



National American Indian & Alaska Native

**ATTC**

Addiction Technology Transfer Center Network  
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# Addressing Addiction

IN OUR NATIVE AMERICAN COMMUNITIES · VOL 8 ISSUE 1 WINTER 2022



## Harm Reduction in Native Communities



Welcome to the winter issue of the Newsletter: Addressing Addiction in our Native American Communities. This issue is dedicated to the discussion of harm reduction (HR). The Biden administration has put forth a renewed effort on implementing a HR framework for prevention and treatment of substance use disorders, as well as supporting the implementation of different HR methodologies. Harm reduction has a long history of falling in and out of favor in both the professional and the political communities, mostly because some communities view HR as a way of condoning the illicit substance use. The HR framework consequently has been stigmatized as something negative and not conducive to recovery. On the other hand, many of us consider it ethical and best practice to assist our clients in reducing the harm that substance use disorders can inflict on a person, the family, and the community.

Native communities are no strangers to the negative attitudes raised against HR strategies; in fact, some Native communities have had a hard time accepting medication assisted treatment (MAT) all together. There may be many reasons why Native communities have not embraced HR, but one issue I have seen firsthand is that limited access to resources to implement MAT have resulted in negative results for the client and the community; hence HR ends up being a method to avoid. With support from the Tribal Opioid Response grant program (TOR), tribal providers have been very successful in implementing MAT and integrating MAT approaches into a culturally informed treatment program. Please check out the publication [Prevention, Treatment and Recovery Innovations in Native American Communities](#), which features 17 successful programs addressing opioid use disorders in their Native communities. We hope these stories will change attitudes and focus on the positive results of the initiatives, because using MAT can lead to clients being able to keep their jobs, avoiding criminal activities to support their opioid use disorders, and living meaningful lives in their communities.

As part of our Tribal Opioid Response TA grant, we provide TA on implementing MAT and incorporating MAT into culturally informed approaches. Furthermore, we provide webinars on topics important to successful implementation of MAT. Recently, we invited Joel Chisholm, MD, member of the Bay Mills Band of Ojibwe Nation and Behavioral Health Medical Director for the Cherokee Indian Hospital in Cherokee, NC., to share his

experiences in implementing HR methods in the Eastern Band of the Cherokee Nation; you can [access the recording here](#) and [Dr. Chisholm's slides here](#).

The Centers for Disease Control and Prevention just published [provisional data of U.S. drug overdose death rates and deaths from fentanyl](#), reminding us of the importance of reversing an overdose to prevent death. This is one of the many HR methods that Mary Winters, MEd, describes in the main article about HR methods in general, with specific examples of how these methods have been used in Native communities. We are happy to share with you quotes from Native leaders who support HR strategies and connect these strategies to Native cultures.

I also want to highlight the interview with Daniel Dickerson, DO, MPH, (Inupiaq), who shares his experiences implementing HR approaches in his work in United American Indian Involvement (UAI) in Los Angeles. And our featured Urban Indian Organization for this issue is American Indian Health Service of Chicago, which incorporates multiple Native traditional practices into its services.

We also have words of wisdom from our co-director, Sean A. Bear I, Meskwaki.

Finally, I wish to acknowledge the dire circumstances our colleagues in Ukraine are experiencing now. The ATTC network consists of both domestic and International ATTCs. The international ATTCs have been supported by the largest-to-date humanitarian Initiative called the U.S. President Emergency Plan for AIDS Relief (PEPFAR), initiated by President George W. Bush. One of these centers is the Ukraine and Central Asia HIV ATTC, headquartered at UC San Diego, with Ukrainian colleagues working in Kyiv. As you all can imagine, our colleagues and friends in Kyiv have had to leave their offices to seek safety. Having worked in Ukraine for many years, I have memories of a beautiful country with proud and friendly people, who want to live in their homeland. Let us do whatever we can do to support our colleagues in Ukraine in this most difficult and frightening time.

