

## Effectively Addressing the Opioid Crisis in Indian Country

### Questions and Answers from the 2/24/22 Virtual Training

#### Indigenous Trauma and SUD Care: Trickster Spirits and the Opioid Response | Introduction to Peer Specialists: Providing Integral Services

- How do you see the autonomy of peers in regarding to their own personal recovery?
  - My interpretation of the question is thinking about autonomy and a peer specialist autonomy around use and recovery. People use for different reasons and in the spirit of harm reduction we need to support peers. There are some things that peers need to be really cognoscente of in their own recovery in this work, it is personal, when things happen with the people that we are working with (which they invariable will, not everybody recovers, not everybody survives) it is like collateral damage for us. Any kind of perceived failures can be damaging to a practitioner and it is especially difficult if it is matching your culture and gender and it triggers a lot of our own historical trauma as well. So in terms of our own recovery we have to be even more vigilante without self-care, rest stops, check ins, and rituals that support daily living that keep me centered in the concept that everybody's journey belongs to them. Those are some of the factors that we have to keep in mind. We want to keep it balanced, body, mind and spirit. We are balancing between two worlds and creating a new pathway for people. Self-care is the number one thing. Community and facility support for peers and their work is also incredibly important as they continue their work.
- Are we as Natives more inclined to take on the dominant cultures characteristics rather than cling to our own and pass them down as a legacy or completely assimilate?
  - The impact of colonization is powerful, we do what we have to do to survive colonization and sometimes this means assimilating into the dominate culture, but there are movements to support Native people to decolonize and to reclaim our cultural connections. The more we do this work the healthier we will become.
- How can we activate and engage a community to be a part of this process or join in this process ourselves? What are concrete ways you have seen community come together to create healing and to diminish the effects of substance abuse?
  - **49 Days of Ceremony** is a health promotion initiative that utilizes seven aspects of a human being: the Emotional, the Physical, the Mental, the Spiritual, Mother Earth, Father Sky and Sacred Fire-Volition (see image 3); and four levels: Volition, CommUnity, Environment and Humanity (see image 4). Some teachings upon which 49 Days of Ceremony is based have come to light through scholarship, deep reflection, prayer, and dreams, while others have emerged through communication with Elders and other Indigenous knowledge bearers.
  - **The Alaska Blanket Exercise** program is a participatory history lesson – developed in collaboration with Alaska Native Elders, knowledge keepers and educators – that fosters truth, understanding, respect, and reconciliation among Indigenous and non-indigenous

peoples. This exercise was adapted from a best practice exercise used by indigenous people in Canada.

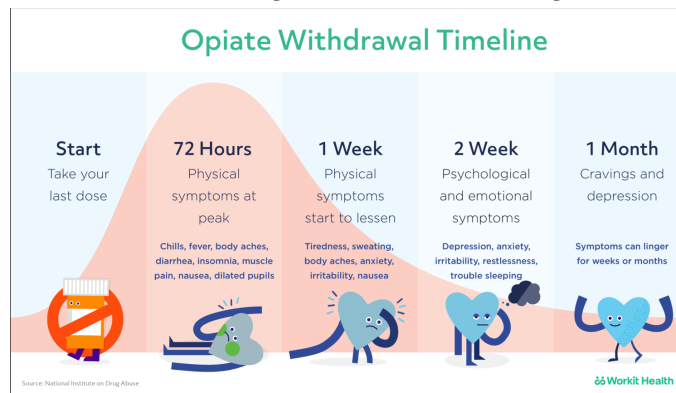
- **Gathering of Native Americans (GONA) or Gathering of Alaska Natives or Gathering of Alaska Natives (GOAN)**, is a culture-based planning process where community members gather to address community-identified issues. The GONA/GOAN utilizes Indigenous Theoretical Framework, consisting of Vision, Circles of Relationships, and Sense of Hope. Website
- **Healing of the Canoe: Culturally Grounded Life Skills for Youth** is a curriculum for Native youth focused on suicide and substance abuse prevention. It was designed to be adapted by Native communities using community-specific traditions and beliefs to strengthen youths' connection to their communities and cultures, while strengthening their hope and optimism. The curriculum uses the Pacific Northwest Canoe Journey as a metaphor, providing skills needed to navigate life's journey without being pulled off course by alcohol or drugs – with AI/AN culture as a compass and anchor.
- The curriculum template allows each community to use their own metaphors for a successful life journey. The curriculum and accompanying training manual were developed as part of the Healing of the Canoe Project, a collaboration between the Suquamish Tribe, the Port Gamble S'Klallam Tribe, and the Alcohol and Drug Abuse Institute at the University of Washington. The development, evaluation, and dissemination of the curriculum has been supported by a series of grants from the National Institute on Minority Health and Health Disparities.
- **Ogitchidag Gikinoamaagad Peer Education** is a youth development program for American Indian teens ages 12 to 18 that teaches youth about preventing pregnancies during adolescence and sexually transmitted diseases. A variety of activities are used to teach these skills, including visualizations, art, discussion, role-plays, videos, brainstorming, talking circles, and ceremonies. Every unit is active, thought-provoking, culturally grounded, and includes examples. History, statistics, and experiences are woven into each of the units. Our stories and songs are powerful teaching tools to promote healing and wellness in our Native communities and for our youth.
- **Qasgiq Model** as an Indigenous Intervention: Using the Cultural Logic of Contexts to Build Protective Factors for Alaska Native Suicide and Alcohol Misuse Prevention. The intervention, the Qungasvik (phonetic: qoo ngaz vik; tools for life) intervention, is organized and delivered through a Yup'ik Alaska Native process that the communities name 'qasgiq' (phonetic: kuz-gik; communal house). This theory of change framework is built around the 'Qasgiq Model,' and encompasses both an Indigenous knowledge (IK) theory-driven intervention implementation schema and approach to knowledge production.
- **Respecting the Circle of Life: Mind, Body & Spirit (RCL)** is an STD/HIV and pregnancy prevention program for Native American youth between ages 11 and 19 and their parents or other trusted adults. The primary goal of RCL is to give youth the knowledge and skills they need to protect themselves from unplanned pregnancy and STDs, including HIV. The program also covers decision making, values, goal setting, communication, and how to talk with parents or other trusted adults about sexual decision making.
- **Yappalli Choctaw Road to Health** (NIDA R01 DA037176) is a culturally focused, strengths-based outdoor experiential obesity-substance use risk prevention and health leadership program. The 3-month intervention (i.e., individual meetings; group sessions, culture camp, and Choctaw Trail of Tears walk) is grounded in the ISC model and the

