

Session 5:

Culture is Medicine, presented by Allison Kelliher, MD TCC Chief Andrew Isaac Health Center: MOUD, presented by Gail Norton, MD TCC Recovery Services, presented by Ginessa Sams

These presentations were part of the one-day Fairbanks Syndemic Clinical Training: Addressing the Syndemic of Substance Use Disorders and Related Disease States held on April 9 and April 10, 2025.

Welcome to Addressing the Syndemic of Substance Use Disorders and Related Disease States Training in Fairbanks, AK

Approved Provider Statements:



In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

All CPE Credit will be posted to the online CPE Monitor system within 60 days following completion of each activity when applicable.

The ANMC Joint Accreditation CE Program Portfolio additionally supports Behavioral Health (APA), Social Work (ASWB-ACE), and Dietitians (CPEU).

Financial Disclosures:

Lisa Townshend-Bulson, APRN / faculty for this educational event, is a primary investigators in an ANTHC sponsored hepatitis C study funded in part by Gilead Sciences. Allison Kelliher, MD / faculty for this educational event, is a consultant, speaker or on Advisory Board with Genentech (PPD), Roche, &/or Sanofi. All relevant financial relationships listed have been mitigated.



Culture is Medicine Syndemic Training

Allison Kelliher, MD Fairbanks, AK April 2025

Overview

- Talking Story
- Traditional Healing
- Medicines



The past is not a burden; it is a scaffold which brought us to this day. We are free to be who we are-to create our own life out of our past and out of the present. We are our ancestors. When we can heal ourselves, we also heal our ancestors, our grandmothers, our grandfathers and our children. When we heal ourselves, we heal Mother Earth.

> — Grandmother Rita Pitka Blumenstein

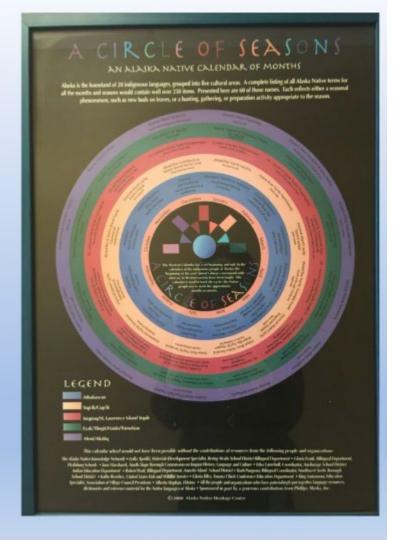
Introduction

- From Nome, Dene (Koyukon Athabascan)Matrilineal
- Named after my GGM, Menoyedlekahbringer of the sun/moon
- Knew traditional ways are valuable
- Spent my life in service to the medicine
- Creating healing space, learning remedies, gathering healing stories
- Finding meaning and belonging in our work
- New Indigenous Healing Program at TCC!



Traditional Healing Timeline

- For as long as we can remember AI/AN people have been in relationship with our surroundings
- Earth has existed 4 billion years
- Earliest hominids 6-7 million years
- Modern humans 150-200,000 y (Klein 1995)
- 9-25,000 years proven history, though we believe we have been her all along.
- Deep relationship Traditional Knowledge*
- Imbalance- extractive economy 500 y
- Practices survived in pockets
- Healing Heritage
 - Science to validate what true health/wellness is and how to achieve it, pass on ways that work
 - Integrative Medicine, WHO



Aspects of AN/AI Healing

- · Addresses person as a whole physical, emotionally, mentally and spiritually
- · Each cultural group and tribe has distinct practices for wellness passed down through generations
- Some IHS and Tribal health systems incorporate Traditional Healers, Tribal Doctors and Medicine People

· Physical:

- Musculoskeletal and visceral manipulation, fetal version, bone-setting
- Midwives- Contemporary Birthworkers, Traditional Doula resurgence
- Botanicals
 - Applications: Topical, inhalation, ingestion, switch in steam bath, oral troche
 - Preparation: Fresh, dried, fermented, steeped, boiled, infused in oil
 - Examples: Willow Bark, Blueberry, Spruce Tree, Sage (many types), Sweetgrass

· Emotional:

- · Biofield medicine, traditional AN energy medicine (similar to polarity therapy or healing touch)
- Traditional Counseling- visiting, talking/sharing story, creating safe space, witnessing story, transforming stories as we heal

Mental:

- Meditation/Mindfulness, sometimes with emphasis of focus on silence, breath or bodies of water (ocean or river)
- · Botanicals- Valerian, Saint Johns Wort

Spirit

- · Ceremony- many types, cultural, family, individual
- · Some tribes have annual events, rites of passage, purification, vision quests, memorials
- Prayer
- May include incorporation of smudging or bathing the physical and spirit body in the smoke of sacred plants



Types of AN/AI Healers

- Addresses person as a whole, physical, emotionally, mentally and spiritually
- Two Eyed seeing Etuaptmumk Mi'kmaq Elders, Albert and Murdena Marshall from Eskasoni First Nation
 - Capacity to see value of more than one perspective like two eyes
- Each cultural group and tribe has distinct intergenerational practices
- Physical:
 - Musculoskeletal and visceral manipulation, fetal version, bone-setting
 - Midwives- Contemporary Alaska Native Birthworkers Traditional Doula movement
 - Botanicals
 - Applications: Topical, inhalation, ingestion, switch in steam bath, oral troche
 - Preparation: Fresh, dried, fermented, steeped, boiled, infused in oil
 - Examples: Blueberry, Spruce Tree, Devil's Club, Willow, Echinacea
- Emotional:
 - Biofield medicine, traditional AN energy medicine (similar to polarity therapy or healing touch)
 - **Traditional Counseling-** visiting, talking/sharing story, creating safe space, witnessing story, transforming stories as we heal
- Mental:
 - Meditation/Mindfulness, sometimes with emphasis of focus on silence, breath or bodies of water (ocean or river)
 - Botanicals- ie Valerian, Saint Johns Wort
- Spirit
 - Ceremony- annual, rites of passage, purification, vision quest, specific for individuals or events, memorial
 - Prayer



Traditional Indigenous Medicines

- Continue to be practiced in natural settings outside of clinic
- Can be integrated into Western Models
- Generally separate systems, existing concurrently with Western Medicine
 - Osteopathy: Origins in Cherokee and Shawnee Tribal medicine
 - Chinese Medicine: Acupuncture and Chinese Herbalism is practiced in some clinics and hospitals worldwide
 - Botanical medicine overall
 - Specialty of Integrative Medicine in US values and promotes awareness of these practices



Traditional Medicine

- WHO Definition: The sum total of knowledge, skill, and practices based on the theories, beliefs, and experiences Indigenous to different cultures, whether explicable or not, are used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.
- Often practices continue in rural areas, particularly where it is medically underserved
- Up to 80% of the world's vulnerable population relies on traditional healing modalities and herbals for primary health care and wellness
 - Particularly in China and Africa
- This is a potential resource for Health Systems globally
 - World Health Organization (2002). WHO Traditional Medicine Strategy 2002-2005. Geneva, Switzerland (WHO/EDM/TRM/2002.1).
 - https://www.who.int/health-topics/traditional-complementary-and-integrative-medicine#tab=tab 1.





Global Impetus for Change

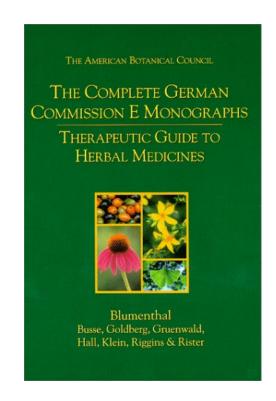
- World Health Organization, 2008 Beijing Declaration
 - Promotes safe/effective use of Traditional Medicine
 - Calls upon WHO Member States and other stakeholders to take steps to integrate traditional medicine / complementary and alternative medicine into national health systems.

https://www.who.int/health-topics/traditional-complementary-and-integrative-medicine#tab=tab_1

What are other Traditional Healing systems?

- Curandismo: Latin American + South American (Aztec+ Maya)
- African Traditional Medicine: Different types herbalist vs divination
 - Sangomas S. African, Inyangas of Swaziland
- Traditional Chinese Medicine (in existence for 2700-3000 y)
- Ayurveda Indian subcontinent medicine (2400 y)
- Tibetan Medicine(2400 y)
- Hawaiian Healing (3500 y)
- Korean Medicine(3500 y)
- Thai Medicine (3500 y)
- Vietnamese Medicine (3500 y)
- **Hmong Medicine** (3500 y)
- **Herbalism**: Practiced in all Global Healing traditions, European herbalism has much evidence- ie. The Complete German Commission E Monographs that compile evidence for use by clinicians.
- Biofield Medicine- exists in many traditions (ie. healing touch, Reiki others)

Xutian S, Zhang J, Louise W. New exploration and understanding of traditional Chinese medicine. Am J Chin Med. 2009;37:411–26.