**Anne Helene Skinstad, PhD**  
Program Director  
National American Indian and Alaska Native ATTC

# Perspectives on Harm Reduction

MARY K. WINTERS, MEd

Contributions from KEN C. WINTERS, PhD

## INTRODUCTION

The origin of the term “harm reduction” has been attributed to European health officials in the 1980s to describe public health approaches in working with active injection drug users (Marlatt, 1998). These approaches as applied to the broad substance use field are strategies that promote the avoidance of excessive levels of substance consumption and aim to minimize social and personal harmful consequences when use occurs (Marlatt & Witkiewitz, 2002). Harm reduction involves behavior change goals aimed at reducing the risk of or actual harmful consequences of substance use without requiring the individual to endorse abstinence as a personal long-term goal (Marlatt, 1998). Examples include:

- Alcohol-related. Strategies that focus on drinking moderation skills and behavioral alternatives to high-risk alcohol-related behaviors.
- Drug-related. Approaches include clean needle exchange programs, drug-substitution approaches (methadone medication to address heroin use), and initiatives to distribute naloxone (to prevent opioid overdose); brief interventions for DUI offenders; a polydrug user abstaining from one drug (e.g., heroin) while using in moderation a less dangerous one (e.g., alcohol); and skill-based drug use prevention programs for youth.

In clinical settings, harm reduction has been viewed in two general ways:

1. The first step in the behavior change process that facilitates the therapeutic relationship between the clinician and client and that promotes the long-term goal of particulars of the individual’s drug addiction. A drug-injecting user in a community with a needle exchange program would be a good fit; a DUI offender that still seeks to drive may be eligible for an electronic monitoring program; and a juvenile justice diversions program would be appropriate for a low-level offending adolescent.
2. As an end goal that recognizes the long game for some clients is to reduce the most toxic effects of the client’s substance use in the absence of the abstinence goal. These two approaches are inherently at conflict with



**Synthetic opioids other than methadone – primarily fentanyl – are now the most prevalent drugs involved in overdose deaths. In 2021, more than 100,000 individuals died of a drug overdose in the U.S., with more than half linked to fentanyl.**  
[https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2021/20211117.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm)





each other: as the concept of addiction as a disease is becoming more firmly accepted in the medical and behavioral sciences with its emphasis on full recovery with abstinence, at the same time the popularity of harm reduction approaches is gaining broader acceptance.

Which strategies or approaches that are applied to a given client or in a particular community is based on many factors, including the nature of the local setting and the particulars of the individual's drug addiction. A drug-injecting user in a community with a needle exchange program would be a good fit; a DUI offender that still seeks to drive may be eligible for an electronic monitoring program; and a juvenile justice diversion program would be appropriate for a low-level offending adolescent.

To determine whether harm reduction programs and efforts are effective is complicated. There are numerous practical barriers in conducting highly rigorous research: there may be ethical concerns that a program may be enabling addiction; randomly assigning participants to various conditions may be impossible; and many confounds often cannot be controlled for. Also, political sentiments and few funding options are additional barriers. Yet the countless case examples and anecdotal accounts, as well as some research, point to successes with some harm reduction approaches. For example, the use of naloxone has prevented countless fatal opioid overdoses, and moderation drinking programs have steered many problem drinkers onto a healthier path, despite a relatively stable prevalence rate of alcohol use disorder over the years (D'Amico & Fromme, 2002). Needle exchange programs are cited as an effective way to slow the spread of HIV among injection drug users (Strathdee & Vlahov, 2001).

### HARM REDUCTION AND BEHAVIORAL HEALTH PROVIDERS

There is a natural harmony of harm reduction and the values of drug treatment service providers: Respect for client autonomy and self-determination; a focus on supporting client strengths and assets rather than on risks; a client-centered philosophy that places the client at the center of health decisions and views the client-provider relationship as a collaborative one; and emphasis on facilitating client skills and promoting health and growth.