YIMB skills framework. Yappallí proposes to evaluate the program among 150 at-risk adult Choctaw women across 5 regions of the CNO, where AI women have some of the highest obesity, physical inactivity and excessive drinking prevalence in the country. The Yappallí project is a longitudinal study designed to evaluate the intervention impact on substance use and obesity prevention with primary aims of: (1) substance use harm reduction and substance use and intentions to use; and (2) reduction in weight/BMI, increase in leisure-time physical activity; and adoption of healthful food habits.

- Is there any work done on figuring out if addressing the historical trauma in younger people BEFORE they have offspring in order to change the outcome for future generations?
  - I am not sure if there is any specific research that this addresses this, but from an Indigenous perspective we know that if we heal in this generation, we are healing past, present and future traumas.

### Medications for Opioid Use Disorder: Clinical Application

- When do Dr.'s distinguish between pain and possible withdrawal symptoms?
  - Symptoms of withdrawal for opioids - Nervousness or anxiety, Trouble sleeping, Frequent yawning, Nausea, Diarrhea, flu-like symptoms, muscle cramps/body aches, runny nose, excessive sweating, hot and cold flashes, goosebumps.



- [Opiate Withdrawal - Right Path Addiction Treatment Center \(rightpathaddictioncenters.com\)](https://www.rightpathaddictioncenters.com)
- Why are all opioids grouped into a morphine category or classification in terms of daily dosages?
  - Why it is important to calculate the total daily dosage of opioids?
    - Patients prescribed higher opioid dosages are at higher risk of overdose death.
    - Calculating the total daily dose of opioids helps identify patients who may benefit from closer monitoring, reduction or tapering of opioids, prescribing of naloxone, or other measures to reduce risk of overdose.
    - [Calculating Total Daily Dose of Opioids For Safer Dosage \(cdc.gov\)](https://www.cdc.gov/od/oc/opioid/dose-calculation/)
- What about the over the counter medication that may come up as false positive for other substances?
  - Quinolone antibiotics, such as Levaquin (levofloxacin) or Cipro (ciprofloxacin) are commonly prescribed for certain infections (urinary tract, sinus, etc.). They

have been shown to trigger a false positive urine result for opiates. Rifampin, an antibiotic used to treat tuberculosis, can also lead to a false positive result for opiates.

- Antihistamines and some sleep aids containing diphenhydramine (like Benadryl) could cause a false positive result for PCP or methadone. Doxylamine (the active ingredient in Unisom) can also trigger a positive drug result for methadone, opiates, and PCP.
  - Ritalin (methylphenidate) and Adderall are used to treat ADHD, and are well known to cause a false positive for amphetamines and methamphetamines.
  - Dextromethorphan, the active ingredient in Robitussin, Delsym, and other over-the-counter cough suppressants, may cause a drug screen to be positive for opiates and/or PCP.
  - A key ingredient in Sudafed (pseudoephedrine) is also the main ingredient to the making of methamphetamine.
  - Consuming poppy seeds before a drug test (such as in a muffin or on a bagel) could cause a false positive drug result for opioids. Poppy seeds come from the seedpod of the opium poppy and while the seeds are cleaned before consumption, they may still contain trace amounts of opium residue. In 1998, the federal government raised the threshold on opiates from 0.3 micrograms to 2 micrograms per milliliter, but some testing facilities still go by the old standard.
- Any advice or experience using microdosing protocols?
    - More information on Microdosing from SUD ECHO Didactic: <https://www.indiancountryecho.org/resources/microdose-buprenorphine-inductions/>
  - There seems to be little discussion about withdrawal and overuse issues with fentanyl. Different strategies?
    - More information on Fentanyl Use and Withdrawal from SUD ECHO Didactic: [Fentanyl and Fentanyl Withdrawal | November 4, 2021 - Indian Country ECHO](#)
  - Follow up question to my last one, if Suboxone doesn't help for patients who are using Only methamphetamines, is there a medication to help them?
    - More information on Methamphetamine Use Disorder from SUD ECHO Didactic: <https://www.indiancountryecho.org/resources/methamphetamine-use-disorder-2/>
  - What are the initial side effects of suboxone? Is physical agitation (shaking and physical anxiety) normal?
    - Side effects of suboxone: Nausea and vomiting, headache, sweating, numb mouth, constipation, painful tongue, dizziness and fainting, problems with concentration, irregular heartbeat, insomnia, blurry vision, back pain, and drowsiness
    - [Common Side Effects Of Suboxone \(Buprenorphine/Naloxone\) \(americanaddictioncenters.org\)](#)