

Ts'iin da mxt (come inside, friend)
Tsimshian

Do'eent'aa hello (how are you?)
Tanana Benhti Kenaga' Athabascan

'San uu 'dang giidang
Haida NATIVE HEALTH RTIUM

Nakhwal'in shoo ihlii
Gwich'in Dinjii Zheh K'yaa Athabascan

Wa.é ák.wé? Hello (how are you)
Tlingit

Sits'ida'on (my friend)
Deg Hit'an Xinag Athabascan

Enaa neenyo
Koyukon Denaakk'e Athabascan

Slatsiin (my friend)
Ahtna Athabascan

Qaimarutin
Inupiaq

Aang
Unangaŕ

Shida (my friend)
Tanaina /Dena'ina Athabascan

Cama'i
Sugpiaq



Quyana tailuci
Central Yupik

Nijaa (our friends)
Han Athabascan

Quyanaaghalek tagilusi
Siberian Yupik



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

Destigmatizing Addiction Care with Indigenous Peoples: Don't Shoot Our Wounded

Amber Frasure, MS | Doctoral Candidate

Behavioral Health Department

Alaska Native Tribal Health Consortium

asfrasure@anthc.org

Land Acknowledgement

Take a moment to connect with the physical land on which you stand. In a spirit of truth and reconciliation, we acknowledge that we gather, occupy, and learn on the ancestral lands of the Shoshone, Bannock, and Northern Paiute peoples who have persisted and stewarded this land since time immemorial. We acknowledge the painful history of genocide, forced removal, and the attempted erasure of Indigenous identities. We honor, respect, and thank the diverse Indigenous peoples still connected to the land on which we meet. We recognize the collective human cost of structural racism and seek to dismantle systems that serve to perpetuate inequity.

Objectives

1

Demonstrate knowledge of the negative effects of addiction stigma.

3

Understand the intersectionality of addiction and experiences of Indigenous Peoples.

2

Explore ways to dismantle stigma together.

4

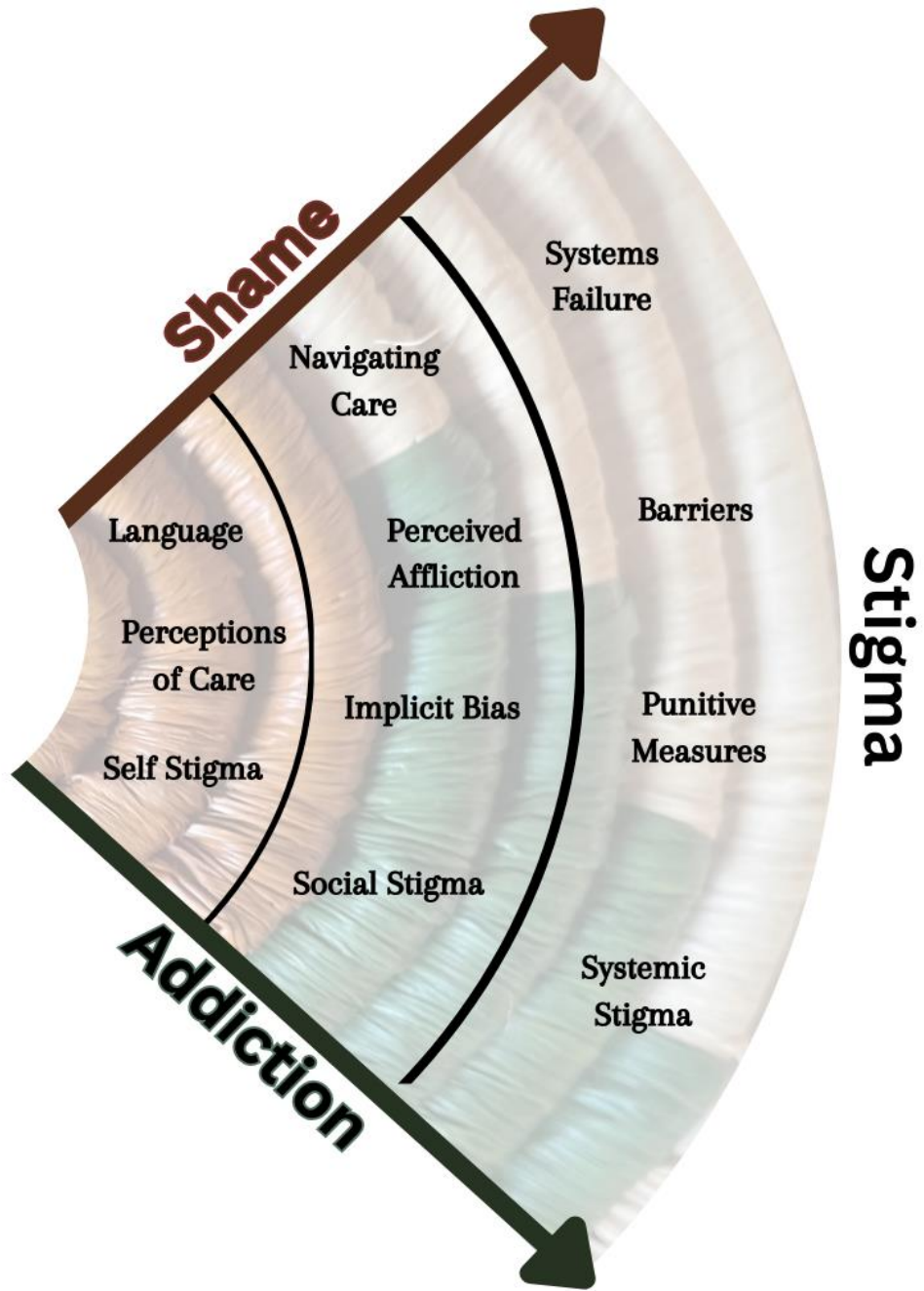
Resources and more.

Destigmatizing Addiction Care with Indigenous Peoples

*Uplifting Indigenous Knowledge to
Empower Recovery*

Stigma Toolkit

- This toolkit was developed from interviews with experts and people with lived experiences across Alaska.
- These interviews were used to develop and understand the needs related to experiences of addiction, stigma, Indigenous Peoples, and health providers.
- 17 interviewees' direct experience as care providers, advocates and/or lived experience in recovery
 - Lived experience with substance use = 70.5%
 - Alaska Native = 52.9%
 - Rural Alaska = 41.2%
 - Tribal Health System = 41.2%

