National American Indian & Alaska Native
PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

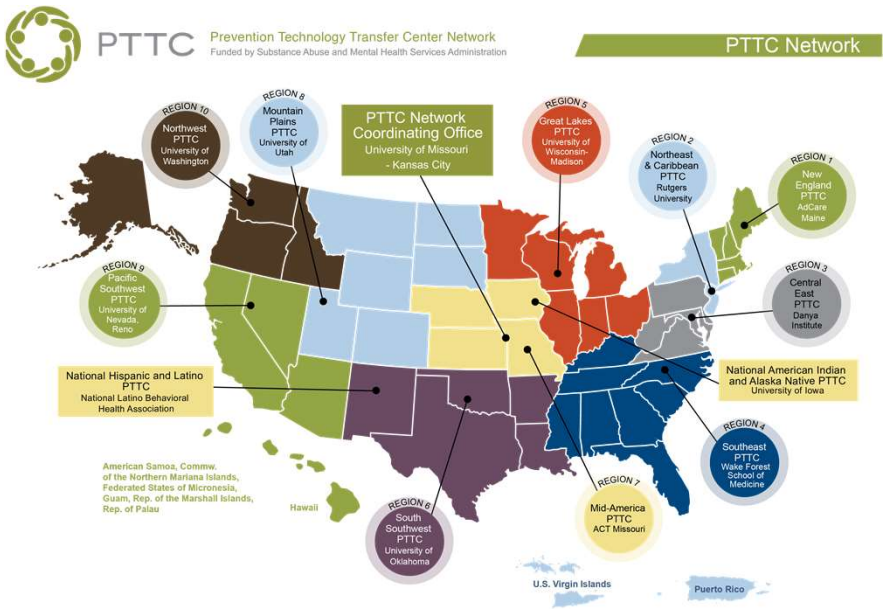
Harm Reduction: Addressing Implicit Bias and Stigma Towards Drug Users

Matt Ignacio, MSSW, PhC

(Tohono O'odham)

Native Center for Behavioral Health

The University of Iowa



American Indian & Alaska Native Prevention webinar series

This webinar is provided by the National American Indian & Alaska Native PTTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Webinar follow-up

CEUs are available upon request for $15 per session.

- This session has been approved for 1.0 CEU's by:
  - NAADAC: The National American Indian & Alaska Native ATTC is a NAADAC (The Association for Addiction Professionals) certified educational provider, and this webinar has been pre-approved for 1.0 CEU.
- To obtain CEUs for this session, submit a CEU Request Form and payment to the Prairielands ATTC. A request form is available for download in the "Files" pod in the webinar screen. If you choose to download a file, a new tab will be opened in your browser, and you will have to click on the webinar window to return to view the webinar.
- Participants are responsible for submitting state specific requests under the guidelines of their individual state.

Presentation handouts:

- A handout of this slideshow presentation is also available by download.

Webinar follow-up

Evaluation: SAMHSA's GPRA

This webinar is provided by the National American Indian & Alaska Native PTTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

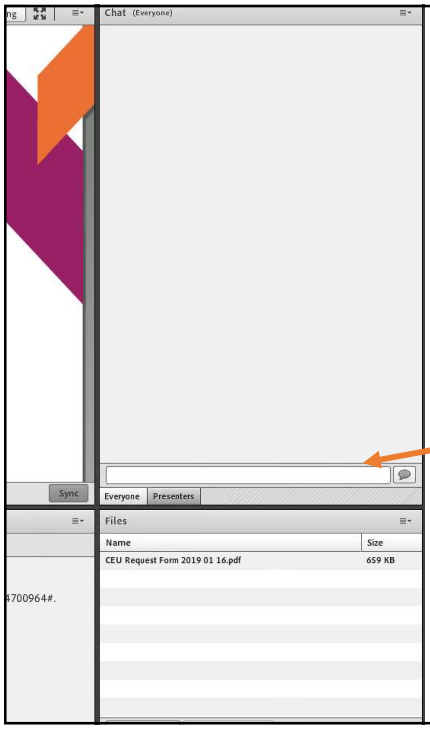
Participation in our evaluation lets SAMHSA know:

- How many people attended our webinar
- How satisfied you are with our webinar
- How useful our webinars are to you

Immediately following this webinar, you will be redirected to a **customer satisfaction survey**. Please take a few minutes to give us your feedback on this webinar. You can skip any questions that you do not want to answer, and your participation in this survey is voluntary. Through the use of a coding system, your responses will be kept confidential and it will not be possible to link your responses to you.

We appreciate your response and look forward to hearing from you.

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



Adobe Connect Overview

Participant overview:

- To alternate between full screen mode, please click on the full screen button on the top right of the presentation pod. (It looks like 4 arrows pointing out)
- To ask questions or share comments, please type them into the chat pod and hit "Enter."

