

BRIDGING TWO WORLDS: METHADONE TREATMENT CONSIDERATIONS FOR AMERICAN INDIAN/ALASKA NATIVE COMMUNITIES

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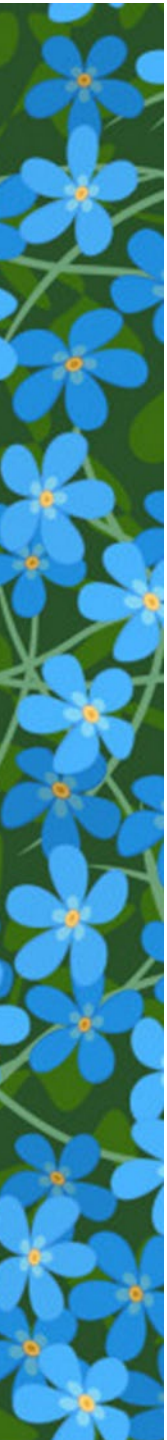
Center on Alcohol, Substance use, And Addiction (CASAA)



THE UNIVERSITY of
NEW MEXICO



CENTER ON ALCOHOL,
SUBSTANCE USE,
& ADDICTIONS



CONFLICT OF INTEREST DISCLOSURE

- Kamilla Venner has conflict of interest management plan at the University of New Mexico due to conducting research on evidence-based treatments (EBTs) and also providing consultation for fee on those same EBTs



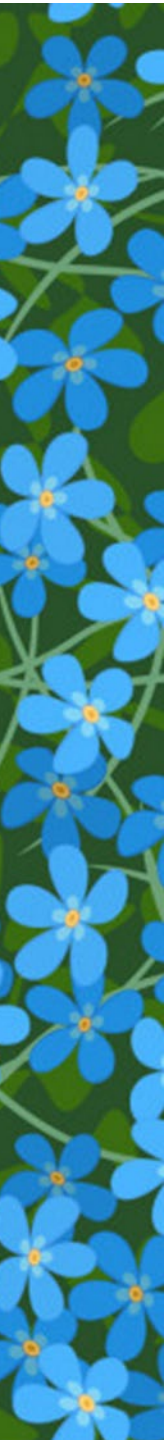
OVERVIEW

- American Indian Alaska Native background
- Balance of strengths and health inequities
- Methadone Access
- Methadone Engagement
- Methadone Treatment
- Recommendations



What can ONDCP do for AI/AN people?

- Strive to understand and integrate non-Western viewpoints and worldviews
- U.S. Trust Responsibility
 - “...support tribal self-government and economic prosperity, duties that stem from the government’s treaty guarantees to protect Indian tribes and respect their sovereignty.”
- Work in equal partnership: engage and invest with Tribal communities



BRIDGING WORLDS

Bridging:

- Heritage
- Western & Indigenous
- Research & Practice

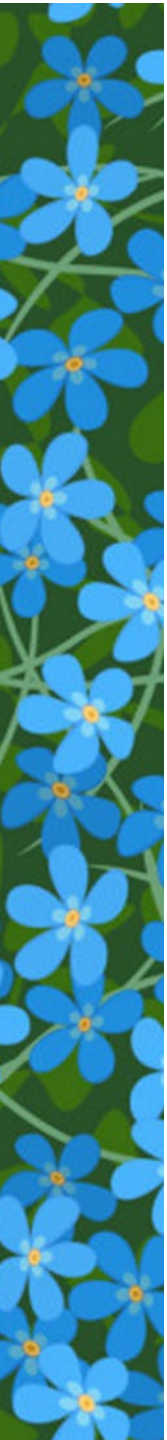
Driving questions:

1. How generalizable are our treatments?
2. How should we integrate the best from Indigenous and Western science?
3. How might my work inform the science for the mainstream?

