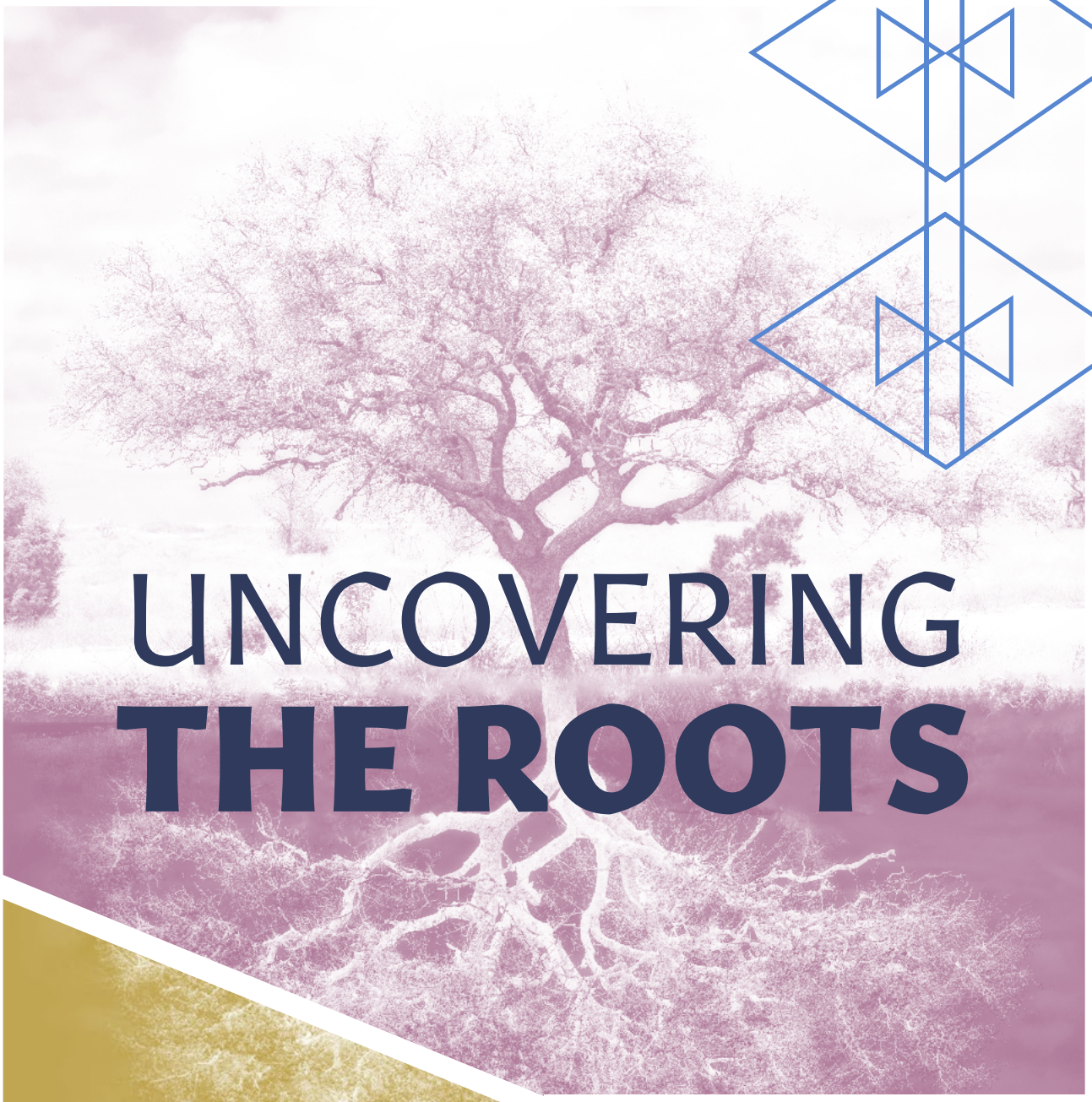

UNCOVERING THE ROOTS

Substance abuse prevention in American Indian populations

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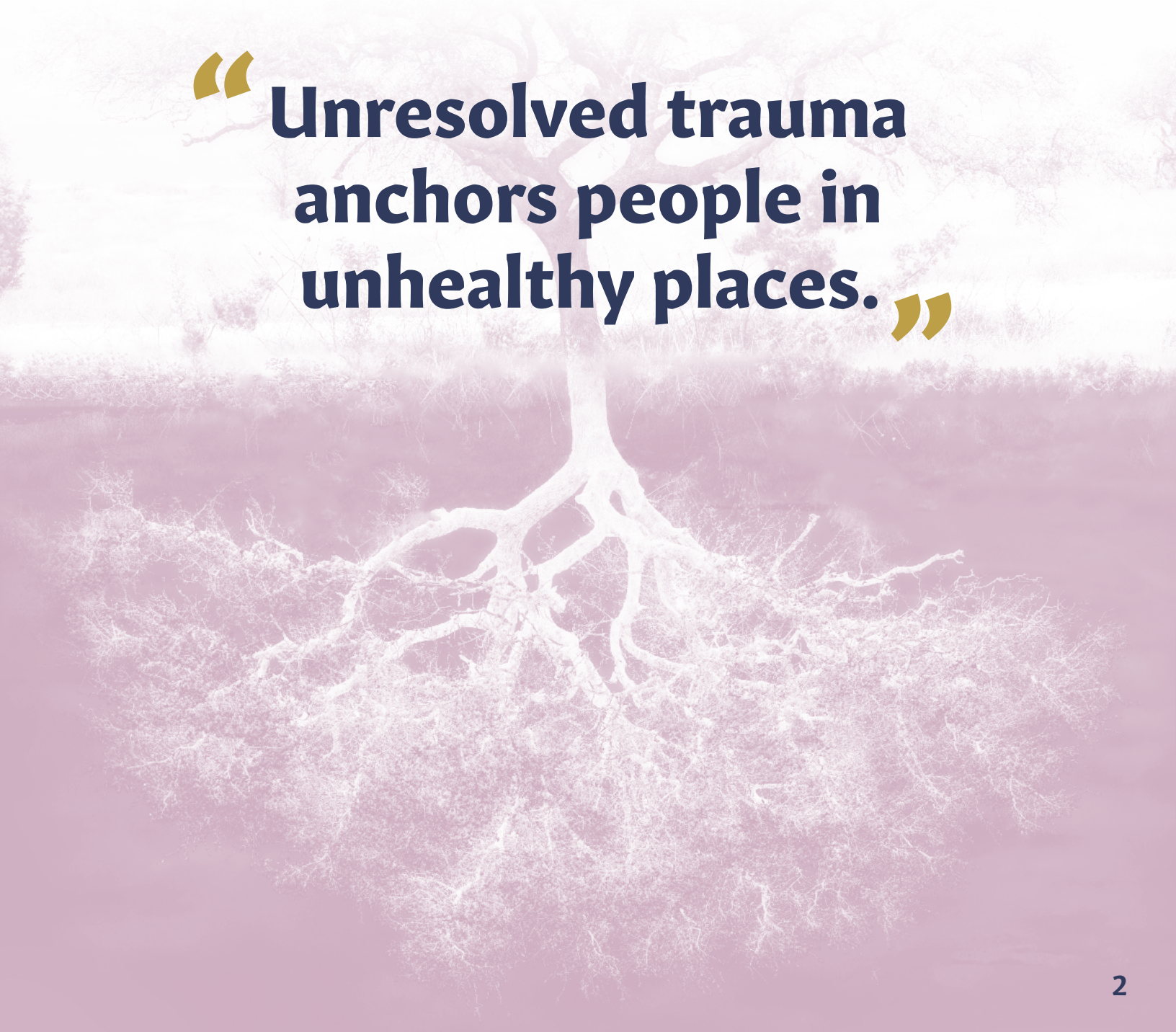
Have you ever looked at a tree and wondered how deep its roots are? A tree's root system is what keeps it anchored. Root tips absorb water and minerals from the soil and pass food up to the leaves and into the trunk. Roots can tell us how old a tree is, how long it will live, what the soil conditions are like, what is feeding it and giving it life, and what is taking away life.

When we think about substance abuse and substance use disorders (SUDs) it is easy to just look at the disease, the rates, deaths, and risk factors—what is taking away the precious lives of our loved ones. But we must stop to consider the cause. Substance abuse and SUD is often the symptom or result of unresolved trauma.

The purpose of this resource is to describe what SUD is, how it impacts individuals and families, and what can be done to prevent SUD in current and future generations. Resources and prevention strategies included at the end of this publication may help address unresolved trauma and promote recovery.



