



**EXECUTIVE SUMMARY:
ADDRESSING THE OPIOID CRISIS IN
AMERICAN INDIAN ALASKA NATIVE
COMMUNITIES: A STATEWIDE
NEEDS ASSESSMENT**



RECOMMENDATIONS

These recommendations, which are based on the perspectives of AIAN community members and service providers in urban and rural Tribal settings, in combination with the analysis of the needs assessment team, can assist AIAN populations throughout California, policy makers, and other stakeholders to strategize achievable goals to reduce the opioid crisis.

Acceptability and efficacy of these recommendations vary by communities and selection of strategies and/or recommendations to implement should be decided by the community.

BACKGROUND: In the United States from 1999 to 2009, death rates involving opioid pain medication were higher among American Indians and Alaska Natives (AIAN) than among any other racial or ethnic minority group. California has the largest AIAN population in the US, with over 720,000 AIAN individuals representing approximately 2% of the California population. Reflecting national trends, AIANs have the highest death rates involving opioid use. *Addressing the Opioid Crisis in American Indian & Alaska Native Communities in California: A Statewide Needs Assessment* report recognizes the need to address the opioid overdose crisis in AIAN communities in California and aims to identify gaps in prevention, treatment, and recovery services (including medication-assisted treatment, or MAT) targeted to these communities.

Over the course of nine months (March-November 2018), a collaborative research team comprising AIAN researchers, urban Indian agency partners, Tribal entities, students and staff from the University of Southern California, as well as community liaisons engaged in qualitative focus groups and key informant interviews. A participatory action research (PAR) approach was used to gather community perspective from Tribal and urban AIAN populations in California.

The goals of the needs assessment and this subsequent report were to 1) identify the most common substances used in their community, 2) survey the availability of and access to MAT and other opioid use disorder/substance use disorder (OUD/SUD) treatment and recovery services, 3) understand the impact of culturally centered services on OUD/SUD prevention, treatment, and recovery, and 4) capture recommendations to improve OUD/SUD prevention, treatment, and recovery services.

RESULTS: Overall, 279 AIAN individuals (33 adult key informants, 163 adults, and 83 youth) participated in key informant interviews or focus groups. The needs assessment found a high prevalence and accessibility of substances in AIAN communities. Notably, the decrease in of opioid prescriptions resulting from increased prescription oversight has led to a subsequent progression from opioid to heroin use when individuals are unable to access prescribed opioids. AIAN youth are found to have greater access to a variety of substances than in the past, and family substance use is pervasive. Community and individual stressors are risk factors to opioid use, while historical and intergenerational trauma remain significant drivers of both mental health issues and substance use among AIAN populations. Barriers to treatment include individual stigma and shame in seeking services, and structural factors including cost, lack of or insufficient insurance coverage, unstable housing, fragmented service delivery, and a lack of residential treatment facilities for substance use disorders. Youth prevention programs and services are also lacking in AIAN communities in California. Providing culturally centered activities and treatments to prevent and/or treat OUD/SUD can provide healing modalities to develop the spiritual, mental, and physical strength of an individual. These services address the need to maintain resiliency in the community by emphasizing cultural connectedness, cultural services, positive role models, and having available supportive services and programs. Lastly, several noted service system needs are recommended to enhance prevention and recovery services to reduce OUD/SUD in AIAN communities.

To access the full Statewide Needs Assessment report, please visit
<https://ipr.usc.edu/index.php/aian-needs-assessment/>
 or
 email toya@usc.edu

1. ADDRESS STIGMA FOR OPIOID USE DISORDER (OUD) IN AIAN COMMUNITIES

The results of the needs assessment found significant challenges for youth, adults, and providers regarding internal and external stigma associated with OUD/SUD.

1a. Individual Level - The following are recommendations to reduce feelings of internalized stigma of OUD/SUD.

- Provide educational resources on the pathology of addictions and existing treatment options.
- Address the myth that MAT services “substitute” one addiction for another.
- Encourage individuals who have gone through the process of recovery to share their stories to destigmatize and normalize conversations about recovery services.

1b. Interpersonal Level - The following are recommendations to reduce stigma at the interpersonal level.

- Use social media campaigns for addiction education and to change negative attitudes towards those suffering from OUD/SUD.
- Educate communities about the harmful effects of stigma and its adverse impact on the individuals who want to seek help for OUD/SUD.
- Implement peer support services.
- Include family and/or friends in the treatment and/or recovery process.

1c. Provider & Indian Health Clinic Level - The following recommendations are possible strategies to create a safe, judgment-free environment at the Indian Health Clinic level and with health care providers.

- Standardize screening for OUD/SUD in clinic visits.
- Create and place educational pamphlets on

addictions and available treatment services in lobbies, examination rooms (for privacy), or handed out by health care providers.

