

HEALING OUR CALIFORNIA TRIBAL COMMUNITIES



Artwork by: Jason Hill

A STRATEGIC PLAN TO ADDRESS TRIBAL OPIOID USE



CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

Dear Tribal community members,

As you know, California Tribal communities have been greatly impacted by the current opioid crisis. This epidemic has strained our families, communities, health, and public safety. To address and respond to the opioid epidemic, the California Rural Indian Health Board, Inc. (CRIHB) is presenting A Strategic Plan to Address Tribal Opioid Use.

At CRIHB, we are committed to the needs and interests that elevate and promote the health status and social conditions of the Indian people of California. Over the past several months, CRIHB staff have met with Tribal communities throughout California to gather personal stories and experiences around this public health issue. Information gathered from community members has been used to create a culturally-based and community-driven strategic plan that builds upon the strengths of local Tribes' culture, traditions, and practices.

I would like to thank the Tribal Opioid Advisory Committee for supporting CRIHB with this endeavor and would like to acknowledge the community members who shared their personal stories and experiences with us.

Sincerely,

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OVERVIEW

THE OPIOID EPIDEMIC: IMPACT ON TRIBAL COMMUNITIES

The misuse of and addiction to any opioid is a widespread public health crisis. Every day, more than 130 people in the United States die from opioid overdoses.¹ In 2017, more than 40,000 Americans died as a result of an opioid-related overdose, and an estimated 1.7 million people in the U.S. suffered from a Substance Use Disorder (SUD) related to prescription opioids.^{2,3}

American Indian and Alaska Native (AIAN) communities have been greatly impacted by the opioid crisis. According to the Centers for Disease Control and Prevention (CDC), in 2017 AIAN populations had the second highest opioid overdose rate in the U.S.⁴

California's Tribal communities have been especially hard hit by this rapidly growing epidemic, carrying an unjust burden of this problem within their families, reservations, rancherias, and homes. Although there are gaps in statewide data, existing data indicates that AIANs receiving services at California Indian Health Programs (IHP) are treated for opioid use at a higher rate than that of their non-Indian counterparts.⁵ Between 2007 and 2017, AIAN patients were seen nearly twice as many times for opioid misuse or overdose at IHPs than non-Indian users.⁵ Although all age groups suffer from opioid misuse, in 2017, over 52% of opioid misuse among AIAN occurred among those between the ages of 20-40 years old.

1 CDC/NCHS. National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2018. <https://wonder.cdc.gov>.

2 U.S. Department of Health and Human Services. National Institutes of Health. (2019, April 19). HEAL Initiative Research Plan. Retrieved from <https://www.nih.gov/research-training/medical-research-initiatives/heal-initiative/heal-initiative-research-plan>

3 Center for Behavioral Health Statistics and Quality (CBHSQ). 2017 National Survey on Drug Use and Health: Detailed Tables. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2018 4 Center for Disease Control and Prevention (2018, December 19).

Overview of the Drug Overdose Epidemic: Behind the Numbers. Retrieved from <https://www.cdc.gov/drugoverdose/data/index.html>

5 Mudgett M. Opioid Surveillance Update. California Tribal Epidemiology Center 2018, July. Accessible at <https://crihb.org/ctec/>

With regards to opioid-related overdose, AIAN between the ages of 45-54 exhibit the highest rate of opioid-related overdose in California. Although data shows that this impact is felt by AIAN communities all over California, Tribal communities in the counties of Humboldt, Sacramento, Sonoma, and Riverside experience the highest prevalence of opioid misuse.

Multidisciplinary collaborative approaches and interventions are necessary to create and plan an effective public health response and require **time, resources, and commitment to address the problem.** To this end, CRIHB is committed to building, supporting, and delivering a community-driven response to the opioid epidemic that is culturally appropriate and relevant to California's Tribal populations.

Part of CRIHB's mission is to leverage the voice of Tribal communities as a means for improving health, expanding opportunities, and respecting cultural traditions; this strategic plan represents these voices. **The stories told, the ideas revealed, and the directions pursued in this strategic plan emanated from and were cultivated by California's Tribal people.**



ASSESSING STRENGTHS AND WEAKNESSES

To develop a comprehensive strategic plan, CRIHB staff conducted a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis. The results from the analysis were used to identify internal and external factors that could either hinder or enhance CRIHB's ability to support the implementation of current and future opioid-related intervention activities in California Tribal communities. This information, coupled with community data, will provide the foundation for this strategic plan. The following is a summary of what the SWOT analysis revealed.

STRENGTHS:

There is a **strong net of support**, that consists of partner engagement, opioid-specific funding, and staff capacity. Also, there are two foundational elements for maintaining a functional and enriching organizational environment: 1) the accessibility of CRIHB staff and services to its membership and 2) a deep connection to Tribal culture and beliefs.

WEAKNESSES:

There is a need to **build and expand services**. This can be done by creating more **community buy-in and trust** with members, partners, and Tribal communities throughout the state. It is clear that CRIHB and its staff need to **remain community-focused**. Lastly, it is important to acknowledge that there are limitations to time, the availability of services, capacity, and funding in Tribal communities.

THREATS:

The factors that may create a threat to progress are varied, but significant, including potential hesitation from Tribal communities. There is also the possibility of denial or minimal readiness amongst Tribal governments. Furthermore, Tribal members feel there is little representation or responsiveness from Tribal leadership at community educational and/or awareness events and gatherings. Additionally, there are gaps or inaccuracies in the data and information that help demonstrate the breadth and severity of the opioid problem. Finally, the issue of stigma regarding opioid use disorder (OUD) can impact whether or not people seek or support the use of treatment services.

OPPORTUNITIES:

This is where the possibilities for the future emerge. Some highlights include expanding outreach to provide more technical assistance and assisting Tribes with improved access to funding, services, knowledge/skills, training, grant writing, and data collection. Building cross-sectional partnerships with agencies that are involved with housing, law enforcement, mortuaries, criminal justice, Tribal courts, and faith-based organizations can provide support to future interventions. For those needing treatment for OUD, it is essential to assist in the creation and establishment of supportive housing for individuals in recovery and the use of effective treatments, transitional care, and harm reduction services. Lastly, the opportunity for community members to share personal stories through an opioid safety media campaign is an additional tool to engage communities.



STRATEGIC PLAN FRAMEWORK

To develop a strategic plan that meets the needs of California Tribal communities, it was important to develop a framework that provided clear direction, purpose, and intent. With the input of Tribal leaders, a three-phased approach was utilized to create a community-based and culturally relevant plan. As a result, a large part of this plan reflects the experiences, desires, ideas, and beliefs gathered through a series of interviews and focus groups.

TRIBAL OPIOID STRATEGIC PLAN: FRAMEWORK



Use what we learn to promote activities that are community-driven.

Improve the health, well-being, and spirituality of Tribal communities.



Phase One:

The first phase of this strategic planning process was to learn more about the impacts of opioid misuse in Tribal communities. While data tells a story, it was essential to **hear directly from communities about their struggles, experiences, and resilience.** To capture the direct and indirect impacts of the opioid epidemic, a series of community-based interviews were conducted in California Tribal communities. This qualitative data has been summarized in the Community Data section of this plan.

Phase Two:

The second phase involved utilizing qualitative data to identify solutions that may mitigate the effects of the opioid epidemic that are also culturally relevant and meaningful to California Tribal communities. Although there are many approaches to take, the overall **goal is to foster solutions that come from the California Tribal communities.** For further details, refer to the Tribal Community-Driven Solutions portion of this plan.

