



National American Indian & Alaska Native

ATTCC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Addressing Addiction

IN OUR NATIVE AMERICAN COMMUNITIES · VOL 7 ISSUE 2 SUMMER 2021

**Resilience
in our Native
Communities**



DIRECTOR'S CORNER



Dear readers,

Welcome to the June issue of Addressing Addiction in our Native American Communities. I am not sure you feel the same as I do, but I sense that the heavy backpack we all have been carrying this past year is starting to be lighter. The heavy burden of sacrifices; including loss of loved ones, limited contact with loved ones, social distancing, travel restrictions, lack of contact with friends and colleagues, and the list goes on and on, are starting to lighten up. I know we still are losing family and community members, but I also think we can be proud of the fact that Native communities have the highest vaccination rate of any ethnic/racial group in the country. Some of my friends and colleagues are carrying their vaccination card as a badge of honor and at the same time encouraging their fellow tribal members to follow in their footsteps.

We all know that the past year has been challenging, and I hope we also realize that there are important lessons to be learned from this crisis. The weekly listening sessions have taught us a lot about the experiences of Native communities throughout this pandemic, and we have heard anecdotal reports from colleagues that the relapse rate among our clients unfortunately *has* increased during this time. In this newsletter, Kate Winters first focuses on resilience in Native communities during the pandemic, and then concentrates on the challenges, specifically the changes in alcohol use. Our turn to the literature did not render many answers to the questions we asked, but underlined the importance of asking our colleagues and key stakeholders directly about how they perceive the experiences of their communities. Hence, the second article includes interviews with six of our colleagues and substance use disorder (SUD) counselors. These interviews show us both the strengths and the challenges facing clients in recovery during the pandemic.

I would like to highlight a couple of our training programs, which we are planning to offer in all 12 Indian Health Service (IHS) and 10 SAMHSA regions. The Alcohol and Drug Exam Review course has been successfully assisting Native counselors to prepare for state-appropriate SUD certification and licensure exams. This program has been updated several times over the last 20 years to meet the changes in the certification requirements, as well as the needs of the Native SUD counselors-in-training. Our second edition of the Culturally Adapted Clinical Supervision course is based on TAP21A, and has been culturally adapted to the needs of Native communities. Dr. Kathy Tomlin will offer this training in the fall, as well as a training-of-trainers (TOT) opportunity.

June is Pride Month, and I would like us all to reach out to our Native LGBTQ and two-spirit community members and congratulate them on their accomplishments since the Stonewall Inn riots in Greenwich Village in 1969. Native American and indigenous communities have developed the two-spirit movement, resonant of diverse indigenous non-binary gender roles. The movement is well captured in Ruth Dan's blog post (2020): [Pride is Celebration. Pride is also Revolution.](#) We also look forward to offering our own training curriculum: Honoring our Relations: Increasing Knowledge of our LGBTQ and Two-Spirit Wellness once again this fall. More information on this program can be found under ["Current Projects" on our website.](#)

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Resilience in Our Native Communities: Alcohol Use Disorder and COVID-19

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Resiliency

A project called, “The Color of Coronavirus,”¹ reports on documented COVID-19 death rates across racial and ethnic groups. This group published conversations with people about the high COVID-19 death rate among Native American and Alaska Native communities. As author Levi Rickert wrote, the human toll with the numbers alone does not reflect that another side of the pandemic exists. Navajo Nation President Jonathan Nez said to Rickert, “Despite all of the adversities, challenges, and uncertainties that we have experienced over the last year, our Navajo people and frontline warriors continue to show their determination, resilience, and faith. Our health care workers are working hard to get the vaccines into the arms of our people to help save lives.”²

We have heard Nez’s comments echoed by many Native participants and consultants associated with our programs on the importance of facing adversity with resilience. Responding to adversity can manifest at a community and individual level. Communities can respond by adopting social protective policies, mobilizing community social capital, and identifying and integrating evidence-based health tools, including strong vaccination programs.³

