

Presented By:

Ashley Anderson, Training and Technical Assistance Specialist, and Chris Cuestas, Consultant, Tribal Youth Resource Center



Tribal Youth Resource Center Strategic Planning Resource for Tribal Youth Programs www.TribalYouth.org

LEARNING OBJECTIVES

Attendees will learn:

- 1. About the opioids in Indian country;
- 2. About drug trafficking and the growth of dangerous synthetic drugs and mixes (fentanyl, methamphetamine, xylazine, and nitazene);
- 3. That drug trafficking organizations are using social media to reach their victims;
- 4. That Narcan (Naloxone) alone is an insufficient response;
- 5. That Medication Assisted Treatment (MAT) PLUS counseling and supports, is the standard of care for people with Opioid Use Disorder (OUD);
- 6. Drug Courts are dealing with OUD by decreasing the time to drug court admission or by offering assessment and enrollment in treatment at initial juvenile or criminal court hearings;
- 7. Tribes may engage in critical care coordination in the form of mobile crisis teams, services, and response units; and
- 8. Juvenile Healing to Wellness (JHW) Courts serving a target population experiencing OUDs, may want to consider incorporating one or more of these responses.

The opioid epidemic has had profound effects on tribal communities. Since 1999, deaths due to drugs among American Indian and Alaska Native (AI/AN) people have quadrupled, and in 2017, Native people had the second-highest opioid death rate of any group in America. Across Indian Country, we have seen families torn apart, jobs lost, rising homelessness, the spread of disease, and impacts on community members' ability to participate in aspects of their culture.

-Tribal Opioid Response, Healing our Nations Together, National Strategic Agenda

OPIOIDS

Class of pain-relieving drugs

Opiates – Come from Opium

- Natural Opiates morphine and codeine
- Semi-synthetic modified natural opiates (Heroin, Oxycontin, and Vicodin)

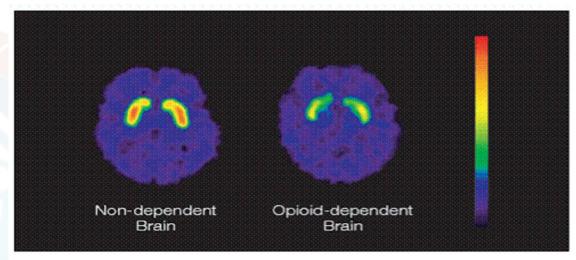
Other opioids not based on natural opioids

 Demerol, Fentanyl, and Carfentanil – can be very potent

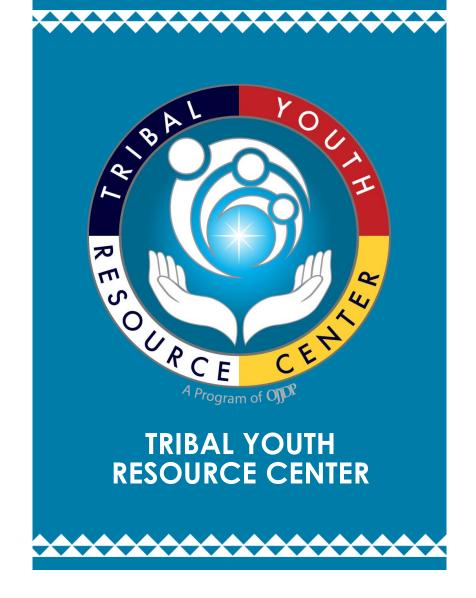
Tolerance can develop/disappear quickly

Withdrawal symptoms are significant

Non-Opioid-Dependent and Opioid-Dependent Brain Images



PET scan images show changes in brain function caused by opioid dependence. The lack of red in the opioid-dependent brain shows a reduction in brain function in these regions.



DRUG TRAFFICKING

and the Growth of Dangerous
Synthetic Drugs

www.TribalYouth.org



DRUG SMUGGLING INTENSIFIED DURING THE COVID-19 PANDEMIC

- One of the most significant accelerants for intensified cartel and international drug smuggling organizations in the 21st Century was the Covid-19 Pandemic
- An unexpected growth in fentanyl and opioid analogs followed
- Lack of law enforcement/manpower challenges sent a dynamic and clear message



Fentanyl drug traffickers are sentenced in court last year in Xingtai in northeast China's Hebei province. The court sentenced at least nine fentanyl traffickers in a case that was the culmination of a rare collaboration between Chinese and U.S. law enforcement to crack down on global networks that manufacture and distribute lethal synthetic opioids.