Phase Three:

This last phase focused on direct action. Direct action is the **implementation of community-driven activities that will improve treatment access, provide opioid education, and build community resiliency.**



CRIHB staff traveled throughout California from April 2019 to August 2019 to converse with dozens of individuals, groups, and key stakeholders. These conversations took place on-site at existing Tribal gatherings and educational events.

Those who participated in the key informant interviews and focus groups represented:

- 17 Tribes located statewide (North, Central, and South);
- all age groups;
- those in leadership;
- Tribal and non-Tribal members;
- those serving Tribal populations; and
- rural communities.

The spectrum of issues explored through the key informant interviews and focus groups were extensive. The following areas were addressed:

- depth and breadth of the problem;
- impact on families and communities;
- specific beliefs regarding opioid use and misuse;
- acceptance and knowledge of Medication-Assisted Treatment (MAT);
- traditional healing practices;
- potential solutions;
- thoughts on who should be involved with solving the issue;
- current and potential barriers to combating the epidemic; and
- educational outreach.

At the end of the process, CRIHB staff completed **16 key informant interviews and conducted 11 focus groups**. The data results from these contacts are summarized in this plan, highlighted visually in graphs and showcased in comments, quotes, and ideas. The findings included lessons from the SWOT analysis, information regarding Tribal community-driven solutions relevant for opioid misuse and addiction, emerging data, and available resources led to the development of a community-based strategic plan.



COMMUNITY DATA

To develop a greater understanding about the severity of the problem and how it impacts AIAN in California, CRIHB reached out to Tribal communities in the Northern, Central, and Southern regions to hear their stories and learn more about their personal experiences with the opioid epidemic. Qualitative data was collected from Tribal youth, adults, and elders in the form of key informant interviews and focus groups. Community member responses were used to develop a culturally-based and community-driven strategic plan.

On the following pages, the plan outlines some of the key findings from the qualitative data. The analysis of these scripts and responses had one overwhelming and prominent theme: ***the need to connect***. Whether it was youth voicing the need and desire for more Tribal gatherings or elders sharing the importance of healing that comes from attending ceremonies, it was apparent that **connecting to each other is seen as necessary to build resilience, practice spirituality, and create a social support system**. Due to the quantity and variation of responses, a partial sample of the most relevant items are presented in this section.

SUMMARY OF KEY FINDINGS

The following are some **key points** that were discovered from the key informant interviews and focus group process:

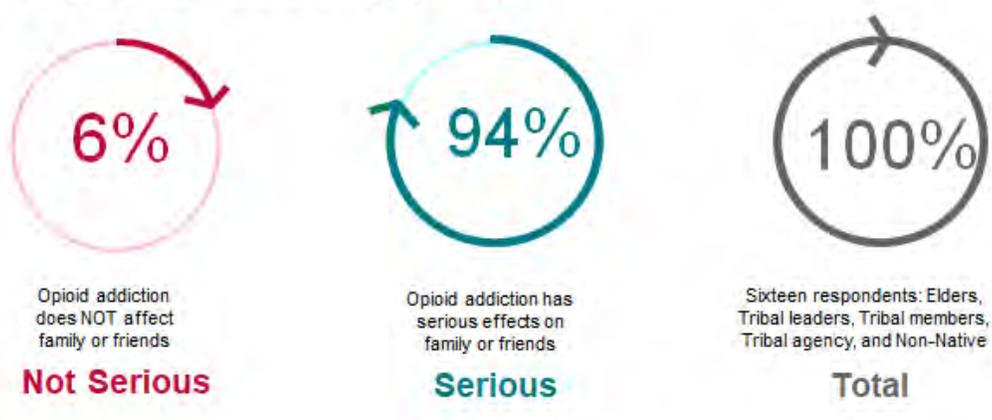
- The desire to connect was a consistent expression amongst Tribes in addressing the opioid problem.
- Adults believe that **youth are most at-risk** for opioid misuse, however, the youth believe **adults carry the burden** and responsibility for their community's opioid problems.

- Easy access to opioids, historical, intergenerational, and childhood trauma, family secrecy, not enough opioid-related education for community and leadership are some of the **most common reasons why the opioid problem persists**.
- The vast majority of key informant interviews participants reported that **opioids are a serious problem** and have impacted their family or families they know.
- There is significant frustration with the **amount of progress that has been made in addressing the issue of opioid misuse**.
- Strong support exists for the use of **cultural and traditional (non-western) practices** to treat pain and to help those in recovery for drug addiction.
- Communities believe the current available treatment services are **not accessible, aligned culturally, or supportive of longer-term recovery**.
- When MAT is explained, the **strong majority support its use** as a method for treating opioid addiction.
- It was apparent that there is **minimal education** regarding what opioids are and its rapid and severe effects on the body.

KEY INFORMANT INTERVIEWS

As previously mentioned, 16 key informant interviews were completed with adults and elders from Tribes located in Northern, Central, and Southern California. From the key informant interviews conducted, 94% believe *the opioid problem in their community is serious*. Additionally, 94% report that *opioid addiction has affected their family or families they know* (Figure 1).

Figure 1. How serious do you believe the opioid problem is in your Tribal community? (N=16)



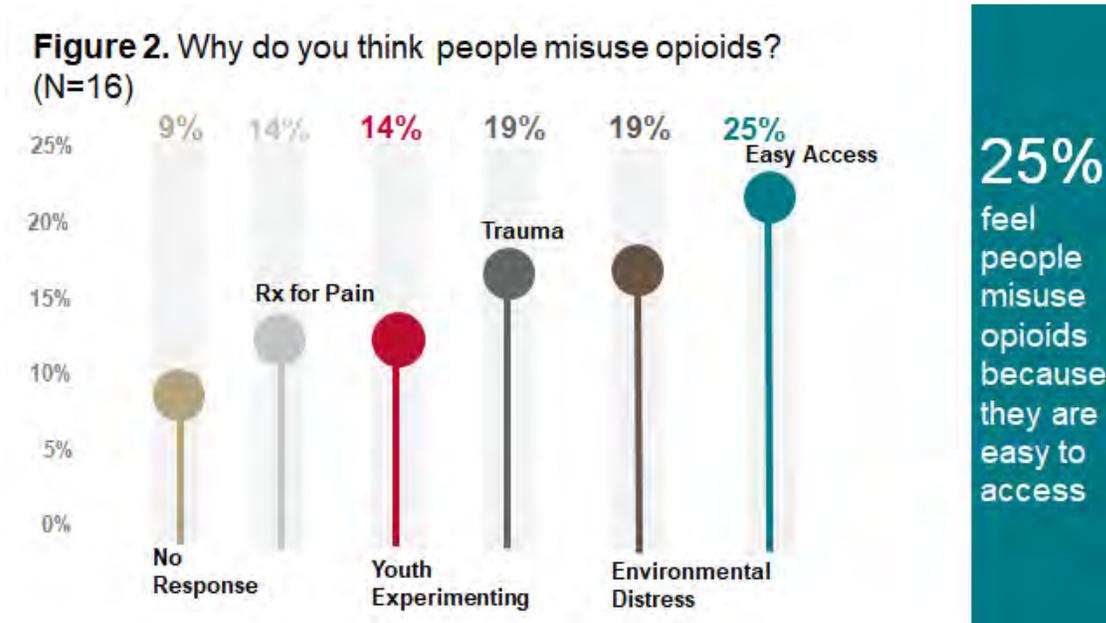
Stories were told about loved ones dying from opioid overdose; gangs and violence; and parents losing custody of their children. These experiences generated fear and left people feeling powerless and hopeless.

"The addictive part of it is so strong that once they get that high, they are constantly chasing the high."

"Families are being broken apart because of opioid use."

