



Harm Reduction in Native Communities

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Harm Reduction Principles

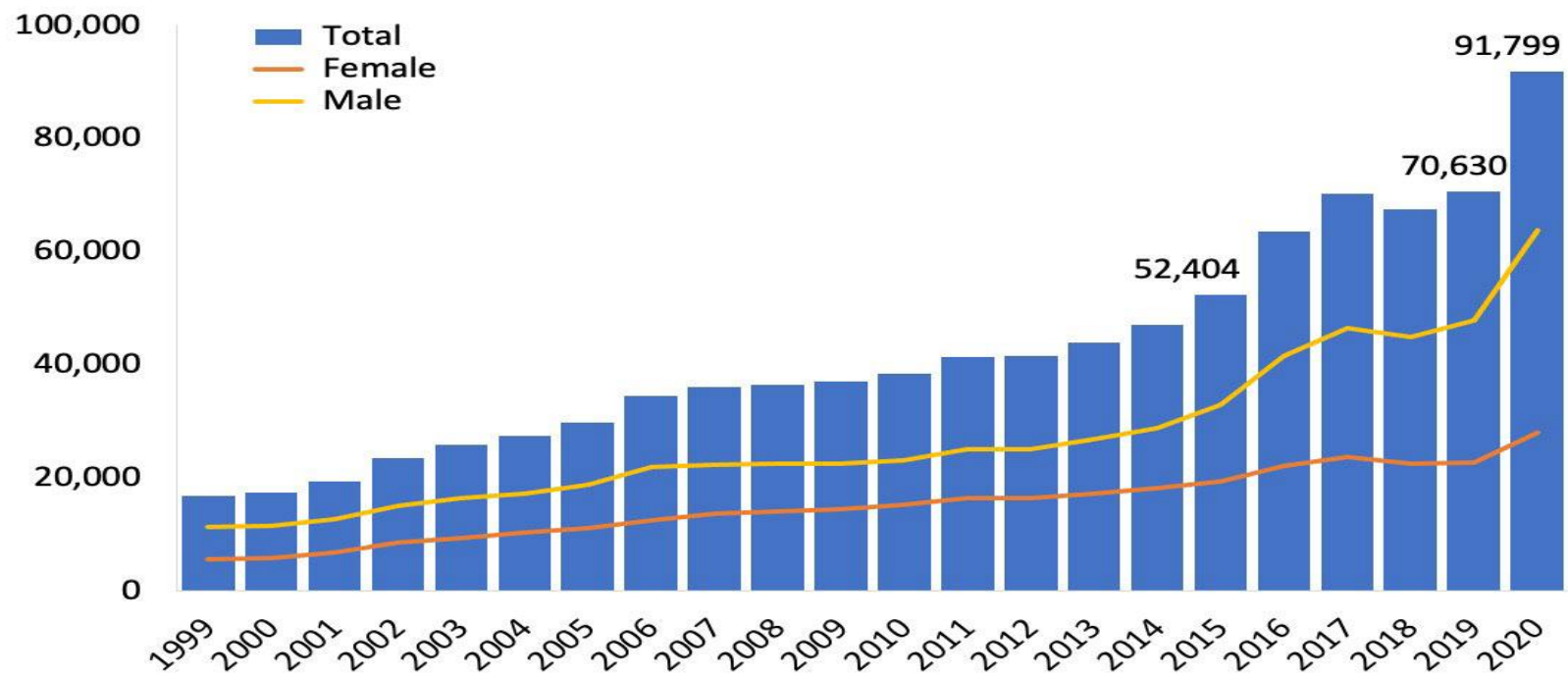
- ▶ **SAMSHA definition:** Harm reduction is a proactive and evidence-based approach to reduce the negative personal and public health impacts of behavior associated with alcohol and other substance use at both the individual and community levels.
- ▶ Harm reduction services save lives by being available and accessible to people, and emphasizing the need for humility and compassion toward people who use drugs.
- ▶ A comprehensive prevention strategy, harm reduction is part of the continuum of care. Harm reduction approaches have proven to prevent death, injury, disease, overdose, and prevent substance misuse or disorder.



Why is Harm Reduction needed?

- ▶ Per the CDC in the US, drug related reported # of deaths in 2015 = 47,523 and in 2021 = 98,022 (29% increase compared to the same window of time last year).
- ▶ Use of synthetic opioids primarily Fentanyl based has caused the significant increase in drug related overdoses.
- ▶ Overdose deaths can be difficult to accurately track due to Provisional counts are being incomplete and causes of death may be pending investigation resulting in an underestimate relative to final counts.
- ▶ Tribal overdose death rates have an additional barrier of county, state, and tribal (federal) jurisdictions involved.
- ▶ Psychostimulants such as methamphetamine also increased in the 12-month period ending in April 2021. Cocaine deaths also increased, as did deaths from natural and semi-synthetic opioids (such as prescription pain medication).