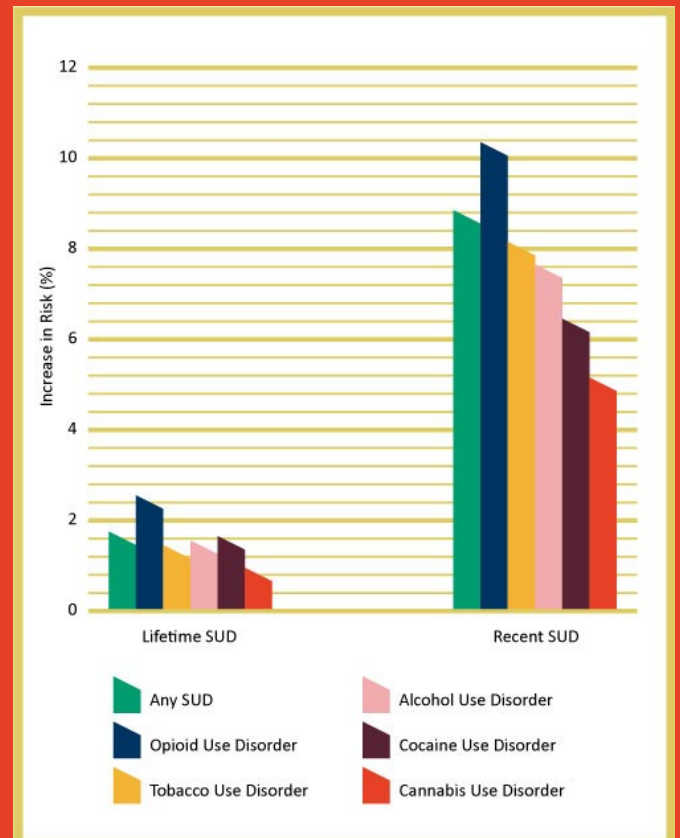
Individual features of resilience are a long-standing topic of interest to researchers and public health experts. In a recent interview, Dr. Dennis Charnoff, a national research expert on the topic, shared his views on the ways individuals and communities can be resilient during these challenging times.⁴ On the next page we have combined some of these insights with highlights on coping with the COVID-19 pandemic from a recent newsletter from the American Indian & Alaska Native MHTTC ([*Pandemic Mental Health: What Can We Expect? Vol. 2, Issue 2, 2020*](#)).

Photo: Shutterstock

1. Counter social isolation by *maintaining close contact with family and friends* through electronic and social media and reach out to others who are lonely and may need your support.
2. Maintain connections and relationships with *loving and emotionally steady individuals* who will promote your own health and well-being.
3. *Maintain realistic optimism* by striking a balance between the realities of the situation but also appreciating that the future often brings a “brighter day.”
4. When possible, *be flexible with your thinking* by reframing adversity into a more positive light. For COVID-19, keep in mind that history tells us that all pandemics end.
5. Minimize stress by *limiting exposure to pandemic related news*.⁵
6. Express *realistic emotions in a healthy way*. Acknowledging and expressing emotions, such as fear, sadness, and anxiety is important to mental health.⁶
7. Maintain confidence in your *ability to cope*. Remind yourself of ways you have dealt with stress in the past and the coping skills you used.
8. *Be grateful*, as it is likely that no matter how your situation looks, it is worse for others.
9. Do not lose sight of your *core beliefs*, whether they are based on a formal religion, a spiritual perspective, or personal values. Continue storytelling, talking circles and other cultural activities.
10. Display altruism; that is, being unselfish and reaching out to others who can benefit from your support. *Helping others also boosts your own mood*.
11. *Be attentive to your health* by maintaining good lifestyle habits, including adequate sleep, having family meals, exercising, and enjoying your usual outlets for recreation and leisure.

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Increase in Risk of COVID-19 Compared With People Without SUD¹²



Alcohol Issues

Quarantine and social isolation associated with the COVID-19 pandemic have contributed to a debate among public health officials on alcohol use in US adults. Some predicted a lower level of consumption based on the decreased physical and financial availability of alcohol. Others predicted that many individuals will increase their alcohol intake along with alcohol-related harms, including increases in harmful drinking, alcohol use disorder, intimate partner violence, harm to children, suicide, and mental health problems.⁷ Albeit limited, most epidemiological studies that have examined this issue support the latter prediction.⁸ In a study which asked adults to report their alcohol consumption during the pandemic compared to pre-COVID-19, 60% reported increased drinking, while 13% reported decreased drinking. Participants who reported pandemic-related stress consumed more drinks, and increased the number of days they were drinking.⁹

Data on alcohol sales tell a similar story. A Nielsen survey of a representative sample of US adults reported a 34% increase in national sales of alcohol early during the COVID-pandemic compared with the same period in the prior year.¹⁰ Another survey showed that for the week ending March 21, 2020, online sales of alcohol increased 262% compared with one year before.¹¹

Alcohol use may even alter a person's risk of becoming infected with COVID-19. Electronic health records of more than 73 million patients at 360 US hospitals were analyzed to examine the possible link between COVID-19 and substance use. People with a lifetime or recent substance use disorder, including an alcohol use disorder, were found to be at elevated risk to contract COVID-19, compared to those without a substance use disorder (see bar graph on page 4). Individuals with a lifetime or recent alcohol use disorder had a moderate level of risk of COVID-19 compared to other substance use disorders; those with an opioid use disorder showed the highest risk of COVID-19.¹²

Summary

Experts agree that it is important for individuals to draw upon resiliency features and traits when dealing with COVID-19-related stress. We are learning of exemplary individuals and communities who are doing just that, including those who shared experiences of their communities in the following article. The pandemic-induced lockdown is beginning to look like it is in the rear-view mirror, making it easier to have realistic optimism about the future.