"Unresolved trauma anchors people in unhealthy places."

Substance Abuse and Substance Use Disorder

Substance abuse is the harmful use of legal or illegal substances like alcohol, opioids, methamphetamines, commercial tobacco, or marijuana. SUD is a disease that affects an individual's brain and behavior and leads to an inability to control the use of a substance.[1] SUD impacts every individual, family, and community in rural and urban communities throughout the US.

> **"Alcohol continues to be the number one drug of choice in our communities."**
>
> *- Tribal Community Member*

What are Opioids and Opioid Use Disorder?

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, and morphine.[2] Opioid use disorder refers to the chronic use of opioids that causes clinically significant distress or impairment.[3]

> **"We went to a funeral. They had pills. My friend took the pills and overdosed. She did not make it."**
>
> *– Tribal Community Member*

Impact of Substance Abuse

Substance abuse and SUD impacts can span generations. Prolonged drug use alters brain function and behavior and has devastating and costly impacts on physical, social, mental, spiritual, and public health.[4-7]

- Difficulty maintaining interpersonal relationships
- Negative behavioral and mental impacts on children and family members
- Worsening of co-occurring depression and anxiety disorder symptoms
- Transmission of infectious diseases such as HIV, Hepatitis C, and tuberculosis
- Financial burdens on individuals, families, and healthcare systems
- Increased risk of COVID-19 and adverse outcomes

Substance Use Among American Indians

10%
of American Indians and Alaska Native (AI/AN) individuals over the age of 18 suffered from substance use disorder in 2019.[8]

1 in 5 AI/AN youth adults, aged 18-25 years, had a substance use disorder in 2018

11% report illicit drug use/SUD.[9]

AI/ANs are more likely to report drug abuse in the past month (17.4%) or year (28.5%) than any other ethnic group.[9]

Marijuana
is the most used illicit drug among AI/AN, followed by:

- Nonmedical use of prescription drugs
- Methamphetamine
- Cocaine
- Hallucinogens
- Inhalants
- Heroin[8]

Opioid Use

In 2018, 70% of the 67,367 drug overdose deaths in the US involved opioids. In the state of Montana, opioids were involved in 51% of the 125 overdose deaths and in Wyoming, 61% of the 66 overdose deaths involved opioids.[10-11]

The rise in opioid overdose deaths is associated with three things:

1. Increased prescribing of opioids
2. Increased number of deaths involving heroin
3. Increased number of deaths involving synthetic opioids, particularly illicitly manufactured fentanyl [12-16]

Opioid prescriptions are decreasing. In 2019, providers in the US on average wrote 46.7 opioid prescriptions per 100 persons, continuing the downward trend since 2012 where opioid prescriptions were at 81.3 per 100 persons. This is a 43% decrease. Montana reported 48.2 opioid prescriptions per 100 persons, a decrease of 11% from 2018. Wyoming reported 49.7 opioid prescriptions per 100 persons, a decrease of 13% from 2018.[17-18]

Opioids are the primary cause of drug overdose deaths.

COVID-19 Impacts on Substance Use

The COVID-19 pandemic has led to high levels of stress and social isolation, an increase in unhealthy habits, and has shifted drug availability – impacting the drugs of choice.[19-21] Access to treatment for substance use treatment and testing decreased early in the pandemic when healthcare organizations and treatment facilities reduced or modified services to respond to COVID-19.

- In the first three months of the COVID-19 pandemic, 13% of Americans reported starting or increasing substance use.[22]
- A reporting system called Overdose Detection Map shows that the early months of the pandemic brought an 18% increase nationwide in overdoses compared with those same months in 2019.[23]
- 93,000 people died of drug overdose in 2020, more than any other year in US history, and a 29% increase from 2019.[24]
- Early research out of the pandemic has shown an increase in high-risk drugs and dangerous drug combinations – including non-prescribed fentanyl and heroin.[20]

93,000 people died of drug overdose in 2020, more than any other year in US history

Reasons for Substance Use among American Indians

AI/AN people have experienced tremendous loss over the past 400 years that has impacted individual and collective well-being. Genocide, forced relocation, introduction of diseases, forced assimilation, boarding schools, removal of children, policies that prohibited cultural practice, racism and stereotyping all are traumas felt and experienced by communities.[25] Studies have identified links between trauma and substance use. Understanding the reasons for substance abuse is essential for prevention efforts and the healing of individuals and communities.