"Last year, we had 7 deaths linked to opioids."

The ease with which people can obtain opioids is thought to be the primary reason for misuse and is also the primary concern regarding opioids (Figure 2).



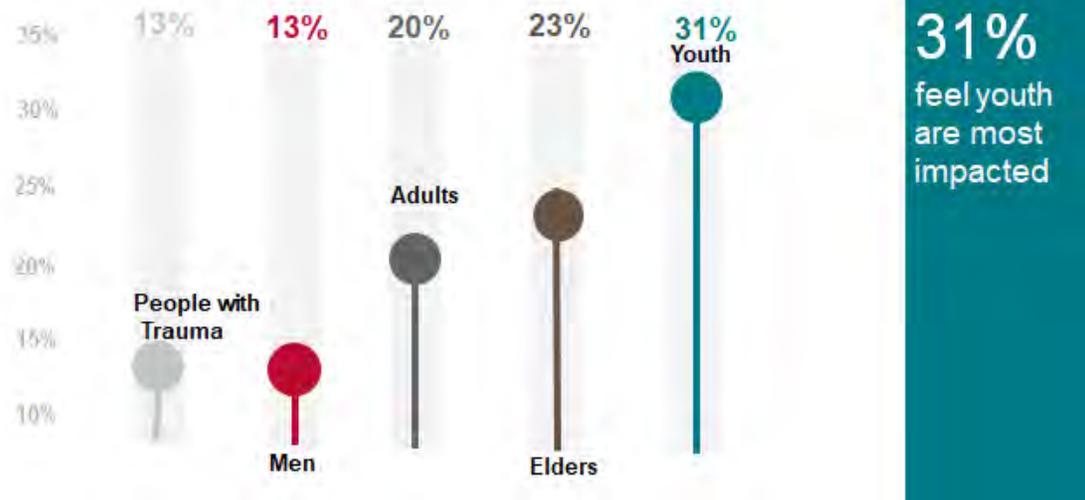
Participants described how opioids are easy to access from physicians and relatives, describing the presence as “everywhere.” The understanding of how taking a prescribed opioid pain medication can lead to full blown addiction is prevalent.

"People are doing it because it's the easiest thing to get."

"There is a deeper pain with general trauma and masking it with painkillers."

Regarding who is **most impacted** by the opioid epidemic, the adults identified youth; however, when youth were asked in the focus groups, the majority said it is the elders who are most impacted. What does this tell us? While we can only speculate, perhaps this conveys that ***the problem is widespread enough that all age groups are vulnerable*** (Figure 3).

Figure 3. Do you think there are some groups more impacted than others? (N=16)



There is concern that elders are vulnerable to becoming addicted because of the use of opioids for joint and muscle-related pain. There is also concern around the need for education among elders about how to properly store medications, which can lead to easy access of opioid medications by youth and those with an existing opioid use problem.

"Elders that use aren't informed of what it can do."

"Elders are most vulnerable to family members taking advantage of them."

There is also a sense of victimization, particularly regarding youth; elders are concerned that youth are more at-risk.

"Drug dealers are seeking them [youth] out. Targeting people's families that have money."

"[Youth] have nothing else to do, so they turn to experimenting with drugs and alcohol."

"[We keep] shaming and guilt tripping youth for wanting to recover."

Lastly, the question of who is impacted sparked discussion regarding how the use of opioids has become acceptable.

"If a friend offers you a Vicodin then you say 'yeah sure, I'll have one' and you don't even think it's bad because now it's normalized."

"It's like it's acceptable sometimes. It's frustrating to think that that's the norm."

"My mom doesn't think she's offering drugs. It's just a pill; it's just a quick remedy."

In terms of **treatment for opioid use disorder**, the majority believe that accessible rehabilitation and counseling would be helpful, yet almost **70% report there are not enough treatment services in their communities** (Figure 4).

Figure 4. Do you believe there are enough treatment services available for those who might have an opioid addiction? (N=16)



Several themes emerged regarding participants' concerns about treatment services such as: 1) not available when needed; 2) not adequate for detoxification; and 3) not supportive of those trying to stay sober.

"We need culturally-informed practitioners in the urban and rural regions."

"There are a lot of resources, but they are located outside of the reservation."

"Treatment is not enough. We need detox centers for Suboxone and need actual rehab programs and after care."

There are two important factors that emerged regarding **pain management and addiction treatment**:

- *Close to 90% of those interviewed stated they would be interested in seeing traditional medicines used for treating pain; and*
- *Over 80% agree with the use of Medication-Assisted Treatment (MAT) as a method to help those with opioid use disorder (OUD or addiction).*

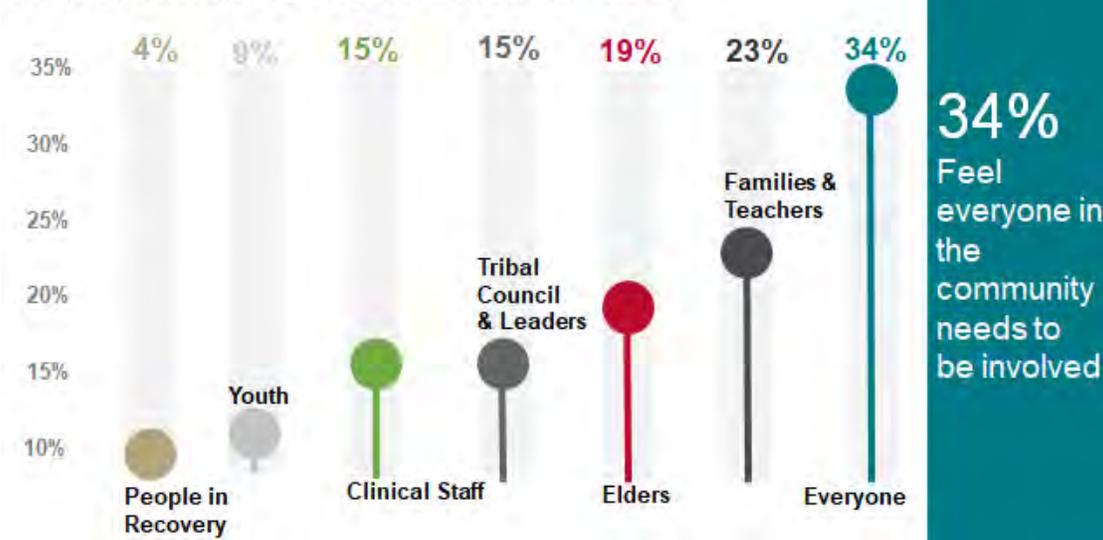
"I would support it because it seems like a healthier way than just stopping. I think the community would be open to it."

"I definitely agree with it. Our community is just a 'stop and quit' mind[set], but you can't really tell someone who is an opioid addict to just stop. Those that are truly educated about MAT agree with it."

"I think it's on a case by case basis. If you have an individual who has survived on western medicine since they were little, trying to drive them away from something that isn't medically assisted isn't going to help them."

It was also important to capture who the interviewees thought **should be involved in addressing the problem** (Figure 5) and **who should be educated** (Figure 6). The large majority for both said **"EVERYONE."**

Figure 5. Who do you think should be involved in addressing the problem? (N=56 responses from 33 Tribes)



"Community Tribal leaders need to step up and help the community. Young elders have talked about wanting to be mentors to the younger people. By involving elders, it would help them with their own self-worth as well."