Jin Liangkuai/Xinhua via AP

NPR, 'We Are Shipping To The U.S.': Inside China's Online Synthetic Drug Networks, November 17, 2020, Emily Feng

DANGEROUS SHIFT TO SYNTHETIC DRUGS

The DEA's 2024 National Drug Threat Assessment:

Highlights the dangerous shift from plant-based drugs to synthetic drugs

 Synthetic drugs, including fentanyl (a synthetic opioid) and methamphetamine (a synthetic stimulant), are responsible for nearly all of the fatal drug poisonings in the U.S.

The Sinaloa and Jalisco Cartels are at the heart of the crisis

- Global criminal enterprises that have developed global supply chain networks
- Rely on chemical companies and pill press companies in China to supply the precursor chemicals and pill presses needed to manufacture the drugs
- Operate clandestine labs in Mexico where they manufacture these drugs, then utilize their vast distribution network to transport the drugs into the U.S.
- Rely on associates in the U.S. to distribute the drugs at a retail level on the streets and on social media

This shift has resulted in the most dangerous and deadly crisis the United States has ever faced.

Ann Milgram, Administrator,
 U.S. DOJ, Drug Enforcement
 Administration

Source: U.S.DOJ, Drug Enforcement
Administration, National Drug Threat
Assessment 2024
https://www.dea.gov/sites/default/files/2024-05/5.23.2024%20NDTA-updated.pdf

Mexican Cartels in all 50 States

FIGURE 1: MEXICAN CARTEL PRESENCE IN THE UNITED STATES

CO CA AZ NM GA TX

Source: U.S.DOJ, Drug Enforcement Administration, National Drug Threat Assessment 2024 (citing DEA, March 2022-2024) https://www.dea.gov/sites/default/files/2024-05/5.23.2024%20NDTA-updated.pdf

REACH INTO AMERICAN COMMUNITIES

A web of illicit drug wholesalers ...

- only one step removed from the cartels in Mexico
- operate in major cities throughout the United States, like Los Angeles,
 Phoenix, Houston, Chicago, Atlanta, Miami, and others

Smaller branches of the cartels spread the drugs further ...

- often using social media platforms and messaging applications
- to advertise their deadly products
- to recruit couriers and gangs
- whose main aim is to get the illegal drugs into the hands of users
- selling on the streets, over apps and social media, and in schools

Cartels, their members, and their affiliated drug trafficking organizations in the United States use social media platforms:

- Facebook, Instagram, TikTok, and Snapchat
- Encrypted messaging applications, such as WhatsApp, Telegram, Signal,
 Wire, and Wickr
- to coordinate logistics and communicate with victims

Thousands of Sinaloa and Jalisco cartel-linked drug dealers in the United States bring illicit fentanyl, methamphetamine, and other drugs into American communities every day.

- 2024 National Drug Threat Assessment

Source: U.S.DOJ, Drug Enforcement
Administration, National Drug Threat
Assessment 2024
https://www.dea.gov/sites/default/files/2024-05/5.23.2024%20NDTA-updated.pdf

FENTANYL

(fentanyl manufactured by criminal organizations, not the pharmaceutical fentanyl used in clinical settings or prescribed by a doctor)

According to the Centers for Disease Control and Prevention (CDC)

- Synthetic opioids were involved in 74,225 deaths in 2022 (68 percent of the total 111,036 deaths that year).
- Psychostimulants, the class of drugs that includes methamphetamine, were involved in 31 percent of the overall deaths.
- Provisional CDC data for January-June 2023, shows that nearly 38,000 people died as the result of a synthetic opioid (usually fentanyl) overdose or poisoning in the first six months of the year.

Fentanyl is the deadliest drug threat the United States has ever faced, killing nearly 38,000
Americans in the first six months of 2023 alone.

-2024 National Drug Threat
Assessment

Source: U.S.DOJ, Drug Enforcement
Administration, National Drug Threat
Assessment 2024
https://www.dea.gov/sites/default/files/2024-05/5.23.2024%20NDTA-updated.pdf

FENTANYL (CONT.)