POVERTY Lower levels of education

UNRESOLVED TRAUMA

HIGHER RATES OF TRAUMA AND EXPOSURE TO VIOLENCE **DISCRIMINATION AND RACISM** **Historical Trauma**

UNDERDEVELOPED SUPPORT SYSTEMS[26–27]

Prevention Strategies

IMPLEMENT COMMUNITY-BASED AND INDIVIDUAL-LEVEL PREVENTION

Focus on traditional health practices like ceremonies, sweat lodge, culture classes, storytelling, gatherings, traditional games, and having meals with family and friends.

STRENGTHEN CULTURE

Protective factors reduce substance use and include cultural connectedness, positive social norms, connection with the past, strong identification with culture, and family connections. [28]

ADDRESS UNRESOLVED TRAUMA

Discuss problems and concerns with family, friends, or a trusted adult. Find ways to promote emotional and spiritual health. Promote understanding of trauma informed care and practices in agencies and leadership. Addressing trauma may prevent substance use and increase treatment effectiveness and recovery.[30]

TREAT CHRONIC PAIN

Alternative pain management strategies like acupuncture, massage, mindfulness, and yoga can moderate prescription drug use.[29]

Growing Healthy Roots

Addressing unresolved trauma is needed to grow healthy roots. We must consider the conditions, the soil, the environment, the threats, the norms. What needs to change in the soil to support thriving roots, leaves, and an anchored tree? Is it MAT for opioid use disorder? Is it ceremony and prayer to address unresolved trauma? Is it making sure our basic needs are met so that we can do the healing work that needs to be done? The answer is different for everyone. Nourish the soil around you, feed it, care for it…uncover the roots and anchor them.

Healing for Individuals with SUD/OUD – Treatment Strategies and Resources

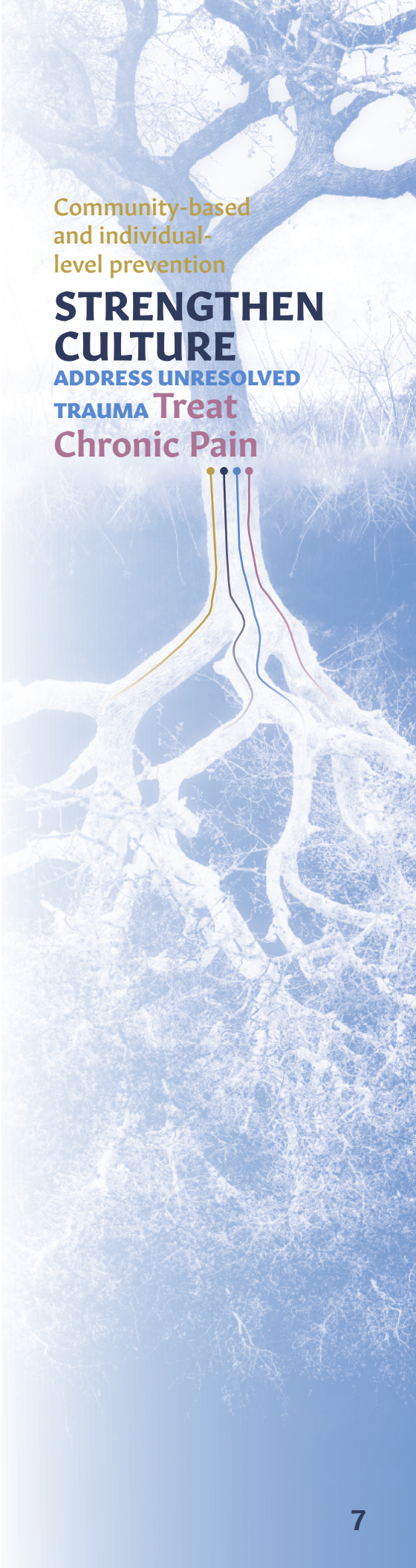
Linking individuals and families with existing treatment services and resources can save lives. **Research shows that AI/AN that enter treatment programs are more likely to complete the program compared to other races, with a completion rate of 60%.**[32]

13% of American Indian persons **need substance use treatment**

3% actually **receive treatment**.[31]

