Combating Substance Use within Tribal Communities

presented by: Jacque Gencarelle, Program Coordinator
Coconino County Public Health Services District

May 15, 2018 - ASU West/IHS Integrated BH Conference
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Dine' (Navajo)/
Chiricahua Apache

Clans:
• Edgewater
• Blacksheep
• Apache ~ pending
Learning Objectives

1. Understand substance use disorder from a Tribal community standpoint
2. Summarize strategies and techniques for working with Tribal communities
3. Recognize the difference between evidence-based, and culturally-based practices.
Presentation Order

1. Understand substance use disorder from a Tribal historical lens
2. Drugs - past, present, future
3. Call to action!
4. Moving Forward...

Substance Use Disorder Established...
- Problems multiple in early 1900's
- Treatment varies
- 1914 Harrison Act passed
- 1918 clinics were established for drug maintenance, and addiction to narcotics became illegal.
"Everlasting as the sky..."

Native Americans have been here since...

Then something happened that would CHANGE everything...
Company is Coming!

SPAIN
FRANCE
ENGLISH
VIKINGS
etc...
## Germs and Disease

<table>
<thead>
<tr>
<th>Type of organism</th>
<th>Old World to New World</th>
<th>New World to Old World</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infectious diseases</td>
<td>bubonic plague, chicken pox, cholera, influenza, malaria, measles, scarlet fever, sleeping sickness, smallpox, syphilis, Great Pox, yaws, yellow fever, tuberculosis (possibly)</td>
<td>syphilis, yellow fever</td>
</tr>
</tbody>
</table>
Substance Use in early America

- Substance abuse is not a new epidemic or a problem that has only started in the country.
- Understand the history/root cause to put into perspective how to address the causation.
- America drug issues a problem from the founding of the Country
Early Drug Use

• Before the 19th century, substance abuse was primarily related to plant-products and alcohol.
• The primitive forms of drugs that were not synthetically created were still dangerous and addictive.
• Poppy plants and similar plants used to treat PAIN
Drugs Commonly Used

• Opium used to dull pain during medical and surgical procedures
• If not available, use of alcohol to dull pain and mask issues of health
• Lack of understanding of ADDICTIVE properties not learned until after Civil War
• After Civil War, many soldiers were addicted to drugs
Alcohol & Opium

Used primarily to treat pain. But the demand for something else persisted.

- During the 1800s, developments in medicine led to the creation of morphine, codeine and cocaine. Initially, the drugs were unregulated and readily available.
Signs of Addiction - early 1900's

- When it became clear that the drugs were a serious problem, regulations were developed and laws were made to help contain the problem.
- In 1906, regulations passed to make it harder to obtain certain substances.
- Prohibition on alcohol
Where was Indian Country during this?

- Substances or fermented beverages only for ceremonial use
- Lacked judgement as social norms not established when dealing with strangers
- Europeans used to advantage lack or moral compass for monetary gains
- Colonists, military, trappers, etc used heavily and served as example
- Quite possible this behavior heavily influenced "tradition", trauma, inter-generational trauma
Substance Use Disorder Established...

- Problems multiple in early 1900's
- Treatment varies
- 1914 Harrison Act passed
- 1918 clinics were established for drug maintenance, and addiction to narcotics became illegal.
Early Healthcare and Treatment Begins

- Substance use still an issue = became Public Health item
- 1935: Alcoholics Anonymous starts
- 1936: Federal Bureau of Narcotics began taking a harsh stand against illegal drug abuse and started prosecuting medical doctors who enabled addiction by giving prescriptions that violated laws.
- Post WWII: National Institute of Mental Health (NIMH) started
- Prevention efforts start to address dangers of drugs and illicit substances
Tribal Nations at this point...