- In pill form, fentanyl is made to resemble a genuine prescription drug tablet
- Users of other illegal drugs risk taking an already dangerous drug like cocaine, heroin, or methamphetamine that is laced or replaced with fentanyl

Source: U.S.DOJ, Drug Enforcement
Administration, National Drug Threat
Assessment 2024
https://www.dea.gov/sites/default/files/2024-05/5.23.2024%20NDTA-updated.pdf





DEA Fentanyl Seizures in 2024
In 2023, DEA seized more than 80
million fentanyl-laced fake pills and
nearly 12,000 pounds of fentanyl
powder. The 2023 seizures are
equivalent to more than 381 million
lethal doses of fentanyl.

The 2024 fentanyl seizures represent over 208 million deadly doses.

U.S. Drug Enforcement Administration (DEA), One Pill Can Kill

https://www.dea.gov/onepill

FENTANYL (CONT.)

- The Sinaloa and Jalisco cartels manufacture fentanyl in different forms to make it appealing to more kinds of drug users.
- Multicolored pills known as "rainbow fentanyl" first appeared in 2022, pressed and marked in pastel colors.
- The rainbow pill are appealing to the ecstasy (MDMA) user group [adolescents]

Source: U.S.DOJ, Drug Enforcement
Administration, National Drug Threat
Assessment 2024
https://www.dea.gov/sites/default/files/2024-05/5.23.2024%20NDTA-updated.pdf



XYLAZINE

Xylazine is not a synthetic opioid, but its growing prevalence in fentanyl mixtures complicates the reversal of opioid overdoses with naloxone and is responsible for widespread reports of injection site infections and necrosis (soft tissue death) resulting in amputations.

- Xylazine is a sedative, not an opioid.
- It is used as an anesthetic in veterinary medicine.
- Xylazine is being added to fentanyl by drug traffickers, a mixture known as "tranq" in illicit drug markets.
- This increases the risk of death from fentanyl poisoning.

Source: U.S.DOJ, Drug Enforcement Administration, National Drug Threat Assessment 2024 https://www.dea.gov/sites/default/files/2024-05/5.23.2024%20NDTA-updated.pdf



The New York Times

"Tranq Dope: Animal Sedative Mixed With Fentanyl Brings Fresh Horror to U.S. Drug Zones"

A veterinary tranquilizer called xylazine is infiltrating street drugs, deepening addiction, baffling law enforcement and causing wounds so severe that some result in amputation.

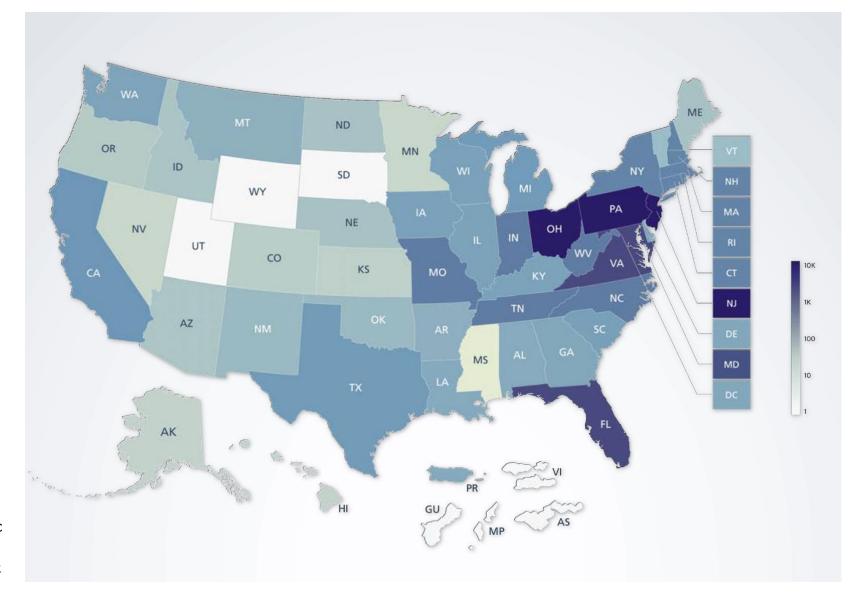
By Jan Hoffman, Jan. 7, 2023

https://www.nytimes.com/2023/01/07/health/fentanyl-xylazine-drug.html



FIGURE 12: STATES WITH REPORTED SEIZURES OF XYLAZINE, 2023

Source: U.S.DOJ, Drug Enforcement
Administration, National Drug Threat
Assessment 2024 (citing DEA National Forensic
Laboratory Information System)
https://www.dea.gov/sites/default/files/2024-05/5.23.2024%20NDTA-updated.pdf



NITAZENES

Are synthetic opioids, like fentanyl:

- But some nitazenes can match or surpass the potency of fentanyl
- Different Nitazenes have been appearing in fentanyl mixtures in the United States since 2019
- When combined with fentanyl, the effects of both drugs are heightened, which significantly increase the chance of fatal drug poisoning

The mixtures are probably being made mainly by mid-level and street-level dealers in the United States.

