

Partnering with Native American Communities to Address Alcohol and Drug Problems.



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Disclaimer

- ▶ I am not Native, thus my opinions do not reflect any Native community or group.
- ▶ I am a white man, so despite my best efforts I am dense, make lots of assumptions and believe I am correct unless proven otherwise.
- ▶ If any Native person disagrees with something I say in this talk, they are right.

My Journey

<2012 focus on health disparities and co-occurring disorders with Rick Ries, MD (Harborview)



2012 approached by Dedra Buchwald, MD and John Roll, PhD to write 2 SUD treatment grants



Immediately led 2 large clinical trials with 5 Tribal partnerships



Result is 7 years of learning, conducting community participatory research backwards

Terms

- ▶ Indigenous or Aboriginal : A person who is part of a group that is the original inhabitant of a place (can apply to groups around the world)
- ▶ Native American: any indigenous person in the US (including Native Hawaiians). Though many American Indians prefer this term.
- ▶ American Indian (AI): A person indigenous to the lower 48 states.
- ▶ Alaska Native (AN): A person indigenous to the state of Alaska (many people in WA).
- ▶ First Nations or Aboriginal Canadian: A person from a Tribe or indigenous group in Canada.
- ▶ Respect the terms people chose to use for themselves or their culture or community.

Terms (continued)

- ▶ Tribe: is an AI/AN tribal entity that is recognized as having a government-to-government relationship with the United States, with the responsibilities, powers, limitations, and obligations attached to that designation- 573 Tribes or villages
- ▶ Indian Reservation: Federal land held in trust for AI/AN people. It is therefore exempt from state laws.
- ▶ Indian Health Services: Federal agency responsible for fulfilling our treaty obligations to provide health care to Native people.
- ▶ Colonization: Efforts by European, S and N. American governments to remove or assimilate Native people, thereby disfranchising them (ongoing).
- ▶ Historical Trauma: The concept that colonization continues to cause negative mental, spiritual, and physical health consequences for Native people.
- ▶ Cultural Revitalization: Reclaiming of Native cultural practices, language and identity with a focus on self-determination (health care being one specific focus).