For abstinence-based programs, counselors do not have the option to

The major agency at the federal level that funds drug abuse research is the National Institute on Drug Abuse (NIDA). NIDA has traditionally eschewed funding research on harm reduction approaches. Thus, it is interesting that the institute's director, Nora Volkow, PhD, recently wrote in *Health Affairs Forefront*: "The magnitude of the drug overdose crisis demands out-of-the-box thinking and willingness to jettison old, unhelpful, and unsupported assumptions about what treatment and recovery need to look like. Among them is the traditional view that abstinence is the sole aim and only valid outcome of addiction treatment."

<https://www.healthaffairs.org/doi/10.1377/forefront.20211221.691862/full/>

The Harm Reduction Coalition (<https://harmreduction.org/>) is a national advocacy group for persons affected by drug use.

Among its many resources:

- Location of syringe access programs
- How to respond to an overdose event, and
- Resources on safer drug use

work with clients on harm reduction goals. Yet in a non-abstinence counseling context, it is advisable for service providers seeking harm reduction goals in their clients to maintain a neutral stance towards substance use, neither condemning nor condoning it, with the aim of collaborating with the client on a path forward that reduces risk and harm associated with substance use.

Denning and Little (2012) provide a framework for the planning process between client and counselor to determine which goal or goals to seek (abstinence, moderation, reduced use, or safer use). The process involves assessing a matrix of variables that span the nature of the substance abuse, the individual's assets and motivation to change, and environmental context, and it places an emphasis on personalizing the plan to match with the client's stressors, challenges, and strengths.

### HARM REDUCTION IN HARMONY WITH NATIVE CULTURE

Researchers conducted a recent study on tribal perspectives and priorities regarding substance use disorder (SUD) relapse and harm reduction (Skewes et al., 2021). Their qualitative study included the views of cultural leaders, SUD treatment providers, AI/ANs in recovery from a SUD, and affected family members. Four relapse-related themes were identified and one of them was the importance of culture as bridge with harm reduction. From a cultural leader: "I think our culture is the way... I think harm reduction is great, and I think that our culture is a perfect example of harm reduction ...I think that every sweat [ceremony] we go in is harm reduction. Every time we pray is harm reduction. Every time we raise our pipe is harm reduction. And I think that we have to start thinking like that, that everything we do carries energy." (Skewes et al., 2021).

Experts emphasize that the application of the harm reduction strategies for AI/ANs substance users, in particular alcohol users, calls for a community consensus approach (Daisy et al. 1998). Such an approach includes accessible health care, community and family support, a stable living environment, an emphasis on the importance of Native identity and a reconnection with Indigenous traditions. Additionally, the perspective is that the individual's substance use pattern suggests the potential to alter their lifestyle and to minimize the negative consequences of their use, as opposed to a person showing a use pattern that is indicative of a severe version of a substance use disorder.



*"I think that our culture is a perfect example of harm reduction... Every time we pray is harm reduction. Every time we raise our pipe is harm reduction. And I think we have to start thinking like that, that everything we do carries energy."*



Photos: Shutterstock



A three-part series on the principles of and strategies to advance harm reduction has been designed by the Mountain Plains ATTC (<https://attcnetwork.org/centers/mountain-plains-attc/product/harm-reduction-series>). The webinar series includes an overview of the principles of harm reduction; the importance of engaging law enforcement and emergency responders, especially in rural areas; and a panel of experts discussing their experiences in offering harm reduction strategies in their community.



Photo:Shutterstock

## HARM REDUCTION EXAMPLES

Harm reduction practices have been operating for almost 60 years, and they continue to be applied by some individuals as part of a long-term plan and implemented by communities in an effort to stem the tide of fatal overdoses and spread of HIV/AIDS. Since the mid-1960s, methadone maintenance programs have served to help reduce heroin cravings and address severe withdrawal symptoms. Syringe or needle exchange programs have been part of the harm reduction landscape since the late 1980s. A contribution from the behavioral counseling area is the moderate or smart drinking approach as an alternative to abstinence-based approaches. Some prominent examples of harm reduction strategies are described in detail below.