- Educate health care providers to communicate in non-judgmental ways with awareness of inherent bias, non-judgmental listening, and modeling with verbal and non-verbal behavior.

1d. Community Level - Create community level health campaigns to raise awareness and reduce stigma of OUD/SUD with information on the following topics.

- Addiction as a treatable health condition
- Addictiveness of opioids and other pharmaceuticals (e.g., benzodiazepines)
- Medication-assisted treatment (MAT), how it works, and available MAT/Tele-MAT centers in the local area

2. ADDRESS THE NEED FOR OPIOID USE DISORDER (OUD) PREVENTION IN AIAN COMMUNITIES

Prevention and awareness education are needed at multiple levels to reach AIAN youth, AIAN communities, health-care providers, and Tribal governments.

2a. Youth Prevention Programs - Increase funding for and access to AIAN culturally centered youth prevention programs on substance use.

- Increase availability of school-based prevention programs, AIAN youth centers, and programming.
- Increase culturally centered activities with positive adult role models from the community.
- Develop and support youth-specific mental health and trauma-informed support programs.
- Increase youth engagement on the national level in peer to peer recovery outreach and knowledge sharing (i.e., AIAN youth conferences, mental health conferences).

2b. Community Engagement - Recommendations to engage the community in raising awareness about the need for OUD/SUD prevention include the following efforts.

- Develop community forums and local, parent, and youth coalitions that address issues related to OUD/SUD in the community.
- Encourage and support elder involvement in OUD/SUD prevention strategies.
- Coordinate with city, Tribal, and county health departments to build community partnerships and build awareness on OUD/SUD prevention.
- Invite agencies and allied groups to hear from community members about what is happening in the community and work together to create local strategies for addressing the needs of AIAN communities.

2c. Educate Health Care Providers - Educate health care providers about best practices for MAT, pain, and prescribing opioids, including risks and benefits of opioids and opioid alternatives.

2d. Engage Tribal Governments - Provide education and a pipeline to funding for Tribal governments and Indian Health Clinics to create community driven best practices to prevent future opioid-related overdoses and deaths. Encourage Tribal leaders to give input and provide open dialogue on OUD topics specific to their communities.

2e. Culturally Appropriate Materials - Provide funds to support local AIAN health programs and Tribes to ensure dissemination of media messages, fact sheets, and health promotion materials that are created from the community perspective.

3. INCREASE THE AVAILABILITY & ACCESS TO MEDICATION-ASSISTED TREATMENT (MAT) PROGRAMS

Below, specific recommendations are listed to help improve availability and access to MAT treatment programs in local Indian Health Clinics.

- Provide support for the implementation of MAT.
- Boost access to MAT by expanding the use of telemedicine in rural or remote areas.
- Establish referral networks to methadone clinics and other MAT programs as needed within AIAN communities.

- Build partnerships between existing providers, programs, and consortiums currently developing best practices in expanding MAT availability within AIAN communities.
- Create and disseminate lessons learned in MAT implementation.

4. INCREASE THE AVAILABILITY OF CULTURALLY CENTERED RECOVERY PROGRAMS

Funding to incorporate and provide AIAN traditional practices and cultural values to recovery treatment models can increase opportunities for an individual to heal, improve well-being, reconnect to traditions, and increase spiritual recovery to aid in attaining/maintaining sobriety.

4a. White Bison - White Bison, Inc. offers sobriety, recovery, and wellness programs for AIANs based on Wellbriety, which helps people attain sobriety while concentrating on the spiritual, mental, emotional, and physical aspects of one's well-being through cultural healing. For more information on White Bison programs, visit <http://www.whitebison.org>.

4b. Sweat Lodges - Including sweat lodges in integrative recovery programs is essential to support AIAN individuals who have used this tradition or are interested in including it as a treatment option. Sweat lodges have been shown to increase an individual's spiritual and emotional well-being, particularly those in recovery with SUD.

4c. Healing Ceremonies - Ceremonial spaces (i.e., talking circles, prayers, smudging, sweat lodges, and meeting with traditional/healers) offer AIANs safe, sober and supportive gathering spaces to express traditional forms of healing practices and are central to respecting and supporting the fullness of healing from the effects of OUD. Efforts should be made to acknowledge, respect and support the revitalization of ceremonial practices. Particular efforts should be made to educate funders and agencies on the importance of ceremonial practices and emphasize community-based evaluation approaches to traditional forms of healing.

5. INCREASE THE AVAILABILITY OF RESIDENTIAL, DETOX & SOBER LIVING FACILITIES

Residential, detox, and sober living programs serving AIANs in California represent a critical infrastructure in the treatment life cycle for OUD/SUD.