<https://www.bia.gov/frequently-asked-questions>



WANTED



CHRISTOPHER COLUMBUS

GRAND THEFT, GENOCIDE, RACISM

INITIATING THE DESTRUCTION OF A CULTURE

RAPE, TORTURE, AND MAIMING OF

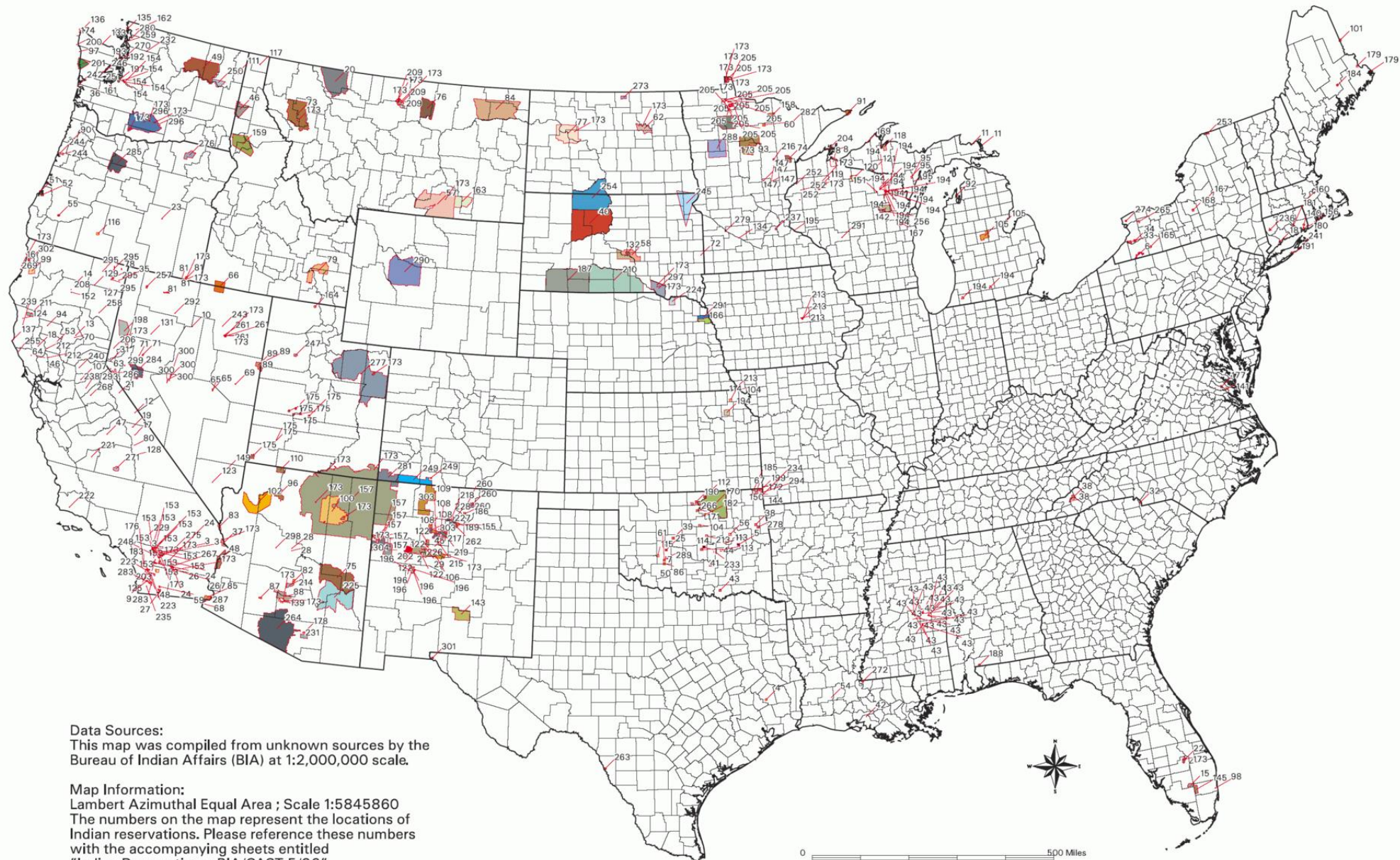
INDIGENOUS PEOPLE AND INSTIGATOR OF THE BIG LIE.