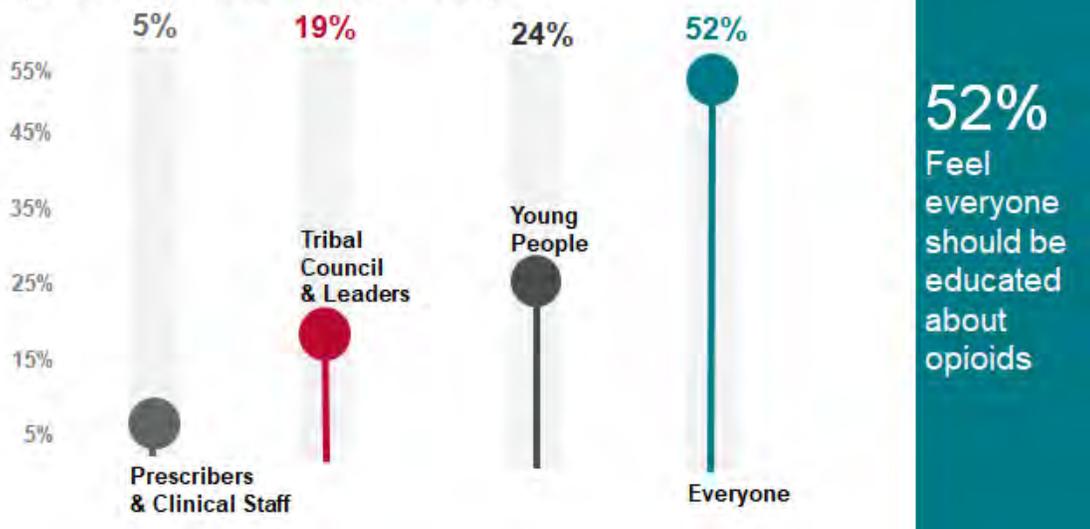
"The whole community. Not a one-person job."

"It's a Tribe thing; it takes a village. We have to all do it together, so we need to have our leaders on board."

"Elders need to teach that drugs and alcohol aren't part of their teachings or traditional ways of healing. Elders need to remind young people that there is a lot to be proud of."

"We need to fix the problem from all perspectives. You need the immediate family, the larger family, and the community."

Figure 6. Who should be educated about the opioid problem?
(N=56 responses from 33 Tribes)

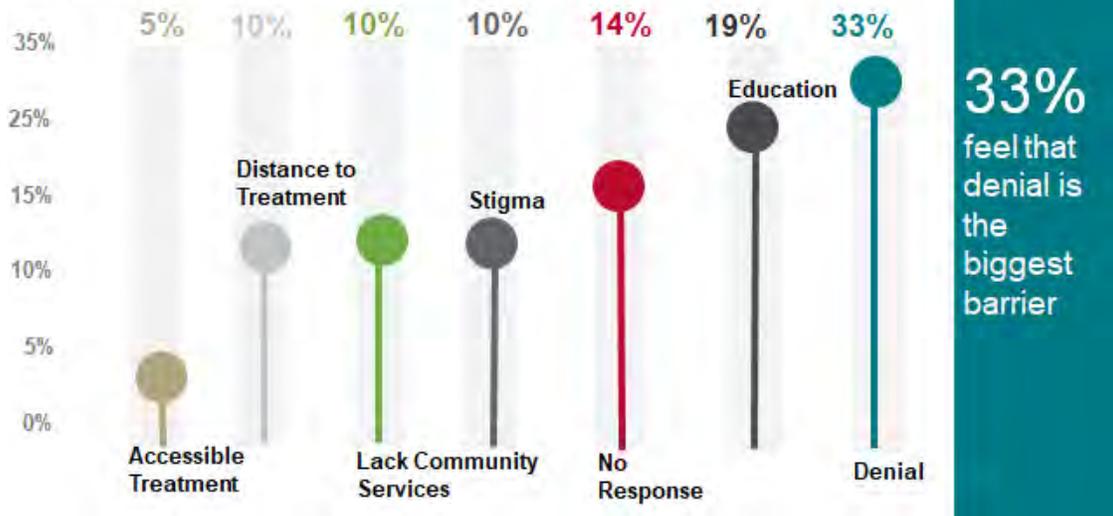


"Everyone! It's all over the reservation. The whole Indian Tribe needs to be educated everywhere."

"Everyone should be educated, but children really need to be educated. They need to learn from the start that drugs are bad."learn from the start that drugs are bad."

And lastly from the key informant interviews, a question regarding **barriers to reducing opioid misuse was posed**. One third of respondents, 33%, felt that denial is a major barrier to reducing opioid misuse in their Tribal community (Figure 7).

Figure 7. What are the barriers to reducing opioid misuse in Tribal communities? (N=16)



Additional comments, beyond the formal responses, can be categorized into the following groups.

DENIAL AND SHAME:

"The biggest barrier is ignorance as to what they are seeing...people are in denial about it."

"Some Tribal community leaders "don't want to address and admit there is a problem."

"Most people on the reservation know each other, and they are trying to hide what's going on."

"No one wants to talk about it. It all stems from trauma."

NEED FOR ACTION:

"There is a house on the reservation that is known for drugs— everyone knows. How does the Tribal [leadership] still allow that to happen? There have been overdoses there."

"No one is being held accountable. Drug houses are not being taken out of the reservation."

"The people in the community just accept that there is a problem. It's so easily available on the streets, so reducing availability can be hard."

"Drugs and alcohol aren't going anywhere, and we need to accept that. What we need to do is help them; help them be educated and understand that we are here for them."

"Tribal leaders need to step up and help the community. They are currently not really involved or helping as much as they could be."

"We need to get all the communities to get together to work together."

LACK OF KNOWLEDGE:

"When you first said the word 'opioids,' I wasn't sure what that was. This shows a lack of knowledge."

"Elders don't understand how we can help people that use; they need more education."

"Start young and keep it up. Don't give up."

"More information needs to be passed down from the clinics."

FOCUS GROUPS

In addition to key informant interviews, community focus groups were also conducted to collect input on how to mitigate the effects of opioid abuse in Tribal communities. A total of five elder and six youth focus groups were held across 11 Tribal communities in the Northern, Central, and Southern regions of the state. The following section highlights the information that was shared among focus group participants.

COMMUNITY PERCEPTIONS OF OPIOIDS

The prevalence of stigma, commonly associated with substance abuse and addiction, has the potential to negatively affect an individual's self-esteem, damage relationships with loved ones, and can lead to an avoidance of accessing treatment.⁶ To explore community perceptions and consider the presence of a stigma around the use of opioids, youth and elders were asked about the thoughts or opinions community members held in regard to those who use prescription opioids or those who use them to cope with physical or emotional pain, recreational drug use, or due to addiction.

Youth identified that there are both negative perceptions and sympathy expressed when family, friends, and other community members encounter an individual using opioids for recreational drug use or due to addiction. Youth across the state identified stigma as being prevalent, with mostly negative comments being referenced, including describing adults as "thinking badly of [drug users]"; "feel[ing] disgusted"; describing drug users as "good for nothing"; or "unmotivated." Youth did identify that sympathy and a feeling of pity and sorrow for another's misfortune was also shared among the communities, stating that adults "feel remorse," and that the drug user "just [doesn't] know how to stop" and that "some families want to help when students get into that stuff."

⁶ Semple S.J., Grant I., & Patterson T.L. Utilization of drug treatment programs by methamphetamine users: the role of social stigma. *Am J Addict.* 2005; 14(4): 367-80.

CONTRIBUTING FACTORS TO OPIOID USE

Impact

According to youth, when asked to **quantify the seriousness of the opioid problem in their Tribal community** on a 1-10 scale, youth across the state estimated the problem to be **7 out of 10**.