### Narcan (Naloxone)

This opioid antagonist medication is used for the emergency treatment of known or suspected opioid overdose. It's effective in the complete or partial reversal of opioid overdose. As an important tool to fight the nation's opioid crisis, affordable and convenient Narcan kits are available, and in most states no prescription is necessary. It is becoming the norm for first responders to be equipped with them. Narcan kits include a nasal spray and syringe. Google has put together a helpful platform, Recover Together (<https://recoverttogether.withgoogle.com/>), a zip code-based database of resources to help access recovery-based resources, including a map of where to access Narcan in your community.

### Medication Assisted Treatment

Forms of so-called "treatment" for addiction can be viewed as a type of harm reduction because their goal for some is not abstinence but to reduce the negative consequences of drug addiction. One such approach is medication-assisted treatment (MAT). MAT drugs, such as methadone, buprenorphine and naltrexone, vary to some degree in their effects: normalization of brain chemistry; blocking the euphoric effects of alcohol and opioids; reducing physiological craving; and normalizing body functions. Individuals may choose MAT with the ultimate goal of full recovery as a drug-free individual. For others, this harm reduction approach is intended to reduce the craving properties of a powerful opioid, with the MAT drug serving as a replacement. In this light, the drug user may continue MAT for life, with the goal of a sustained pattern of use that eases strong cravings and prevents overdose. Research indicates that a combination of MAT and behavioral counseling can successfully treat a full recovery from a substance use disorder, and MAT is also shown to be effective in preventing or reducing opioid overdose and risk of HIV/AIDS (<https://www.samhsa.gov/medication-assisted-treatment>).

### Safe Injection Sites

Sometimes referred to as "overdose prevention centers" or "harm reduction sites," this resource offers a facility where people can go to use illegal drugs under supervision, some of it medical, some not. The public health rationale for these sites is to prevent fatal overdose because staff can quickly respond (e.g., administer the opioid antidote, naloxone). Other goals of safe sites is to create a place to obtain sterile syringes and health services, including referrals, from medical personnel.

Supervised drug use sites have been in place for decades in Europe, Australia and Canada. While several U.S. cities and the state of Rhode Island have approved the concept, the first authorized operating sites opened in late 2021 in New York City. There are some indications that communities with high

The Drug Policy Alliance is a major financial policy advocate for safe injection sites. The Alliance also known for asserting that all drugs should be legal, taxpayers should provide adults with safe supply of drugs to use, and harm reduction approaches should never have abstinence as long-term goal. The organization took a very active in promoting to Oregon voters the referendum decriminalize all drugs, an initiative that passed in 2021.





rates of opioid overdose are receptive to the idea of safe use sites as a harm reduction approach (e.g., Taylor et al., 2021).

The controversy surrounding safe injection sites continues. A recent study by the Research Triangle Institute (RTI) evaluated 5 years of data at several unsanctioned safe consumption sites. A total of 10,514 injections were recorded, among which 33 were opioid overdoses and no deaths (Kral et al., 2020). Yet as observers note, the RTI study, as well as others in the literature, do not track site users over time to document injection patterns when not at the site, if overdoses occurred elsewhere or if the person accessed treatment; other observers note that MAT has much more solid evidence for effectiveness (<https://www.medpagetoday.com/psychiatry/addictions/96468>).

### Fentanyl Testing Strips

The emergence of fentanyl as a pervasive and dangerous contaminant of local drugs has led to a new harm reduction effort by health departments across the U.S. The distribution of fentanyl test strips (FTS) is seen as a low barrier, inexpensive, and popular drug checking strategy (Reed et al., 2021; Weicker et al., 2020). FTS were originally developed as a field immunoassay to screen for the presence of fentanyl in urine, but they can also detect fentanyl in illicit drugs (Peiper et al., 2019).

