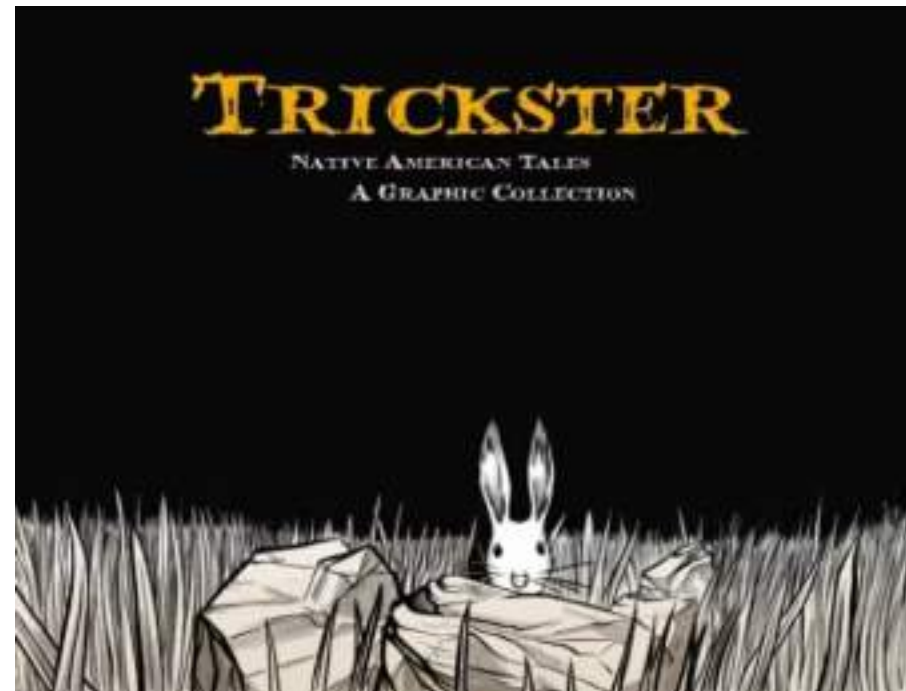


# Harm Reduction in Tribal Communities



Danica Love Brown, PhD, MSW, CACIII  
Choctaw Nation of Oklahoma

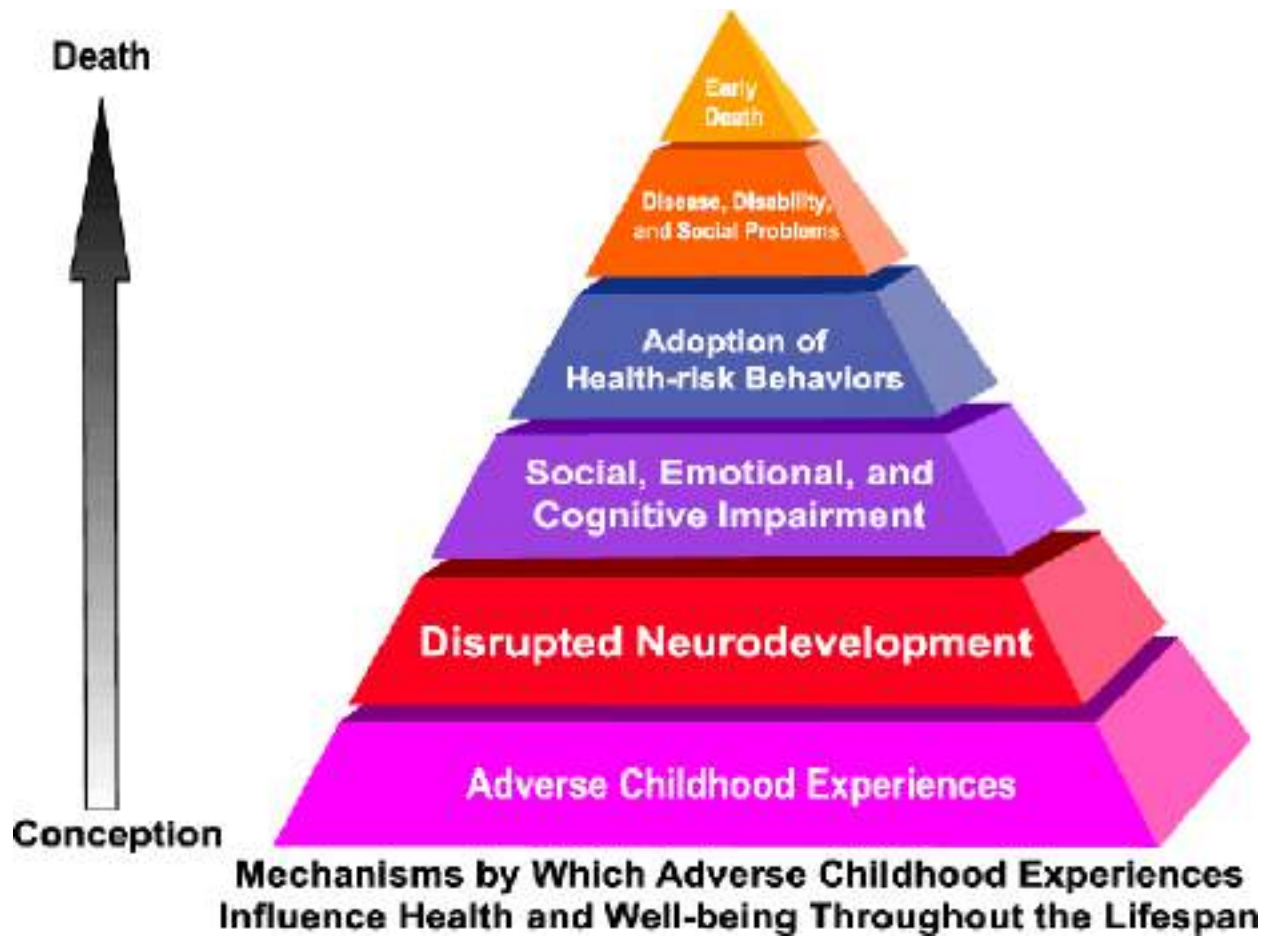
“MEET THE TRICKSTER, A CRAFTY CREATURE OR BEING WHO DISRUPTS THE ORDER OF THINGS, OFTEN HUMILIATING OTHERS AND SOMETIMES HIMSELF IN THE PROCESS. WHETHER A COYOTE OR A RABBIT, RACCOON OR RAVEN, TRICKSTERS USE CUNNING TO GET FOOD, STEAL PRECIOUS POSSESSIONS, OR SIMPLY CAUSE MISCHIEF.”