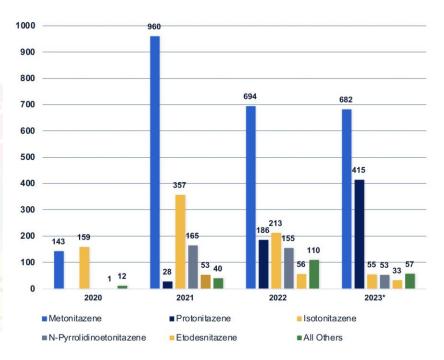
Nitazenes are sold by China-based chemical suppliers through online marketplaces.

Nitazenes, such as metonitazene, etonitazene, isotonitazene, and protonitazene are listed under Schedule I of the Controlled Substances Act (CSA) in the United States and are also internationally controlled. Other nitazene analogues have been temporarily or emergency-scheduled in Schedule I.

Chemical suppliers, mainly located in China, introduce new nitazenes when the ones currently used b3come riskier to produce due to regulatory actions and drug scheduling, or users look for novel opioids that are not yet illegal. For example, DEA's National Forensic Laboratory Information System (NFLIS) identified four new nitazenes in 2023.

Figure 10: Nitazene Detections by DEA Forensic Laboratories, 2020-2023'

NFLIS ENCOUNTERS WITH NITAZENES, 2020-2023*



*2023 data is preliminary and subject to change

Source: National Forensic Laboratory Information System, report retrieved January 5, 2024

Source: U.S.DOJ, Drug Enforcement Administration, National Drug Threat Assessment 2024

https://www.dea.gov/sites/default/files/2024-05/5.23.2024%20NDTA-updated.pdf

CRIMINAL ORGANIZATIONS ARE GETTING AROUND NARCAN (NALOXONE)

- Drug intelligence supported by cartel member interviews and debriefs indicate that Naloxone or Narcan was having an impact on the street drug market.
- This led to a strategic response by drug trafficking organizations to emphasize "Tranq Dope," mixtures of xylazine and "ISO," or nitazene in their fentanyl blend.
- This strategy would, and still does, negate the impact of Narcan.

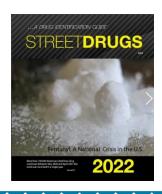


Doses of Narcan in a vending machine at a safe drug site in Providence, R.I. Credit. Erin Schaff/The New York Times

The New York Times
F.D.A. Approves Narcan for Over-the-Counter Sales
March 29, 2023, Jan Hoffman
https://www.nytimes.com/2023/03/29/health/narcan-over-the-counter.html

DRUG DISTRIBUTION ON TRIBAL LANDS

- It is estimated that the over 20,000 drug scouts crossed into the U.S. focusing on the new revenue streams within secondary and tertiary communities, inclusive of Tribal communities.
- This has led to an expansion of drug distribution into and access to Tribal lands.







K5

Tulalip Tribal Police issue warning after uncovering rainbow fentanyl pills

Natalie Swaby, September 22, 2023

The Tulalip Tribal Police Department says detectives seized 50 rainbow fentanyl pills this week during a narcotics investigation.

"This was new to Tulalip," said Police Chief Chris Sutter. "A person brought the pills onto the reservation; a non-tribal member."

https://www.king5.com/article/news/local/tulalip-tribal-police-fentanyl-warning/281-0c8db18c-e70e-4cc8-bfa4-ef30988ab9af

NALOXONE (NARCAN)

Source: National Institute on Drug Abuse

Naloxone DrugFacts

https://nida.nih.gov/publications/drugfacts/naloxone

What is naloxone?

- Naloxone is a medicine that rapidly reverses an opioid overdose.
- It is an opioid antagonist (this means that it attaches to opioid receptors and reverses and blocks the effects of other opioids).
- Naloxone can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose.
- But, naloxone has no effect on someone who does not have opioids in their system, and it is not a treatment for opioid use disorder.
- Examples of opioids include heroin, fentanyl, oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, and morphine.

How is naloxone given?

Naloxone should be given to any person who shows signs of an opioid overdose or when an overdose is suspected.