Use of FTS was studied in a sample of needle drug users (Peiper et al., 2029). Overall, 63% of the sample reported a positive FTS test result and 81% reported using FTS prior to consuming their drugs. In the presence of a positive FTS test result prior to consumption, the majority of cases reported a reduction in drug use frequency. However, using the FTS test after drug consumption had no effect on subsequent drug use frequency.

## SUMMARY

It seems likely that harm reduction efforts will expand in the U.S. The current federal administration has included several harm reduction priorities as part of its national drug control plan:

- Enhance evidence-based harm reduction efforts;
- Improve access to quality health care, treatment, and recovery support services;
- Explore opportunities to lift barriers to federal funding for syringe services programs, fentanyl test strips, and access to the antidote naloxone;
- Identify state laws that limit access to harm reduction strategies;
- Develop and evaluate the impact of educational materials featuring evidence-based harm reduction approaches; and
- Support outcome and implementation research on the clinical effectiveness of emerging harm reduction practices in real world settings.

(<https://www.whitehouse.gov/ondcp>)

Yet, harm reduction efforts can challenge how to think about addiction. The sentiments that surround successful recovery should not ignore the plight of many who find achieving lifelong sobriety as too daunting. It remains to be seen the degree to which these approaches are a mainstay in the public health landscape.

## RESOURCE

National American Indian and Alaska Native ATTC Tribal Opioid Response webinar: Presented on January 26, 2020: Fentanyl and Harm Reduction. Recording can be accessed at <https://www.samhsattcs.org/centers/national-american-indian-and-alaska-native-attc/product-for-webinar-fentanyl-and-harm>. This presentation includes an overview of the pharmacology of fentanyl and its analogs, what is known about where fentanyl is being supplied from, and the use of fentanyl testing strips to serve as a harm reduction strategy.

## REFERENCES

- Daisy, F., Thomas, L. R., & Worley, C. (1998). Alcohol use and harm reduction within the Native community. In G. A. Marlatt (Ed.), *Harm reduction: Pragmatic strategies for managing high risk behaviors* (pp. 327-350). New York: Guilford Press
- D'Amico, E. J., & Fromme, K. (2002). Brief prevention for adolescent risk-taking behavior. *Addiction*, 97, 563-574.
- Denning, P., & Little, J. (2012). *Practicing harm reduction psychotherapy: An alternative approach to addiction* (2nd ed.). New York, NY: Guilford Press
- Kral, A. H., Lambdin, B. H., Wenger, L. D., & Davidson, P. J. (2020). Evaluation of an unsanctioned safe consumption site in the United States. *New England Journal of Medicine*, 383, 589-590.
- Marlatt, G. A. (Ed.). (1998). *Harm reduction: Pragmatic strategies for managing high-risk behaviors*. New York: Guilford Press.
- Marlatt, G. A., & Witkiewitz, K. (2002). Harm reduction approaches to alcohol use: Health promotion, prevention, and treatment. *Addictive Behaviors*, 27, 867-886.
- Peiper, N. C., Clarke, S. D., Vincent, L. B., Ciccarone, D., Kral, A. H., & Zibbell, J. E. (2019). Fentanyl test strips as an opioid overdose prevention strategy: Findings from a syringe services program in the Southeastern United States. *International Journal of Drug Policy*, 63, 122-128.
- Reed, M. K., Roth, A. M., Tabb, L. P., Groves, A. K., & Lankenau, S. E. (2021). "I probably got a minute": Perceptions of fentanyl test strip use among people who use stimulants. *International Journal of Drug Policy*, 92, <https://doi.org/10.1016/j.drugpo.2021.103147>.
- Skewes, M. C., Gameon, J. A., Hallum-Montes, R., & Ricker, A. (2021). Determinants of relapse and opportunities for growth: Perspectives on substance use among American Indian community members. *Journal of Psychoactive Drugs*, 53, 474-482.
- Strathdee, S. A., & Vlahov, D. (2001). The effectiveness of needle exchange programs: a review of the science and policy. *AIDSscience*, 1, 1-33.
- Taylor, J., Ober, A. J., Kilmer, B., Caulkins, J. P., & Iguchi, M. Y. (2021). Community perspectives on supervised consumption sites: Insights from four US counties deeply affected by opioids. *Journal of Substance Abuse Treatment*, 131, <https://doi.org/10.1016/j.jsat.2021.108397>.
- Weicker, N. P., Owczarzak, J., Urquhart, G., Park, J. N., Rouhani, S., Ling, R., ... & Sherman, S. G. (2020). Agency in the fentanyl era: exploring the utility of fentanyl test strips in an opaque drug market. *International Journal of Drug Policy*, 84, <https://doi.org/10.1016/j.drugpo.2020.102900>.