5a. Residential Program Coordination of MAT Services - Residential treatment programs should receive the necessary support and technical assistance to use MAT services in conjunction with residential programming.

5b. Women & Children Residential Programs and Facilities - Tribal and urban residential programs need support in developing resources that provide access to supportive services and housing for mothers and their children.

5c. Coordination of Non-Native Provider Programs Referrals to Indian Health Programs (IHPs) - Developing statewide strategies for non-Native provider referrals to AIAN specific resources may produce higher levels of utilization of OUD/SUD resources. Educating providers across California on the resources available to their AIAN community members and the resources and materials that they can use with their AIAN patients will be a critical next step in addressing the opioid crisis for AIAN communities in California.

5d. Engaging Adults in Recovery & Outreach - AIAN community members in recovery should be included in the planning, development, and implementation of statewide strategies addressing OUD recovery and outreach efforts.

5e. Substance Use Recovery Training & Workforce Development - To bolster the strategies aimed at increasing engagement of AIAN adults in recovery, the following workforce training and development programs were recommended.

- Provide training and workforce development programs to equip recovering adults with skills and certifications to transition into the workforce.
- Existing workforce programs should be evaluated to establish best practices.
- Develop statewide funding resources to support communities in developing programs with ongoing implementation technical assistance to sustain efforts.

5f. Provide Additional Culturally Centered Detox for Tribal & Urban AIANs in California - Developing Tribal and urban-based detox centers for AIANs would ensure a more integrated and coordinated continuum of recovery for the treatment of OUD/SUD. Integration of AIAN detox centers in California would help AIANs enter recovery and transition to residential and transitional/sober living programs to sustain recovery.

5g. Sober Living & Transitional Housing for Tribal & Urban AIANs in CA - There is a lack of a robust continuum of recovery services in the Indian health care delivery system and developing transitional housing is an essential step in creating a safe, culturally centered continuum of recovery services.

- Transitional housing programs based in Tribal areas offer individuals sustained recovery support to prevent relapse while also building skills through workforce development and job placement.
- A network of transitional housing program experts and consultants is critical. Professionals in partnership with community members should develop a task force to better understand the barriers, needs, and facilitators of developing a statewide strategy for implementing transitional housing programs in Tribal and urban areas. Funding with ongoing technical assistance is necessary to assist Tribes in implementing transitional housing programs and provide critical access to state resources and continuous evaluation and quality improvement measures for program success.

6. DEVELOP A MORE INTEGRATED & COLLABORATIVE SYSTEMS OF CARE

One model to improve patient care services is the system of care model (SOC). An SOC approach would ensure that services included cultural approaches to recovery from a strengths-based and integrative/holistic perspective.

6a. Implement an AIAN System of Care (SOC) Navigators Program (case managers) - An SOC approach would assign a case manager who oversees that patient's comprehensive treatment plan, including emergency detox, inpatient rehabilitation, outpatient OUD/SUD treatment and outpatient psychotherapy for any co-occurring mental health issue(s), placement in sober living, traditional AIAN healing services, and connection to a recovery support group. The case manager

would facilitate progression through the different treatment settings, and communication between various providers and agencies involved in the patient's continuum of care, taking the pressure off the patient to be responsible for navigating and coordinating a complex set of interventions and services.

6b. Integration for Patient Centered Care - Behavioral health care professionals can work together with patients and families to provide patient-centered care. Also referred to as a “medical home” providing expanded types of care with the whole person, mind, and body. The behavioral health consultant can be embedded within the medical clinic to provide direct care and integrate traditional healers to provide cultural wisdom, guidance, and other healing.

6c. Provide Connections to Culturally based Services - Cultural consultants and community outreach workers can help connect the patient to culturally based services and/or advocate for the incorporation of cultural understanding and sensitivity throughout all the services the patient is receiving.

6d. Recognizing & Funding Community Defined Evidence Practices (CDEPs) - Many AIAN programs use substance use prevention and treatment services that are community-defined evidence practices and are accepted by the community but are not empirically proven.

- Most funding sources for treatment, such as Medi-Cal, require the use of evidence-based practices (EBPs) and do not fund cultural and traditional practices. However, there needs to be statewide recognition and funding dedicated to cultural and traditional practices that are determined by communities to reduce health disparities associated with OUD/SUD.

7. POLICY RECOMMENDATIONS TO ADDRESS OPIOID USE DISORDER FOR AIANS IN CALIFORNIA

Tribal nations, Tribal Health Programs, and Urban Indian Health Programs should be consulted in all aspects of OUD recovery service delivery and system change efforts. Funding and resource development should follow a model similar to the DHCS approach, which prioritizes Indian Health Program driven planning and strategies regarding how best to allocate resources.