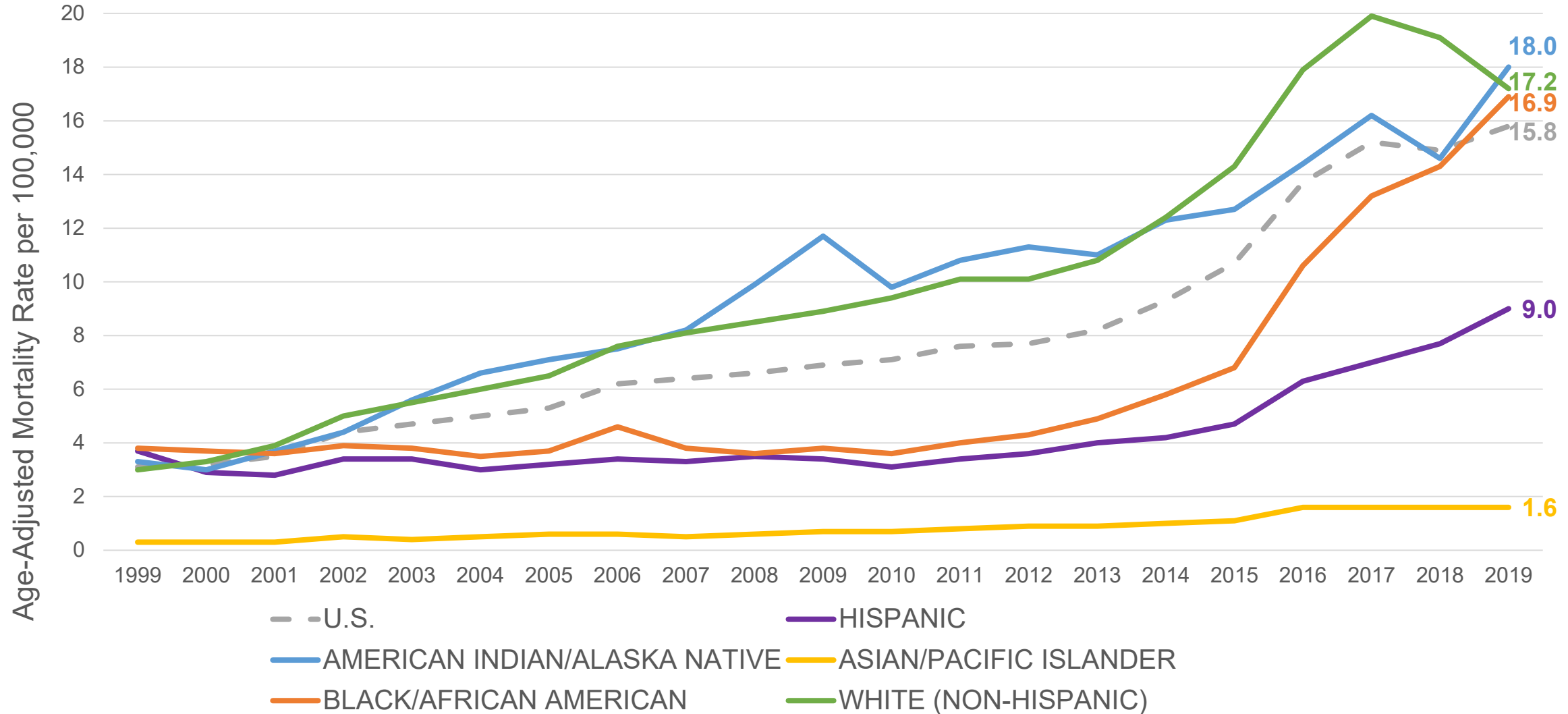


TRIBAL NATIONS AND PEOPLE

- 2.9% US population (AI/AN alone + other)
- 574 Federally recognized Tribes (229 in Alaska)
- 78% AI/AN people live outside Tribal areas (60% metro areas)
 - 22% live on reservations/Tribal land
- States with the greatest percent of AI/AN peoples
 - 27.9% AK, 17.4% OK, 14.5% NM, 12% SD, 9.2% MT