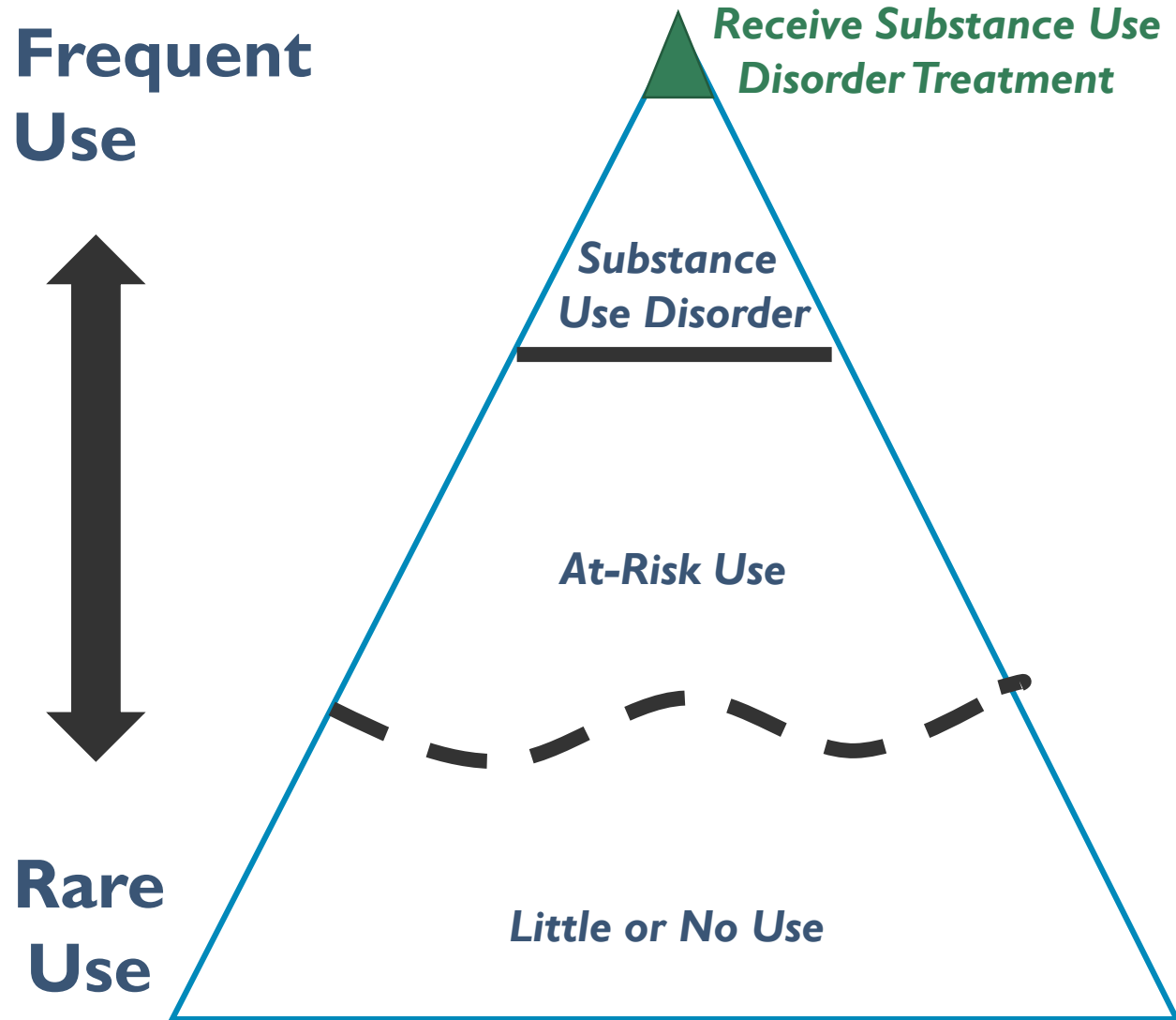


ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

Stigma

Intersection of Shame & Addiction

Spectrum Of Substance Use



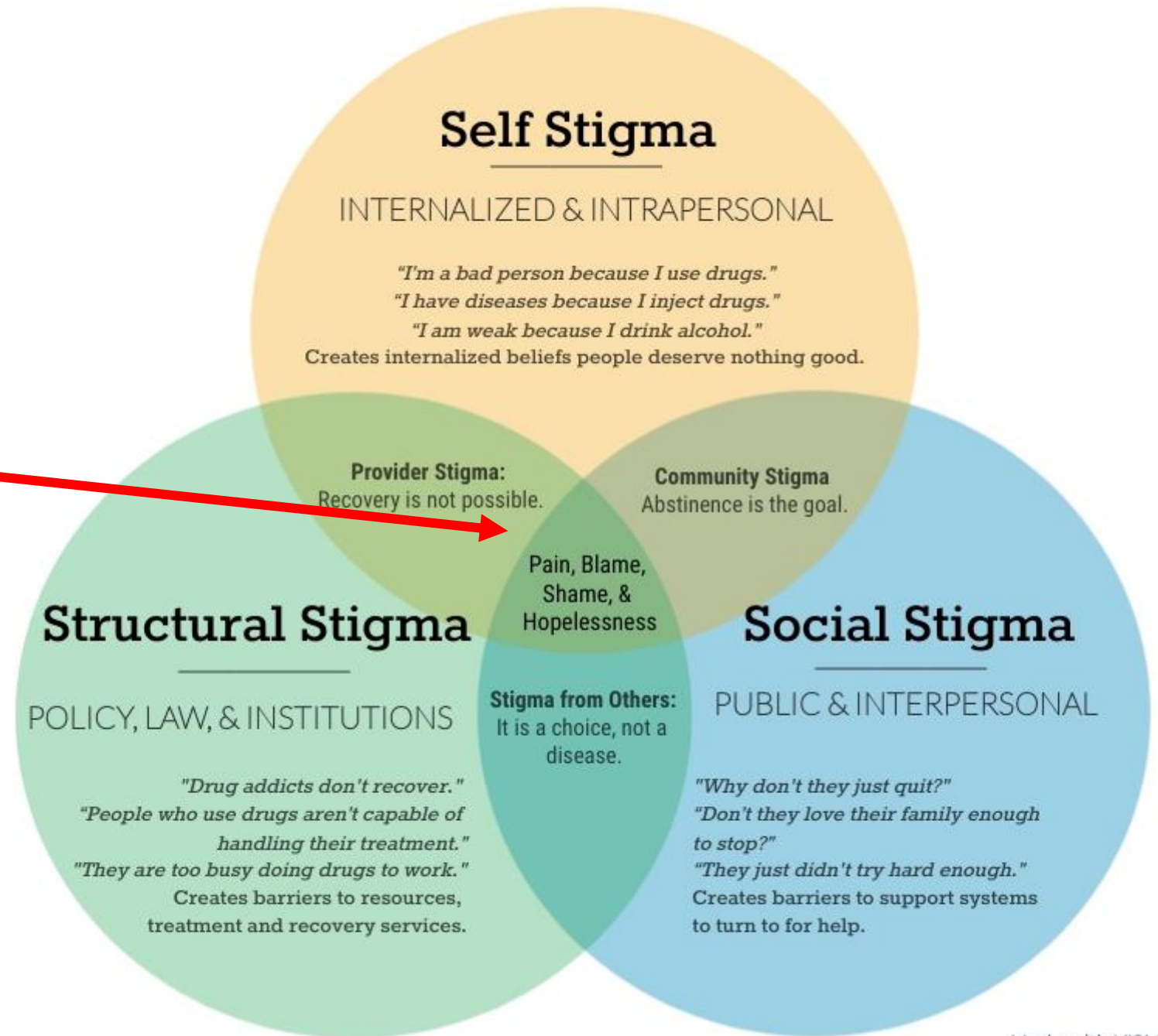
- Substance use disorders are the most widely stigmatized public health issue.
- Stigma is a social process reinforced by relations of power and control (Link & Phelan, 2001)
- Stigma remains the biggest barrier to addiction treatment (SAMHSA, 2018)

Intersection of Stigma

Three “S” of Stigma

People live and experience stigma at the intersection of all three

“Be careful of how you speak about others. The things you say to others will show up in your children or grandchildren.” – Alaska Native teaching



The Tired Narrative: Fueled by Fear

Media often promotes stigma and misinformation (Pugh et al., 2015).

The media play a crucial role in stoking fear and intensifying the perceived dangers of persons with substance use disorders (Lloyd, 2013).

<https://www.changingthenarrative.news/>



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

"Addict"

*Stigmatizing
Language about
Substance Use*

"Trading One Addiction for Another"

*Medication to Treat
Opioid Use Disorder*

"Hooked on Opioids"

*The Difference
Between Addiction and
Dependence*

"Filling Parks & Playgrounds with Hypodermic Needles"

*Misconceptions about
Syringe Service
Programs*

"Legal Shooting Galleries"

*Misinformation
about Supervised
Consumption Sites*

"Addicted Babies"

*Stigmatizing Language
about Neonatal
Abstinence Syndrome*

"Helping is Enabling"

*The myth of
co-dependency*

"Cut Them Off"

*Tough love doesn't
work*

"Doctor Shopping and Drug Seeking"

*Punishing vulnerable
patients is counter-
productive*

"Prescription Fentanyl is Driving Overdoses"

*Distinguishing between
Illicit and
Pharmaceutical
Fentanyl*

"Junkie"

*Stigmatizing
Language about
Substance Use*

"Narcan Parties"

*Misinformation
about Naloxone*

The Tired Narrative: Holding up Drug Policy

Media portrayals people with mental illness/SUD as violent, which promotes associations with dangerousness and crime (Diefenbach and West, 2007; Klin and Lemish, 2008; Wahl et al., 2002).

Furthermore, the media often depict treatment as unhelpful (Sartorius et al., 2010; Schulze, 2007) and portray pessimistic views of illness management and the possibility of recovery (Schulze, 2007).

<https://www.changingthenarrative.news/>



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

"They Need to Face the Consequences"

The dangers of hitting rock bottom

"First Responders Overdose After Touching Fentanyl"

Myths Surrounding Fentanyl

"Felons & Convicts"

Stigmatizing Language for Justice-Involved People

"Jails Saved His Life"

The Problem with Framing Jails as a Treatment Solution

"We Need More Drug Courts"

Treatment Can't Be Carceral

"Seizures Taking Drugs off the Streets"

The Limited Impact of Disrupting Supply Chains

"Dealers are Murderers"

The Truth Behind Drug-Induced Homicide Charges

"No Evidence Opioids are Helpful for Chronic Pain"

Silencing the Positive Impact of Opioid Use for Chronic Pain Patients

"Crackdown on Fentanyl Dealers"

Harsh laws disparately punish people of color

"Vaping/E-Cigarette Epidemic"

Conflates contaminated THC with nicotine vaping

"Harm Reduction vs. Abstinence"

Framing Harm Reduction as at Odds with Recovery

"Opioid Crisis is a White Problem"

Whitewashing & the Erasure of People of Color in the Overdose Crisis

"Opioid Epidemic"

Neglecting the Impact of Polysubstance Use

"Needles, Powder and Overdoses"

Using Unrealistic, Stigmatizing Images

"Naloxone doesn't reverse fentanyl"

Misinformation about Naloxone

"Dealers lacing cannabis with fentanyl"

Police Spread False Narratives

Stigma Woven into Systems

People who experience substance related disorders face high levels of stigma.

