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Tribal Leader Summit on Alcohol and Substance Abuse

In conjunction with the
Healing Our Spirit Worldwide Conference

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“Responding through Collaborations”

by

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I am pleased to be here today to address a topic that is of great concern to all of us in the Indian Health Service, in Indian country within the United States, and indeed to the indigenous people of the world, as can be seen by the many forums and discussions on alcohol and substance abuse being held this week by international groups at the Healing Our Spirit Conference.

Alcohol and substance abuse is such a personal and individual illness, but it has devastating consequences beyond the individual – to their family, their community and even to their culture. Particularly in our culture of caring, people with alcohol and substance abuse are not outcasts who are left to fend for themselves.

It is of critical importance that the issue of alcoholism and substance abuse begin to receive the national and international attention that the severity of this problem warrants. It is time—past time—that we focus on this issue in consultation with tribal leadership around the world.

- In America, the rate of alcoholism-related deaths for Indians is more than 7 times that of the general population.
- The rate of alcoholism-related deaths for Indian youth between the ages of 15 and 24 is particularly heart breaking – it is over 12 times that for the general population. And for young adults between the ages of 25 and 34 the rate is 13 times that of the general population.
- Frequently in Indian Country, communities experience episodes of “cluster suicides” that are often related to Alcohol and Substance Abuse.
- Substance abuse continues to be a leading contributor to health problems among American Indians and Alaska Natives. Illegal drug use among Indians is almost twice that for the general population.

The text is the basis of Dr. Grim’s oral remarks at the Healing Our Spirits Worldwide Conference in Albuquerque, New Mexico, on Tuesday, September 3, 2002. It should be used with the understanding that some material may have been added or omitted during presentation.

These statistics relate to the President's and the Secretary's focus on health disparities across the nation. American Indian and Alaska Native alcoholism and substance abuse rates are certainly at disparity with the general population. These are alarming statistics, and if we do not do something about them, the rates will get worse.

What is the Indian Health Service doing about it? We fund approximately 400 alcoholism and substance abuse programs throughout Indian country that provide a number of treatment and prevention services to rural and urban communities. And out of the \$130 million out there, approximately 90% is managed by Tribes. In FY 2001, we received a \$30 million increase, a huge 30% increase for one year. This increase signals the intent and interest of Congress and the Administration to address this important issue in Indian Country. However, even with this increase, and even with this number of programs, the needs for Alcohol and Substance Abuse treatment and prevention in tribal and urban Indian communities across the nation exceeds resources available to us.

However, within our Tribal and Urban Indian communities we have vast untapped resources of potential collaborators and partners in social services, housing, employment, education and other providers of services that can begin to make a difference. Alcoholism and substance abuse are not isolated problems; they are also a symptom of a community, family, or culture in crisis. Health is a component of wellness and the complexity of health issues facing Indian country requires a holistic approach toward wellness. Treating the individual and also treating the cause or the environment they will return to will increase their chances for a healthy and positive future.

Tribal Leaders can provide the necessary consultation and information to any and all federal and state programs, academic and philanthropic organizations, and medical, education, and business associations to strengthen their partnerships and joint programs; and to also establish new programs.

An example of effective collaboration occurred last week at the National Consultation Meeting. Tribal and Urban Indian leadership joined with the Indian Health Service to develop a 5-year strategic plan. The consultation meeting focused on four major areas:

1. Shared vision for the future
2. Challenges and barriers to the vision
3. Strategic Directions
4. Implementation Plan with specific timeline

Out of this focus the workgroup outlined nine strategic directions that the Indian Health Service, in partnership with Tribal and Urban Indian communities, should address:

1. Improved technology access
2. Trends, Data, Research
3. Develop alternative funding sources
4. Leadership development
5. Community education and awareness of alcohol and substance abuse prevention
6. Alcohol and substance abuse counselor and provider professional development
7. Implement a "Call to Action" health education campaign for Indian Country
8. Develop new partnerships and strengthen existing ones
9. Treatment programs to focus on intervention, treatment, and aftercare.

Together we can define the opportunities where others can participate in meeting not only the treatment needs of alcohol and substance abuse, but also the quality of life issues to reduce or remove the risk for seeking alcohol or other substances to fill the void created by poverty, limited educational opportunities, a lack of employment options, or separation from our cultural and traditional heritage.

We need to build on our strengths – we need to fortify and enhance the use of existing cultural and spiritual support systems in Indian communities. With the help of you here today, and all the other dedicated and dynamic Indian leaders, we can and will continue to work together to improve the quality of life for American Indians and Alaska Natives.

Thank you.