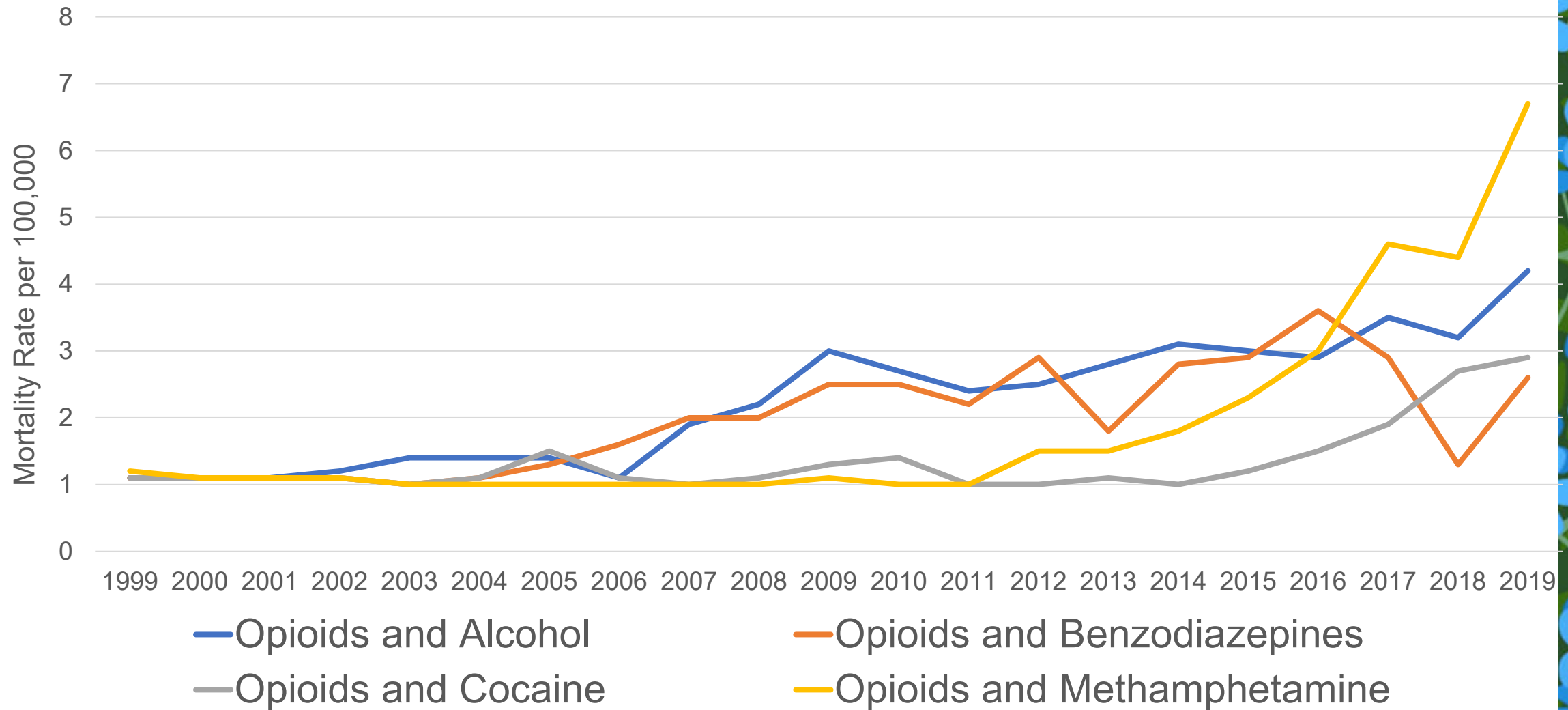
OPIOID OVERDOSE MORTALITY by RACE



*Data includes all opioids such as opium, prescriptions, heroin, methadone and synthetic (ICD-10 codes, T40.0-T40.4, T40.6)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database

