their skin
- We need to ask where the dollars are going that are written into grants mandated from the affordable care act for cultural support
- We can support our cultural healers with our own systems
- 1115 medical assistance waiver-federal support to recognize traditional healers the same as western dr.
- One community (Lakota) has adopted teaching how to pray has decreased relapse in CD programming
- Need to support our medicine men & women coming out. One community is seeing a lot of great healing with traditional ceremonies, medicines & healers.

- Culture & spirituality needs to be respected
- We need to accept that we are the only group of people that have a true identity on this continent
- Cultural integration needs to start at the 1st well child exam in a medical clinic
- Would like White Earth to share the cultural curriculum when it is completed
- A dialog needs to begin with traditional healers & western medical providers- all 11 tribes hosting a training several times a year for medical providers
- Western medicine needs to understand that traditional healing is a “spiritual” healing. Western medicine is healing from humans and traditional healing is coming from the spiritual path. This needs to be acknowledged. There are similarities but differences too
- Have a gathering of traditional healers to have learning and healing sessions-everyone should bring a gift for the healers

Tribal Leader Breakout Event Hall

More than a dozen Tribal Leaders from the 7 Chippewa nations and the 4 Dakota Sioux Communities provided summit attendees with the opportunity to ask questions leadership. The Leaders took to the podium for nearly two hours of questions and comments. The Tribal Leaders all echoed the same message challenges and problems that plague their communities as a result of the Opioid/Heroin Epidemic.

There was some great dialogue that took place, along with some great ideas and thoughts from the Elder Leadership on the Panel. One Elder Tribal leader discussed the importance of our traditional teachings and how they may hold the answers to what we are facing as Anishinabe and Dakota people.

Though no one has all the answers, the Tribe's and their leadership are looking to their people for some direction and support to take on this epidemic that is destroying our communities and killing our relatives. Each one of the leaders that addressed the summit attendees shared that message, but each also expressed a message of hope as well.

Tribal Nations Opioid Summit 2017

Draft Action Plan

Facilitator Shirley Cain – MN DHS

We would like to set up an action plan right now.

She has been going to summits/conferences for a while now and has heard discussion and seen data, but, there has not been a set action plan that evolved from those summits.

She would like to set up a Committee with representatives from each tribe that attended the summit today.

The name of committee will be **Healing Wellness Committee**.

Groups that are still here are:

- Leech Lake
- Upper Sioux
- Mille Lacs

*Established a sign-up list for the Healing Wellness Committee. This can develop as the word gets out to tribes/agencies for other volunteers to sign up for this Committee.

The committee would like to meet on the phone on a bi-monthly basis, which can be changed as we move along with our plan.

The group that was at the last part of the meeting on Tuesday, 11/14/2017 developed the following ideas and suggestions for a draft of the Action Plan:

TRIBAL ACTION PLAN

1. We would like to see Narcotics Anonymous, Alcoholics Anonymous or Talking Circle meetings set up within the respective tribal and urban communities. This should not be costly. It will be time-consuming and would be beneficial as this would be a support group for people in the communities that need more formal support with recovery.
2. We would like to see more cultural activities for families that would like to continue their sobriety and recovery. This type of assistance would be good for these families. For example, craft-making, regalia design and development, giving of Indian names, puberty teachings and healthy Native American parenting teachings.
3. We need Native American culturally-based treatment centers for Native Americans who want to recover.
4. We need community advocates to help identify barriers to recovery.
5. We need juvenile cultural wellness centers for Native youth instead of juvenile detention centers.
6. We need more sober activities for Native people who want to maintain their sobriety and recovery. We can host activities instead of sitting at home. We need 24-hour drop in centers for people to access other sober/recovery people for support and to have a safe place to go.
7. We can have recreational or community events to help families maintain recovery, give them something to do in their spare time and have quality family/community time.
8. In our schools and communities, we would like to promote an anti-bullying policy to stop the bullying. For example, teaching youth and adults to be proud of being Native to promote some of the Native values of bravery, courage and humility.
9. We would like to see the DARE program re-implemented in schools. Schools could be teaching lessons that parents need help with teaching them. This could be the beginning of going back to our original Native values of respect, sharing, caring, promoting sober and non-drug use lifestyles, etc.
10. We would like our Native languages utilized in our everyday lives for children and families. We would like to see classes being taught that teaches us about our land, treaties, our ecological systems and our water.
11. We need to re-evaluate our social activities. For example, too many people are spending too much time with electronics and not enough time with physical activity

and good nutrition. This should be part of the promotion of healthy lifestyles for Native people.

12. We need more community education to help parents assist with making wiser choices with setting priorities, their families, parenting, being clean and sober and living healthy.

13. Tribes should be holding people accountable for their choices and not helping to enable people to live the unhealthy lifestyles.

14. We need to help our people develop skills so they hold down good paying jobs. It does not have to be college, they can attend a trade school or vocational-technical school to learn a skill, to obtain safe and affordable housing and to be successful and proud.

15. Assist with advocacy for families with children in schools in their communities.

16. We need more cultural camps to help our community learn how to gather medicines and foods and participate in hunting/fishing to teach our people how to respect our plants and animals. We would like to bring back our original teachings for our Native people.

17. We would ask our Tribal leaders to be available to assist with this plan as we move forward. We would also request that tribes and other organizations involved set a policy to authorize their staff to work with this committee.

18. We ask that our non-Natives who work with our Native people or clients, to receive cultural training so they know the history, culture and traditions of the people they work with.