## You Who Have Grown

As I see you look across the vast waters to the horizon,  
You scan the view looking across your life experiences

As I see you pause to look at something you notice,  
You remember an experience in your past, as you smile

As I see you look down the beach in each direction,  
You have selected a path in which you will follow

As I see you navigate around a bend and forge ahead,  
You have decided on a path yet unknown to you.

I realize that you have not looked back this whole time,  
You have been focused on your travel and have accepted your past

I see that you have only paused in your travels,  
You have learned to persevere through life difficulties and move beyond

I realize the strength in this person,  
You who have not been become weary in your life's journey.

You who have grown.

*Sean A. Bear I  
Meskwaki*



# HARM REDUCTION IN PRACTICE

A Q&A with  
Daniel Dickerson, DO, MPH



Daniel Dickerson, DO, MPH (Inupiaq), is an addiction psychiatrist and associate research psychiatrist at Integrated Substance Abuse Programs (ISAP), UCLA. His research focuses on the development of substance use treatment and prevention programs for American Indian/Alaska Native youth and adults.

### How would you define harm reduction?

Harm reduction recognizes the benefits of less substance use. Oftentimes, decreasing one's substance use may be seen as being beneficial for clients and may help them to create new pathways toward abstinence. I've seen harm reduction work in terms of some clients being able to stop heroin by using marijuana to help with withdrawal symptoms. I've seen it also work among heavy drinkers who have been able to cut down on their drinking. For example, I helped one client cut their drinking from 1/2 gallon of vodka daily to 1 pint of vodka daily. This decrease helped this client to live a healthier life and to have the ability to begin establishing new goals for themselves and to experience substantially fewer consequences from their drinking.

### Are there guidelines you follow in your own practice?

I typically allow my clients to create their own goals as it relates to their substance use, as they are ones who ultimately have to make the healthy choices necessary to quit or to cut down on their use. Following motivational interviewing guidelines, I hope that my clients will create their own motivation to make their own goals, whether this is to cut down on their use or to quit all use. In general, however, I am more apt to use a harm reduction approach with clients who have a longer and more severe history of addiction and those with lower levels of motivation to quit.

### What are the pros and cons of a harm reduction approach?

I see more pros than cons with using a harm reduction approach. The pros are that clients make improvements and can experience for themselves the benefits of living a healthier life. Hopefully they can start to establish new goals for themselves in various areas of their life such as employment or improving their physical health. They may also be more motivated to seek new sources of support and services that can help foster their own sobriety pathway. I have not received any pushback when using harm reduction from other providers or clients.

### What advice would you offer to a practitioner interested in using a harm reduction approach?

I would recommend for practitioners to be willing to demonstrate their support for their clients by being able to celebrate their improvements. As providers, I'm sure we would not criticize an individual with obesity who cuts down their weight from 400 pounds to 250 pounds and count this as "treatment failure." Nor would we be disappointed with an individual with diabetes who decreases their blood sugars to 400 from 800. Of course, more progress can be made in these examples, but without a supportive provider who is willing to work with their clients to help them achieve their goals, they may be left again to feeling like "a failure" and one not worthy of living a clean and sober life.