500 YEARS OF TOURISM

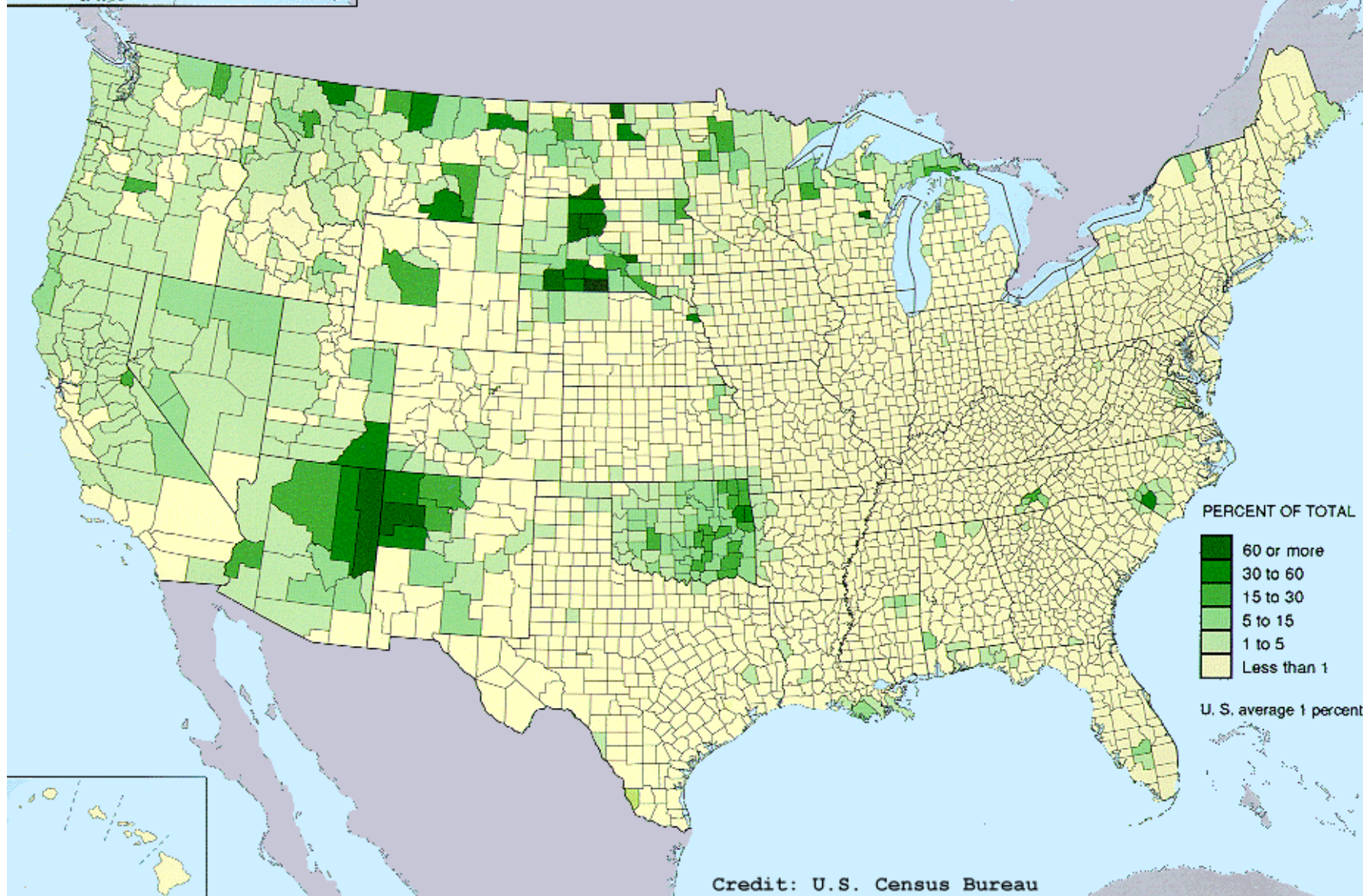
- ▶ Genocide
- ▶ Colonization
- ▶ Relocation/reservations
- ▶ Boarding schools
- ▶ Unfulfilled Treaties
- ▶ Allotment
- ▶ Alcohol used as a weapon (still)
- ▶ Coerced sterilization
- ▶ Unethical "treatments"