- ❖ Lower expectations for health outcomes for people with substance use disorders
- ❖ Believe people with SUD do not deserve treatment based on the false belief SUD are within the person's control
- ❖ Elicit feelings of frustration and resentment from providers
- ❖ Result in punitive policies/practices and avoidable traumatic experiences
- ❖ **Leads systems to withhold appropriate services - effectively changing stigma into discrimination**



Stigma Woven into Systems

High levels of stigma lead to adverse individual outcomes:

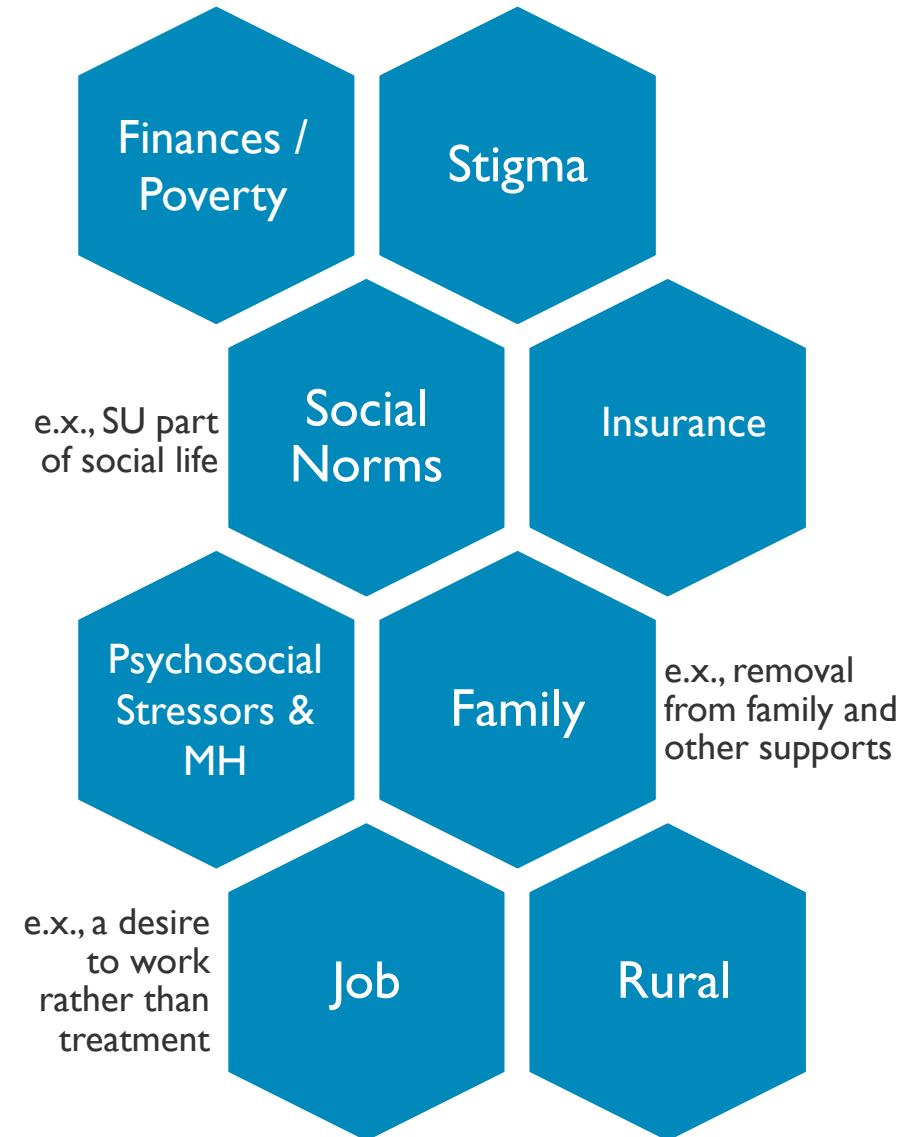
- ↓ Poorer healthcare outcomes
- ↓ Decreased likelihood of seeking treatment
- ↓ Decreased access to services and treatment
- ↓ Decreased utilization of addiction medicine [only 20% of people access medications for opioid use disorder]
- ↓ Decreased rates of treatment completion
- Increased use of risky behaviors [ex. share syringes]



Navigating Care

- Getting into care can often feel insurmountable, even for highly motivated individuals
- Stigma remains one of the biggest barriers to services.
 - People with a SUD tend to have poorer perceptions of care, even compared to psychiatric population.
 - People of Color are less likely to access, initiate, engage and complete treatment.
 - Among Indigenous populations, perceived racial discrimination and historical trauma are associated with less favorable perceptions and attitudes through distrust of the health care system.
- Navigating systems is already hard for people who know the system, and Alaska compounded by a dearth of services and long wait times.

Common Barriers



Failure of Systems

The person is never the problem, the problem is the problem

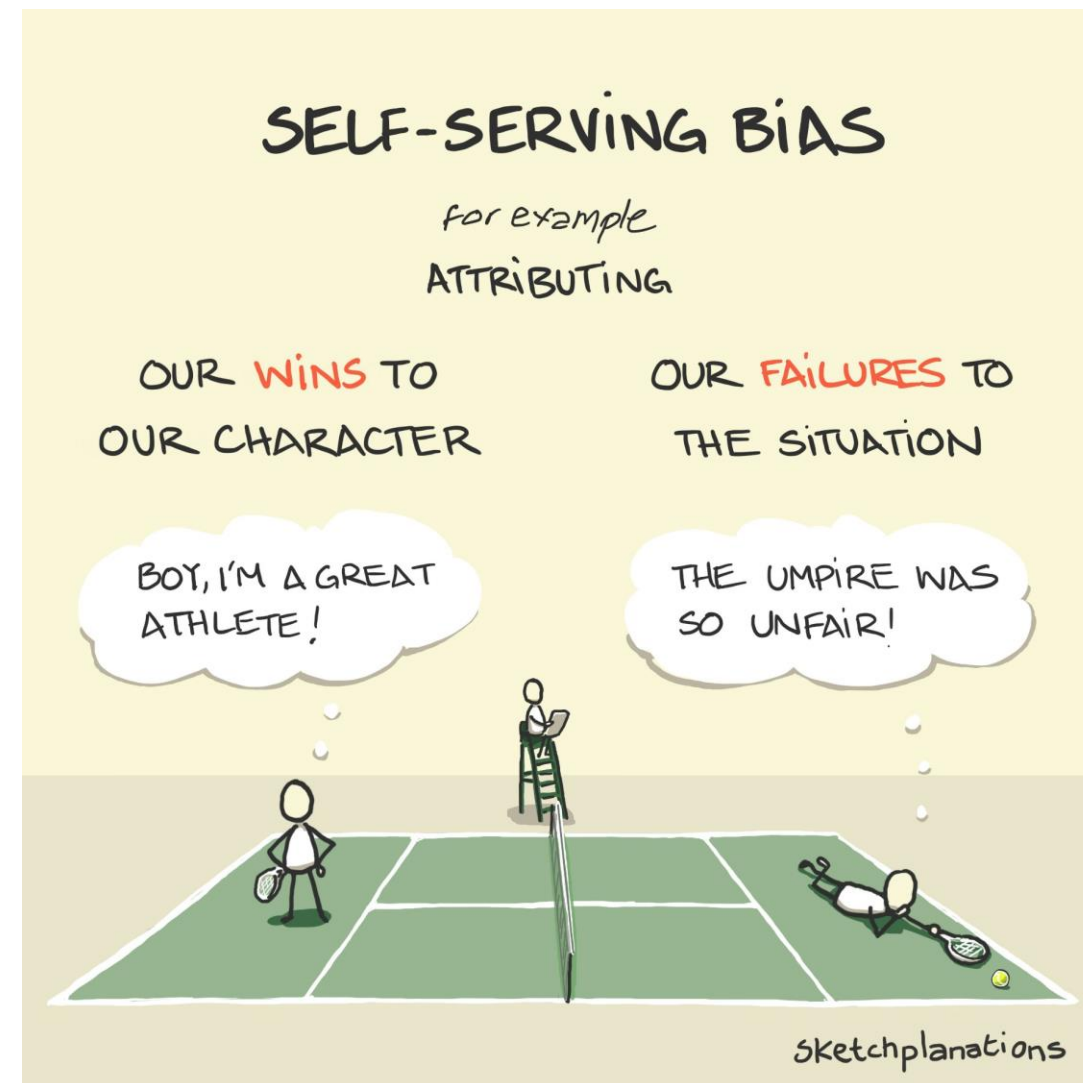
The way we define problems determine how we solve them, and once defined it is hard to replace these existing definitions because they are rooted in belief systems and values.

Rather than attempting to change oppressing and stigmatizing systems, we view people themselves as the problem.



People 'other' than us are to blame for their problems

- All people have biases because it is a part of normal human function for our brains to rapidly classify information into categories
- Implicit bias is the unconscious mental process and beliefs that lead to negative feelings/judgements towards a perceived group(s)
- Even biases we are not aware of can produce discriminatory behavior and lead to barriers to housing, employment, and economic resources
- **Implicit biases can be reduced by the simple process of discussing and recognizing them**
- Self-serving bias is dependent on perception of group membership and is the tendency of in-group members to attribute positive actions by their own group to in-group qualities, and negative actions by the in-group to external causes.
- The inverse is true for people we consider different or 'other' than ourselves: they win because of situation and fail due to character.



Stigma Hurts

- Psychological pain of stigma or feeling “other” than activates the same areas of the brain associated with physical pain (Eisenberger, Lieberman & Williams, 2003; Cikara & Fiske, 2011).



Psychological pain of
feeling excluded

=



Physical pain

Shamed People Hide, Rather than Seek Help

Guilt

I might be doing some bad things,
but I am not a bad person.