**Figure 1. National Drug-Involved Overdose Deaths*
Number Among All Ages, by Gender, 1999-2020**



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.



Harm Reduction Strategies



- Policy changes within tribal government, tribal courts, police, jail, and health care system.
- Education offered individuals throughout the community to “meet the person where they’re at”.
- Staff assessment tools and trainings for all employees working within addiction continuum.
- Open up access to harm reduction and recovery opportunities for the community.
- Destigmatize addiction through policies, education, and trainings while improving through community support.
- Empower people who uses to drugs to have a real voice in the creation of programs and policies designed to serve them.



Harm Reduction Drug Use

- ▶ Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them
- ▶ Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others
- ▶ Establishes quality of individual and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies
- ▶ Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm

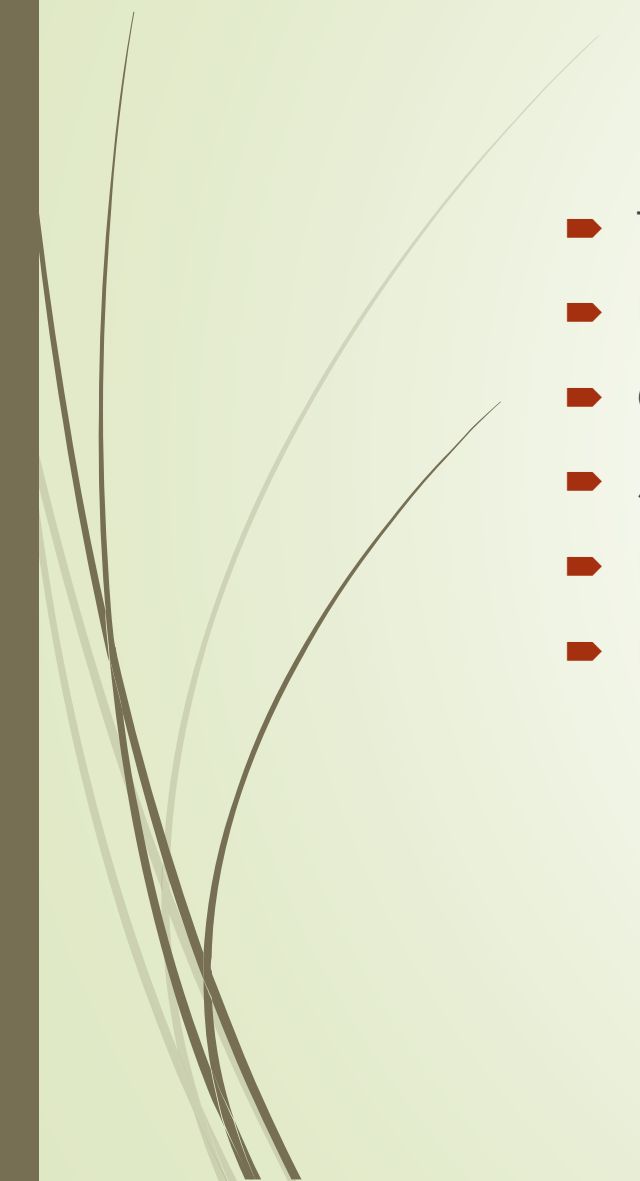


Overdose Prevention

- Syringe Services Program (SSP) or “Needle Exchange”
- Fentanyl Testing Strips (FTS)
- Widening access to opioid overdose reversal treatments (Narcan kits)
- Access to treatment for opiate detoxification and MAT/OTP induction
- Find a designated support person (DSP) to educate about available resources



Where is Harm Reduction needed?