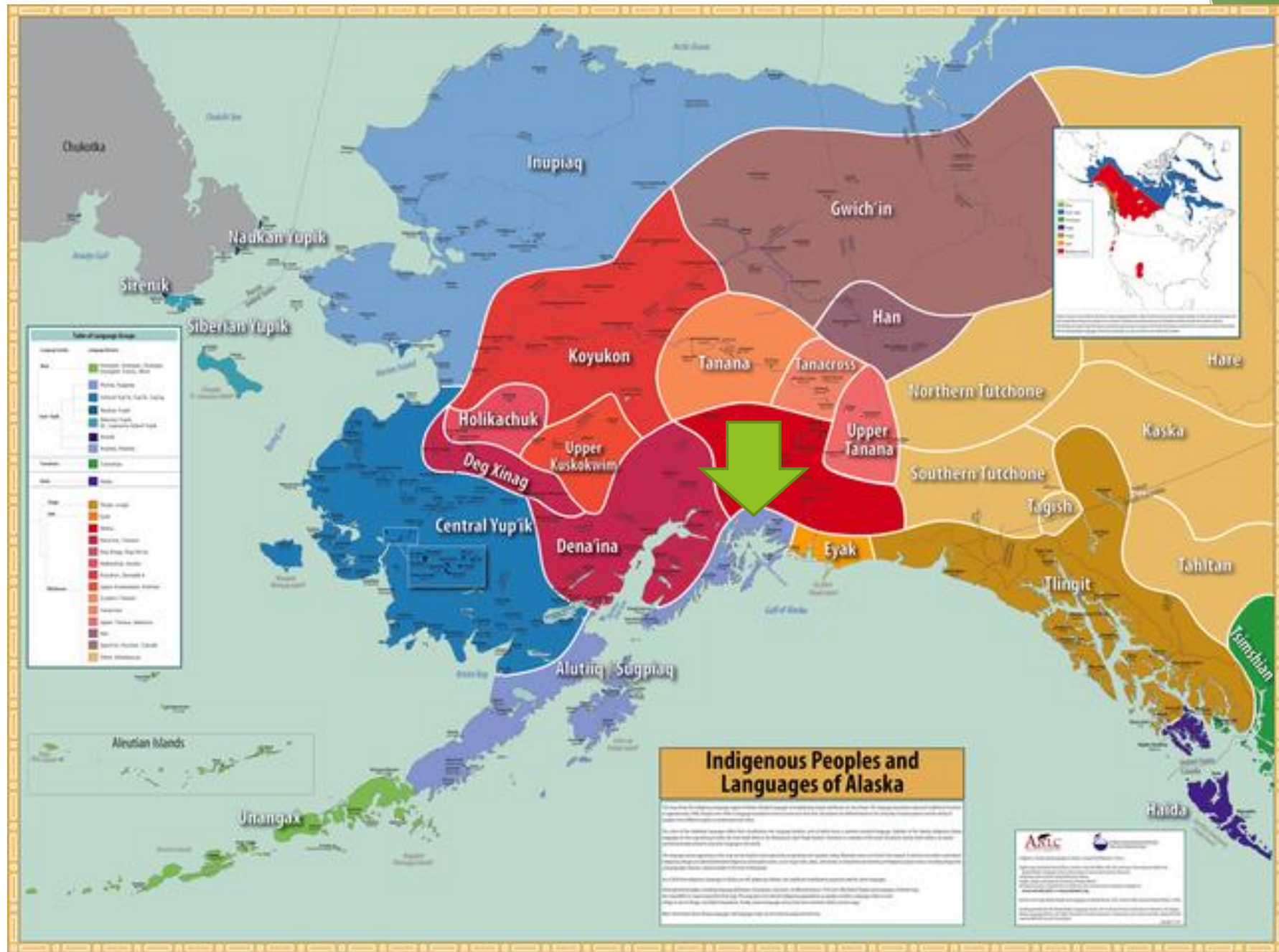


Indian Reservations in the Continental United States



American Indian, Eskimo, and Aleut Persons

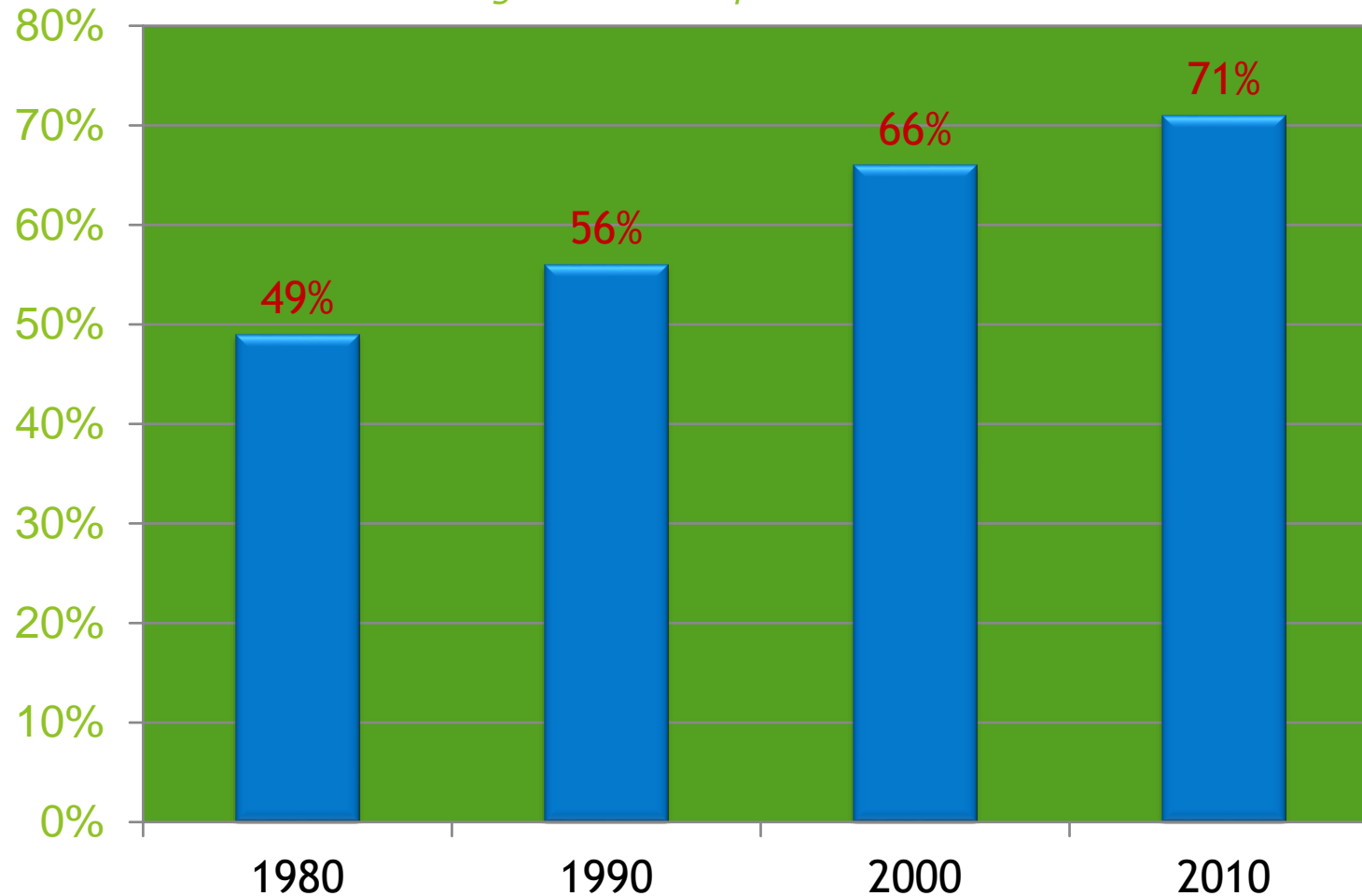




Urbanization of American Indians and Alaska Natives



Urban Percentage of AIAN Population: US Census Data



Cultural Safety General Points



- AI/AN peoples are extremely diverse in every way imaginable and should not be grouped as a whole (though most statistics do this)
 - Colonization accentuates these differences (e.g., boarding schools, relocation)
- Many AI/AN groups do share common values and practices (e.g., collectivist, respect for Elders).
- Important to ask each individual about their story, their culture, their community. Each patient is the expert.
- Most non-Native people have little experience working with Native people and know very little about Native culture, language, or issues.

Cultural Safety



- Cultural Safety: All people feel respected and safe when they interact with the health care system. Health care services are free of racism and discrimination. People are supported to draw strengths from their identity, culture and community.
- Cultural Awareness: The journey of cultural humility often starts with cultural awareness - recognizing that differences and similarities exist between cultures. Learning about the histories that impact Native people.
- Cultural Sensitivity: Cultural sensitivity grows when we start to see the influences of our own culture and acknowledge that we have biases. This can be an eye-opening experience, and it may take courage and humility to walk this path. Cultural sensitivity is NOT about treating everyone the same. With cultural awareness and sensitivity comes a responsibility to act respectfully.
- Cultural Competence: Developing knowledge, skills and attitudes for working effectively and respectfully with diverse people. It's about reducing the number of assumptions we make about people based on our biases. Cultural competency does not require us to become experts in cultures different from our own.
- <https://www.indigenoushealthnh.ca/initiatives/cultural-safety#cultural-humility>