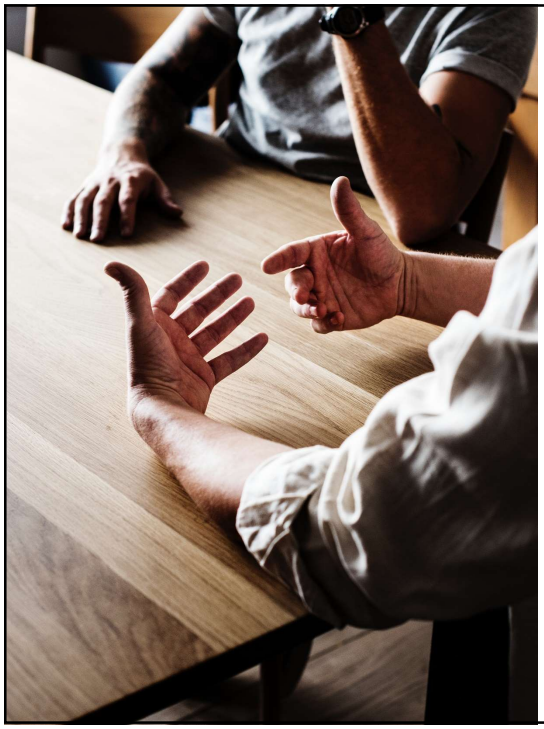
Today's Speaker

Matt Ignacio (Tohono O'odham), PhC, MSSW

Matt is a doctoral candidate at the School of Social Work, University of Washington. Matt also works for the National American Indian and Alaska Native ATTC as a Research Support Manager. Matt has also worked for the National Native American AIDS Prevention Center (NNAAPC) as Project Manager overseeing HIV education and capacity-building assistance programs and as a national trainer working with tribal communities, tribal health departments, state health departments and community-based organizations. Additionally, Matt also served as lead author for a 2013 Centers for Disease Control and Prevention funded resource titled: Action, Compassion and Healing: Working with Injection Drug Users in Native Communities. The publication aimed to address the harm reduction needs of Native American/Alaska Native and Native Hawaiian injection drug users in rural/reservation and urban communities. Prior to NNAAPC, Matt worked in the Michael Palm Center for AIDS Care and Support at Gay Men's Health Crisis (GMHC). GMHC is the world's first and largest AIDS service organization located in New York City. His responsibilities included providing harm reduction-based alcohol and drug counseling and facilitating psycho-educational groups, as well as develop, implement and evaluate GMHC's first sterile syringe access program. Matt received his Bachelor of Arts in Sociology from the University of California, Santa Barbara in 2000, and in 2008, received his Master of Science in Social Work from Columbia University's School of Social Work.

Overview of Harm Reduction

Part 1



Agenda:

- Overview of Alcohol and other Drugs
- Overview of Harm Reduction
- Harm Reduction Models

Disclaimers:

- Presentation does not attempt to speak on behalf of all Indigenous people and communities.
- "Communities" have diverse histories and experiences with historical and contemporary traumas, and related outcomes.
- Sensitive information may be shared.

Background and Experience:

University of California at Santa Barbara (**1999**)

Santa Barbara American Indian Health and Services (**1999**)

National Native American AIDS Prevention Center (**2000, 2008, 2013**)

harm reduction COALITION
22 West 27th St, Fl. 5, New York, NY 10001
(**2003**)

GMHC
END AIDS. LIVE LIFE.
Gay Men's Health Crisis (**2006**)

COLUMBIA UNIVERSITY
(**2008**)

Overview of Drugs and Alcohol

Definition of Psychoactive Drugs:

- Any chemical substance that alters: mood, behavior, perceptions, thoughts and consciousness as a result of alterations in the functioning of the brain (i.e. Central Nervous System).

- Drug actions:
  - Pharmacokinetics: How the body acts on the drug, absorption, metabolism, and excretion;
  - Pharmacodynamics: The drug's direct influence on the brain.

Classifications of Psychoactive Drugs:

- **Stimulants:** Ex. Methamphetamine, Cocaine, Crack, Caffeine and Nicotine . Increases alertness, endurance, productivity, motivation. Increases arousal, heart rate, and blood pressure. Can alter the perception of much needed food, hydration and sleep. Can cause paranoia, heart attacks, stroke, overdose and death.

- **Narcotics/Opiates (Pain Reliver):** Ex. Heroin, Oxycodone (Oxycontin), Morphine, Vicodin and Methadone. Can cause overdose. Constricted pupils, slow pulse, low blood pressure, and slow respiration. Mental functioning becomes clouded due to the depression of the central nervous system. For Injection Drug Users (IDU), collapsed veins and high-risk for acquiring infectious diseases (HIV) and Hepatitis C (HCV).

Classifications of Psychoactive Drugs: Cont.