# Trickster Spirits and the Opioid Response



# Adverse Childhood Experiences







مریم حسنا

@Maryamhasnaa



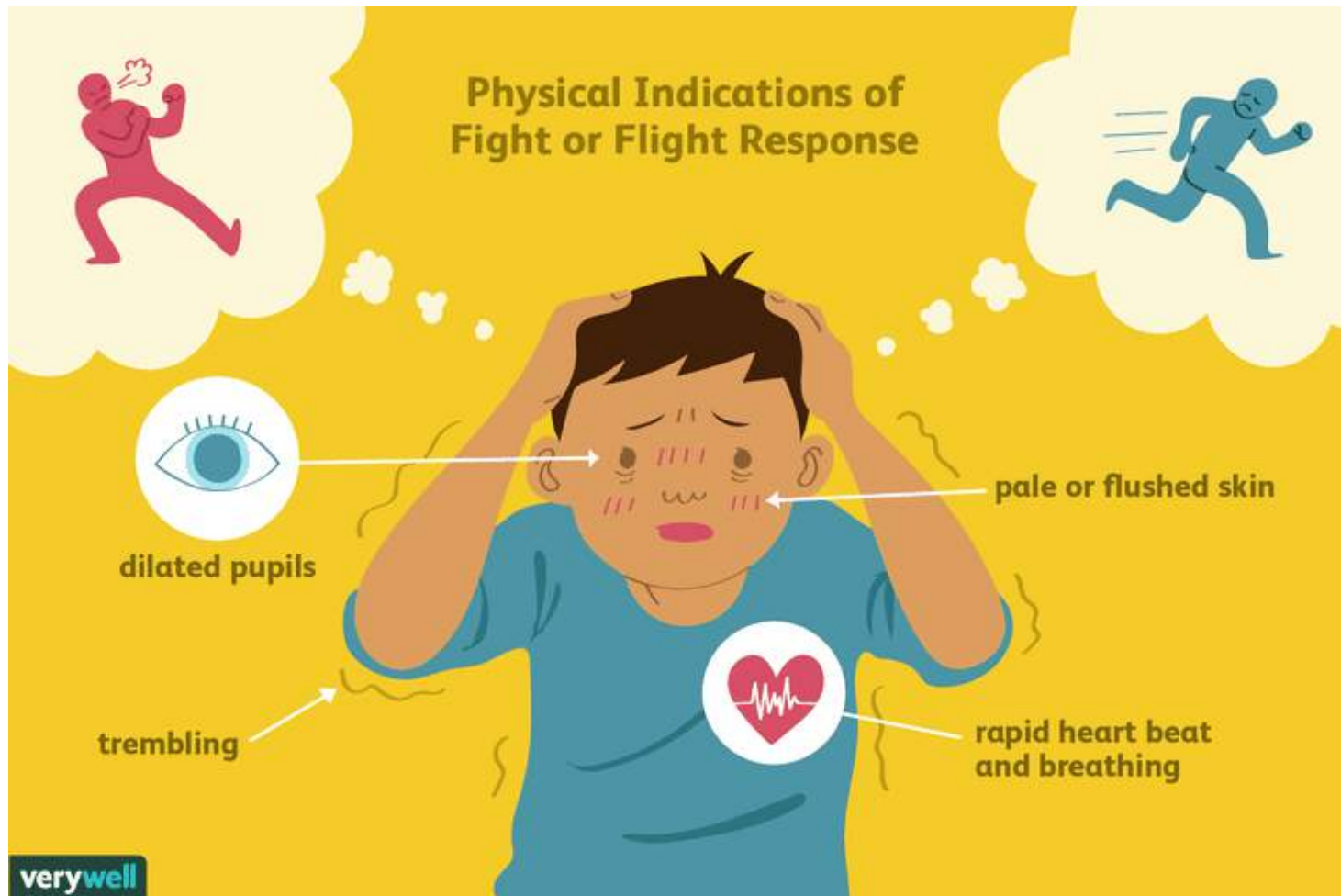
Many of your emotional triggers came from when you were so young that the part of your brain that records memories wasn't even formed. This is why you might not be able to access the memory of the trauma. But the body remembers, in your muscles, tissue, bones and especially spine



informedtrauma

# ANCIENT SURVIVAL RESPONSES TO LIFE THREATENING CIRCUMSTANCES

- Bracha, H. (2004). Freeze, flight, fight, fright, faint: Adaptationist perspectives on the acute stress response system. *CNS Spectrums*, 9(9), 679-685.
- Stanton, S. (2016), "Intuition: A Silver Lining for Clinicians with Complex Trauma". Dissertations. <https://surface.syr.edu/etd/615>



# Epigenetic transfer of the trauma

- ▶ **“The memories of our ancestors are passed down on our blood”**

**Little Joe Gomez**



The question  
is never  
'why the  
addiction'  
but  
'why the  
pain'



In the Realm of the Hungry Ghosts:  
Close Encounters with Addiction





# Harm Reduction

“It’s important  
to meet people  
where they’re  
at, but not  
*leave them* where  
they’re at.”



There is an extensive body of literature documenting the stigma associated with alcohol and other drug problems. No physical or psychiatric condition is more associated with social disapproval and discrimination than substance dependence. For people who use drugs, or are recovering from problematic drug use, stigma can be a barrier to a wide range of opportunities and rights.