- Hard to treat because - differences in culture
- US Military (1800's) first to provision of healthcare to Tribes
- Remember Columbian Exchange
Economics

- Institutions
- Government
- Study
- Economics
- Decisions
- Trade
- Business
- Finance
- Understanding
- Policy
- Core
- Educated
- Worldwide
- Financial
- Practices
- Current
- Costs
- Existing
- Broad
- Parallel
- Expanded
- Global
- International
- Education
- Important
- Personal
- Career
- Experienced
- Theory
- Markets
- Cuts
- Jobs
- Plans
- Help
- Matter
- State
- Taxes
- Gov
- Agreements
- Opportunities
- Reducing
- Developed
- Everyday
- Barriers
- Social
- Forces
- Develop
- Everything
- Globalization
- Programs
- Finance
- Leading
- Innovating
- Industry
-Agreed
- Recent
- Established
- MAP
- Prezi
Lifestyle(s)
Trauma
DRUGS - A history

- Alcohol
- Tobacco
- Marijuana
- Synthetic drugs
- Prescription drugs - legal & illegal
- Meth

"Recreational" drugs usher in Drug Culture into mainstream - 1960's & 1970's
Big 4 Substance Use Disorder(s)

- **ALCOHOL**
- **TOBACCO**
- **OTHER DRUGS**

**Opioid Crises**
- Opioid-related deaths have tripled since 2010.
- Mortality rates increased by 300%.

**Citation:** SAMHSA
ALCOHOL - AUD or Alcohol Use Disorder

- Estimated 16 million people (US)
- Approximately 6.2 percent or 15.1 million adults in the United States ages 18 and older had AUD in 2015.
- 9.8 million men and 5.3 million women.
- Adolescents can be diagnosed with AUD as well.
- 2015, an estimated 623,000 adolescents ages 12–17 had AUD.

Citation: National Institute on Alcohol Abuse and Alcoholism
Tribal Alcohol Usage Rates

- The rate of illegal drug use in the last month among American Indians and Alaska Natives ages 12 and up in 2014 was 14.9%.
- American Indians and Alaska Natives ages 12 to 20 in 2014 reported past-month alcohol use at a rate of 21.9%, compared with the national average of 22.8%.
- Past-month underage binge drinking was 14.3% for American Indian and Alaska Native youth, while the national average was 13.8%.
- In 2010, Native Americans had the highest rate of drug-induced death (17.1%).

Tobacco

• 25.8% for Native Hawaiians or Other Pacific Islanders
• 40.1 percent for AI/AN
• The rate of past month cigarette use in 2013 was 36.5% for AI/AN.

Noteworthy:
The rate of past month tobacco use among American Indians or Alaska Natives was higher than the rates for all other groups except persons reporting two or more races.

Citation: National Survey on Drug Use and Health (NSDUH) Data for American Indian/Alaska Natives (AI/AN) 2013
Other Drugs...

Past-month Prevalence Results

- Alcohol
  - 8th: 13.8%
  - 10th: 26.1%
  - 12th: 41.4%

- Binge drinking
  - 8th: 18.3%
  - 10th: 19.4%
  - 12th: 23.3%

- Marijuana
  - 8th: 7.2%
  - 10th: 17%
  - 12th: 35%

- Cocaine
  - 8th: 4.5%
  - 10th: 4.4%
  - 12th: 8.8%

American Indian/Alaskan Native

Monitoring the Future Survey

* = .01, ** = .05

Citation: National Institute of Drug Abuse
Opioid Crisis

- Overdose deaths due to any type of opioid use have been on the rise among Native Americans since 2000.
- The current opioid-related overdose death rate is 13.7 deaths per 100,000 Native Americans, which exceeds the national rate of 13.1 per 100,000.
THE OPIOID CRISIS
Impact on Native American Communities

What are Opioids?
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, morphine, etc.

The misuse of and addiction to opioids can lead to overdose and deaths.
Heroin and fentanyl overdoses are driving the recent and rapid increase in opioid-related deaths throughout the U.S., including Indian Country.

Overdose deaths due to any type of opioid use have been on the rise among Native Americans since 2000.
The current opioid-related overdose death rate is 13.7 deaths per 100,000 Native Americans, which exceeds the national rate of 13.1 per 100,000.