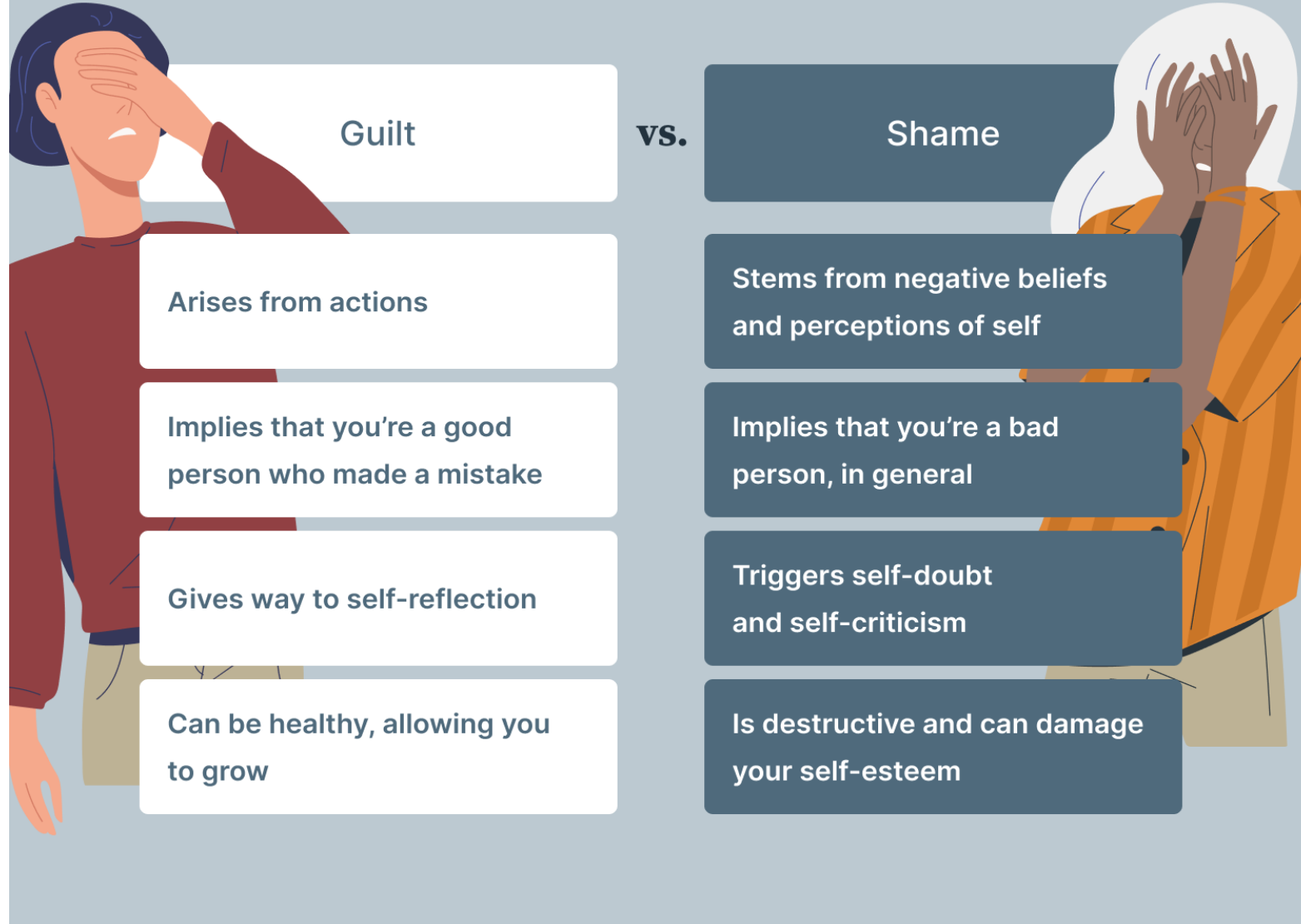
So I should ask for help.

Shame

I think I am a bad person, and
believe I am a bad person.

So I should hide myself or my
behavior.

Differences between guilt and shame



Guilt	vs.	Shame
Arises from actions		Stems from negative beliefs and perceptions of self
Implies that you're a good person who made a mistake		Implies that you're a bad person, in general
Gives way to self-reflection		Triggers self-doubt and self-criticism
Can be healthy, allowing you to grow		Is destructive and can damage your self-esteem

Platform of Stigma

**Difference: Keep
People Out**

Criminalize,
pathologize and
patronize

**Danger: Keep
People Away**

Fear, blame, and
isolation

**Discrimination:
Keep People
Down**

Antithetical to
power or authority
(Harm Reduction
Coalition, n.d.)

Disconnection

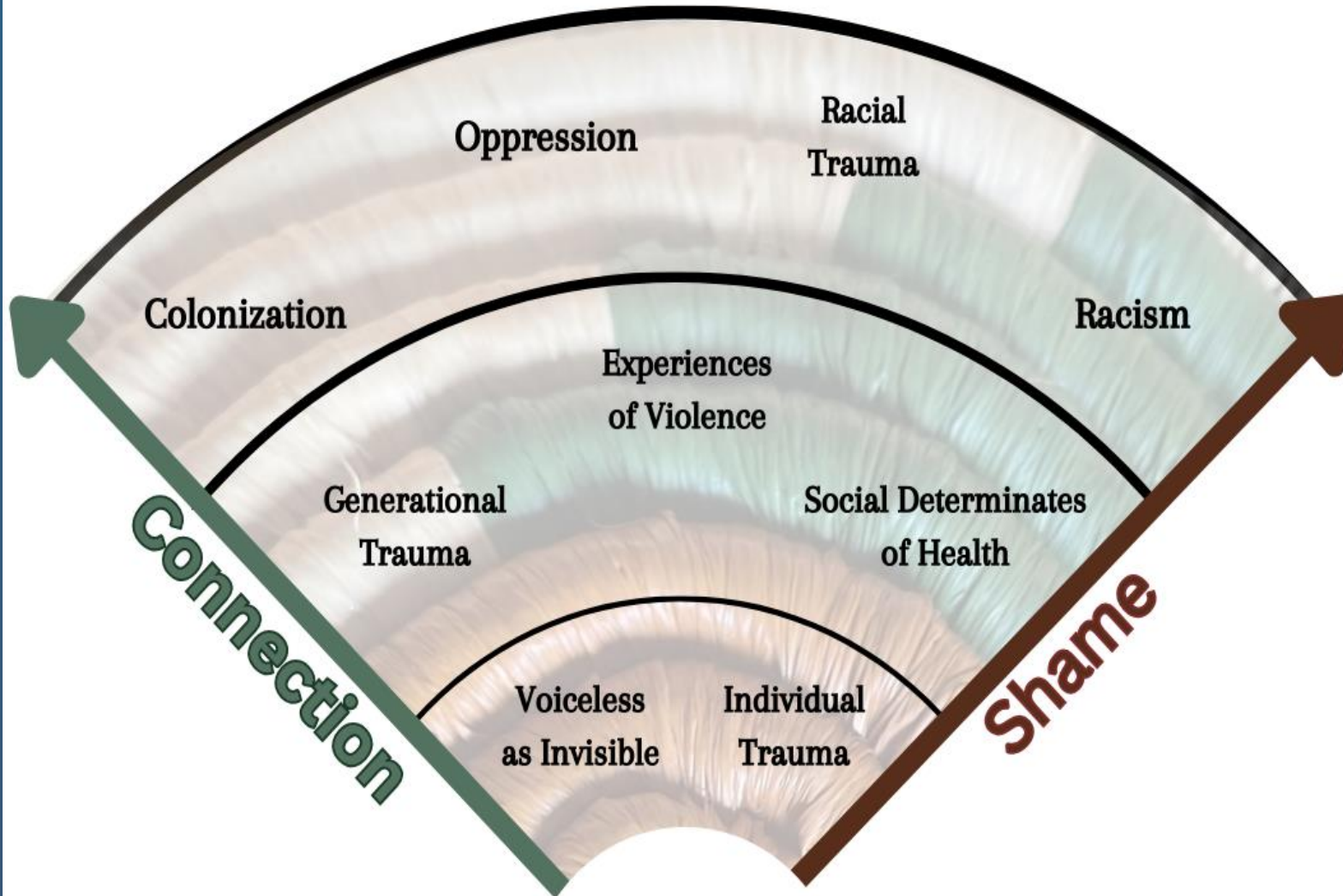


ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

Disconnection

“Every time we invalidate someone else’s struggle with mental health [or addiction]; we reinforce the idea that they should struggle in silence.”

-Dr. Christina



Racism Disguised as War on Drugs

“You want to know what this [war on drugs] was really all about? The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I’m saying? We knew we couldn’t make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.” ~ John Ehrlichman, Assistant to the President for Domestic Affairs under President Richard Nixon



The War on People

When we talk about stigma, we often talk about a person's different identities as separate, when in fact they intersect and impact experiences of stigma.

The War on Drugs and corresponding policies impact stigma experiences by people who use drugs and across the identities of multiple groups.