- **Sedative-Hypnotics:** Ex. Ambien, Lunesta, and over-the-counter sleeping pills . Decreased activity, have a calming, relaxing effect and reduce anxiety. At higher doses, causes sleep. Can cause sleep: walking, driving and eating. Can cause cognitive impairments, acute memory loss and increased tolerance.

- **Depressants:** Ex. Alcohol, Benzodiazepines (ex. Xanax, Valium, Ativan) Marijuana and some inhalants (gaseous anesthetics , nitrous oxide). Slows down the normal function of the central nervous system. Slowed pulse and breathing, drowsiness, lowered blood pressure, poor concentration, fatigue and confusion, as well as impaired coordination, memory and judgment (high-risk behavior), increased tolerance.

Classifications of Psychoactive Drugs: Cont.

- **Hallucinogens:** Ex. LSD, Magic Mushrooms, and Mescaline (Peyote). Alters perceptions of reality and may cause hallucinations and other alterations of the senses. Dilates pupils, elevates body temperature, increases heart rate and blood pressure. Also can cause appetite loss, sleeplessness, tremors, headaches, nausea, sweating, heart palpitations, blurred vision and memory loss.

- **Enactogens:** Ex. Ecstasy (can also include stimulant, hallucinogenic proprieties). Can cause: confusion, depression, sleep problems, severe anxiety, paranoia, muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, sweating, and increased arousal, heart rate and blood pressure.

Classifications of Psychoactive Drugs: Cont.

- **"Club Drugs:"** Ketamine (or Special K) GHB (Gamma hydroxybutyrate) and Rohypnol – "date rape" drug. Dangers include everything from dehydration, acute memory loss to coma – death.

- **Polysubstance use** places the user at greater risk.

Classifications of Psychoactive Drugs: Cont.

- **Inhalants:** Ex. Aerosols, gasoline, keyboard cleaner, and paints. Suppresses the central nervous system. Certain chemicals can give the user similar feelings as alcohol and sedatives.
  - Chemical odors on breath or clothing;
  - Paint or other stains on face, hands, or clothes;
  - Hidden empty spray paint or solvent
  - Containers and chemical-soaked rags or clothing;

Continuum of Drug Use: (Including Alcohol and Nicotine)

- Abstinence
- Experimental
- Ritual use
- Intermittent use
- Social use
- Binge use
- Abuse
- Dependence
- Severely and Persistently Chemically Dependent

Drug, Set and Setting:

- The dose or amount of a **drug** taken;
- The **mind set**, or what one expects to "feel;"
- The **context and the environment** in which drugs are taken;

- All of the above are primary factors in the overall effect.

Zinberg, N. (1984), Drug, Set and Setting. Yale University: Binghampton, New York.

Continuum of Use

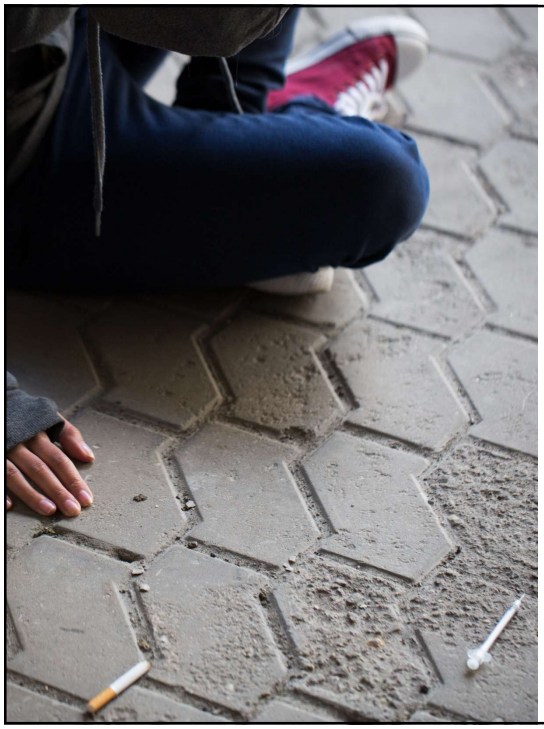
- Experimental
- Social and ritual use
- Intermittent use
- Regular use
- Binge use
- Abuse
- Dependence
- Severely and persistently chemically dependent; chronic relapse

Modes of Administration:

- Inhale (‘huffing',' whiffing’)
- Snort
- Ingest
- Smoke
- Transdermal absorption (ex. Nicotine patches)
- Syringe Injection (‘skin popping,’ intravenous, intra-muscular)