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- ▶ Tribal/Community
 - ▶ Police
 - ▶ Courts
 - ▶ Jail
 - ▶ Health Care System
 - ▶ Federal policies as it relates to Tribal influence

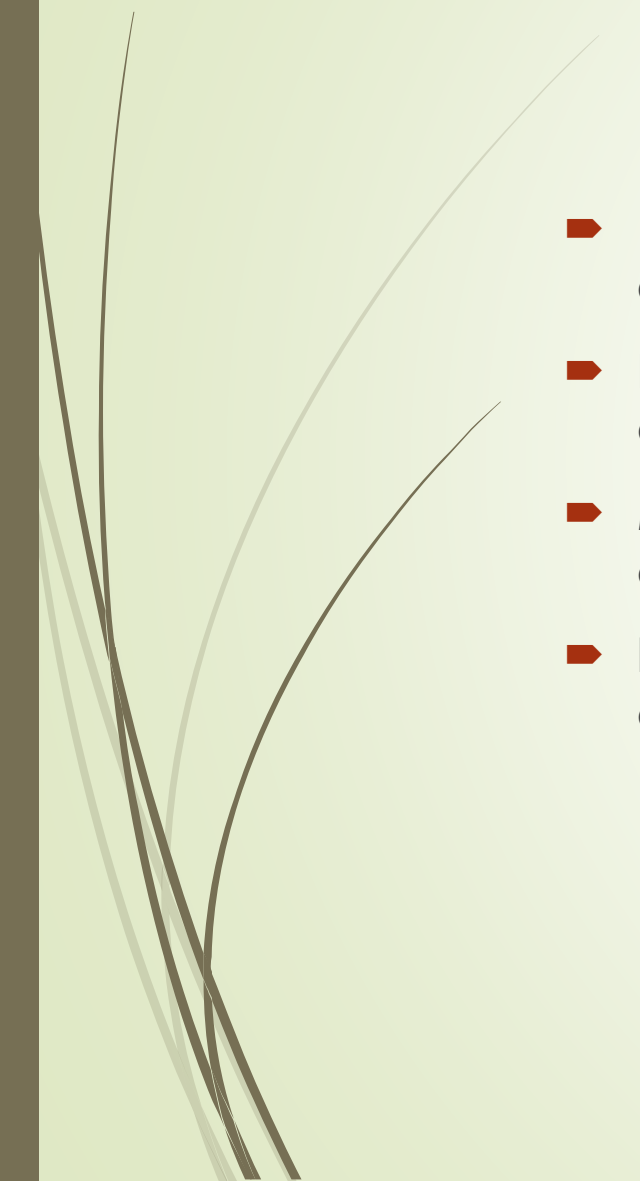


Tribal/Community

- Define general philosophy of tribe towards addiction (Criminal vs. Therapeutic approach)
- Educate and advocate to Tribal Council for evidence-based addiction treatment
- Promote the development of tribal policies supporting harm reduction throughout the community
- Look for advocates within the community to create support for changes in the current system
- Reduce stigma towards addiction by creating events promoting addiction recovery (EBCI- Annual Recovery Rally)
- Increase access to overdose prevention strategies (needle exchange, Narcan kits, FTS)