Alaska State Library - Historical Collections

(Alaska State Library, Winter & Pond Photo Collection, P87-1050)

Four Realms of ACEs: “Ground Soil” of Historical Trauma

Adverse Climate Experiences

- COVID-19, climate change, environmental injustice, and pollution

Adverse Childhood Experiences

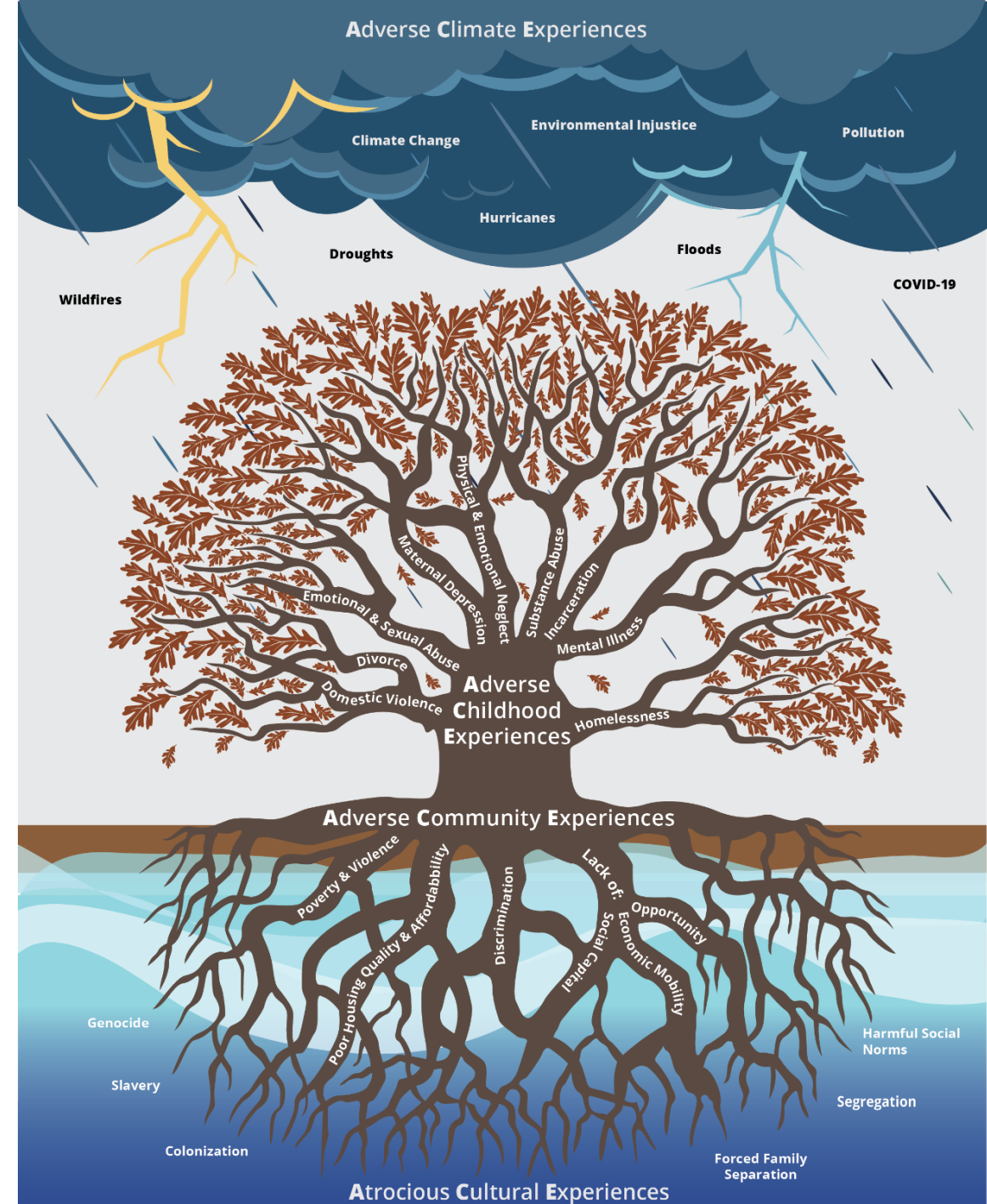
- Domestic violence, divorce, abuse and neglect, addiction, incarceration, mental illness and homelessness

Adverse Community Experiences

- Social determinates of health = Poverty and violence, poor housing quality and affordability, discrimination, lack of social capital / opportunity / economic mobility

Atrocious Cultural Experiences

- Historical trauma from historic genocide, colonization, forced family separation, and harmful social norms.



Historical Trauma

“Trauma is a chronic disruption of connectedness ... trauma replaces patterns of connection with patterns of protection.” – Stephen Porges

- Historical trauma was defined as cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma (Brave Heart, 1995, 1998, 1999, 2000).
- Historical trauma differs from lifetime traumas and is associated with significant health concerns (Gone et al., 2019; Brave Heart, 2003)
- HT consists of a constellation of reaction to massive group trauma (Evans-Campbell, 2008).



(Choate, 1902)

Poly-Victimization of Indigenous Peoples

- Indigenous Peoples are at increased vulnerability to experience complex layers of victimization over time (i.e., poly-victimization), which includes historical, generational, and contemporary trauma
 - Indigenous Peoples have higher rates of victimization and more likely to experience violence.
 - 83% of American Native and Alaska Native adults have experienced some form of violence in their lifetime, including psychological aggression, physical violence by intimate partners, stalking, or sexual violence (National Institute of Justice, n.d.).
 - Compounding the myriad of threats to wellbeing, Indigenous Peoples often endure prejudice by health care providers and potential values conflict (medical settings tend bias to individualism and autonomy).
- Indigenous Peoples are more likely to need services, but are less likely to have access to services.

High Prevalence of Trauma

- There is higher prevalence of trauma in people who experience SUD
- Two thirds of people in substance use treatment report a history of childhood abuse and neglect
- A study of male Veterans in an inpatient substance use treatment program reported higher rates of severe childhood trauma (77%) and lifetime PTSD (58%)
- Women involved in substance use treatment report lifetime history of trauma (range from 55-99%) and half report a history of rape or incest (50%)
- Adverse Childhood Experiences has been described as the Real “Gateway Drug”
- People who have experienced:
 - 4 ACES are 5x more likely to abuse alcohol
 - 5 ACES are 7-10x more likely to abuse illicit drugs
 - 6 ACES are 46x more likely to use injection drugs



Don't Shoot Our Wounded

“Addiction should instead be called ‘ritualized compulsive comfort seeking’ which is a normal response to experiences of adversity, just like bleeding is a normal response to being stabbed.” - Dr. Marie Dezelic

Yet when people seek care, they get told: “We can squeeze you in every Wednesday between 3 – 4 starting in a month.”

Indigenized Wellness



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

Indigenized Wellness: Intersection of Connection and Love

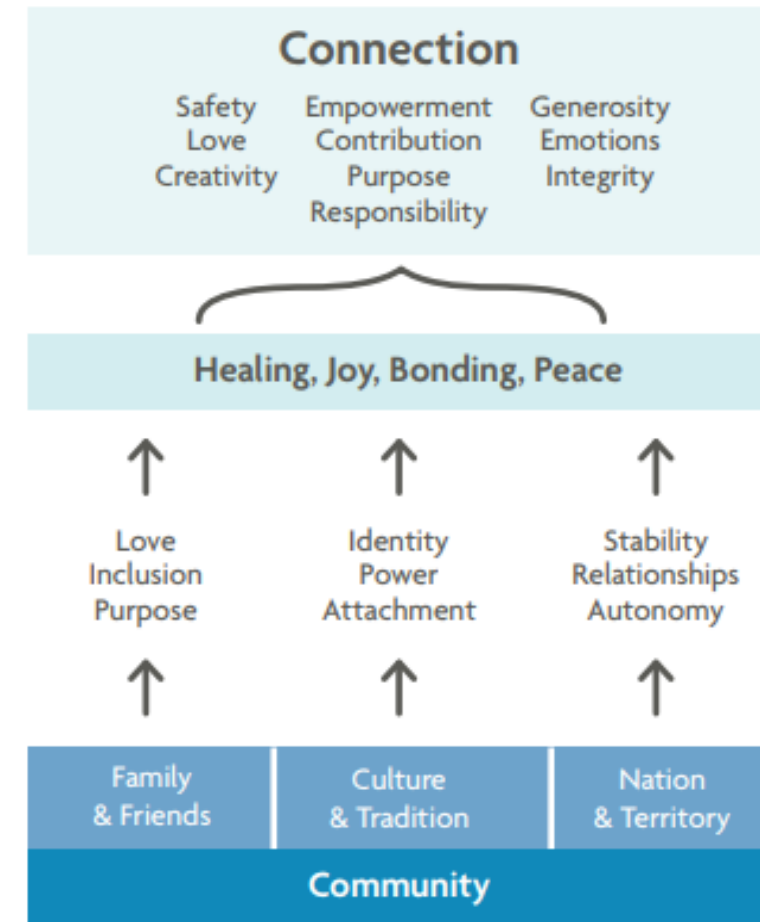
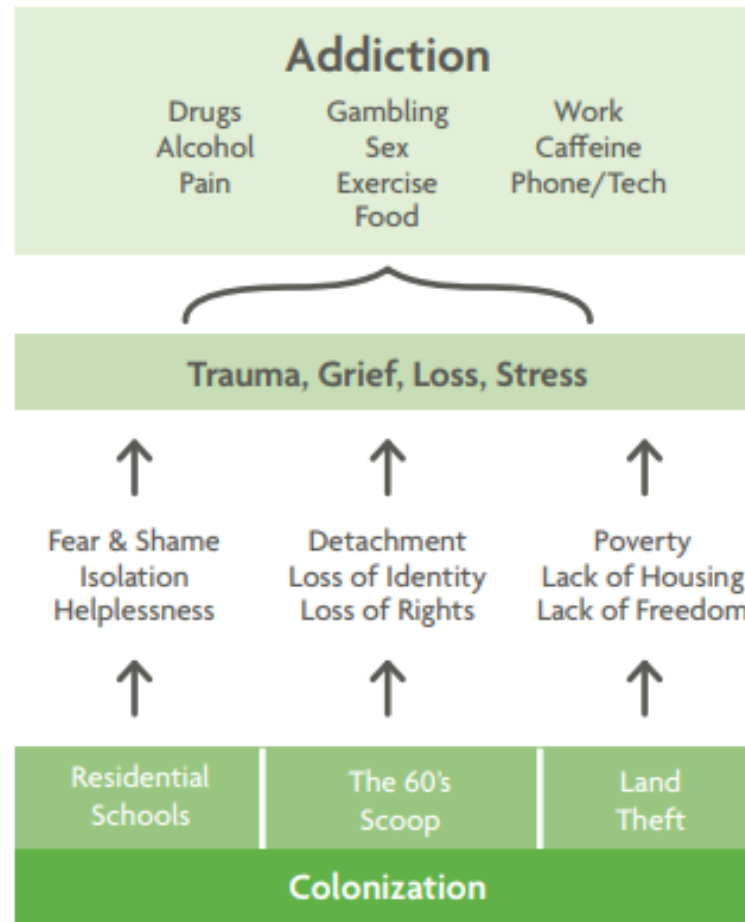
“The opposite of addiction isn’t sobriety, it’s connection.” – Johann Hari