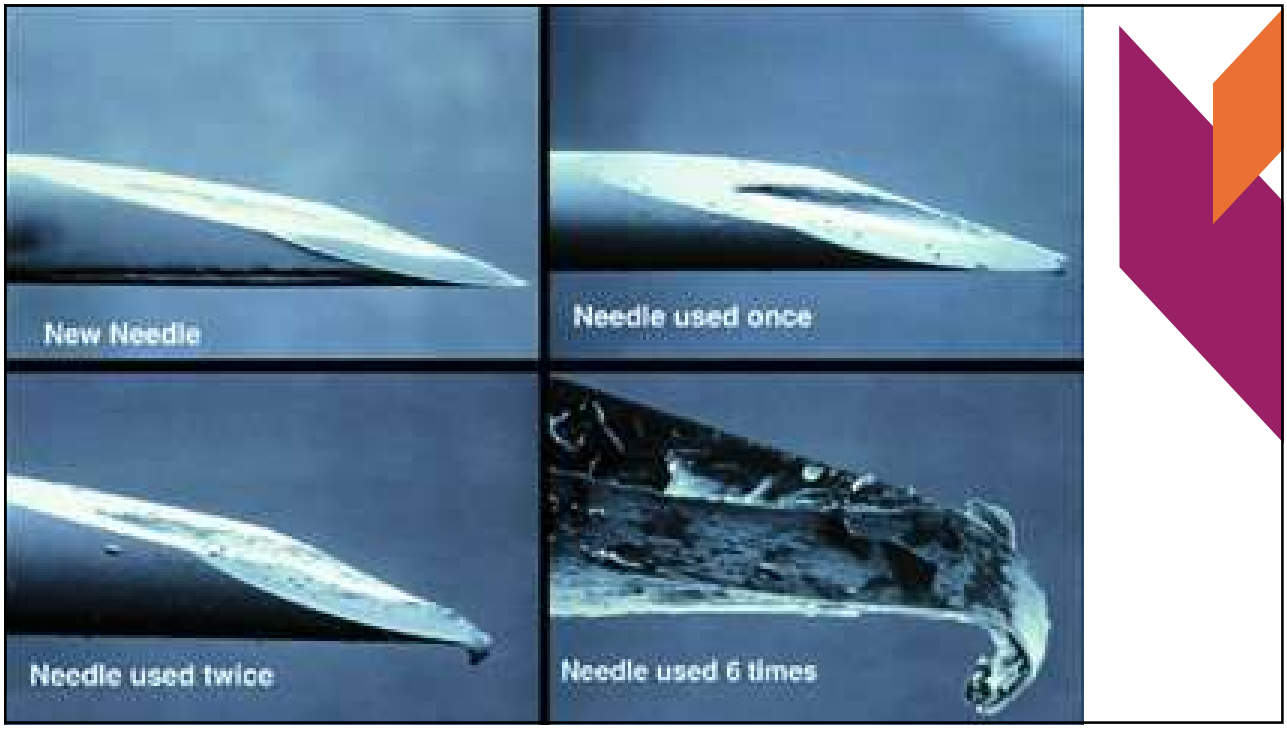
What is Injection Drug Use?

- Injecting drugs using a syringe.
- Trace amounts of blood can enter the syringe and remain in the barrel.
- Environment is ideal for the virus to remain alive for a period of time largely because of the hermetic seal.



IDU Harms:

- Dependency/disorders: characterized by continued, on-going use despite the problems that are produced.
- Forgetting to take medications: active users may forget to take medications regularly.
- Track marks: injecting drugs directly into the vein can cause darkening of the veins due to scarring and toxin buildup.



IDU Harms:

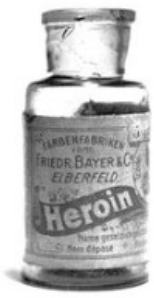
- Stigma: Stigma and shame can be experienced from strangers, family, friends, and co-workers. Furthermore, social service, health care and drug treatment providers may also stigmatize IDUs.
- Isolation: Because of stigma and discrimination IDUs are often an invisible population. Rejection, marginalization, and isolation from the larger community, can exacerbate drug use and dependency.
- **Compromised cultural values**: Using substances outside of Native ceremonial or religious purposes may be viewed as bad or disrespectful, so known users may not be welcome.

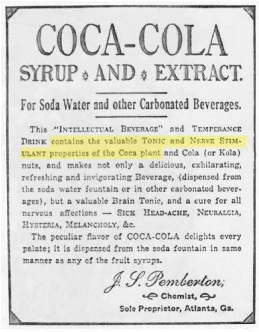
Overview of Harm Reduction

Contemporary Understanding of Addiction:

- The etiology (underlying cause) of addiction (or chemical dependency) is currently considered to be multi-factorial (multiple factors are involved) rather than caused exclusively by one factor.