Adults and **youth** were identified as the most impacted groups of the opioid epidemic within the Tribal communities. Family members, partners, parents, siblings, children, grandchildren, friends, classmates, and colleagues were said to have fallen victim to opioids, "My sister's boyfriend just died because he overdosed." Participants also discussed the impact that opioids have had on their family and friends' lives, "My brother[...] his daughter was using heroin. She was craving it so badly, she wasn't going to go to her dad's funeral."



"Now there are more kids coming around, only because they see the adults doing it."

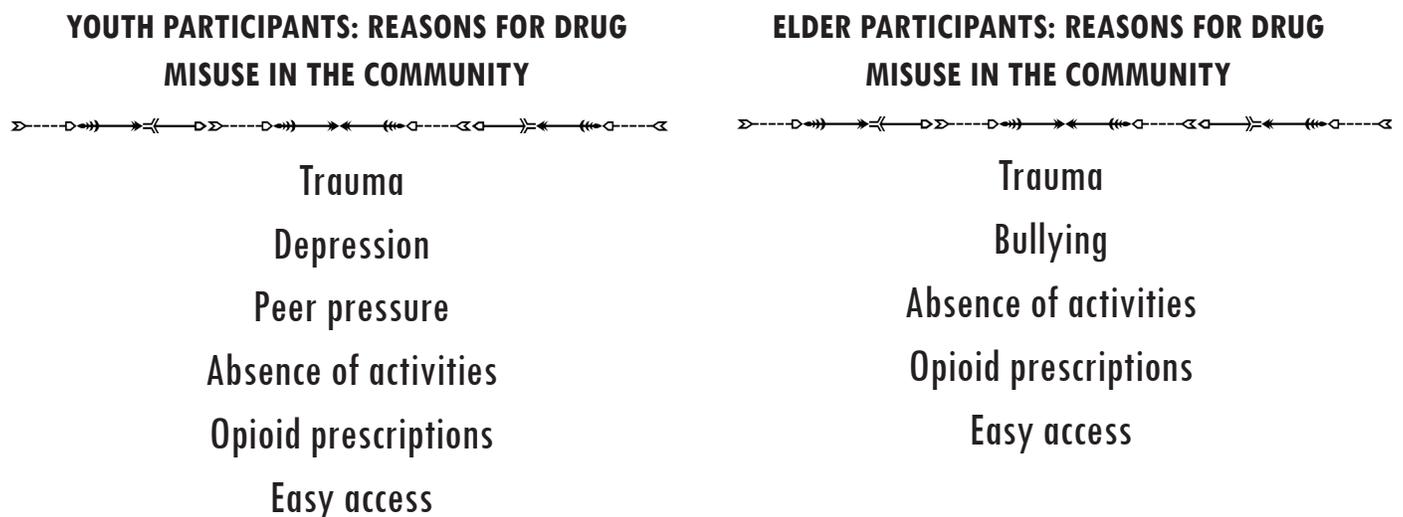
– Youth participant

REASONS FOR USE

Many participants attributed several cases of opioid addiction to over prescribing (Figure 8). Elders and youth shared instances where they or a family member were prescribed an opioid for pain management, which led to an abuse of pills and several turned to heroin: “The doctors give too many medicines”; “Doctors chose the shortcut of just giving her pills”; and “Doctors aren’t helping.” An elder shared a story of a niece that was addicted where, “She started off taking Vicodin, and she graduated to any and all drugs just to get rid of the pain.”

Some youth believed that doctors had a role in opioid abuse in their community, “Misusing is due to a medical prescription. Opioids are being prescribed for lung issues and heart issues, and people had to live with the drugs and they start abusing the drug later.” Others felt that doctors' could not be blamed for abuse and stated, “It’s not the doctors fault. It’s the people who aren’t using them correctly,” but noted that doctors should be part of fixing the problem by “limit[ing] prescriptions.”

Figure 8. Reasons for drug misuse in Tribal communities, given by elder and youth participants.



Note: Items are listed in order of most referenced. For example, trauma was referenced by youth and elders most often as the reason for drug abuse within the community.

Trauma, when referenced, included: historical trauma, sexual abuse, and emotional, mental, and physical pain. Youth shared several reasons for why their peers may abuse drugs such as a way “to deal with stuff going on,” or “trying to take the pain away.” One youth participant shared that “kids who grew up in a bad home...when they get older, anger comes back; they get depressed and want to start doing drugs.” Elders also believed that trauma was a major factor contributing to drug abuse. One elder shared that “generations are still affected by trauma, historical trauma. Each generation, as it goes down, have those feelings. These things are carried down, and you grew up not knowing how to function properly.”

"I work with the kids and I see them heading down this path...and they have been through a lot of trauma, and I watch them...my niece was traumatized as a child and now she uses heroin."

– Elder participant

"A lot of our innocent kids from 6-13 are keeping a lot of stuff deep in their heart. A lot of parents are in denial about the trauma their kids are facing."

– Elder participant



The need for more activities on the reservations and rancherias was seen as a solution to the misuse of opioids in Tribal communities. They shared that being far from town, youth having nothing to do, boredom, little encouragement to leave the reservation to attend college, and minimal employment opportunities increases youth and young adults' desire to abuse drugs. One participant shared that "our communities are just so isolated, that makes it so much worse. There's absolutely nothing out [here]. What else do you have to do but get high? Living in poverty [and] not having a job" is why youth use. Peer pressure or the desire to look "cool" was noted as an important factor for youth's misuse of drugs. One youth shared that some "students get bored and want to impress their friends. So they take drugs." Lastly, easy access due to the prevalence of drugs on the reservations and rancherias and the marketing of drugs in schools was noted and identified as the last reason for use.

SUPPORTIVE SERVICES

When asked what types of supportive services were made available to their communities, responses varied across the state; those identified included behavioral health clinics, community outpatient drug facilities, substance abuse programs, community substance abuse centers, or the clinics as a place to receive care for opioid addiction. Several elder and youth participants noted that although there are some available programs in their health clinics, they are underutilized. "Yes, we have services at our clinic, but they are not being used." Others shared their frustration about the inequality of services, "Only services to the men, inpatient only, no youth program."

"There are programs but not enough treatment. With my grandson I had to send him [out of state] because there was no Native American treatment center. There are not any [close by treatment centers] for the youth."

– Elder participant

Participants voiced concern for the use of these facilities, sharing that while supportive services for opioid abuse were offered, lots of people choose not to use the services, “Especially with our clinic and our substance abuse center, we have a lot of help but people don’t take advantage of it.” This was attributed to the fact that some “don’t want to be seen going to the clinic because they may know someone that knows their family and [are fearful that they] may spread rumors.”

BARRIERS TO REDUCING OPIOID USE

In an effort to understand the utilization of current supportive services for opioid abuse and explore other impacts to reducing opioid use, elders and youth were asked to discuss barriers in reducing opioid use within their communities. Structural and non-structural barriers were identified as impacting the reduction of opioid use within the community.

Structural barriers discussed included: availability of detox or treatment services, location of treatment services (out of state or non-cultural treatment centers), minimal funding, a shortage of space in programs and rehabilitative facilities, wait time for treatment, and cost of treatment.

Non-structural barriers included: stigma or negative perceptions of drug users, easy access to drugs due to high rates of abuse, abuse by spiritual or community leaders who inadvertently influence community members, minimal familial support or familial contacts to help an individual get into treatment, distrust among community members, and inability to reach and access treatment for those who need it most.

"The thing about being addicted is, it has to be a place that can help them come off of it AND address why they're doing it in the first place."