# URBAN INDIAN ORGANIZATION SPOTLIGHT



*Editor's note: In this issue, we feature the American Indian Health Service of Chicago. Special thanks to Don Feeney Jr., PhD; Renee Van Doren, LCSW; Shandlin Begay, LSW; Sarina Di Maso, RRPSS; Brian Frejo, cultural mentor; Kaitlynn Johnson, LPC; and Executive Director RoxAnne M. LaVallie-Unabia for providing information about their organization. Their text has been edited for length and clarity.*

## Tell us about your organization and the services you provide.

We provide an integrated holistic bio-psycho-social/cultural healthcare spectrum of services: culturally grounded mind-body-medical services treating the whole being of the person. These services include comprehensive psychosocial medical screenings and assessments, integrated staff consultations, and multi-systems disorder diagnostics. We also offer psychotherapy for individuals, couples, and families, as well as group therapy for alcohol and other drug use disorders, domestic violence groups, grief and loss support groups, etc.

We also provide culturally oriented seminars using healing historical traditions, such as Traditional Ceremonial Healing from Intergenerational Trauma, Substance Misuse and Addictions. We also will be implementing an Indigenous 12 Step Medicine Wheel for Men and Women curriculum as well as ongoing support groups and meetings.

Finally, we organize and offer cultural events in the community that provide opportunities to educate, increase awareness, and promote engagement and connection to traditional practices and relationships within the community such as pow wows, MMIW events, and special occasion social events. We are in the process of developing and offering other therapeutic, psychoeducational and support groups based on the needs of our clients.

## Describe how Native culture plays a role in the development and delivery of your services.

Native culture and traditional knowledge are the foundation of the programming. Holistic healing, traditional medicines, and ancient belief systems play a major role in for individuals and communities. Knowledge keepers, medicine people, and modern healers are the core of tradition-based best practices and key to the facilitation of these services and systems of care and support to the community.

Our providers and staff include many American Indians with great knowledge and historical understanding and contemporary skills with which many patients can identify, relate, and enjoy in the camaraderie of healing and health.

Our 7 Sacred Branches program focuses on traditional teachings and cultural practices and their use in recovery, managing the impact of intergenerational trauma, mental health issues and promoting physical, emotional, spiritual, and mental well-being. This program offers monthly virtual and in person groups that focus on a specific traditional teaching and how this is present in each participant's life. Participants can share their experiences, receive support, and learn from the experiences of others. While we have built a solid, consistent group with adult participants, we are continuing to work on building our youth program. The program has also offered hand drum-making events and groups that focused on storytelling and song. Participants were able to share their stories and songs and play the drums they made during previous events.

Traditional medicines are used during events and participants have the opportunity to smudge. These groups and events are facilitated by our cultural advisor, who is also available to all staff for consultation and to provide education. Staff are encouraged and provided opportunities to participate in trainings to increase knowledge and consultation related to needs within the Native community and integrating cultural teachings and practices into services.

AIHSC prides itself on providing culturally relevant care to clients by employing Native identified individuals as well as encouraging and providing culturally relevant trainings to other professionals. AIHSC incorporates spiritual practices in its teaching with our Sweetgrass grant, which focuses on decolonizing diets as well as providing materials for smudging and other rituals or ceremonies. AIHSC is actively involved in the Native community through hosting events such as powwows, Round Dances, and spiritual gatherings. In our individual services, we offer culturally based support services like White Bison and Red Road to Wellbriety curriculum and groups, as well as culturally relevant counseling services.

## Please share some current recovery-based initiatives and any success stories connected to these services.

Patients relate their gratefulness and warmth in their participation of the services at the clinic. Their motivation and intensity in the treatment processes demonstrates a high degree of satisfaction and progressive movement in the reconsolidation of each patient's wholeness and integrity. In the future, we look forward to a more statistical and evidence-based, procedural analysis and understanding of the actual numbers that this involves.