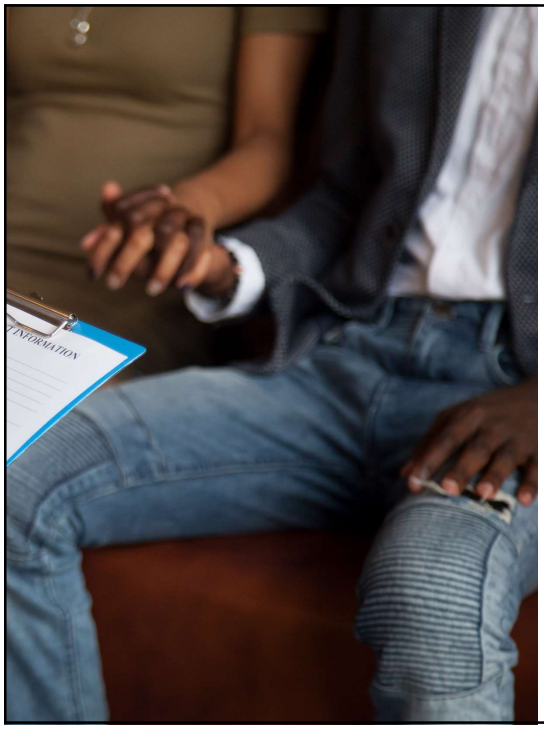
- Other examples describing causes of addiction:
  - Moral theory: "good vs. bad" people (War on Drugs)
  - Medical/Disease theory: "addiction is a disease;"
  - Behavioral theory: learned behavior and social learned behavior;
  - Neurological/ Chemical imbalance theory: self-medication





Historical Approaches to Addressing Drug Use:

- Locating the problem in the person, not the substance (Solution: moral approach, criminal justice model, demand reduction)
- Locating the problem in the substance, not the person (Solution: 'war on drugs', supply reduction, boarder patrol)
- Harm reduction movement: Locates the problem in the relationship between the person and the substance, which may change over time.



Harm Reduction:

- Definition: Harm Reduction is a perspective and a set of practical strategies to reduce the negative consequences of drug use, incorporating a spectrum of strategies from safer use to abstinence.
- One historical context: public health policy in Western Europe out of the epidemics of Hepatitis and HIV.

Harm Reduction:

- Cessation of drug use does not have to be the first goal of intervention.
- Abstinence is an excellent form of harm reduction if the client wants to stop using drugs.
- Many clients have not made a decision to stop or may state they wish to continue to use drugs, but still need assistance.
- Service providers meet clients where they are, not where we would like them to be.

Harm Reduction:

- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms drug users themselves as the primary agents of reducing drug-related harm and seeks to empower users to share information and support each other in strategies which meet their actual needs.

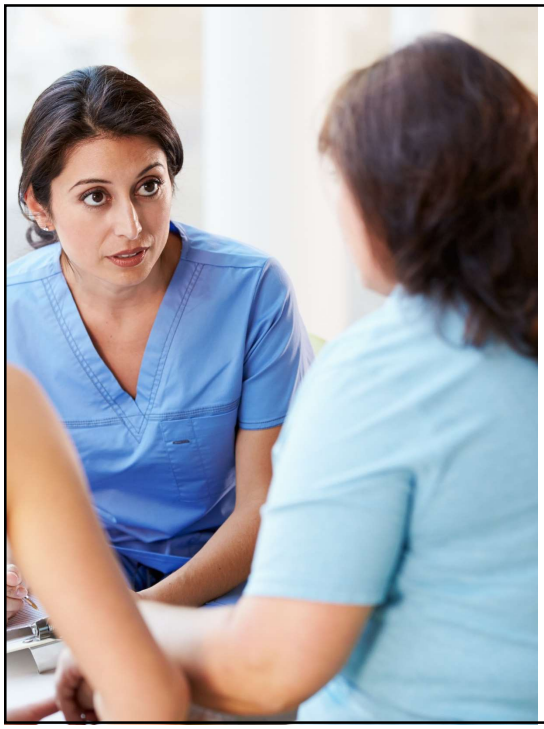
Harm Reduction:

- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with drug use.

Harm Reduction Models

Model: Disease Prevention

- Goal: To reduce transmission (primary or secondary prevention) of blood-borne pathogens (i.e., HIV or Viral Hepatitis).
- Applications: Syringe service programs or syringe access programs (over the counter syringe sales).



Model: Harm Elimination and Abstinence

- Goal is to assist clients in achieving and maintaining abstinence.
- Used in drug treatment programs, some abstinence-based housing programs ("dry" housing), and some mental health programs.

Model: Recovery Readiness

- Goal: work with clients/consumers who are actively using alcohol/drugs and help them achieve abstinence/recovery in a particular time period (usually three to six months).
- Applied in “damp” housing programs, shelters.
- Applied in mental health programs addressing how drug use affects medication adherence.

Model: Moderation and Controlled Use Strategies

- Goal: To reduce the harm by reducing consumption (use less) or controlling episodes/situations of use (use only on weekends) or switching mode of administration (smoking versus injecting).
- Applied in self-help support groups (Moderation Management), some syringe service programs and some housing programs (“damp” housing).

Model: Substitution Therapy

- Goal: Replace one drug with higher associated risk with another drug of lower risk (heroin isn't quality controlled; MAT is prescribed by trained medical provider).
- Application: 'Warm Turkey," nicotine replacement strategies: patches and nicotine enhanced chewing gum.