– Elder participant

MEDICATION-ASSISTED TREATMENT

In an effort to address opioid abuse, options such as Medication-Assisted Treatment (MAT), the use of Food and Drug Administration (FDA) approved medications in combination with counseling and behavioral therapies, are used as a treatment option to reduce opioid dependence. Community feedback was requested from elders, regarding opinions on MAT as a treatment option. Participants supported the use of MAT as a treatment option and felt “it is important to have options” and “giving [people] a choice could be good [and] is better than telling them what to do.” One participant stated, “If [MAT] can help them, then it is good.”

COMMUNITY RECOMMENDATIONS

Recommendations for combating opioid abuse within the community were discussed across the state with elders and youth. Participants shared their insight and recommendations on prevention, intervention, and treatment services. The discussions were centered around three themes: education, activities, and policies.

EDUCATION

Education was referred to most often as a recommendation to prevent opioid and substance abuse. Participants shared that education was vital across all ages, community members, and medical professionals. **When asked who needs to be educated, the youth and elders advocated for a community approach, educating elders, adults, youth, parents, and health professionals.**

Youth education and youth campaigns were advocated for by both elder and youth community members. Both agreed more education is needed for youth in schools, at home, and at community events. One youth shared that youth need to be “[told] about the good things like full freedom, good life, [and a] good job [they can have] if they don’t use drugs.”

Several communities shared the work they are doing to uplift and support children and youth. Others expressed their desire to have more programs that will educate children and youth about prescription opioids, “[We need to] be aware, be preventative. [Kids] see their parents have these and they think they are like candy and they have no idea what they are going to get themselves into.”

Participants encouraged that youth education should be “graphic [and] show pictures of drug users taken before and after they started using drugs” to “show what happens to people who have been addicted.” One elder expressed that it is important to “show [youth] what they could be if they stopped, or never started, [or] how they could be successful.” Many participants encouraged an educational campaign that would “show [youth] the consequences, what happens when you take [drugs] for a long time” and “show them other ways to spend their time.” Many youth felt that educational campaigns would be most effective if led by those that “can tell their own story about opioid misuse.”

“Even the cigarette pictures, they have an impact on me, and they have an impact on my grandkids. Those graphics are very important.”

— Elder participant



Education suggestions for adults and elders centered around parenting, awareness training on safe storage of medication, training on the symptoms of opioid addiction vs. other substance abuse, and the risks involved when taking prescription medication.

Parents were identified as a group that could be instrumental in preventing substance abuse. Several youths shared the loss of a close family member from opioids and stressed the importance of a parent or adult in their ability to “set the example.” Parenting classes were suggested by the elders, who shared the importance of parenting as a skill to aid the children and youth.

"Mothers especially, they have so much responsibility of carrying children, and they were the first teachers. The babies are so affected by opioids if a mother takes it."

– Elder participant

"If you can't change the way people are, then you need to change the beginning...I would start with the young kids, and then I would start to get the parents to come."

– Elder participant

Prescribing medication was identified as a contributor to the opioid abuse in the communities across the state. Participants shared the importance of involving doctors in education and prevention. In addition, participants share that “doctors should give more warnings before they prescribe opioids about how addictive it is, that should be mandatory”; “doctors can give prescription in a way [that’s] not addictive – safe prescription practices”; and “doctors [...] could scare people. They could really stress that people can die.”

ACTIVITIES

Recommended activities included education for both prevention and intervention of opioid abuse, activities that help community members stay busy and involved with their community, and activities that provide a sense of purpose and keep youth and adults working together.

Cultural activities were shared as an effective tool for preventing opioid abuse and aiding those suffering from addiction. Youth shared that they wanted more community gatherings. “We need more gatherings, more powwows, and we need people to come down from other Tribes” and “more times when everyone comes together.” One youth specifically stated, “We should have more Gathering of Native Americans (GONAs) here because people come out ready to overcome.”

"For me, I took the outpatient services, did talking circles, and going to more spiritual events. For me, the program up here, the spiritual part of it, helped me a lot."

– Elder participant

Both youth and elders spoke of the influence of culture and identified the importance of cultural activities, cultural treatment options, traditional health protocols, and the practice of cultural traditions.

Additional activities that were identified by youth and elders as preventative for opioid abuse included:

- Jobs
- Sports teams
- Boys and Girls Club
- Youth study groups
- Educational learning opportunities (e.g., conferences and trainings)
- Teen center
- School-based programs: clubs, workshops, and leadership and yearbook committees

POLICIES

Policies were briefly touched on by youth and elders in reference to the creation, enforcement, and accountability around the development and implementation of Tribal policies specific to substance abuse.

Participants shared that policies were present within the community but largely not adopted nor enforced, "It starts at the top; it starts with our Tribal council. Our Tribal council needs to take a stand and support more programs for drug addiction and be more supportive of families going through that."

COMMUNITY INVOLVEMENT

In the discussions that took place across the 11 focus groups, participants stressed that there is not one age group that is exclusively impacted nor a simple approach or understanding to opioid abuse within Tribal communities. Rather, youth and elders shared that the issue is complex and multifaceted and **requires involvement of the entire community, including parents, adults, youth, teachers, Tribal council, Tribal leadership, doctors, and the clinic.**

While treatment was discussed, the majority of recommendations made by youth and elders to address opioid abuse centered on prevention to include the following: **focusing on alternative treatments of pain, education on the impacts of trauma, involvement in activities and education, and encouraging opportunity, purpose, skills, and resiliency.**

Youth and elders shared that prevention programs should be led by community members that have been "clean and sober" and involving "people who have been through it." They stressed the importance of having "adults that [have gone] through the same thing," work as advocates against opioid abuse. Youth voiced that adults were listened to more, and when youth advocated for family members to stop using drugs, they felt as though they would not be listened to. Youth stated, "I feel like if we tell an adult to stop using drugs that they won't listen. Why would they listen to a kid? They'll say, 'you're too young.'"

"We really need to nail it down. We can go back to our family and friends and share information. It is getting the word out. We're the role models in our communities."

— Elder participant

OPIOID RESPONSE CAPACITY ASSESSMENT SURVEY

As a further effort to gather additional data on how the opioid crisis is impacting California's Tribal communities, CRIHB conducted an Opioid Response Capacity Assessment Survey with Tribal leaders. There was a total of 56 responses from 33 California Tribes. The following summarizes some of the key findings.

When Tribal leaders were asked about who was involved in addressing the opioid crisis in their community, 80% responded that their local Tribal health program or clinic was involved (Figure 9). In addition, when Tribal leaders were asked whether or not their community had the necessary resources to prevent and treat opioid abuse in their communities, more than half of respondents said "yes" (Figure 10). Although Tribal leaders felt they had the necessary resources to prevent and treat opioid abuse, many also expressed concern for their Tribal communities:

"My heart hurts every day for my Tribe."

"In some communities, the opioid crisis is swept under the rug, and Native people don't have enough resources to assist them with such issues."

"It is devastating to watch our Tribal community— the minority— struggle with opioid addiction, and the majority do not understand this addiction."

Lastly, when Tribal members were asked about the types of opioid-related events that were hosted in their respective communities. Although responses indicate that drug take-back, opioid overdose prevention, and opioid crisis events take place, over 70% stated that their Tribe does not host any opioid-related events in their community (Figure 11).