Indigenous Harm Reduction

Addiction has been conceptualized as a symptom of trauma, loss, and colonization; while culture, community, and tradition as part of healing and connection.

First Nations Health Authority (2023). Indigenous harm reduction. Mental Health and Substance Use.

<https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/harm-reduction-and-the-toxic-drug-crisis/indigenous-harm-reduction>



Advantageous Childhood Experiences - Counter-ACEs

Counter-ACEs = ACEs that counter ACEs

Holding ACEs constant, Counter-ACEs predicted less PTSD and less exposure to stressful life events during pregnancy (Narayan et al., 2018)

More Counter-ACEs associated with reduced depression and/or poor mental health after accounting for ACEs (Bethel et al., 2019).



Adapted from Center for Community Resilience, Community Resilience Tree

Indigenous Resilience & Protective Factors

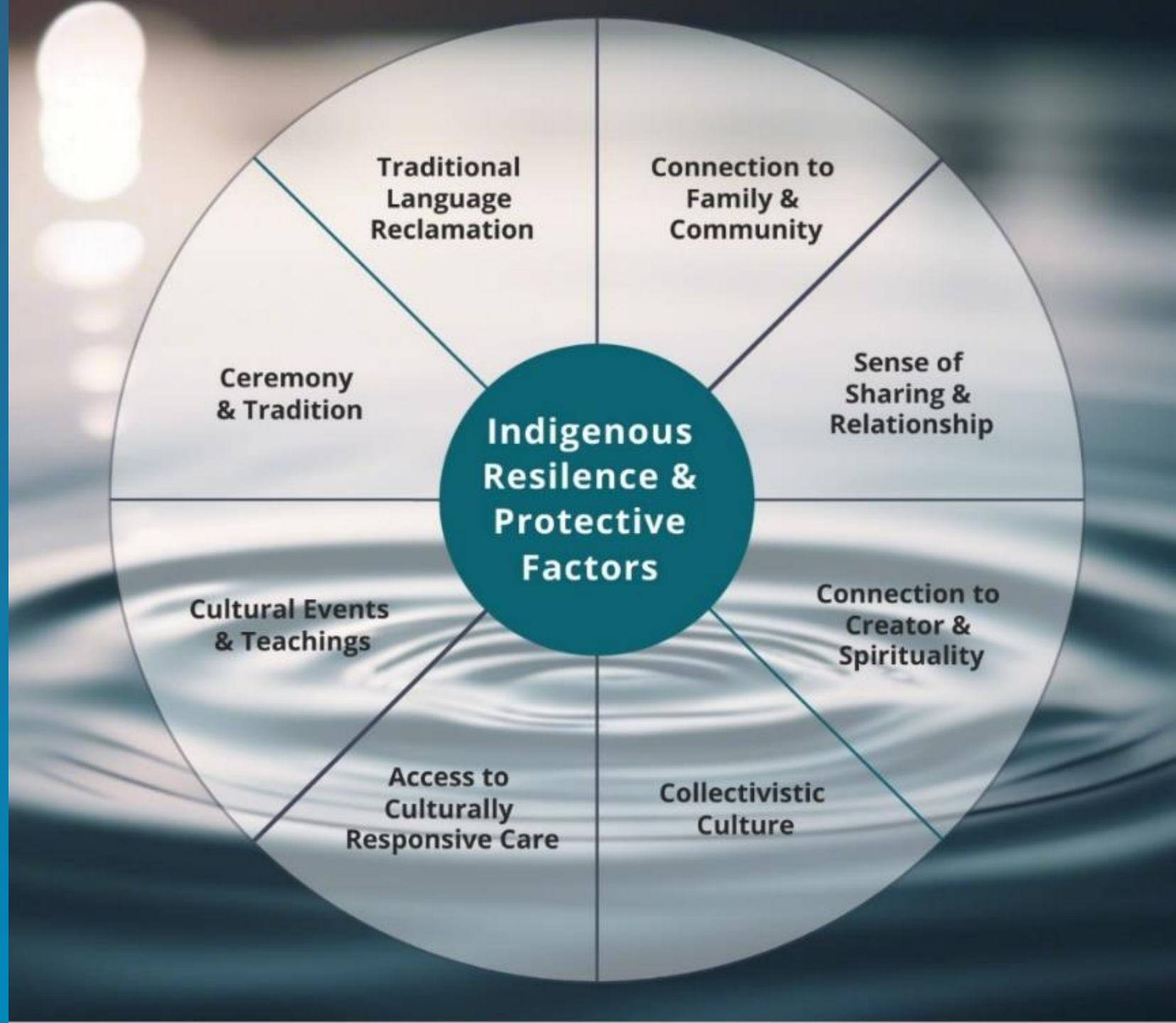
Re-traditionalization in Indigenous communities involves learning traditional culture, practices and values.

Cultural connection promotes resilience and is a protective factor associated with:

- Decrease the probability of drinking problems and family violence.

- Serves as buffers between trauma and health outcomes (Evans-Campbell & Walters, 2023).

- Reduced suicide rates among youth (Chandler & Lalonde, 1998).