7a. State Policy - Listed below are approaches that the California State Legislature could use to address the opioid crisis for AIAN communities.

- Remove prior authorization requirements and limits on insurance coverage for AIANs living in California.
- Increase the number of waived providers in Indian Health Programs through financial incentives.
- Charge a fee on opioid sales to be deposited in a recovery fund to reach many AIANs affected by the opioid crisis.
- Tighten reporting requirements on the CURES database to limit access to addictive substances such as opioids.
- Adopt policies supporting longer provider-patient interaction at each visit (i.e., greater than 20 minutes).

7b. Additional Policy Recommendations - Below are additional advocacy and coordination efforts that must be made to leverage federal resources and funding.

- Include Urban Indian Health Programs in federal opioid response dollars and grants.
- Increase access of Urban Indian Health Programs and residential treatment to Tribal Opioid Response Grants (TORG) and other funding allocated to AIANs.
- Fund local, regional, statewide and national opioid coalitions.
- Allocate funding specifically available for Tribal nations, Tribal Health Programs and Urban Indian Health Programs for prevention, intervention and treatment of OUD/SUD.
- Increase in subcontractor/contractor services allowable expenses and travel budgets to address the need for community expertise, provide training and information sharing, and increase technical support for OUD/SUD programs.

EXECUTIVE SUMMARY

8. ADDRESS HOME INSECURITY

Outreach to the homeless/home insecure population proves challenging due to their transient nature and lack of resources; therefore, this population is often under-studied and underserved with reduced access to services.

8a. AIAN Homelessness/Housing Insecurity Associated with OUD/SUD - Funding for further research is needed regarding the impact of homelessness/home insecurity on AIAN individuals and families.

8b. Native Youth in the Foster Care System - Many AIAN youth enter the foster care system as a result of parents affected by OUD/SUD who subsequently lose custody. More funding and attention are needed to understand the link between the opioid crisis and AIAN youth in foster care. Ensuring adequate resources are developed for these youth and their families to heal and remain connected to their cultures is critical in addressing prevention and early intervention program development.

9. HARM REDUCTION

Harm reduction is a grassroots and “user-driven” set of compassionate and pragmatic approaches to reducing substance-related harm and improving quality of life without requiring abstinence or use reduction. Providers and community members discussed the importance of programs and resources that protect families and individuals (and their families) that are currently using opioids or other substances by providing a sense of safety

(e.g., reducing the harms associated with drug use) and access to recovery resources. The creation of a California AIAN harm reduction workgroup could provide recommendations to Tribal and Urban AIAN Health Programs, DHCS and the state of California. Listed below are potential areas of exploration.

- Safe use supplies and their availability in AIAN communities
- Regular safe use workshops that are free and open to community
- Harm reduction-based support groups for families affected by OUD/SUD
- Mandatory, regular staff trainings on harm reduction best practices (e.g., free webinars through Harm Reduction Coalition available)
- Host traditional AIAN ceremonies where individuals do not have to be substance-use free to attend
- Outreach health workers for hard to reach populations and current users
- Coalition-building with non-Native harm reduction groups to give mutual trainings and disseminate best practices
- Paid (stipend) opportunities for participants who have been or are currently in the recovery process and participants experiencing homelessness to facilitate or co-teach workshops about health and culture
- 12-week healthy community building cycles, intended to empower and entrust a small group of recurring OUD/SUD participants

CONCLUSION

In summary, there is considerable need for attention to OUD/SUD in AIAN communities in California. The development and implementation of opioid and substance use services and infrastructure that address specific individual and community-level challenges are enumerated in this report. In order to expand and better integrate treatment services such as MAT the inclusion of cultural and traditional approaches should be at the forefront. Statewide supports and efforts with Tribal and Urban Indian Health Program engagement and resource development, are critical in reducing the burden of opioid-related injury, harm and mortality among American Indian and Alaskan Native communities in California.



**[Tribal
MAT]** A unified response to
the opioid crisis in
California Indian Country

**The California Tribal Medication-Assisted Treatment (MAT)
Projects**

For more information:
www.californiamat.org/matproject/tribal-mat-program/



CCUIH - The California Consortium for Urban Indian Health

For more information:

- <http://ccuih.org>
- (415) 345-1205



CRIHB - The California Rural Indian Health Board

For more information:

- <https://crihb.org/>
- (916) 929-9761



TeleWell Behavioral Medicine - Telewell

For more information:

- <https://www.telewell.org>
- (916) 689-1062



TWO FEATHERS
NATIVE AMERICAN FAMILY SERVICES

Two Feathers - Native American Family Services

For more information:

- <https://twofeathers-nafs.org>
- (707) 839-1933



Tribal ECHO Project - UCLA

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