Model: Relapse Prevention

- Goal: To prevent return to drug use following a period of successful abstinence.
- Applied in drug treatment programs (outpatient as well as inpatient).
- Objectives: Understand high-risk behavior and high-risk situations.

Model: Overdose Prevention

- Goal: To prevent death and negative health consequences.
- Applied in syringe service programs, drug treatment programs as part of relapse prevention strategies, pre-release programs for jails and prisons.

Model: "Alternative" approaches

- Goal: Ancillary, supportive services to active and former drug users.
- Applications: Acupuncture programs (for detox and relapse prevention), massage therapy, Reiki, nutrition information.
- Cultural: beading, drumming, shawl-making groups.

Model: Education

- Goal: Prevention of drug-related harm.
- Applications: Increase awareness of harms of drug use through educational forums, drinking/driving campaigns, binge drinking reduction strategies.

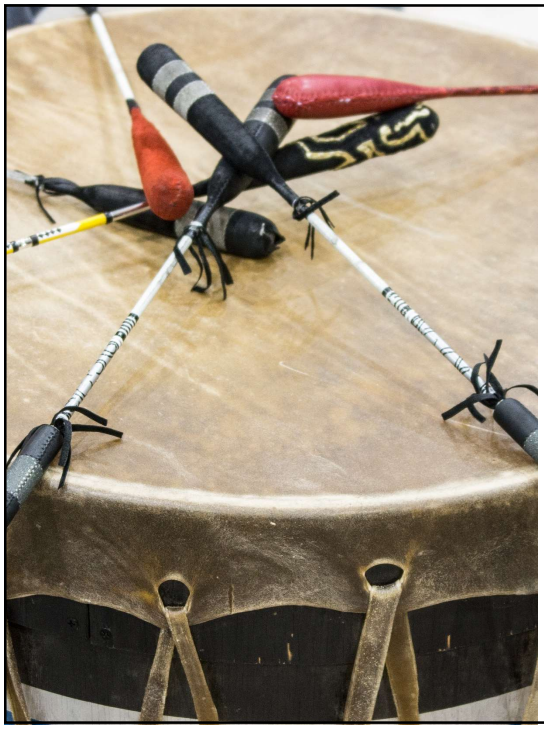
Addressing implicit bias and stigma towards people who use drugs

PART 2

Agenda:

- Value Systems
- Creating Safe Healing Environments
- Addressing Individual, Organizational, and Community-level Stigma

Value Systems



- What values guide your work?
- What value systems do you rely on?

What Values Guide Your Work?

Understanding our values can:

- Keep us grounded, focused in the work.
- Help create foundation for all relationships (at work and otherwise).
- Fall back on when we encounter challenges.

Value Systems:

Exploring our values typically occurs on 3 levels:

1) **External factors**:
   Examples: our parents, families, friends, and media.

2) **Personal experiences**:
   Examples: our first sexual encounter, first time we experimented with drugs, any history of abuse and assault, and our attitudes about what's acceptable and not.

Value Systems:

3) **Obligations as Providers:**

Examples: Organizational goals, mission statement, policies and procedures, job role, and job expectations.

Value Systems:

I would include, for Native populations, there is a 4th level:

4) **Role of our cultural and traditional values**, "original instructions"

- Inherent – part of our existence
- Tribal specific code of values and ethics
- Grounded in our collective experience, evidence-based
- Divine gift - Rooted in spirituality
- Live in balance with the universe

Example: Tohono O'odham Himdag:

"The Tohono O'odham Himdag consists of the culture, way of life, and values that are uniquely held and displayed by the Tohono O'odham people. Himdag incorporates everything in life that makes us unique as individuals and as a people. It is a lifelong journey."

- Arts (basketry, contemporary and traditional music etc.)
- Community (Tohono O'odham Community College, Tohono O'odham Nation, Family)
- Games
- Beliefs
- Harvesting, traditional foods and hunting
- Language Land, environment, seas (incorporates songs and ceremonies)
- Seasons (Winter, spring, summer, fall) and elements (Earth, air, fire, wind)
- Medicinal plants
- Mobility (Walking, running, horses, and wagons)
- Past, future, a journey in life
- Relatives (Ak-Chin, Akimel, and Hia Ced O'odham, Kinship)
- Songs
- Storytelling
- Spirituality/Religion (Healing, curing and traditional songs)
- Sensitivity
- Values (respect)

https://www.tocc.edu/himdag-committee

Native Values AND Harm Reduction:

How I guide my work…

Cultural Value of Respecting All Life

- A person who injects drugs is someone's mother, father, sister, daughter, son, and friend. We can be effective helpers when we set aside our own judgments and see the person for who they are – a human being.

- "Meeting the client where they are at" and "providing non-judgemental services"

Native Values AND Harm Reduction:

Giving Back by Sharing What We Know

- We, as Native people, have a responsibility to educate ourselves, and share the information with those in our family and community.