Tribal Court

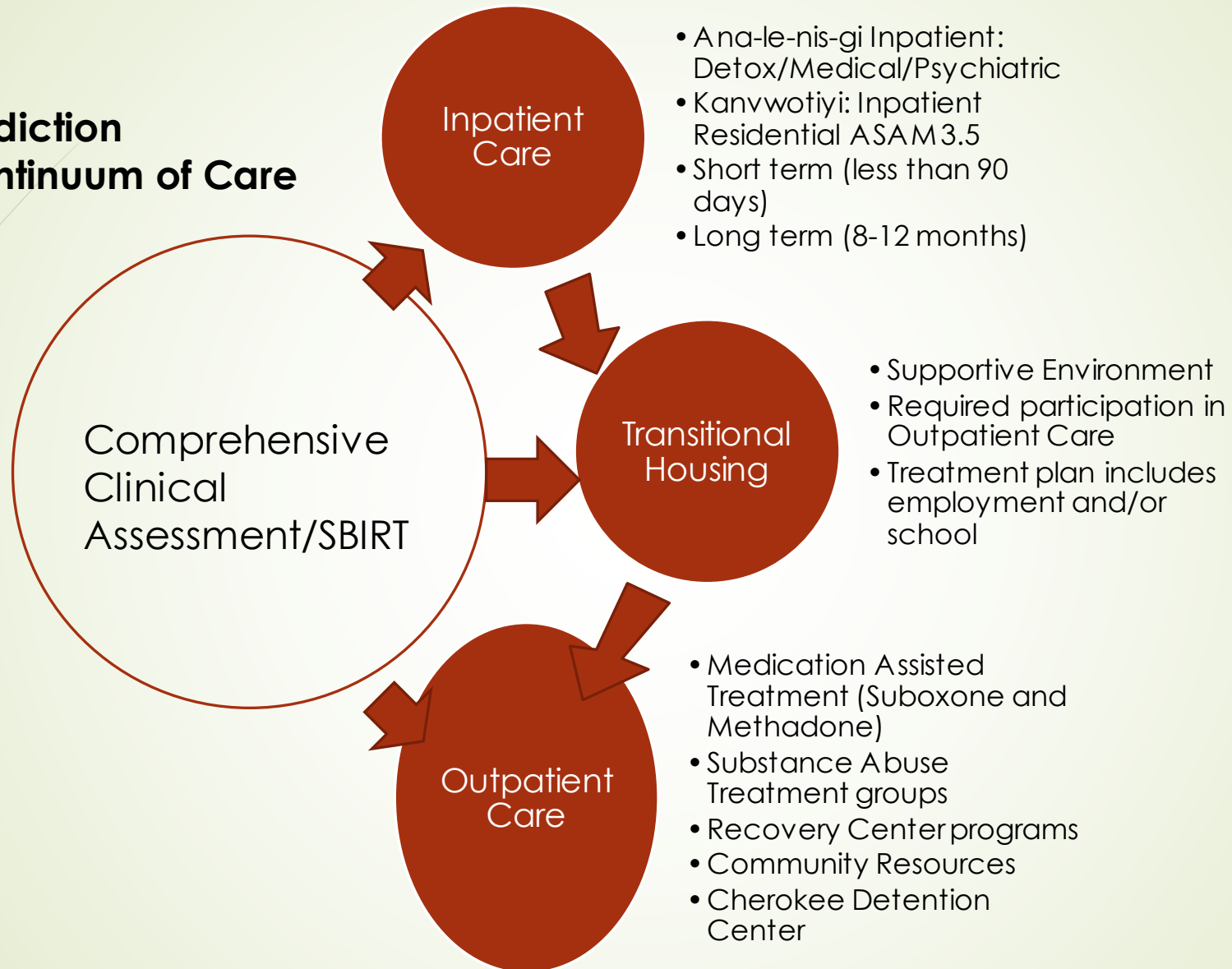
- ▶ Educate legal system on the advantages of harm reduction using evidence based approach
 - ▶ Develop tribal laws to support harm reduction model to help decriminalize addiction
 - ▶ Meet with judges, DAs, public defenders, and defense lawyers to collaborate on harm reduction approach within the legal system
 - ▶ Implementation of a drug court to offer addiction treatment approach vs. criminalization approach
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Tribal Police/Detention Center

- ▶ Educate the tribal police in their approach to dealing with people in active addiction
- ▶ Support police officers by developing resources for mental and emotional health needs to prevent burnout related to bad outcomes
- ▶ Develop clinical services (individual/group therapy, case management, peer support, and MAT/OTP) in the Detention Center to promote and offer addiction treatment
- ▶ Direct line of communication with Police department and Detention Center to discuss current status, challenges, and ways for improvement

Addiction Continuum of Care





Ana-le-nis-gi Outpatient

- Offers a wide variety of services including walk-in clinic, individual/group therapy, psychiatry, case management, peer support, MAT, OTP, and recovery center
- Open access to care by offering same day opportunities to tribal members seeking addiction assessments (CCA) and/or treatment options
- Utilize the recovery center as a place where people in active addiction can find resources in a non-invasive environment
- If indicated, setup direct access to other levels of care (psychiatry, therapy, medical, dental, ED, inpatient services)
- Community based approach by utilizing peer support specialists to perform home visits and assist in helping find resources



Medicated Assisted Treatment (MAT)

- Open access through outpatient clinic, psychiatric inpatient unit, inpatient residential program, and detention center
- Individualize meetings to offer more variety availability and styles of recovery
- Direct referrals to other levels of care
- Weekly meetings to discuss various issues creating barriers in individuals opportunities for success in recovery
- Offer different dosing schedules based the needs of the individuals in the program
- Use a treatment team intervention with individuals who are struggling within the program



Opioid Treatment Program (OTP)

- Developed in Cherokee in fall of 2020 due to high levels of drug overdoses within EBCI community
- Highly federally/state regulated and governed by SAMSHA
- Allows for greater withdrawal symptoms and cravings control for individuals using high dose or potent IV opiates
- Medication is used as “gateway to recovery”
- Opiates and other drugs can be used while on Methadone due to medication being a pure agonist
- Utilize community resources to help with transportation (transit, Cherokee boys club)



Ana-Le-Nis-Gi Inpatient

- Offer acute medical detoxification from opiates, methamphetamines, benzodiazepines, or alcohol
- Case management to determine with individuals which direction for their recovery “meet the person where there at”
- Direct transfer to outpatient services or inpatient residential treatment
- MAT or OTP inductions
- Assist with initiation of available community resources (housing, employment, financial assistance)
- Assessment and treatment of psychiatric and/or medical needs of the individuals