Naloxone can be given as a nasal spray or it can be injected into the muscle, under the skin, or into the veins.

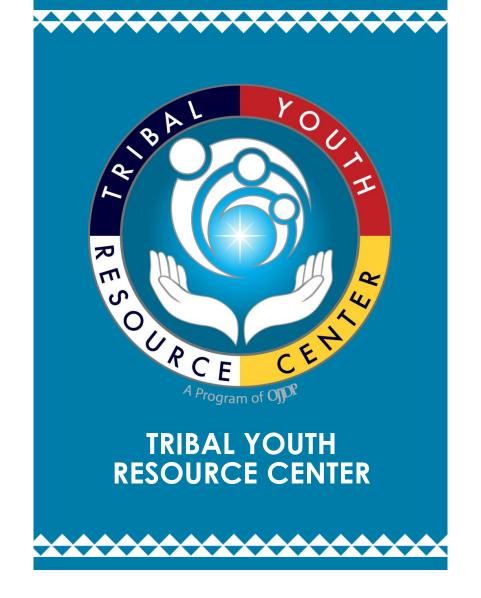
Steps for responding to an opioid overdose can be found in the Substance Abuse and Mental Health Administration's (SAMHSA) Opioid Overdose Prevention Toolkit. Available at: https://www.samhsa.gov/resource/ebp/overdose-prevention-response-toolkit



CHALLENGES WITH NALOXONE (NARCAN)

- The product is falsely being recognized as a form of treatment and recovery.
- In drug culture, there is a belief that Narcan will allow the user to regain consciousness, thus motivating a re-ingestion of fentanyl.
- Side effects have led to class action lawsuits
- Shelf-life concerns
- Weather effects potency





ACCESS TO MEDICATION

ASSISTED TREATMENT (MAT)

www.TribalYouth.org



TRIBAL, EVIDENCE-BASED, AND PRACTICE-BASED TREATMENT AND RECOVERY SERVICES

Medication-Assisted Treatment Treatment for People with Opioid Use Disorder (OUD)

- Medication-assisted treatment (MAT) includes taking certain medications, like buprenorphine, which decrease cravings to take opioids, while also receiving care from a behavioral health counselor.
- Research demonstrates that MAT is often more successful than treatment alone.
- Research also demonstrates that MAT is more successful at helping people with OUD recover than abstinence-based approaches.

Source: Northwest Portland Area Indian Health Board, Tribal Opioid Response, Healing our Nation Together, National Strategic Agenda

https://www.npaihb.org/wp-content/uploads/2020/03/NPAIHB TOR Agenda Booklet FINAL.pd



NC Health News

Native Americans look for ways to stop soaring overdose deaths North Carolina's opioid crisis has devastated the American Indian population more than any other. Combating it effectively requires a new approach, and a lot of money.

by Melba Newsome, February 9, 2022,

https://www.northcarolinahealthnews.org/2022/02/09/native-americans-look-for-ways-to-stop-soaring-overdose-deaths/

TRIBAL, EVIDENCE-BASED, AND PRACTICE-BASED TREATMENT AND RECOVERY SERVICES (CONT.)

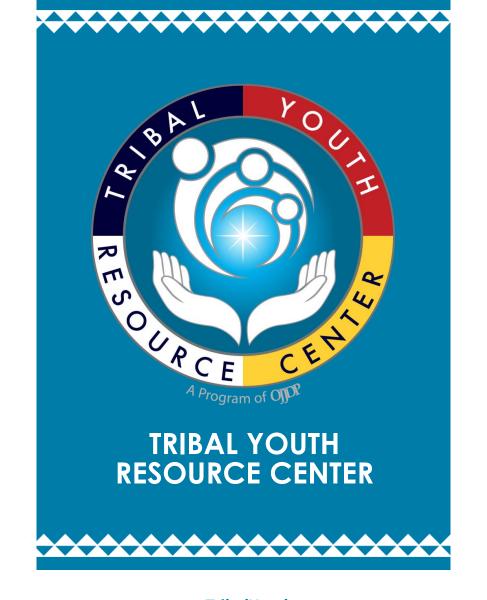
The Tribal Opioids Response and National Strategic Agenda recommends:

- Removing Barriers to Care (childcare, transportation, transitional housing) "accessing these services should be considered a formal part of a treatment plan"
- **Developing an Integrated Treatment Model** (where a range of out-patient services, including substance use counselling, mental and behavioral health services, primary medical care, and case management, are provided under one roof)
- Develop Protocols to Ensure MAT Benefits the Individual and Community (develop clear protocols that establish criteria that must be met before patients on MAT are allowed to graduate from receiving daily doses of medications at the clinic to taking the medications home)
- Develop Comprehensive Recovery Services (sufficient discharge coordination and linkages to care after graduating from inpatient treatment facilities or being released from jail)
- Offer Training to Providers (to stay up to date on current treatment protocols, grow their skills, and implement evidence-based treatments)
- Ensure that Treatment and Recovery Services are Inclusive (create an affirming environment for Two Spirit and LGBTQ+ patients)
- Create new Inroads to Treatment (improve new pathways to services to increase access)

Source: Northwest Portland Area Indian Health Board, Tribal Opioid Response, Healing our Nation Together, National Strategic Agenda

https://www.npaihb.org/wpcontent/uploads/2020/03/NPAIHB_TO R Agenda Booklet FINAL.pd





HOW THE STATE DRUG
COURTS ARE DEALING WITH
OPIOIDS AND MEDICATIONASSISTED TREATMENT (MAT)

www.TribalYouth.org



OPIOIDS AND STATE DRUG COURTS

In State Drug Courts:

- Many if not most State Drug Courts have experienced a fatal overdose
- Some are experiencing overdose deaths in the time between a criminal arraignment and enrollment in Drug Court
- People are not getting engaged in treatment until they are officially part of the Drug Court, and they continue to use
- The Buffalo Opioid Court Model offers assessment and enrollment in treatment (including MAT) at arraignment with counselors standing by
- Medication Assisted Treatment (MAT) is the standard of care, WITH counseling

The counselling component:

- Is important for addressing trauma, mental health issues, triggers and cravings
- Many people use more than one substance
- However, it is important not to make getting medication dependent on counseling participation

Medications:

- Can reduce cravings
- Can enhance engagement in treatment
- Can reduce use of other substances
- Can increase contact with professional caregivers
- Reduces crime
- Can save lives!



OPIOIDS AND STATE DRUG COURTS (CONT.)

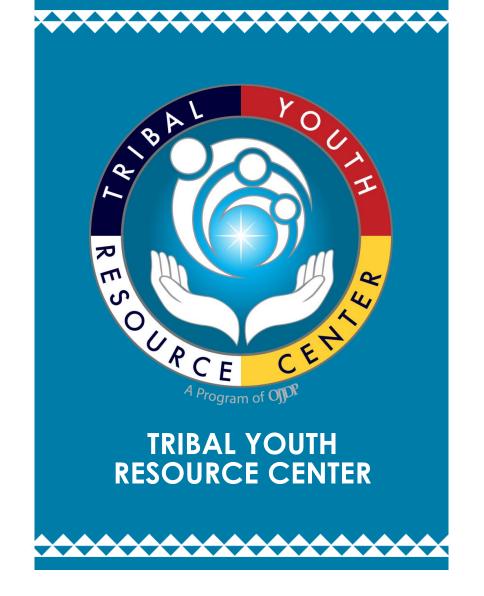
Common obstacles to implementing Medication-assisted Treatment (MAT) in Drug Courts:

- Stigma (based on philosophical bias and erroneous beliefs about the mediation)
- Logistics/Access (methadone is highly regulated, clinics not everywhere, caps on numbers of patients; buprenorphine prescribing no longer requires special waiver, no limit on patients)
- Cost
- **Diversion** concerns ("Diversion" is a term used when medications are directed illegally to a marketplace or to another person without a prescription.)

OPIOIDS AND STATE DRUG COURTS (CONT.)

Addressing Erroneous Beliefs (with education - visit an opioid treatment program (OTP and talk with patients):

- May people have achieved Recovery without medication. True
- If you have to take medication, it's not "real recovery." False
- You are just replacing one drug with another. No, it's medication
- People on MAT are just zombies. False
- People on MAT can't function normally. False
- People on MAT can't take care of their children. False