- "Education/outreach"

Native Values AND Harm Reduction:

Cultural Value of Helping Others

- IDUs can be stigmatized, judged, vilified, demonized, and ignored; yet they are part of our family, they are part of the circle. It is our responsibility to care for and help our own people, including those who inject drugs.

- "Compassionate responses to drug users and drug-related harm"

Native Values AND Harm Reduction:

Cultural Value of Compassion

- Defined as: "to suffer together." The feelings you have when witnessing someone's suffering… and feel motivated to help.
- Similarly, "empathy," is the ability to understand someone's suffering from their perspective.
- However, compassion includes the desire to help.

Key Concepts: Cultural Values

When we educate ourselves on the health needs of those who use drugs and respond compassionately - we honor our traditions of sharing what we know, helping others and respecting all life.

Creating Safe Healing Environments

Playing a Supportive Role:

We as providers…

- Work from a strengths-based perspective
  - As opposed to a deficit-model
    - Locating the "problem" within the individual
    - Not taking into account the individual's environment, skill-sets, knowledge, access to, etc…

Playing a Supportive Role:

We as providers also…

- Work from a client-centered Approach
  - Client's needs are met, not ours (ex. timelines)
  - Meet the client where he or she is at (ex. motivation, drug use, sexual behaviors)

Playing a Supportive Role:

We strive to provide services that are…

- Culturally Affirming
  - Beyond cultural competency to cultural humility
  - Holistic approaches to wellness
  - Inclusive of spiritual, traditional and cultural needs

Playing a Supportive Role:

- However, funders and policy makers might believe….“Empowering individuals” to manage their own care reduces the need for on-going supportive services.

- Is this a goal?
  - Consider the historical implications for medical care
  - Longstanding mistrust between western and traditional approaches to healing
  - Services change, staff change, funding changes, services come and go
  - Other needs first: basic needs (food), child welfare issues, housing and support systems.

Playing a Supportive Role:

- Native people living with addiction may have little or no experience navigating systems, wait-lists, fees, etc…

- Issues of stigma, shame, fear, homophobia and other can be a hindrance.

- May ask, “Where do I begin?”

Playing a Supportive Role:

- Can result in the person "shutting down"
- Results in a "lost" population of Native people living with addiction who are disenfranchised at every level:
  - Live without health care
  - Find systems threatening
  - Remain stuck
  - Feel hopeless
  - Continue to use substances
  - Loss of life

Addressing Individual, Organizational, and Community-level Stigma

Native Context:

- Communities may harbor negative judgments towards people who use drugs.
- Service providers may have negative judgments and biases – both personal and professional.
- Individually, we might feel embarrassed, angry, frustrated and hopeless when thinking about the negative impact substance use has had on our people.
- As a result, we may choose to ignore the reality of the situation.

Reflection:

- Most of us did not learn how to ride a bike the first time we attempted to. It required support, practice and patience. As we learned how to ride a bike on our own, we accepted the fact we may fall down.
- Learning how to pick ourselves back up and having the courage and strength to try again is part of the process of learning new skills and behaviors.

Individual Approach:

- Trusting connections must be established:
  - Trust-building: Personal connection builds the relationship;
  - Important to take time to establish a connection before work can be done.
- Non-judgmental: No “right or wrong” – setting aside personal biases, beliefs, morals (good vs. bad);
- Equal Partnerships: Fosters positive relationships and collaboration .

Individual Approach:

For our clients…

- Change is an incremental, invisible, lifelong process.
- Setting goals, being supported and celebrating small success are critical elements of behavior change.
- Relapse, ‘slips’, ‘getting off track’ are often part of behavior change.

Community Response to Drug Use:

- It is important to explore how we (as providers) cope with difficult events.
- By examining how we cope, we strengthen our ability to be present.
- Self-awareness is self-care!

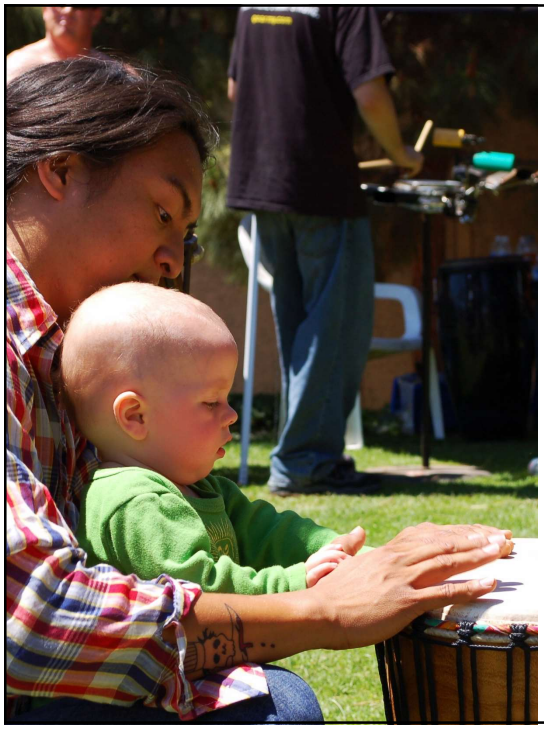
Community Approach:

- Community Strengths
- Self-determination
- Spirituality
- Plants, land, water
- Healing
- Connection with the past
- Family and Elders
- Holistic Thinking
- Cultural Pride
- Many Others!