Kanvwotiyi

- ▶ 20 bed Inpatient Residential Treatment Program with completion February 2018 (10 men/ 10 women)
- ▶ Located in Snowbird community (1 hour drive from main boundary)
- ▶ 16 beds designed for short term treatment and 4 beds designed for long term treatment
- ▶ Available to all EBCI tribal members and open to other IHS eligible tribes who live within the boundary
- ▶ Modified therapeutic community focusing on rehabilitation and habilitation
- ▶ Utilizes Living In Balance curriculum, Welbriety, NA and other components. 4 phases during 90 day short term treatment and 5th phase for long term treatment subdivided into 3 phases
- ▶ Cultural influence lead by Culture Keeper with traditional teachings, talking circles, drumming circles, traditional beadwork/basket weaving, and ceremonies
- ▶ MAT/OTP, psychiatry, and medical/dental offered
- ▶ Strong work program



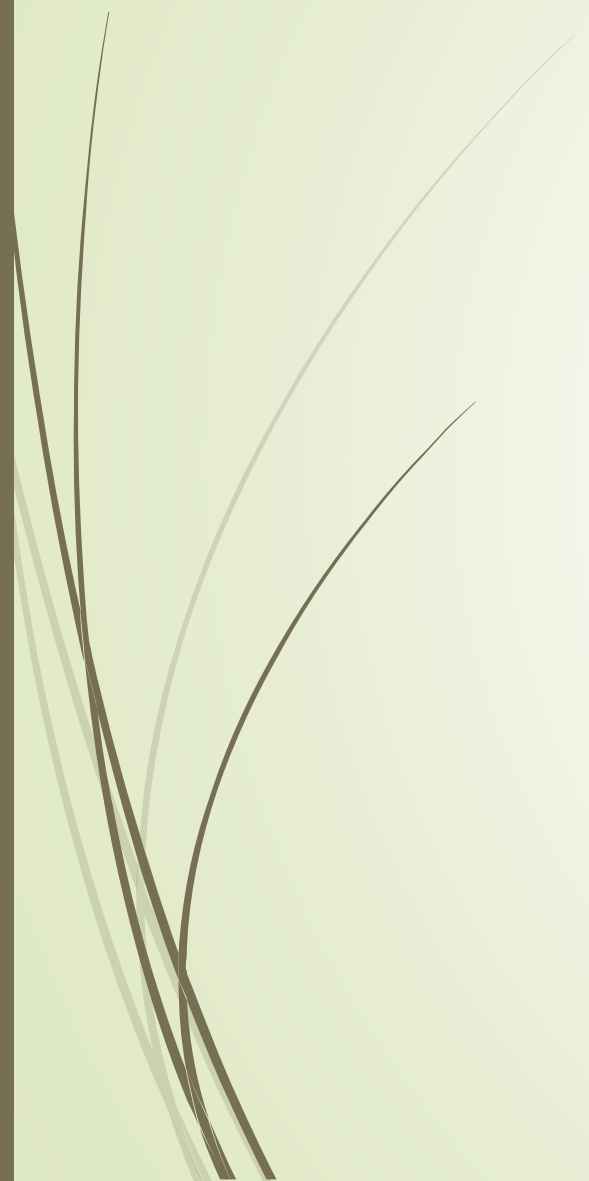
Cherokee Women's Home


- ▶ Transitional housing designed for women coming from inpatient residential program in need of additional support prior to returning to independent living
- ▶ Opened in 01/12/2021
- ▶ Allows children in the home with additional support provided (parenting education, childcare)
- ▶ Located near hospital with required participation in behavioral health treatment, MAT/OTP, medical/dental, work or school
- ▶ Assistance with transportation, employment, and financial education
- ▶ Peer driven with support promoted within the program to provide mentoring
- ▶ Rules within the home used to create boundaries for healthy living



New Ideas for Harm Reduction

- ▶ Offering non-beneficiaries who are family members access to direct services including MAT/OTP, outpatient or inpatient psychiatry, and inpatient residential program.
- ▶ Increase resources at the Cherokee Detention Center with addiction education, offer Narcan kits and FTS upon release, and direct linkage to services on day of release
- ▶ Build a Homeless shelter to offer education and availability of resources for addiction management and treatment
- ▶ Increase access to employment and vocational training
- ▶ Affordable housing for the community





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