CRITICAL CARE COORDINATION

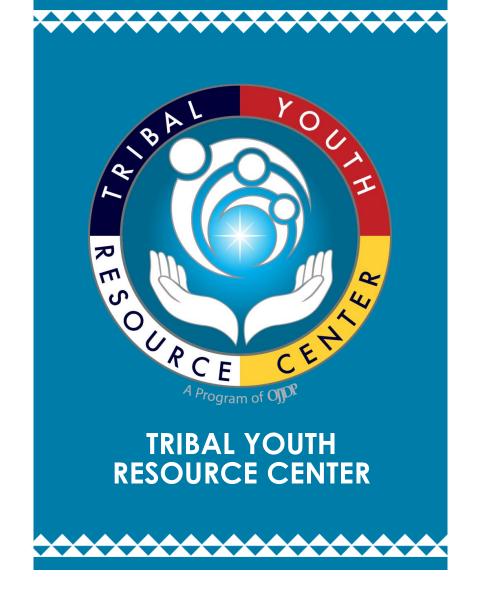
www.TribalYouth.org



OPIOID WITHDRAWAL SYNDROME

- The first 48-most critical time of coordinating support
 - Medical Management
 - Medicated Assisted Treatment (MAT)
 - Nutrition
 - Psychological and Emotional Support
 - Counseling
 - Family Support and Stability
 - Supervision and Safety
 - Culture and Holistic Integration
 - Follow Up and Continued Education
 - Increased need for treatment retention
- Risk of overdose increases significantly in the period immediately after treatment stops

Source: National Library of Medicine



CURRENT RESPONSE EFFORTS

www.TribalYouth.org



LOCAL TRIBAL CRISIS INTERVENTION MODELS

- Cherokee Nation's ONE FIRE Domestic Violence Mobile Crisis Team (Oklahoma)
- First Nations Community HealthSource Mobile Crisis Services (New Mexico)
- Navajo Nation Behavioral Health Services (Arizona/New Mexico/Utah)
- Pueblo of Zuni's Integrated Mobile Health Team (New Mexico)
- Spirit Lake Nation Mobile Crisis Response (North Dakota)
- White Earth Nation Mobile Crisis Response Unit (Minnesota)
- Yakama Nation Behavioral Health Services (Washington)



Coleman Cox shows items offered at the Cherokee Nation harm-reduction van in Vinita, Oklahoma, on 7 November 2023. Photograph: Shane Brown/Native News Online

The Guardian

'We hold you sacred': how a mobile drug unit is fighting the opioid crisis in the Cherokee Nation This article is more than 5 months old Led by Native people, an Oklahoma program provides life-saving supplies and addiction care to remote tribal areas

Elyse Wild, Native News Online, 8 Feb 2024

NATIONAL INTERVENTION MODELS

- Assertive Community Treatment (ACT)
- Behavioral Health Crisis Centers
- California's Crisis Continuum of Care (Mobile Crisis Response)
- Community Mental Health Teams (CMHT)
- Crisis Intervention Team (CIT)*
- Crisis Now
- Integrated Mobile Crisis Response Team
- Living Room Model*

^{*}Note: Crisis Intervention Team (CIT) and Living Room Model focus primarily on mental health crises but may coordinate with other services for substance use support.

TRIBAL MEDICATION ASSISTED TREATMENT (MAT) OR MAT IN TRIBAL COMMUNITIES

Confederated Tribes of the Chehalis Reservation's Hope and Healing Clinic (WA) (BJA COSSUP)

Confederated Tribes of Siletz Indians Community Health Clinic (OR)

Didgwalic Wellness Center, Swinomish Indian Tribal Community (WA)

Ho-Chunk Nation's Healing to Wellness Court offers MAT

Lac Courte Oreilles Band of Lake Superior Ojibwe (WI) – MAT available at the community health center and the Biizhiki Wellness Center (BJA COSSUP).

Lummi Nation Healing Spirit Outpatient Treatment Program Clinic (WA) (BJA COSSUP)

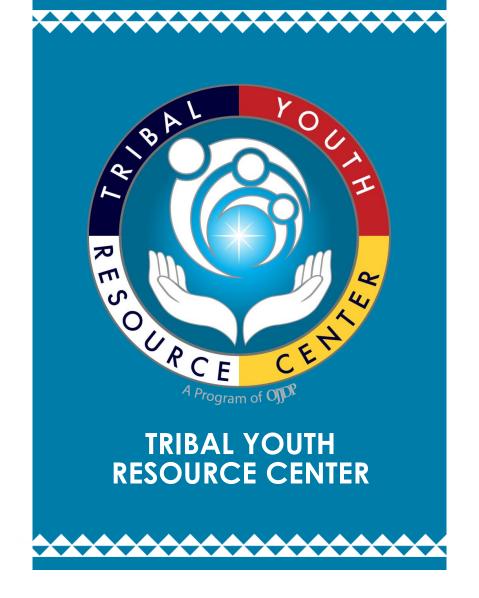
Makah Tribe (WA) (jail-based MAT as part of BJA COSSUP Project)