OVERDOSE Deaths Involving Opioids among Native Americans U.S. 2000-2016

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2016 on CDC WONDER Online Database
The opioid overdose death rate among Native American males significantly exceeds the rate among Native American females (10.0 per 100,000 vs. 7.0 per 100,000). Opioid overdose deaths are significantly more common among Native Americans between the ages of 25-64.

**Heroin**

Heroin is an illegal drug derived from opium which people inject, sniff, snort, or smoke. Some street names for heroin include: *smack, dope, China white, and tar.*

**HEROIN Overdose Deaths among Native Americans by Sex & Age, U.S. 2014-2016**

More than twice as many Native American men (4.0 per 100,000) die from a heroin overdose than Native American women (1.8 per 100,000).

The most common age groups when heroin overdose deaths occur are during ages 25-34 (6.9 per 100,000) and ages 35-44 (5.4 per 100,000).

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2016 on CDC WONDER Online Database.
More than 1 in 5 Native American high school students who used a prescription pain medication (Rx Pain Killer) without a doctor's order also used heroin in the past 30 days (22%).

Fentanyl
Fentanyl is a synthetic (man-made) opioid that is 50x more potent than heroin and 100x more potent than morphine. There are two types of fentanyl:

- **Pharmaceutical fentanyl**, which is primarily prescribed to manage acute and chronic pain associated with advanced cancer.
- **Non-pharmaceutical fentanyl**, which is illicitly manufactured, and is often mixed with heroin and/or cocaine—with or without the user's knowledge—in order to increase the drug's effect.

Some street names for fentanyl include: Apache, China Girl, Jackpot, Dance Fever, and TNT.
CURRENT Drug Use (Past 30 Days) Native American High School Students New Mexico 2015

- Marijuana: 34%
- Rx Pain Killer: 11%
- Synthetic Marijuana: 9%
- Inhalants: 5%
- Cocaine: 4%
- Ecstasy: 3%
- Methamphetamine: 3%
- Heroin: 2%

More than 1 in 10 Native American high school students in New Mexico (11%) used a prescription pain medication (Rx Pain Killer) without a doctor’s order in the past 30 days. Approximately, 2% reported current heroin use.

Source: New Mexico Youth Risk and Resiliency Survey 2015

How to Protect Yourself, Your Family and Our Community:

- **TALK TO YOUR KIDS.** Tell your children about how deadly opioid drugs can be. Children who learn about the risks of drugs at home are less likely to use drugs than those who don’t. Surveys show that two-thirds of teens who misuse prescription painkillers got them from friends, family members, and acquaintances.

- **SAFE STORAGE.** Keep opioids and other prescription medicine in a secure place. Count and monitor the number of pills you have and lock them up. Ask your friends, family members, and babysitters to do the same.

- **DISPOSE LEFTOVER PRESCRIPTION MEDICATION.** If you have unused prescription opioids at the end of your treatment, find your community drug take-back program or your pharmacy mail-back program, or follow guidance for disposal at home (i.e., flushing down toilet).

- **TALK TO YOUR DOCTOR.** Discuss alternatives to opioids for pain relief with your doctor. Your doctor may suggest other non-addictive medicines or certain complementary and alternative treatments—such as acupuncture—as a first step for treating chronic pain.

- **DON’T TAKE OPIOIDS WITH ALCOHOL AND OTHER MEDICATIONS** like benzodiazepines (such as Xanax® and Valium®), muscle relaxants (such as Soma® or Flexeril®), hypnotics (such as Ambien® or Lunesta®), and/or other prescription opioids. These drugs and substances can enhance each other’s effects, leading to dangerous intoxication and possible overdose.

- **ASK FOR HELP.** If you or a family member may be misusing opioids or developing an addiction, don’t hesitate to seek help from your IHS or tribal health clinic or behavioral health program. Treatment options include counseling and medication assisted therapy.