Preventing Loss of Life

Naloxone, also known as Narcan, is a medication approved by the Food and Drug Administration that rapidly reverses opioid overdose. It can be administered when a patient is showing signs of opioid overdose to reverse the effects of the overdose and must be followed by medical intervention.[33]

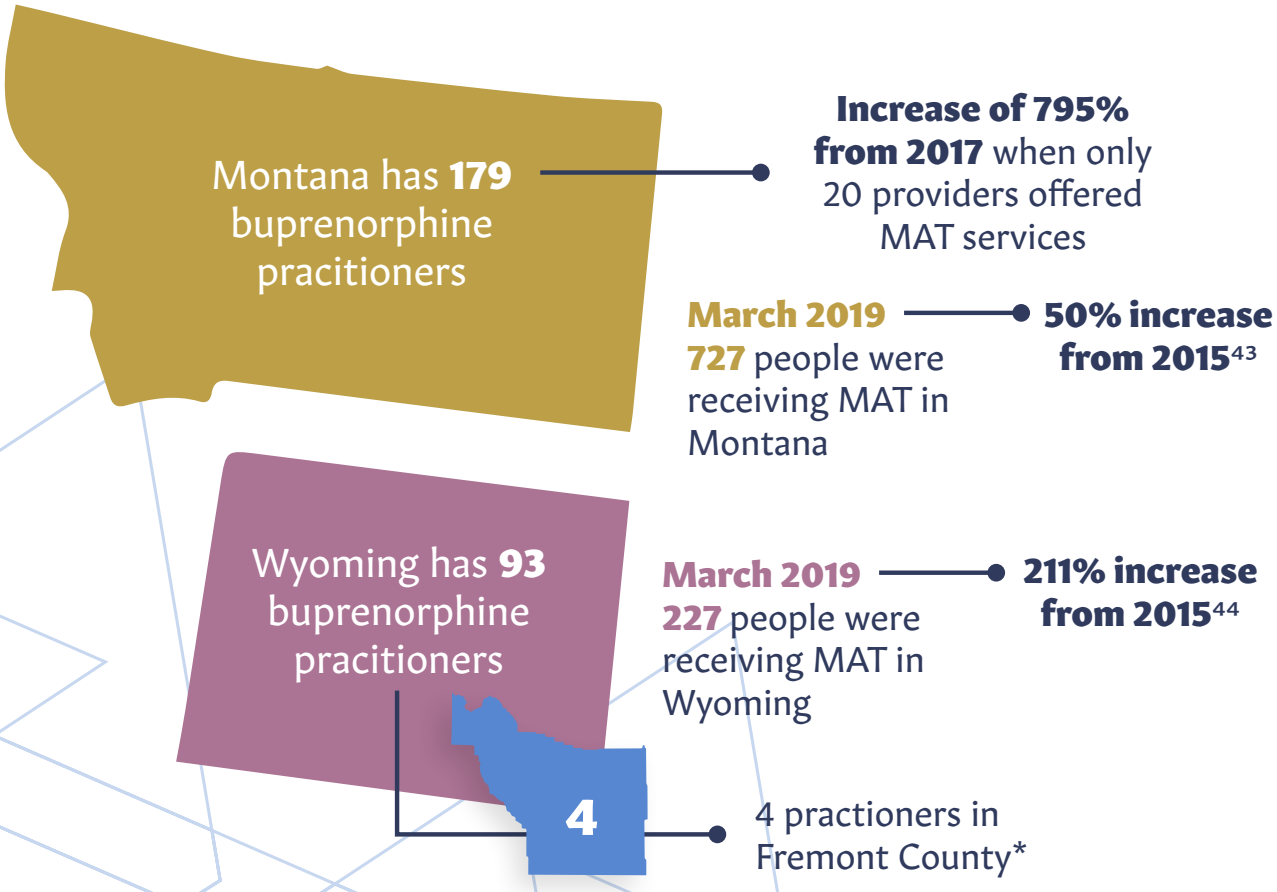


Medication Assisted Treatment

Medication assisted treatment (MAT) is the use of medication, in combination with counseling and behavioral therapies, used for a whole person approach to treating substance use disorders.