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"Be not the man who follows along blindly, but the man who questions his leaders' intentions constantly."

Sean A. Bear I

Reflections on COVID in Our Native Communities



The past year in this country has put a strain on daily life. Almost all of us have been challenged – some more than others. Each of us has faced some combination of grief and loss, isolation, unemployment, financial hardships, food insecurity, homelessness, lack of access to medical or behavioral health care, unreliable internet, and challenges with childcare and home schooling. We know that everyone copes with stressors and difficulties in various ways. Our responses to difficult, sometimes life-altering events can manifest in the form of moderate to severe alcohol use. Evidence suggests that alcohol consumption in the US rose significantly overall during the past 12 months,¹ suggesting that for some, alcohol provided a sense of comfort or relief from the difficulties so many have been experiencing. Yet when alcohol use becomes excessive, it is often viewed as the actual problem, instead of a symptom of different issues.

Our center wanted to know if there was a similar increase in alcohol consumption in Native Communities. Our research team looked for data on this topic and found very little to address this question. As a result, we turned to several of our Native American colleagues and consultants from around the country to see if they might be able to offer some insight based on their own experiences and observations over the past year. We proposed a series of short, open-ended questions to help guide those who were able to participate in this research. We are grateful to the several individuals who responded. Answers to four of our original questions are highlighted below, with no identifying information included in any of the responses, and the response numbers are randomized. The sample group consisted of responses from tribes in three regions: Southwest, Upper Great Plains, and Great Plains. For each question, we included answers from each representative region being mindful to include answers from all three regions in a combined response paragraph for each question when it was applicable.

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Question 1: Can you tell me about your community's response in addressing alcohol use disorders (AUD) over the past year?

Response 1: During the year of 2020, the pandemic made an impact when it comes to AUDs. It was difficult at the beginning due to everything being shut down. For the first three weeks into the pandemic, (our office closed on 3/17/2020), we had no idea how this process was going to play out. The challenges we faced were due to some of the clients not having the technology to start virtual one-on-one counseling and group sessions. Once the tribe was able to create Wi-Fi hot spots, clients were able to log into telehealth for appropriate treatment. Other support came through virtual videos on specific topics addressing self care, addiction prevention, cooking, cultural activities, etc.

Response 2: We have a residential co-ed treatment center on the reservation, and most clients stay at least 30 days. This center does the intake, screening, biopsychosocial assessment, treatment plan, and transitional plan. It offers outpatient and DUI classes for adults. The adolescent component of our facility offers assessments, mental health screenings and refers out based on appropriate level of care. There is one other program that provides treatment services to opioid clients. During the pandemic, these facilities had to adapt to using new technology for the telehealth. Overall, there were more clients, but fewer resources.

Question 2: Is it your sense that alcohol use has increased or decreased among your community in the past year? What evidence makes you think this might be so?

Response 1: I believe that it has increased. The reason I say that is there were many deaths of young men and women during this time. There were more deaths in this past year than I have ever seen in my life. Deaths attributed to suicide, murders, automobile accidents, domestic violence, and others during this time. I believe that you can attribute this to an increase in alcohol.

Response 2: Reservation alcohol use has changed a bit. Previous users and possibly younger adults have been using alcohol more, but liquor (I'm speculating vodka) is being used by the younger adults who are dying of cirrhosis. Vodka appears to be doing more damage to them than other hard liquors.



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Response 3: Alcohol use has increased. Due to the COVID restrictions of social distancing, lockdowns, and curfews, a lot of the community members isolated themselves. This would also include loss of employment, financial instability, medical neglect, more family violence, and loss due to COVID-19. Foremost is not being able to practice traditional ceremonies. Especially when these ceremonies revolved around the loss of our loved ones. The pandemic placed fear not only into local communities, but throughout the world. The media also reinforced the process as well, increasing mental and physical imbalance. Most individuals questioned their wellbeing. Anxiety and depression led to the increase of not only alcohol misuse, but it other illicit/pharmaceutical drugs as well.