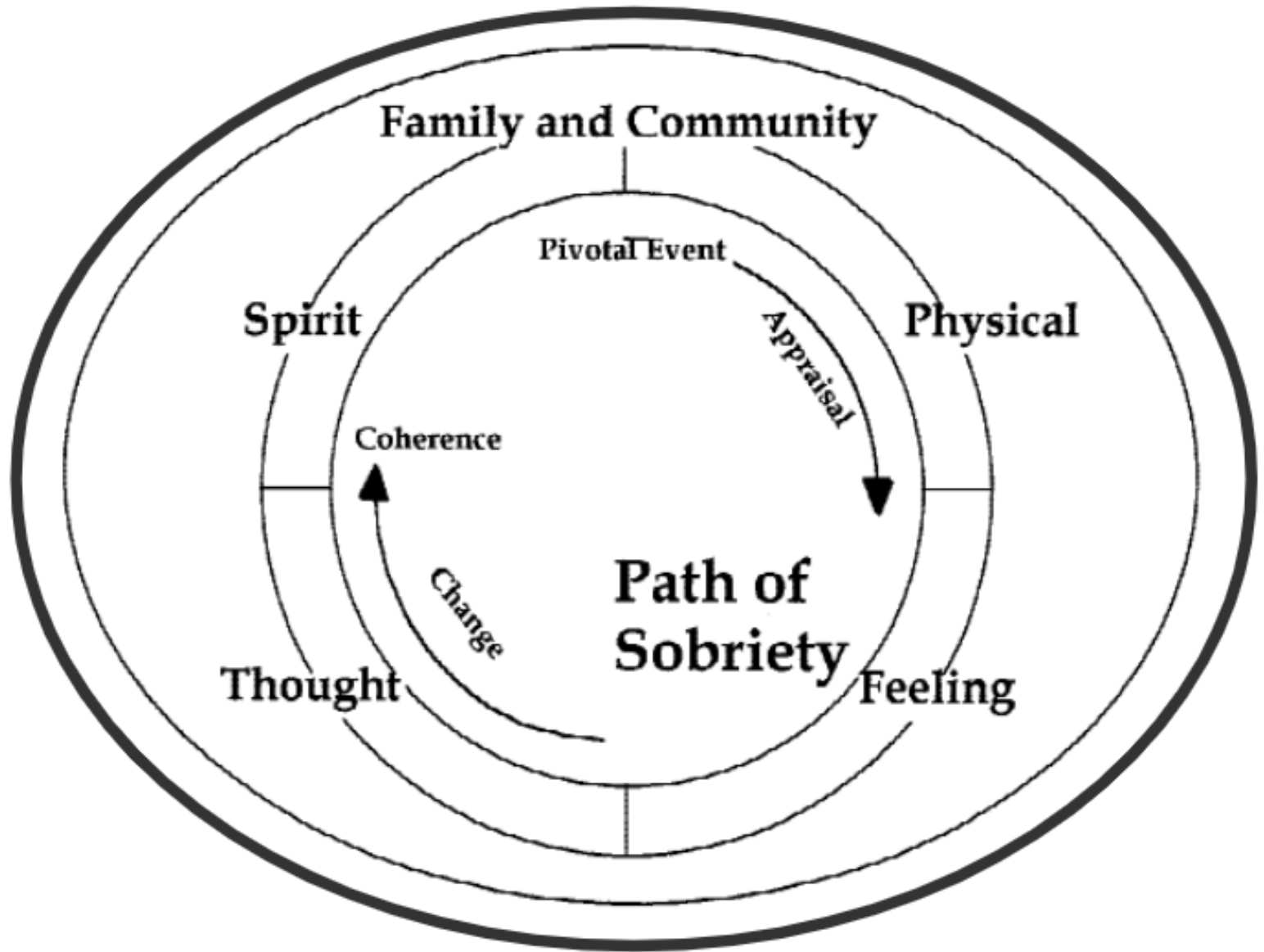


Path of Recovery among Alaska Native Peoples

Portrays the link between the “physical, emotional, cognitive, and spiritual quadrants of the self in relation to family, community and the environment” (Hazel & Mohatt, 2001, p. 557).

This process creates a “sense of coherence” where the focus is not on self but rather on helping others until they feel ready to stop or moderate use (Mohatt et al., 2007).

Image: UAF People Awakening Project



Healing Centered Engagement

Ancestral Wisdom & Values

5 C's: Compassion, Connection, Community, Curiosity,
Ceremony



Holistic Wellbeing

Shift to possibility and thriving, from deficits and
trauma



Healing Centered Engagement

Focused on collective healing, assets-driven and
strengths based (Demientieff, 2017, 2022)



Alaska State Library - Historical Collections

*(Alaska State Library, Alaska Territorial
Governors Photo Collection, P274-1-2)*

Weaving Together Healing-Centered, Trauma-Informed, & Culturally Responsive

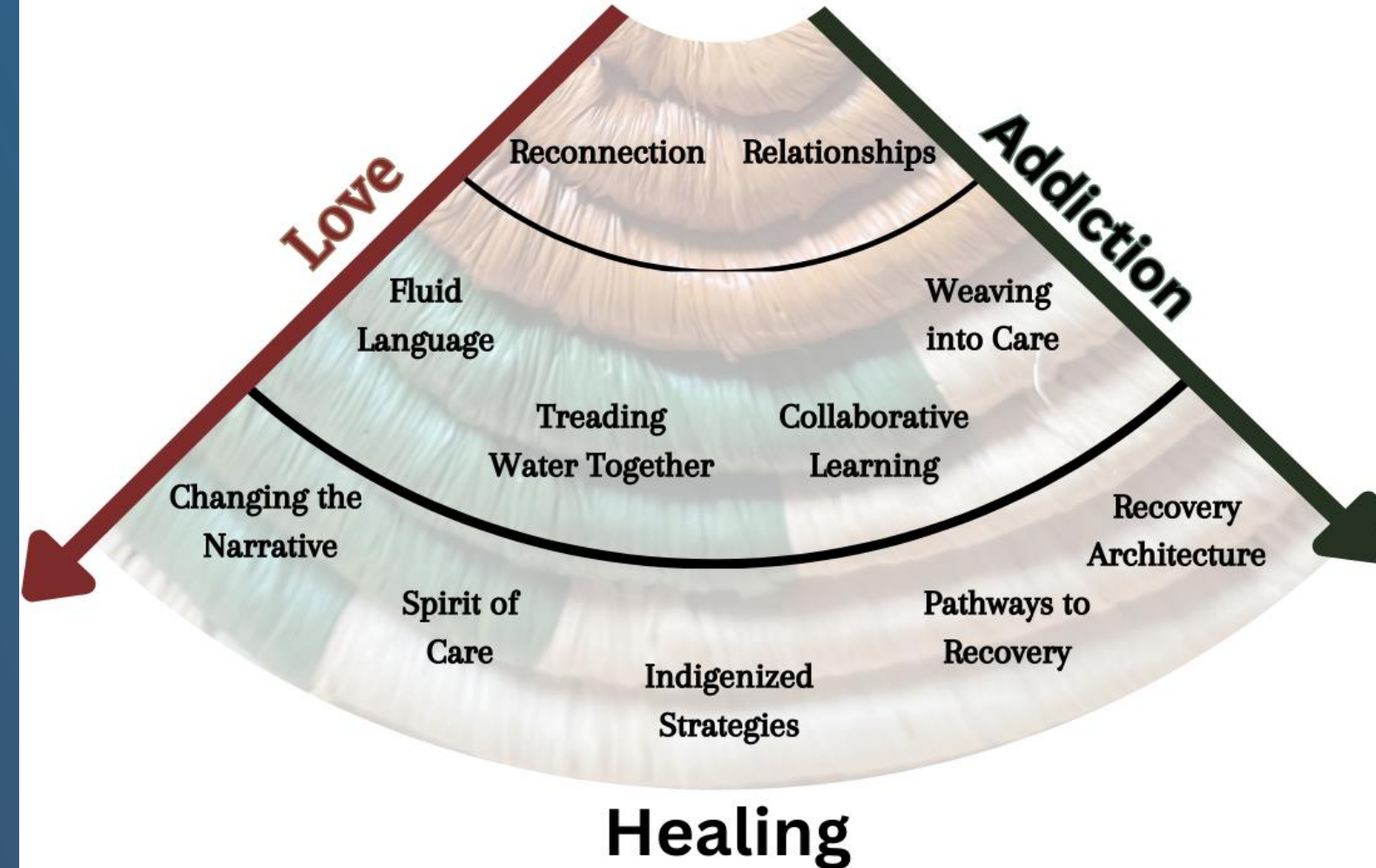
- People are worth saving - we are all connected and have a purpose. People get trapped in addiction which is a normal reaction to trauma and suffering.
- Pillars of trauma informed care are:
 1. Safety;
 2. Trustworthiness and transparency;
 3. Collaboration and mutuality;
 4. Empowerment, voice, and choice;
 5. Peer support; and
 6. Cultural, historical, and gender issues.
- Person Centered Care:
- Andraka-Christou et al. (2023) conceptualized person centered care into ten domains:
 1. Evidence-based care;
 2. Integration of services;
 3. Diversity and respect for other cultures;
 4. Individualization of care;
 5. Emotional support;
 6. Physical comfort;
 7. Family involvement in treatment;
 8. Transitional services;
 9. Aftercare; and
 10. Information provision.



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

Healing

Intersection of Addiction
and Love





FIGHTING BACK AGAINST STIGMA

People who use drugs receive stigma from healthcare workers, loved ones, and the general public.

In order to encourage people to reach out for help, it is important to reduce stigma.