MAT medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. MAT is approved and effective at treating OUD and alcohol use disorder (AUD).[34] MAT medications used to treat OUD and/or AUD include buprenorphine, methadone, naloxone, and naltrexone. Despite effectiveness, data indicates low rates of MAT use because of financial constraints, lack of access to opioid maintenance programs, lack of training for providers, and stigma.[35-41]

According to the SAMHSA directory, there are **49,854 Buprenorphine Practitioners active in the United States** to treat OUD.[42]



Tribal Resources in Montana and Wyoming

MONTANA

Crystal Creek Lodge Treatment Center *(Blackfeet Tribe)*
Kritsal Bull Child, CD Director
kristald@blackfeetcd.org

Crow Nation Wellness Center *(Crow Tribe)*
Avis Garcia, CD Director
Avis.Garcia@crow-nsn.gov

Fort Belknap Chemical Dependency Department
(Fort Belknap Indian Community)
Charlie Ereaux, CD Director
cereaux@hotmail.com

Spotted Bull Recovery Center
(Fort Peck Tribes)
www.fortpecktribes.org/sbrrc
Dale Four Bear, CD Director
dfourbear@fortpecktribes.net

CSKT Tribal Behavioral Health
(Confederated Salish Kootenai Tribes)
www.cskthealth.org/index.php/services/behavioral-health
Dr. Desiree Fox, CD Director
desiree.fox@cskthealth.org

Northern Cheyenne Chemical Dependency Department
(Northern Cheyenne)
Pierce Big Left Hand, CD Director
pierce.biglefthand@nctribalhealth.org

White Sky Hope Center
(Chippewa Cree Tribe)
www.facebook.com/White-Sky-Hope-Center-619383634874220/
Lenore Meyers-Nault, CD Director
lmyers@rbclinic.org

Billings Urban Indian Health & Wellness Center
Peter Big Hair, CD Director
peter.bighair@buihwc.com

Little Shell Tribe of Montana
Molly Wendland, Tribal Health Director
m.wendland@lstribe.org

Helena Indian Alliance
Kyle Johnson, CD Director
kjohnson@helenaindianalliance.com

WYOMING

Eastern Shoshone Recovery Center
www.easternshoshonerecovery.org
Kellie Webb, CD Director
esr.director@gmail.com

White Buffalo Recovery Center
(Northern Arapaho Tribe)
www.facebook.com/whitebuffalorecovery
Sunny Goggles, CD Director
whitebuffalorecovery@gmail.com

NATIONAL RESOURCES

Substance Abuse and Mental Health Services Administration (SAMHSA)
1-800-662-4357 National hotline

Find Medication Assisted Treatment Providers
https://www.samhsa.gov/medication-assisted-treatment/find-treatment

Substance Abuse Treatment Locator
https://findtreatment.gov

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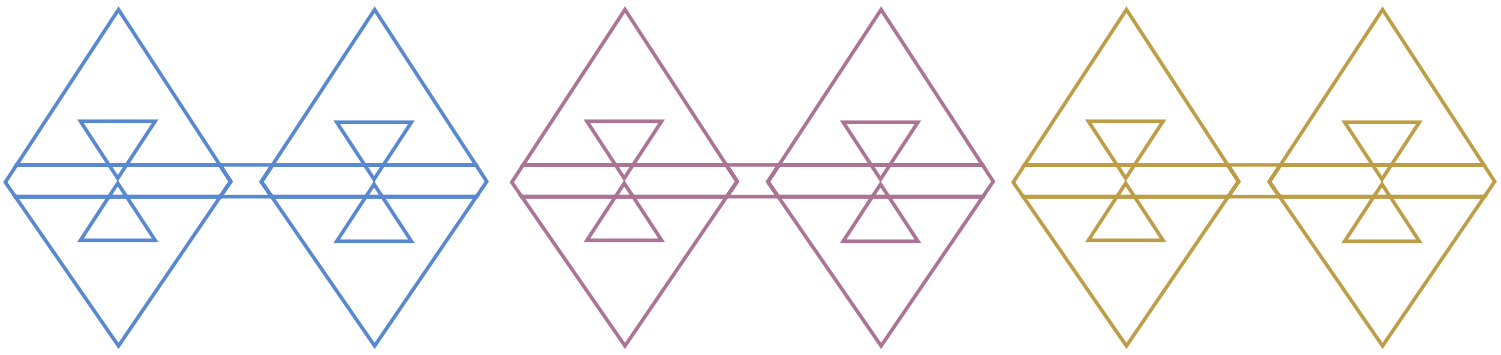

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