Many clients are still on the Red Road to Recovery and have not relapsed. These clients are making great strides to be sober and well and are on a consistent weekly session for 12 weeks, at which time we will decide if they need any more sessions.

Photos and illustration: Shutterstock





One teaching for recovery is our hand drum making/singing teaching. This is an ancient teaching of paying respect to the process of learning, the water the hide is soaked in, the importance of the animal hides, wood, sinew, and materials, and creating with your hands. Learning something new that you can pass on to your family and youth. It's also known as DARTNA (Drum Assisted Recovery Treatment for NA) in an evidence-based study. These sessions have been well attended and the community has expressed their joy of making a drum, beginning to learn songs and sing.

The 7 Sacred Branches groups were initially offered virtually due to COVID precautions. The availability of this space to provide people an opportunity to connect with others in their community and with cultural practices during a time when many were isolated and trying to cope with the impact of the pandemic on themselves and those they loved was critical. The program continued to grow as we were able to offer in-person events.

**Describe some of the challenges your organization faces day to day and how you work through these barriers.**

Some of the challenges have been the COVID-19 pandemic and engaging the community. People's fear of social engagement and how isolation has affected them has been a challenge. Our organization has used telehealth, virtual programming, and safe COVID-19 protocols to engage the community in-person and it's making a big positive impact as we all move forward.

Recognition and understanding of who we are and our capabilities have yet to be fully appreciated and actualized. We are working through these issues by forging connections with community agencies and offering seminars and presentations to educate and inform the community at large.

As we are beginning our Substance and alcoholism programs, the only barrier we see so far is getting the clientele/patients to come in and receive treatment.

The 7 Sacred Branches program is

continuing to work on development of programming offered to youth. The number of youth participants in virtual sessions was limited and there are plans to offer in-person events as the weather improves to allow youth to gather in person in ways that are fun and interesting to them while connecting them to traditional teachings and others in their community. To assist in building the 7 Sacred branches participant base, we have communicated with other Native organizations to share information and encourage them to share with others. We also use social media such as Instagram and Facebook to let others know about what we offer.

One challenge our recovery programs faces currently are aligned with the natural process of implementing new programs by presenting challenges such as reaching our participation goals as well as training providers to promote access to care. We continue to face these challenges and adapt to new obstacles that are presented and have been successful in implementing strategies thus far.

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 [@AIHSChicago/](https://twitter.com/AIHSChicago/)

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**EVENTS**

2nd Monday of the month	<b>Virtual Native Talking Circle: Staying Connected in Challenging Times</b> <a href="#">Register for future sessions at this link.</a>
1st Wednesday of the month	<b>Essential Substance Abuse Skills webinars:</b> <a href="#">Click here to view a playlist of recorded webinars.</a> Future sessions will be announced on our email list.
3rd Wednesday of the month	<b>Behavioral Health webinars:</b> <a href="#">Click here to view a playlist of recorded webinars.</a> Future sessions will be announced on our email list.
	<b>Explore our <a href="#">Academic Programming and Special Topics.</a></b>  If you would like find out more or offer these trainings in your area, email Steve Steine at <a href="mailto:steven-steine@uiowa.edu">steven-steine@uiowa.edu</a> .

**TRIBAL OPIOID RESPONSE EVENTS**

2nd Wednesday of the month	<b>Sharing and Caring through Technology</b> <a href="#">Register for future sessions at this link.</a>
4th week of the month	<b>TOR Monthly Webinars:</b> <a href="#">Click here to view previous sessions.</a> Future sessions will be announced on our email list.
April 19	<b>TOR Great Plains Regional Meeting.</b> <a href="#">Register.</a>
May 17	<b>TOR Billings Regional Meeting.</b> <a href="#">Register.</a>



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

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