Changing the Narrative: Rates of Return to Use

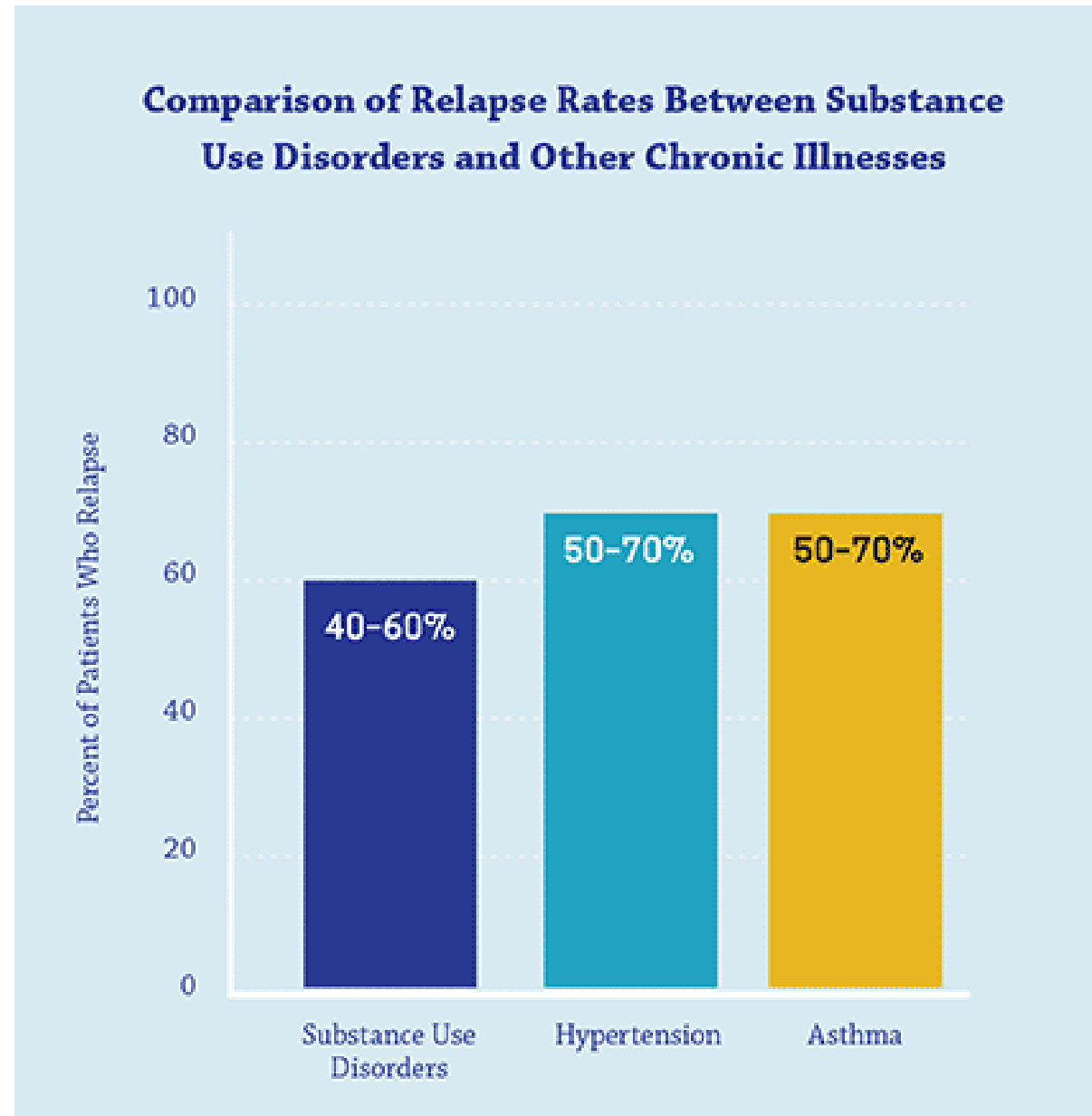
Substance use falls along a continuum

Use ranges from abstinence/low-risk to chronic dependence and encompasses all stages in between

Return to use are a part of the process

Like other chronic diseases, SUD can be managed through appropriate treatment

Successful treatment for SUD means the person is thriving



Content: JAMA 2000. Graph: NIDA 2014.

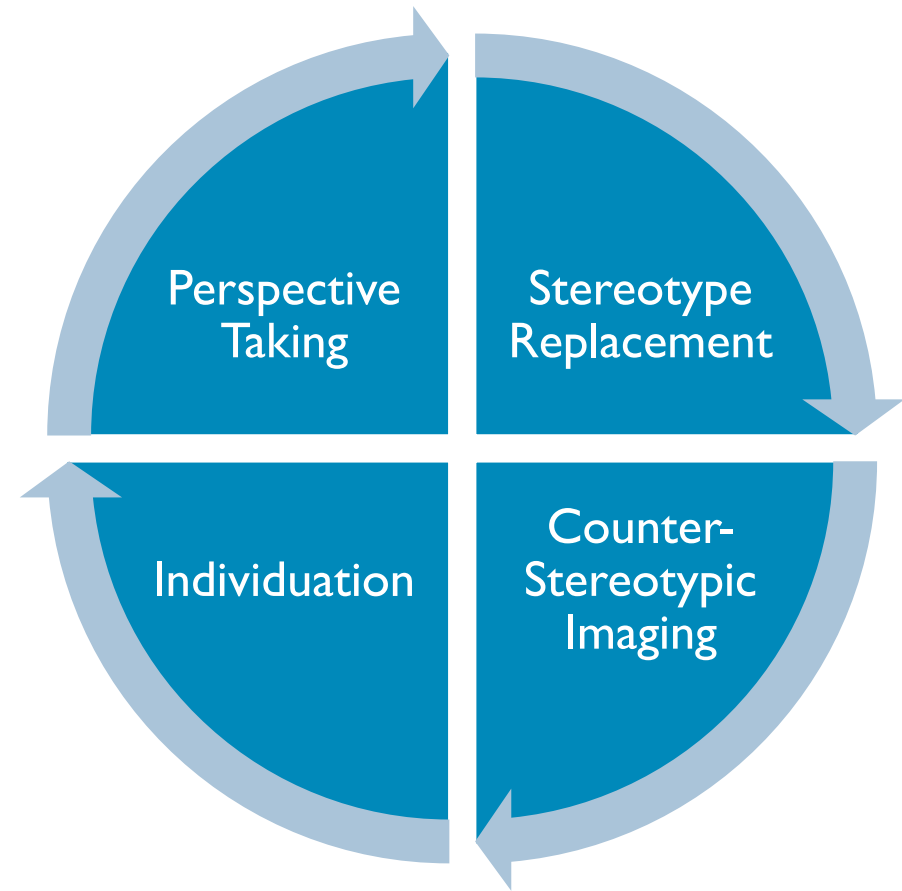
Honoring Self

- “People who wonder if the glass is half empty or half full, miss the true point... The glass is refillable.” ~ Anonymous
- Part of honoring self, is taking care of yourself.
- Social cognitive psychology found providers with higher levels of positive emotions during a clinical encounter may be less likely to stereotype patients.
- Engage in self reflection strategies to increase their awareness of their own biases and stigma around in the environment with time and effort
- Combat self stigma through building self-esteem and construction of own sense of self and recovery story, increasing social support, addressing trauma and mental health, and building psychological flexibility and adaptive coping skills



Honoring Self: Self-Reflection Strategies to Counter Stigma

- Perspective taking involves putting yourself in someone else's shoes.
- Stereotype replacement involves finding new response to automatic stereotypical responses.
- Countering stereotypical images involves noting when images reflect stereotypes and creating an image opposite in your mind.
- Individuation is a process of humanizing a stereotype by obtaining specific information about group members to prevent biased inferences.



Reflection Strategies

Honoring Relationships

- Healing acknowledges past experiences of trauma and the disconnection from cultural foundations over decades and the resulting “collective soul wound” (Dr. Eduardo Duran)
- Inherent worth and dignity of all people
- Examine your own values and biases
- Promote historical wellness, resilience and empowerment
- Uplift voices of lived experience
- Use accurate and non-stigmatizing language

“There is nothing greater than we can do as human beings than how people feel in other people’s presence and there’s a lot of different ways that we do that.”



Language Matters

The way we talk about addiction and substance misuse can directly impact stigma.

Person first language encourages respect and the worth and dignity of all persons

Language is fluid and context matters

Avoid language that is sensationalizing (e.g., suffering from SUD), free of jargon or speculation

Strengths focused, trauma informed

FROM (Deficit-Based) What is wrong with this person?	TO (Healing-Informed) What has this person been through?
Addict, drug abuser	Person who uses drugs
Patient	Client, customer-owner
Clean/dirty	Tested negative/tested positive
Sober, former addict	People who thrive
Symptoms	Adaptations
Disorder	Response
Attention seeking	The individual is trying to connect in the best way they know how
Borderline	The individual is doing the best they can given their experiences
Controlling	The individual seems to be trying to assert their power
Manipulative	The individual has difficulty asking directly for what they want
Malingering	The individual is seeking help in a way that feels safer

Weaving in a Spirit of Care

The circle traditionally embodies the connection between everything to highlight that care is not hierarchical or linear

Person-centered care informed by strengths, based in relationships, responsive to culture, mutually respectful, honor autonomy and individual expertise

Relational means not seeking to change people but taking the time to work together and come together in care delivery and shared decision making.



Effective Ways To Help Reduce Stigma

Partnership	Offering compassionate support.
Empathy	Displaying kindness to people in vulnerable situations.
Non-judgmental	Listening while withholding judgment
Valued	Seeing a person for who they are, not what drugs they use.
Willingness	Doing your research, learning about drug dependency and how it works.
Respect	Treating people who use drugs with dignity and respect.
Language	Avoiding hurtful labels.
Flexibility	Replacing negative attitudes with evidence-based facts.
Dedication	Speaking up when you see someone mistreated because of their drug use.

Honoring Community: Addressing Inequalities & Injustices

Recognize the impact and complexities of poverty, class, racism, isolation, past trauma, sex-based discrimination and other inequalities affect people's vulnerability, and capacity for effectively dealing with behavior related harm .

It is important to acknowledging we are part and live within the same systems and structures that stigmatize, shame and hurt people who use drugs.

Those systems impact us too.



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



Honoring Community: *Improving Systems*

- Protest stigmatizing conditions
- Training and education for ALL staff
- Assessment of practices and policies
- Evaluate practice setting- physical atmosphere
- Advocate for policy changes for the people we serve
- Leadership and/or alliances
- Outlets for feedback



Engaging People and Reducing Stigma

- There are ways to manage and challenge stigma.
- Stigma changes over time.
- Stigma intersects with other forms of oppression and marginalization.
- When challenging stigma, meet all people where they're at.
- Change is hard. Value incremental change.



Stigma Project Continues...

- Master stigma toolkit
 - Community handout
 - Provider handout
- Messaging campaign for Recovery Month
 - Addiction medicine saves lives.
 - Recovery is possible.
 - Recovery is culture.
 - Recovery is community.
 - Recovery is connection.



Quyana, thank you for joining me today!

Any questions?

- Amber Frasure asfrasure@anthc.org