Figure 9. Which of the following Tribal organizations have been involved in addressing the opioid crisis? (N=56 responses from 33 Tribes)

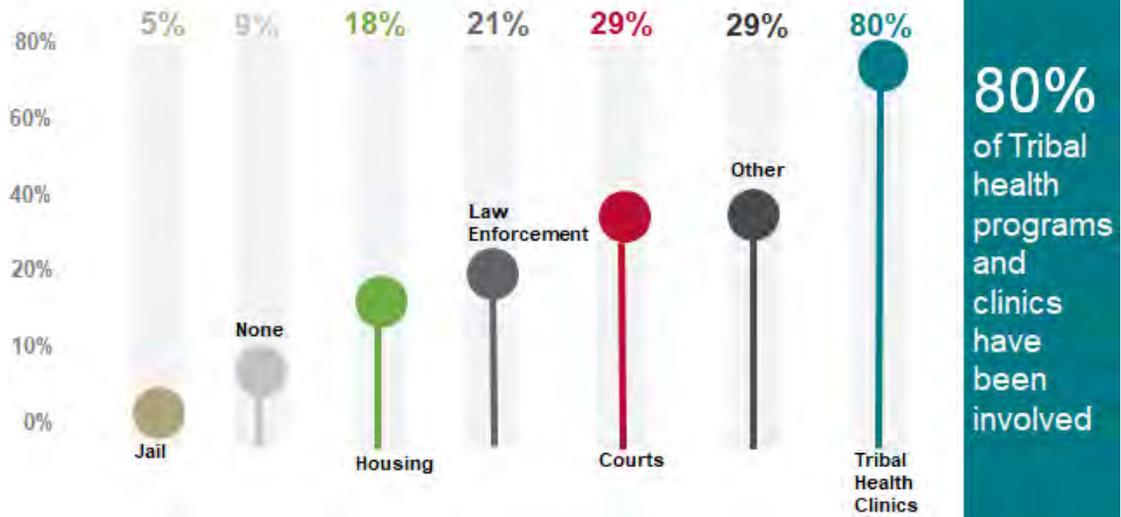
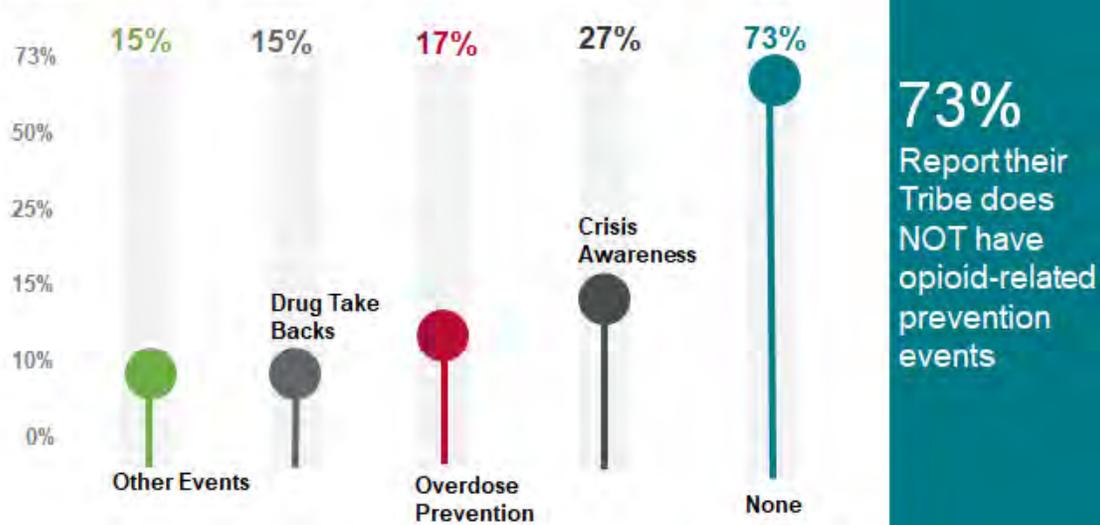


Figure 10. Does your community have the necessary resources to prevent opioid abuse? (N=56 responses from 33 Tribes)



Figure 11. What types of opioid-related prevention events are available in your community? (N=56 responses from 33 Tribes)



An interpretation of this survey data may indicate that while there is some perception of resources and readiness in place, there is a **significant need for more services, more engagement, and more transparency regarding the opioid problem.** From knowing where to get treatment to creating and implementing visible educational messaging, the community has voiced a strong need for prevention and intervention services. Resources should be accessible and visible to the community members most impacted by the opioid epidemic.

It is the mission of this strategic plan to address these gaps and work toward solutions, both immediate and longer term.

TRIBAL COMMUNITY-DRIVEN SOLUTIONS

Based on current statewide statistics, the results from the SWOT analysis conducted by CRIHB Opioid Programs staff, and the lived experiences and stories of California Tribes, five key focus areas have been identified as having the greatest importance in addressing the opioid epidemic in California Tribal communities:

1. Prevention
2. Expanding Treatment and Recovery Services
3. Expanding Partnerships
4. Engaging Tribal Leadership
5. Expanding Substance Use Policies



Fostering and supporting community-driven solutions that build upon the strengths of local Tribes' culture, traditions, and practices will be a CRIHB priority. CRIHB will support the efforts of local Tribal communities and their coalitions in designing and implementing opioid misuse prevention projects to address their community's unique challenges. Opioid misuse response plans may include, but are not limited to, the following key focus areas:

KEY FOCUS AREA #1: PREVENTION

1. Community Education

- Provide comprehensive education about opioids, which includes but is not limited to:
 - The different types of opioids
 - The effects opioids have on the mind and body
 - Treatment options (including traditional healing and cultural practices)
 - Overdose prevention (administering Naloxone)
 - Medication safety
- Provide education on and discuss the impacts that adverse childhood experiences like dating/domestic violence, suicide, mental health, and colonization (historical and inter-generational trauma) have on Tribal communities and how they can increase the risk of OUD.
- Organize advocacy events to increase awareness about OUD, MAT, and Naloxone.
- Develop and distribute Indigenous-focused harm reduction best practices, education, and materials to increase community buy-in and advocacy for people with substance use disorders.
- Develop culturally appropriate prevention and awareness activities that are tailored for Tribal youth to reduce risk of substance use initiation.

2. Youth Education

- Work with community coalitions and local school districts to implement culturally appropriate school-based prevention programs such as Native STAND, We R NATIVE, Safe in the Village, etc. to prevent misuse of opioids and other substances among youth.
- Expand culturally relevant primary prevention and awareness community activities for Tribal youth to reduce the risk of substance use initiation.
- Provide presentations and training to Tribal school staff and administration about the impact of opioid misuse and effective prevention strategies among youth.

3. Health Care Provider Education

- Provide ongoing training to health care providers and other staff working in Tribal communities on:
 - Indigenous-focused harm reduction
 - OUD treatment best practices
 - Non-opioid pain management alternatives, including traditional healing and cultural practices
 - Recognizing the signs of opioid misuse and addiction
 - Compliance with opioid prescribing practices
 - Linkage to appropriate treatment for those with and OUD

Build skills of health care providers to have supportive patient conversations about opioid misuse and possible treatment options.

Educate dental providers on safe prescribing practices.

4. Medication Safety Education

- Educate health care professionals regarding drug-drug interactions between opioids and other medications, including the interactions between opioids and benzodiazepines, alcohol, and gabapentin.
- Educate patients about the risks and benefits of opioids and opioid alternatives as a means to manage pain.
- Locate and share medication disposal and take-back programs at local police stations and other central locations with community members.
- Implement and promote medication disposal programs and take-back at local pharmacies, clinics, and hospitals.
- Facilitate proper home disposal of unused opioid prescription medications and other prescription drugs such as benzodiazepines and gabapentin.