Trends in Opioid Combination Mortality Rates among US NH-AI/AN (age 12 and older)



Source: CDC Wonder

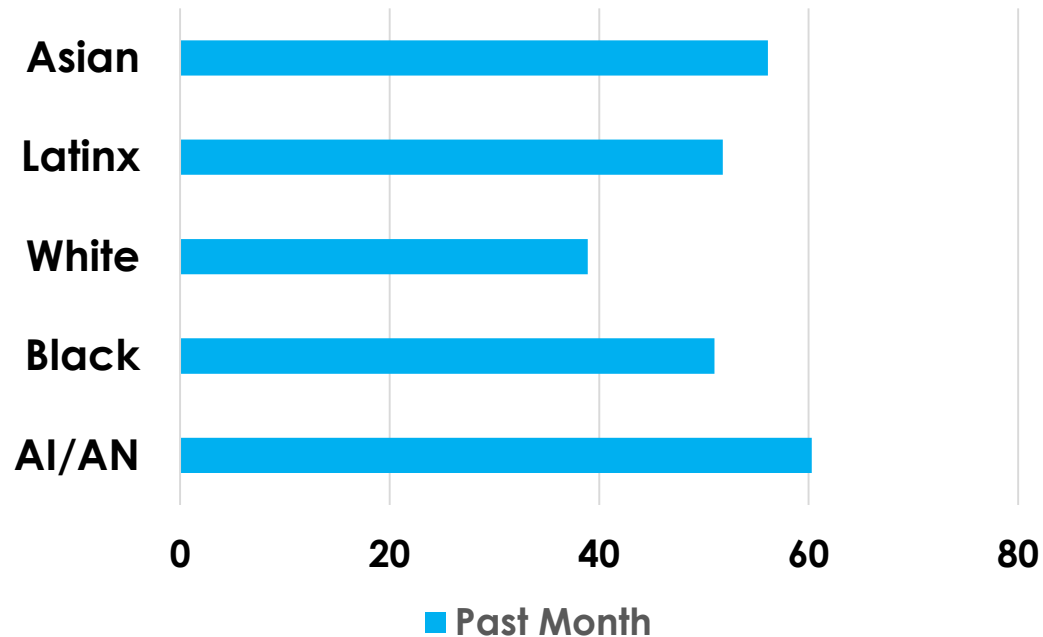
REASONS FOR HEALTH INEQUITIES

- Social Determinants of Health
- Median income: 40.3K (Nationally: 57.7K)
- Poverty (rate): 26.8 (Nationally: 4.6%)
- Education: $\geq$ HS Diploma 83.8% (Non-Hispanic Whites: 93.0%)
- Discrimination, racial and historical trauma, systemic racism
- Chronically underfunded healthcare and social services: IHS, BIA, BIE = 0.19% of the entire federal budget
 - IHS (2.56 million people); 41 Urban Indian Health organizations (600k people)