Community Approach:

Getting Users Involved: user involvement in the planning, mobilizing and implementation of services is critical for success. Programs must reflect the values, customs and social norms of the target population.

- In other words, programs must strive for drug-user and Native-specific cultural relevancy.



Organizational Approach:

Strive to provide services that are…

- Culturally Affirming
  - Beyond cultural competency to cultural humility
  - Holistic approaches to wellness
  - Inclusive of spiritual, traditional and cultural needs

Organizational Approach:

- Supply nutritious: apples, oranges, raisins, protein bars, sugar free juice, dried fruit, granola bars, nuts, etc…
  - Mindful of high rates of diabetes
  - May be the only nutritious snack of the day
  - Offering a glass of water
- Partner with health food stores, coffee shops:
  - Business tax write-off for partners as "In-Kind Donation;"
  - Advertise their support on printed materials/website;
  - Gratitude! Gratitude! Gratitude!

Organizational Approach:

- Collect and distribute hotel shampoos and soaps;
- "Sock Drive" and clothes collection for distribution;
- Document what's been done
  - How much collected
  - How much distributed
  - Any feedback (positive and negative)

Organizational Approach:

- Incentives:
  - Literature speaks to the client/provider relationship regarding incentives, is the client seeking services only for incentives? Or is the client personally motivated?
  - As long as the client is returning for services - you have a golden opportunity to engage and build TRUST!

Organizational Approach:

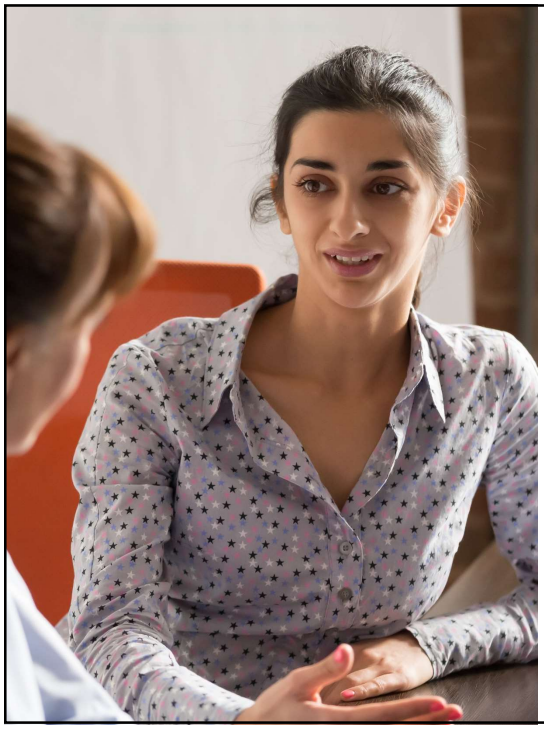
- May is Hepatitis Awareness month
- May 11-15: “Needle Disposal Week”
  - “Drop to Stop” events, anyone can participate, referrals can be made
- May 19: National Hepatitis Testing Day
- July 28: World Hepatitis Day
- August 31: International Overdose Awareness Day

Organizational Approach:

- Targeted messaging as strengths: Community-specific messaging in brochures, public service announcements, radio advertisements, flyers and poster.

Solution Focused:

- Prevention services for active users utilizes a positive-service delivery model:
  - Convey authentic interest (mindfulness);
  - Advocacy (front-line prospective);
  - Acknowledge and provide support for positive steps already made! Example: scheduling an intake appointment.



Our Strength, Our Future:

Lastly, in my experience…

It takes just one person: Though many communities experience limited resources, time and time again, it is that one person – the lone champion who stands up and makes reducing drug-related harm a priority for their community.

Overcoming Challenges:

There have been many success stories within our Native community with many clients being able to maintain and commit themselves to a sober lifestyle. The connection clients have with other clients who demonstrate care and concern for them, along with their involvement in 12-step programs, as well as religious and cultural activities – help bring meaning to a new life. There is one person that stands out in our community, a woman who for years used intravenously and reconnected with traditional ceremonies and today facilitates a monthly woman's talking circle and has worked diligently to obtain her Associates Degree for Drug and Alcohol counseling and education. This woman is a positive role model for other Native women in the Los Angeles Community. She demonstrates her strong beliefs of helping others and giving back to her community.

- Antonia Osife (Pima): Los Angeles, California

Sape!

Thank You!

matt717@uw.edu