KEY FOCUS AREA #2: EXPANDING TREATMENT AND RECOVERY SERVICES

1. Treatment Services

- Engage and retain people with OUD in treatment services by:
 - Expanding services to help those with OUD find stable housing.
 - Seeking funding for patient transportation to and from MAT appointments.
 - Incorporating childcare options for parents receiving MAT services to increase success rates.
 - Expanding the use of case managers and care navigators to help patients access the appropriate level of care and ancillary services for their OUD.
 - Implementing recovery support/coaching services for those who are seeking treatment to reduce illicit drug use.
- Develop a plan for sustainable funding for MAT.
- Implement a family-centered treatment model of home-based family therapy that will engage, involve, strengthen, and support families and caregivers.
- Implement culturally relevant evidence-based programs for families and caregivers of youth with OUD, including Tribal-based practices (traditional medicine and cultural practices).

2. Recovery Services

- Create and implement services that will support people in recovery in obtaining jobs, including those with past criminal involvement.
- Incorporate traditional healing and cultural practices (sweat lodges, traditional dance, drumming circles, elders teaching, traditional art practices, and other ceremonies) into existing and newly developed recovery services.
- Provide culturally and linguistically appropriate education and support to individuals, families, and caregivers to understand the importance of long-term recovery.

- Support the development of culturally appropriate recovery communities that will mobilize resources within and outside of the recovery community to increase prevalence and quality of long-term recovery.

KEY FOCUS AREA #3: EXPANDING PARTNERSHIPS

- Enhance collaboration and partnerships between local Tribal health programs and:
 - Law enforcement
 - Jails, prisons, emergency medical technicians (EMT), and other first responders
 - Drug courts
 - Hospitals
 - Coroners
 - Dental clinics
 - Community and faith-based organizations
- Collaborate and work with people with lived experience in meaningful roles, with room for professional growth.
- Encourage local law enforcement to participate in National Drug Take-Back days or provide an option for safe medication disposal in the community.
- Encourage communication between Tribes and state agencies to collaborate on drug trafficking prevention efforts on Tribal land.
- Collaborate with local health care providers, hospitals, emergency medical services (EMS), and treatment providers to monitor and alert each other of new threats and resources available in the community.

KEY FOCUS AREA #4: ENGAGING TRIBAL LEADERSHIP

- Educate Tribal council and leadership on the spectrum of care for OUD, effects on the family and community of those with OUD, harm reduction best practices, and OUD data to increase awareness and allow them to make informed decisions on Tribal policies.

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- Provide Tribal council and delegates with talking points for state and federal Tribal advisory groups to assist in sharing information, providing advice/recommendations, and/or exchanging views.
 - Advance government-to-government relationships between Tribes to share and discuss new threats and resources available in California Tribal communities.
 - Encourage Tribal leaders to include youth in Tribal government to share their concerns and needs and provide insight to community threats.

KEY FOCUS AREA #5: EXPANDING SUBSTANCE USE POLICIES

1. Community

- Identify local policy gaps and barriers to implementing a Tribal opioid response, including MAT programs, and devise a plan to close the gap in policy.
- Develop Tribal laws that decriminalize OUD and support alternatives such as drug court and OUD treatment instead of incarceration.
- Adopt policies that focus on:
 - Destigmatizing substance use disorders
 - Moving away from abstinence only recovery
 - Expanding access to syringe access programs
 - Decriminalizing maternal and prenatal opioid use

2. Clinical Settings

- Adopt policies that promote trauma informed care including safety, choice, collaboration, trustworthiness, and empowerment.
- Develop guidelines and policies that focus on:
 - Tapering strategies
 - Using of non-opioid alternatives
 - Managing patients on high dose chronic opioids
 - Screening all opioid-prescribed precincts for mental health and substance use disorders

CONCLUSION

The opioid epidemic erupted quickly across the nation and throughout Tribal communities. While there are no easy fixes or solutions, there are proven methods to help those addicted and prevent others from succumbing to the powerful draw of opioids.

Local coalitions, Tribal leaders, communities, organizations, and other key stakeholders, such as CRIHB, play a vital role in developing and implementing the environmental, individual, and societal factors to permanently shift the opioid tide.

The community voices heard at the local level were loud and clear: it will take “everyone” to make positive change happen.

APPENDIX

CRIHB'S CURRENTLY FUNDED OPIOID-RELATED GRANTS

CRIHB is currently operating four federal and state opioid prevention and treatment grants. A brief description of each grant is described in the following pages. These grants are comprehensive, Tribal-specific, and include valuable indicators for measuring impact of the opioid epidemic; most importantly, these grants are community-focused.

CAPACITY BUILDING

CDC-funded Tribal Public Health Capacity-Building and Quality Improvement Umbrella: Opioid Supplement

The goal of the project is to address the need for public health prevention and intervention by directly funding Tribal nations and regional Tribally designated organizations.

ACTIVITIES:

- Convene an Opioid Tribal Summit to identify opioid overdose concerns and share promising practices in Tribal communities.
- Conduct site visits to identify opioid overdose concerns among Tribal youth.
- Convene at least one Southern, one Central, and one Northern regional meeting to identify opioid overdose concerns among Tribal adults and elders.
- Develop a strategic plan to address opioid overdose in Tribes.

OPIOID SURVEILLANCE

CDC-funded Building Public Health Infrastructure: Opioid Supplement

The goal of the project is to improve opioid overdose data for American Indian and Alaska Native (AIAN) communities to address opioid overdose.

ACTIVITIES:

- Partner with Tribal nations and key partners to improve surveillance by providing epidemiologic, statistical, analytical, and data interpretation support; in addition, co-host an annual in-person meeting with the California Department of Public Health (CDPH) to improve data sharing.
- Implement activities to assess racial classification of AIAN data in state data sets, improve internal staff capacity to access, analyze, and apply data, and increase the use of data by Tribes and Tribal organizations.
- Implement activities to improve non-fatal AIAN overdose data. This includes identifying two Tribal health programs to work with their local hospital emergency department to develop a plan to improve non-fatal overdose data in that Tribal community that could be replicated.
- Implement activities to improve fatal AIAN overdose data. This includes developing new partnerships with medical examiners, coroners, and funeral directors to increase knowledge of the need to have accurate abstraction of data and to develop a plan to improve the documentation of AIAN deaths.

TREATMENT SUPPORT

California Department of Health Care Services (DHCS)-funded Tribal MAT Program

The goal of the program is to meet the specific prevention, treatment, and recovery needs of California’s Tribal and Urban AIAN communities.

ACTIVITIES:

- Connect DHCS, Indian stakeholders, and non-Tribal and Urban Indian MAT providers.
- Facilitate technical assistance and training services.
- Distribute Naloxone to Tribal communities.
- Provide culturally adapted training and suicide prevention materials.
- Implement and fund Tribal Local Opioid Coalitions.
- Develop telehealth infrastructure to interface with UCLA’s Project ECHO and other tele-medicine systems.

TREATMENT AND PREVENTION IMPLEMENTATION

Substance Abuse and Mental Health Services Administration (SAMHSA)-funded Tribal Opioid Response Program

The goal of the program is to address the opioid crisis in Tribal communities by increasing access to culturally appropriate and evidence-based treatment, including MAT.

ACTIVITIES:

- Complete a comprehensive strategic plan to address the gaps in prevention, treatment, and recovery identified by the Tribe.
- Implement workforce development activities to ensure that individuals working in Tribal communities are trained to prevent and treat opioid misuse.

- Develop effective prevention strategies, which include but are not limited to elder education, outreach and engagement of youth, strategic messaging, and community prevention activities.
- Develop strategies to purchase and disseminate Naloxone and provide training on its use to first responders and other Tribal members.
- Implement service delivery models that enable the full spectrum of treatment and recovery support services.
- Implement community recovery support services.
- Provide assistance to patients with treatment costs and develop other strategies to eliminate or reduce treatment costs for uninsured patients.
- Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.



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