**Drug addiction is often thought of in black and white terms, with out of control addiction on one hand, and complete abstinence on the other, one is either "using" or "clean."**

**However, there is an entire realm of vital interventions between these extremes, where people can be helped at various stages of drug use.**

**This is the world of Harm Reduction.**

# The Origins of Harm Reduction



In January 1981, a group of Rotterdam heroin users ('junkies') formed the first union, called 'Junkiebond'.

Initial activities included:

- ▶ Mobilizing hundreds of users to demonstrate over drug policies.
- ▶ Pressuring drug treatment agencies to change how they related to patients.
- ▶ Pressuring policy makers to reduce health risks of injection drug use due to syringe sharing and the use of contaminated heroin.



# The Origins of Harm Reduction

- ▶ The Netherlands was one of the first countries to implement harm reduction programs, recognizing that reducing harm means providing medical and social care, in order to avoid the harmful consequences of injection drug use.

# The Origins of Harm Reduction

- ▶ In 1988 the first legal syringe service and harm reduction program in the US was started in Tacoma, Washington by Dave Purchase.
- ▶ This program was shown to be one of the most successful public health intervention strategies in reducing the spread of blood borne pathogens.

“Dead people can’t get into treatment... It’s an issue of whether we are going to choose to protect the lives of all of us, or whether we are going to choose to have a public health system which is only available for those people we like or whose behavior we approve of”

-Dave Purchase

Trebach, A. S., & Zeese, K. B. (1990). *Drug prohibition and the conscience of nations*. Washington, D.C.: The Drug Policy Foundation. 133-134.



Founder Dave Purchase talks in front of the Tacoma Needle Exchange van at So. 14th Street and Fawcett Ave. S. on April 14, 2006. Peter Haley

“We believe that drug users and other vulnerable people matter. They're sons, daughters, sisters, brothers, moms, dads, and grandparents.

Each one is 'somebody's someone' – and should be treated as such.”

[davepurchaseproject.org](http://davepurchaseproject.org)





# Siletz Harm Reduction Program

- ▶ Began in 2019
- ▶ Syringe service program for people who inject drugs.
- ▶ Peer support available.
- ▶ Naloxone distribution to reduce overdoses.
- ▶ Offers rapid HIV and Hepatitis C testing.
- ▶ Connected to their medication-assisted treatment (MAT) program.



# Suggested Resources

Adverse Childhood Experiences Study:

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

Mate, G. (2009). *In the realm of the hungry ghosts: Close encounters with addiction*. Berkeley, CA: North Atlantic Books.

Prochaska, J. O., & DiClemente, C. C. (1983). *Stages and processes of self-change of smoking: Toward an integrative model of change*. *Journal of Consulting and Clinical Psychology*, 51(3), 390-395.

Rollnick, S., Miller, W. R., & Butler, C. (2008). *Motivational interviewing in health care: helping patients change behavior*. Guilford Press.

Brave Heart Yellow Horse, M. (2004). *The historical trauma response among Natives and its relationship to substance abuse: A Lakota illustration*. In E. Nebelkopf & M. Phillips (Eds.), *Healing and mental health for Native Americans: Speaking in red*. (pp. 7-18). Walnut Creek: Alta Mira Press. Also in *Journal of Psychoactive Drugs*, 35(1), 7-13.

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NPAIHB Resources:

<http://www.npaihb.org/opioid/#SUDTraining>

# References

## Harm Reduction Origins:

Friedman SR, de Jong W, Rossi D, et al. Harm reduction theory: users' culture, micro-social indigenous harm reduction, and the self-organization and outside-organizing of users' groups. *Int J Drug Policy*. 2007;18(2):107-117. doi:10.1016/j.drugpo.2006.11.006

## Dave Purchase History:

<https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0178-6>

<https://www.davepurchaseproject.org/about-us>

Trebach, A. S., & Zeese, K. B. (1990). *Drug prohibition and the conscience of nations*. Washington, D.C.: The Drug Policy Foundation. 133-134.