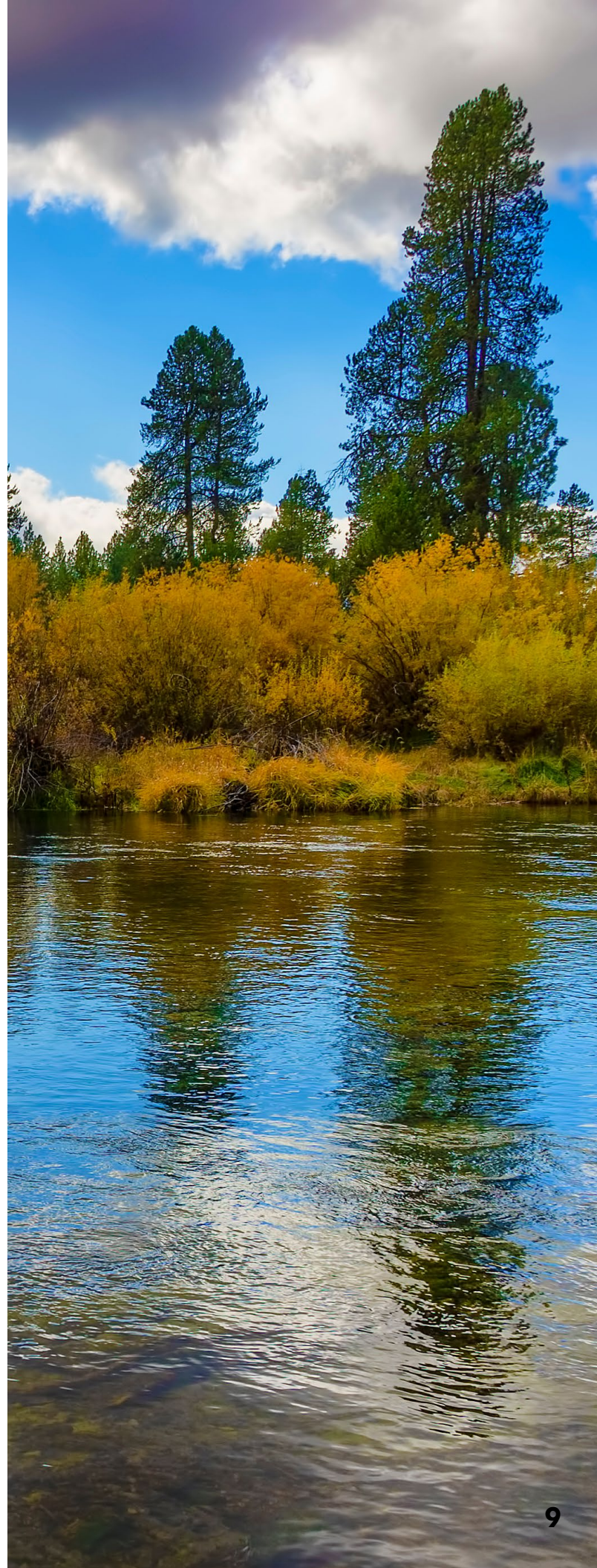
Response 4: Yes, all indications are that our substance abuse numbers are significantly increased. Tribal leaders have some epidemiological statistics which indicate a reduced assignment of prescription opioid medication. This has resulted in disproportionate increased use of alcohol, heroin, fentanyl, and illicit prescription opioid distribution.

Question 3: Can you share any stories, observations, reports you may have heard regarding alcohol related incidents (e.g. arrests, deaths, domestic violence, assaults, DUIs) on your tribal land/Native community during the past year?

Response 1: There were many arrests, deaths, domestic violence cases, assaults, murders, DUIs, and other crimes on the reservation during the past year. Usually, most of the expenses at our local Indian Health hospital are used to address the misuse of alcohol and drugs, and what it does to the person. Access to behavioral health services was diminished with closures of many programs and ineffective efforts towards telehealth services.

Response 2: As a result of isolation there had been an increase of domestic violence among families in the communities. Most cases were alcohol and drug related. As a result of fear, assaults with a deadly weapon increased due to the high volume of guns purchased during this pandemic. [A relative], who is a police officer in the state, reports having to deal with more domestic violence calls. As restrictions increased, more and more people began to experience anxiety, which led to fear, anger, stress, frustration, and depression. Therefore, we also see people trying to take things into their own hands. The impacts of these experiences have become reflective on how some community members display themselves, mirroring the behaviors seen from the media. Again, alcohol and other drugs seem to be part of the picture in most cases.