Alcohol and Drug Use Disorders



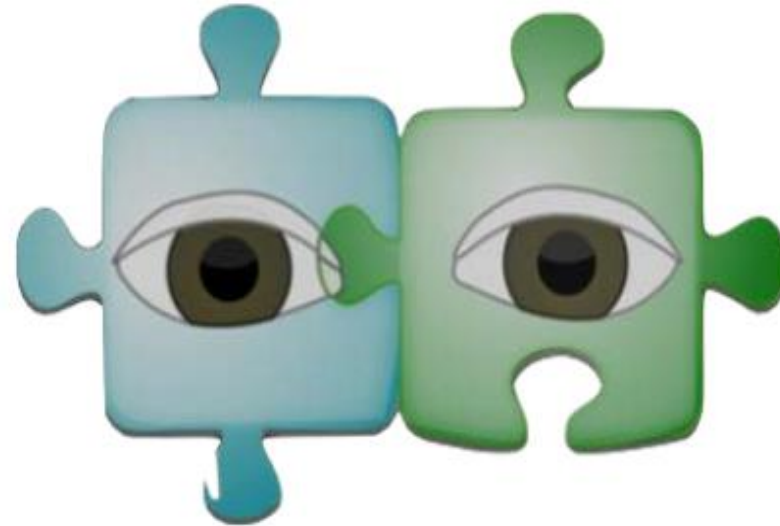
- 2009-2013 National Survey on Drug Use & Health: alcohol use
 - Abstainers: AI/AN = 60% vs. Whites = 43%
 - Light/moderate drinkers: AI/AN = 15% vs. Whites = 33%
 - AI/ANs and Whites = for heavy (8%) and binge (17%) drinking
- AI/AN cirrhosis deaths are 6 times higher, fetal alcohol spectrum disorders prevalence is 3-25 times higher, and alcohol-related motor vehicle deaths are 7 times higher than Healthy People 2010 goals.
- 5 of top 10 causes of death in AI/ANs – accidents, alcoholism, suicide, homicide, and cirrhosis – are alcohol related.
- Disparities in drug use are similar, but drugs used vary by location.
- AI/AN people are more likely to seek out treatment, but more likely to drop out.

Two-Eyed Seeing:

An Indigenous Approach to Integrative Science and Co-Learning



Two-eyed seeing is learning to see from one eye with the strengths of Indigenous knowledge and ways of knowing, and from the other eye with the strengths of Western knowledge and ways of knowing ... and learning to use both eyes together for the benefit of all.



Treatment



Culturally Adapted Western Treatments

Only 3 Published RCTs

- ▶ Motivational Interviewing/Enhancement (modified and effective)
- ▶ MATRIX Model (Methamphetamine) (adapted not tested)
- ▶ Contingency Management (2 RCTs recently completed)
- ▶ Culturally-based buprenorphine programs (implemented but not tested)
- ▶ Naltrexone for alcohol (overall effective)
- ▶ AI/AN adapted AA Wellbriety (widely implemented, not tested) (White Bison)
- ▶ Culturally adapted inpatient treatment (implemented not tested)

Treatment



Culturally Based Treatments

- ▶ Sweat Lodges (widely implemented, large RCT reductions in drinking)
- ▶ Wellbriety (widely implemented, not tested), clinician lead, AA like, and bibliotherapy options
- ▶ So many other options, from Native healers, plant based medicines, cultural and language learning.
- ▶ So much potential for two eyed-seeing approaches, as evidence for culturally based interventions is just as strong as western approaches.

Acceptability and Effectiveness



Cultural Acceptability: the extent to which an approach must be adapted so that it reflects the values, interests and language of a new group. The manner in which it is delivered changes, but the active ingredients do not.

Cultural Effectiveness: an intervention is less effective for a group, due to its components not having the same impact on outcomes as they did in the initial population it was developed for.

Acceptability is typically what needs to be modified when adapting interventions, with notable exceptions. Likely what you need to change as a provider.

Challenges and Opportunities



Challenges

- ▶ Social determinants of health
- ▶ Effects of colonization
- ▶ Discrimination
- ▶ Lack of treatment access
- ▶ Medical comorbidities
- ▶ Rurality
- ▶ Transportation Challenges

Opportunities

- ▶ High rates of abstinence
- ▶ Collectivism
- ▶ Strong families
- ▶ Elders/Grandparents
- ▶ Cultural and language revitalization
- ▶ Economic revitalization
- ▶ Ties to Traditions
- ▶ Connections to place
- ▶ Spirituality/religion
- ▶ Laughter
- ▶ Resilience, pride
- ▶ Sovereignty and self-determination

Things You Can Do



Practice cultural humility

Be curious

Respect Native knowledge as equal to or superior to your own

Hear each patient's story, their journey, their people's journey

Work closely with families

Check your stereotypes

When in doubt seek consultation or ask for a referral

Train the next generation, a more diverse work force improves everyone's health

More Information



Wellbriety

<http://www.coyhispublishing.com/store.php>



NCARE

<http://www.p4nh.org/ncare/>



Truth and Reconciliation Commission of Canada

<http://www.trc.ca>



SAMHSAs Tribal Behavioral Health Agenda

<https://store.samhsa.gov/product/The-National-Tribal-Behavioral-Health-Agenda/PEP16-NTBH-AGENDA>