- **KNOW WHAT TO DO IN AN OVERDOSE EMERGENCY.** Ask your health provider about Naloxone, which can be used at home to prevent opioid overdose deaths. Always call 911 if you believe someone is experiencing an overdose.
Call to Action...

Primary Substance Abuse Prevention

- Evidence Based Process
- Comprehensive or "Integrated Care"
- Meet the needs of the community through community involvement
- Elevate the knowledge of the community to understand community level C-H-A-N-G-E
Prevention is Part of a Continuum of Care

Citation: Institute of Medicine 1994
What is "Primary" Prevention Anyway?

The "Process" to prevent onset of substance abuse (SA) or limit the development of problems associated with psychoactive substances.

*Citation: SAMHSA*
Why Prevention?
Evidence Based vs Cultural Based

- Use the Strategic Prevention Framework
- Use of Evidence Based Programming
- Promising Practices
- Peer Reviewed

Sustainability and Cultural Competence

Assessment

Evaluation

Implementation

Planning

Capacity

Tribal Communities
- Cultural Competency
- Community Engagement
- Understanding Prevention
- Evaluation Framework
- Research of Promising Practices
- Training of Prevention Sensitivities

Prezi
Tribal Communities

- Unique in service delivery methods
- Culture is prevention
- Elders passing knowledge down for next generations
- Selection of prevention tools for "community"
Prevention in Indian Country

Various options for Tribal Communities to "choose their path" via the Tribal Action Plan.

- Community Readiness model
- Strategic Prevention Framework
- Spectrum of Prevention
- Comprehensive Assessment Process for Planning Strategies
Citation: The Prevention Institute
The Spectrum of Prevention

Influencing Policy & Legislation

Changing Organizational Practices

Fostering Coalitions & Networks

Educating Providers

Promoting Community Education

Strengthening Individual Knowledge & Skills

Citation: Prevention Institute
Overview of the Comprehensive Strategy

Problem Behavior ➔ Noncriminal Misbehavior ➔ Delinquency ➔ Serious, Violent, and Chronic Offending

Prevention
Target Population: At-Risk Youth
- Programs for All Youth
- Programs for Youth at Greatest Risk
- Immediate Intervention
- Intermediate Sanctions
- Community Confinement
- Training Schools
- Aftercare

Youth Development Goals:
- Healthy and nurturing families.
- Safe communities.
- School attachment.
- Prosocial peer relations.
- Personal development and life skills.
- Healthy lifestyle choices.

Graduated Sanctions
Target Population: Delinquent Youth
- Intermediate Sanctions
- Community Confinement
- Training Schools
- Aftercare

Youth Habilitation Goals:
- Healthy family participation.
- Community reintegration.
- Educational success and skills development.
- Healthy peer network development.
- Prosocial values development.
- Healthy lifestyle choices.

Citation: Fox Valley Technical College Criminal Justice Center - CAPPs
Don't Forget to collect your DATA

YOUR DATA
Tribal Action Plan

- The Tribal Law and Order Act of 2010 (Public Law 111-211) or "TLOA".
- Amendment to Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (Public Law 99-570).
- Created a mandate of Federal partners via "MOA" to implement a coordinated effort for the prevention and treatment of alcohol and substance abuse at the local level.
Know your Partners...
Primary Players

- Tribal Leadership
- State Leadership
- Regional Leadership and Points of Contact: BIA, CMS, DoED, DOJ, IHS, SAMHSA
- Federal Leadership will align, leverage, and coordinate resources to be accessed by the local Tribal Coordinating Committees
Keep the Main Focus the MAIN FOCUS
TRIBAL LENS
Solution-focused
Qualitative evidence
Practice Based Evidence (PBE)
Recovery
Change/shift
Circle logic
Process-driven

FEDERAL LENS
Problem-focused
Quantitative evidence
Evidence Based Practice (EBP)
Treatment
Solve/fix
Linear logic
Product-driven
DON'T FORGET... Community Input
Revisit Planning Process OFTEN
Questions?
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Ahéhee'
Thank you

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