Response 3: I truly feel we are losing our way of life, our values to who we are as a person, a people, our values in traditions and our cultural way of life. It is known in our communities that we have much healing to do. From domestic violence, family conflicts, rejection, abandonment, alcohol/drug use, loss and grief, lack of understanding and compassion, tribal systems are strained in dealing with people's problems at a magnitude not seen. I would challenge all tribes to be creative and talk about actions we need to take to address our growing substance use problems. We have been in an alcohol epidemic since it was introduced to our ancestors and now methamphetamine is destroying our people and our way of life. COVID-19 has brought to the surface suppressed feelings from long ago. Alcohol and drugs are not our way of life, and we are challenged more than ever.



Question 4: Can you describe an example you have seen or learned about that exemplifies how a Native community is seeking to prevent AUDs from becoming a problem or a bigger problem during this COVID-19 lockdown?

Response 1: The tribal council was instrumental in getting a tremendous amount of support for the treatment centers and clients, in getting the services that they needed to address their problems with alcohol and drugs. In my estimation, AUDs became a bigger problem because of the lockdown, isolation, anxiety, stress, and other mental health problems that contribute to excessive drinking and drug use.

Response 2: I believe doing more outreach was part of the solution to inform the communities that they have support from our program. Others included food distributions, addressing tribal technical support financially, and just acknowledging individuals who struggled during this pandemic by having a resource they could turn towards in need of support. We saw entities coming together, staff from different areas displaying and role-modeling that challenges can be overcome by teamwork. They hosted virtual events during feast days by handing out traditional foods, gifts, strengthening family values and replacing the negative with traditional beliefs.

Response 3: Tribal leadership was quite concerned as they saw firsthand the challenges trying to reinforce COVID mandates for those experiencing substance use disorders. We would normally send a good percentage of clients to inpatient treatment, but during COVID treatment programs were closed to new referrals, which is one of the reasons why creating an SUD day program was necessary. One of my colleagues just started providing Matrix intensive outpatient treatment with a minimum of 5 probationers, and we plan to start another small group of 5. Services are slowly increasing. The prevention team has been sharing information virtually, especially now that the COVID dollars helped bring in Wi-Fi to the reservation. Another exciting endeavor is that our tribal health system is working on building a transitional living center next to their health center, and I'm hoping it does include many cultural topics and activities.

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Summary

We understand that additional data is needed to create a broad understanding of alcohol use in Native communities, both urban and rural; this research represents a convenience sample of those interested in providing their experiences but is limited geographically and in sample size. Our goal in presenting these responses is to provide some insight into the experiences of some communities in this year of isolation. We are reminded that great strength comes from shared experiences and shared learning. Notably, Native communities have been vaccinated at a higher rate than any other ethnic group in the country. Moreover, we continue to marvel in the strength each of our communities has displayed, and the creativity in finding ways to support each other and your clients.



RECENT ACTIVITIES & UPCOMING EVENTS

2nd Monday of the month	Virtual Native Talking Circle: Staying Connected in Challenging Times Register for future sessions at this link.
2nd Tuesday of the month	Native American Storytelling: Culture is Prevention Click here to view previous sessions. Register for future sessions at this link.
1st Wednesday of the month	Essential Substance Abuse Skills webinars: Click here to view a playlist of recorded webinars. Future sessions will be announced on our email list.
3rd Wednesday of the month	Behavioral Health webinars: Click here to view a playlist of recorded webinars. Future sessions will be announced on our email list.
6/21-24 6/28-29 8/9-11 8/12-14 10/13-16 10/24-27	Conferences our staff will be presenting workshops or posters: The College on Problems of Drug Dependence (CPDD) Annual Scientific Virtual Meeting Society of Indian Psychologists Convention Southwest Schools Conference American Psychological Association (APA) Convention National Indian Education Association Annual Convention American Public Health Association (APHA) Annual Meeting
Coming this fall!	These training series will be offered beginning this fall: Culturally Adapted Clinical Supervision - click here to learn more about this series! Alcohol and Drug Exam Review - click here to learn more about this series! Further information on the offerings of these trainings will be announced on our email list. Click here to join!

TRIBAL OPIOID RESPONSE EVENTS

2nd Wednesday of the month	Sharing and Caring through Technology Register for future sessions at this link.
4th week of the month	TOR Monthly Webinars: Click here to view previous sessions. Future sessions will be announced on our email list.
July 20	TOR Great Plains Regional Meeting. Register. Additional regional meetings will be announced on our email list.

To ensure that you receive announcements for all of our events, publications, and trainings, [join our email list!](#)

*“The true battles of man
is not waged with what
stands before him, but
what lay within himself.”*

Sean A. Bear I



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