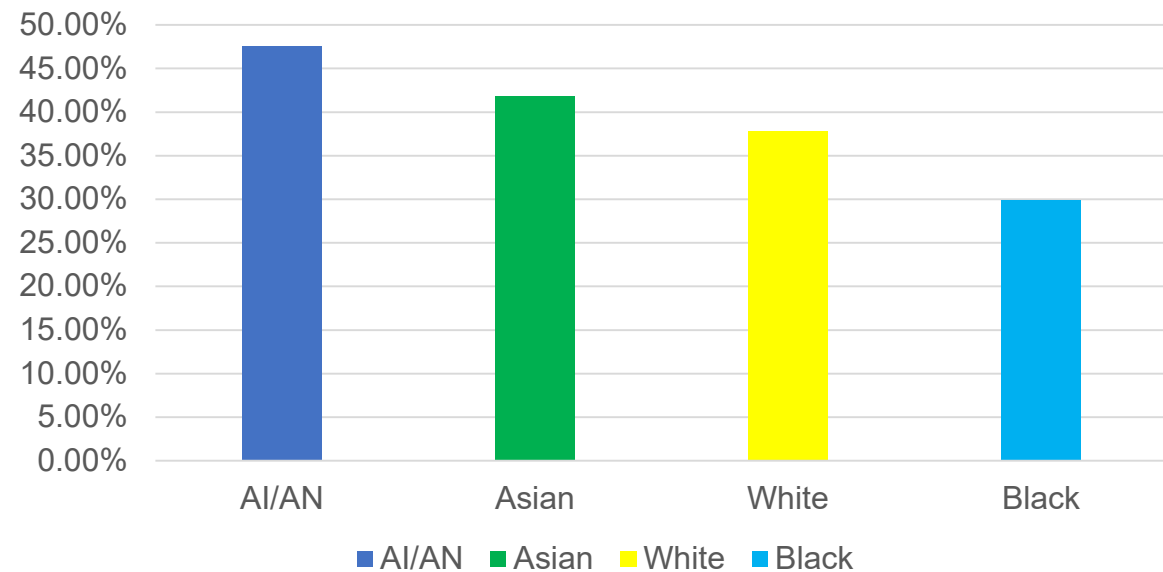
AI/AN STRENGTHS

Percentage Abstaining
from Alcohol

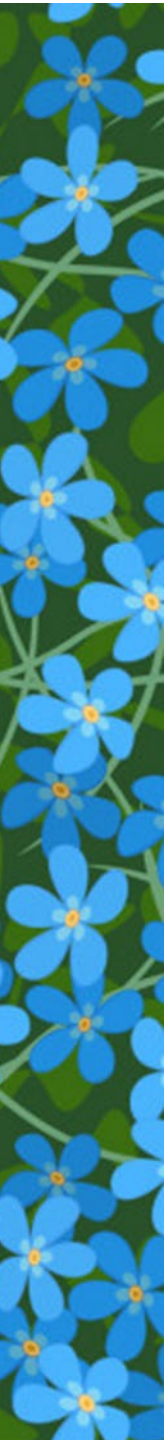


SAMHSA, 2018

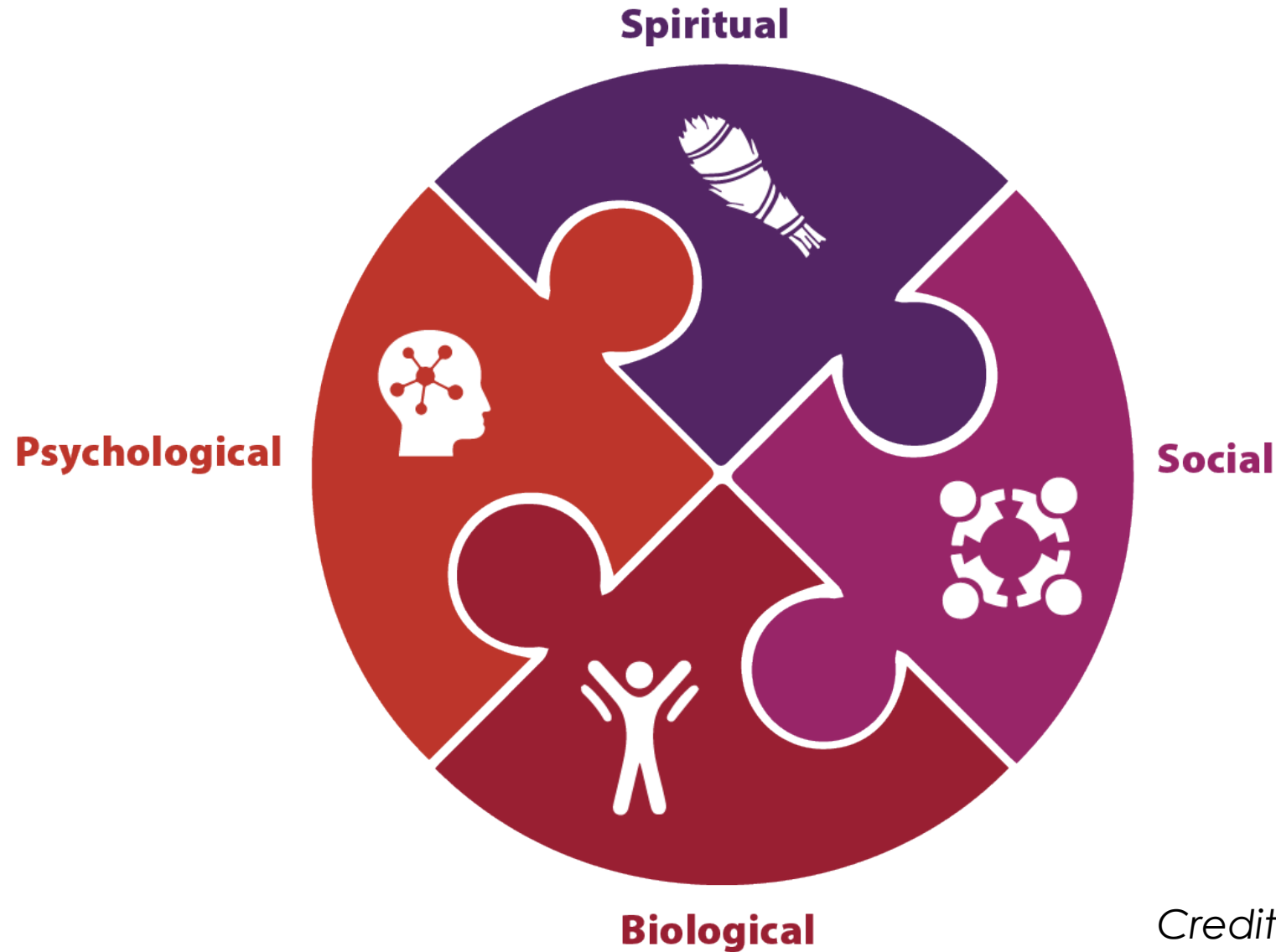
COVID-19 Vaccination Rates



CDC, Daily Tracker 9/2021



INDIGENOUS HOLISTIC PERSPECTIVE



Credit: NIH HEAL Initiative



ARGUMENT AGAINST Evidence-based treatments (EBTs)

EBTs	Traditional Healing
Dyadic	Communal
Stigmatized	Admired
Secular	Sacred
No AI/AN culture	Preserves culture



Gone, 2008



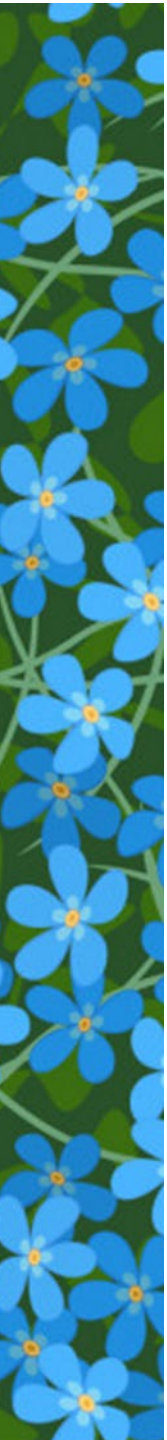
EVIDENCE-BASED TREATMENT (EBT)

- One way to address substance related health inequities is to use EBTs
- Funding agencies require EBTs
- Bridging: Western Science & Indigenous Science



Methadone Regulation Barriers

- Daily in person visits
- No privacy
- Stigmatizing
- Not humanistic and relational
- Urine Drug Testing
- No AI/AN Cultural Integration