Saginaw Chippewa Healing to Wellness Court (MI) has an MAT Program

Spotted Bull Recovery Resource Center, Ft. Peck Tribe (MT) (MAT is an available service as part of their overall chemical dependency/intensive outpatient treatment programs)

Southern Ute (CO) – their MAT focuses mainly on alcohol use disorder

Tulalip Tribes (WA) Recovery Resource Center (with particular emphasis on expanding awareness of/access to Naloxone)



IMPLICATIONS FOR YOUR
JUVENILE HEALING TO
WELLNESS (JHW) COURT

www.TribalYouth.org

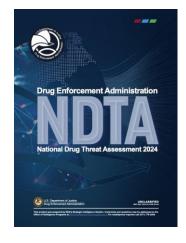


IMPLICATIONS FOR JHW COURTS

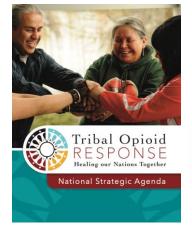
Consider:

- Shortening the time between the initial juvenile court hearing and JHWC admission
- The Buffalo Opioid Court Model which offers assessment and enrollment in treatment at initial court hearings with counselors standing by
- Establishing or accessing Medication Assisted Treatment (MAT) for your participants - which is the standard of care, WITH counseling, AND wraparound supports

RESOURCES

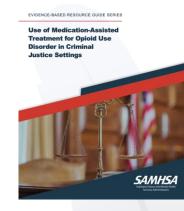












U.S. Department of Justice, Drug Enforcement Administration, National Drug Threat Assessment 2024

Available at:

https://www.dea.gov/sites/default/files/2024-05/5.23.2024%20NDTA-updated.pdf U.S. Department of Justice, Drug Enforcement Administration, One Pill Can Kill Social Media Campaign

Available at:

https://www.dea.gov/onepill/social-media

Northwest Portland Area Indian Health Board, Tribal Opioid Response, Healing our Nation Together, National Strategic Agenda

Available at:

https://www.npaihb.org/wpcontent/uploads/2020/03/NPA IHB_TOR_Agenda_Booklet_FIN AL.pd

Northwest Portland Area Indian Health Board, Opioid Use Disorder

Available at:

https://www.npaihb.org/opioid/

Northwest Portland Area Indian Health Board, Family Care Plans Toolkit

Available at:

https://www.indiancountryecho.org/family-care-planstoolkit/

SAMHSA, Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings

Available at:

https://www.samhsa.gov/re source/ebp/use-medicationassisted-treatment-opioiduse-disorder-criminaljustice-settings



RESOURCES (CONT.)



Centers for Disease Control and Prevention

Available at:

https://www.cdc.gov/drugo verdose/featuredtopics/drug-freecommunities.html

THE WHITE HOUSE

Office of National **Drug Control Policy**

Available at:

https://www.whitehouse.g ov/ondcp/



Substance Abuse and Mental **Health Services** Administration

Available at:

https://www.samhsa.gov/data/release/ 2022-national-survey-drug-use-andhealth-nsduh-releases#annual-nationalreport



U.S. Customs and **Border Protection**

Available at:

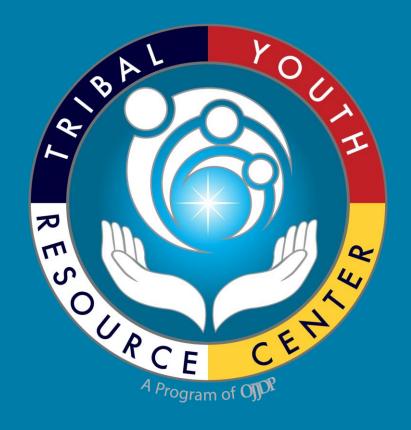
https://www.cbp.gov/newsr oom/stats/drug-seizurestatistics



BJA Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) Available at:

https://bja.ojp.gov/program /cossup/about





THANK YOU!

TRIBAL YOUTH RESOURCE CENTER

www.TribalYouth.org



www.TribalYouth.org

Evaluation

Please take a moment to complete the session evaluation. Your feedback is greatly appreciated.

If you need a paper copy, please ask for one from a Tribal Law and Policy Institute staff member.