Methadone Access – Clinic Level

- Methadone for OUD *least likely* to be offered as a treatment for OUD
 - IHS (17.4%)
 - Tribally Run (12.6%)
 - Have providers who speak Tribal language (14.8%)
- Facilities serving AI/AN offered MOUD at similar rates (40%) as other facilities (Krawczyk et al., 2022)
 - But *less likely* to offer buprenorphine or methadone (22.4% vs 27.6%)
 - Of AI/AN with OUD receiving MOUD, less likely to be on an agonist
- 192 Facilities serving AI/AN surveyed and 28% offered MAT for any SUD (Rieckmann et al., 2017).



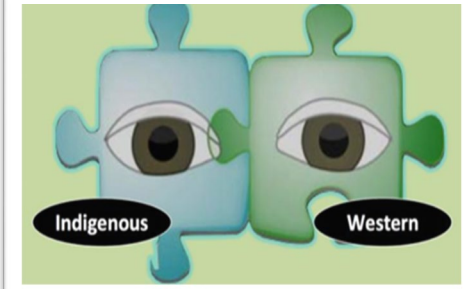
Methadone Access – SDOH

- ***Long distances*** to opioid treatment programs (e.g., drive 200 miles)
- AI/AN ***less likely*** to get MOUD if in South or in criminal legal system, without housing, prior month arrest, co-use alcohol, benzodiazepine, or methamphetamine (Krawczyk et al, 2022)
- AI/AN ***more likely*** to get MOUD if female, older, primarily heroin, & previous treatment
- ***Payment barriers***
 - Delays due to Medi-Cal/Medicaid (Krawczyk et al, 2022)



Medicaid



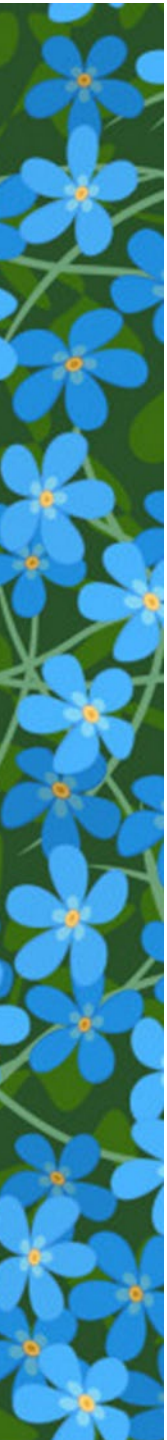


Methadone Engagement & Treatment

- Overcome barriers of stigma (e.g., White man's drug)
- Framing of methadone as medication or medicine
- American Indian/Alaska Native people original pharmacists
- Ensuring Providers, Directors, Staff are AI/AN or knowledgeable and comfortable discussing culture
- Hiring AI/AN Elders, staff, providers, and Cultural educators
- Space for traditional AI/AN services and cultural activities
- Address community facilitators and barriers (e.g., Tribal council support for MOUD vs cannot engage in ceremony if on MOUD)



- Under one roof – integrated services
- Tailored medication treatment
- Ensure medications heal, not harm
- Integrated services & team-based approach
- Remove barriers to care
- Use harm reduction approach
- Redirect people from criminal legal system to treatment



RECOMMENDATIONS

- **Consult & Partner with AI/AN people**
- **Learn from successful programs**
- **Advocate for more resources for AI/AN**
- **Address Social Determinants of Health**
 - Poverty & unemployment
 - Discrimination
 - Transportation
 - Childcare
 - Housing
 - Neighborhood safety
- **Assessment (validity for AI/AN?)**
 - Screening for OUD
 - Cultural variables and other strengths
 - Outcomes holistic and culturally relevant
- **Treatment**
 - Culturally center delivery of methadone
 - Increase availability
 - Decrease restrictions
- **Implementation**
 - Incentivize delivery of methadone in humane and culturally appropriate ways



TSIN'AEN (THANK YOU) QUESTIONS?