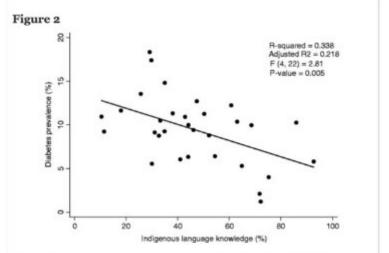


Native American Medical Technology

- Surgical tools originally developed by Indigenous Americans
 - Bulb Syringe essential for lavage and visualization
 - Bird Bone needles cutting edge in their time
 - Bio-identical sutures from the hair of the injured individual
- Bone Setting
- External Versions
- Internal reduction of tight nuchal chord- AN midwives trained from pre-K had the right sized hands for this manipulation.
- Skull/Brain Surgery- trepanation, ancient methodology
- Osteopathic Manipulation
- Botanicals
- Natural Materials- grounding decreased inflammation
 - https://pmc.ncbi.nlm.nih.gov/articles/PMC4378297/



Culture and Language are Medicine



Crude diabetes prevalence by Aboriginal language knowledge for the year 2005. P-value reflects multiple linear regression test result (adjusted for socio-economic factors).

- Our findings transcend much of the generalizing and deficit-focused Indigenous health literature. Our qualitative findings suggest that cultural continuity or "being who we are", which is intricately linked with traditional language, is fundamental to health in Alberta First Nations.
- Oster RT, Grier A, Lightning R, Mayan MJ, Toth EL. Cultural continuity, traditional Indigenous language, and diabetes in Alberta First Nations: a mixed methods study. Int J Equity Health. 2014 Oct 19;13:92. doi: 10.1186/s12939-014-0092-4. PMID: 25326227; PMCID: PMC4210509.
 - https://pubmed.ncbi.nlm.nih.gov/25326227/



Land-based healing camps

- Urban Indigenous populations face significant health and social disparities across Canada.
- With high rates of homelessness and substance abuse, there are often few options for urban Indigenous Peoples to access land-based healing programs despite the increasingly known and appreciated benefits.
- May 2018, the first urban land-based healing camp opened in Yellowknife, Northwest Territories, Canada, one of the first to our knowledge in Canada or the United States.
- This camp may serve as a potential model for an Indigenousled and Indigenous-based healing camp in an urban setting.
- This northern based effort affords us ample opportunity for expanding the existing knowledge base for land-based healing applied to an urban Indigenous high-risk setting.
- https://arcticindigenouswellness.org/
- 10.32799/ijih.v16i2.33177



Botanicals

- There are many that have been developed into pharmaceuticals and many continue to be utilized as herbals/botanicals
- Quinine (Chinchona Bark), Aspirin (Willow Bark), Oral Contraceptives (Wild Yam), Taxol/Paclitaxel (Pacific Yew)
- Ethics: How do we include knowledge and pursue science in a meaningful and respectful way.
- This continues to evolve "The recognition of Indigenous Peoples as authors rather than.. sources of knowledge has become essential in an economy based on renewable natural resources"
 - https://ourworld.unu.edu/en/ethnobiological-drug-discovery-inlatin-america



Example of Traditional Medicines

- Alaskan Blueberries are one example of a superfood that includes very high levels of antioxidants and contains other phytochemicals
- Traditional Diabetes Prevention
- One story that Traditional Alaska Native Healers tell is that adversity, with a short season and harsh growing environments, cultivates powerful medicine.
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC375
 1288/
- Blueberries in midlife may prevent dementia
- https://pmc.ncbi.nlm.nih.gov/articles/PMC9031005/



Ledum: Labrador Tea

- Labrador Tea (Rhododendron groenlandicum) is a low, evergreen shrub that grows in bogs and alpine summits in the Adirondack Mountains of upstate New York.
- Anti-inflammatory: Ledum species can modulate proinflammatory mediators and signaling pathways.
- Antimicrobial: Ledum species have antimicrobial activity against various pathogens.
- Antioxidant: Ledum species have antioxidant properties that may help prevent and treat oxidative stress-related disorders.
- **Hepatoprotective**: Ledum species have hepatoprotective effects that may help with liver health.
- **Neuroprotective**: Ledum species have neuroprotective effects.
- Cardioprotective: Ledum species have cardioprotective effects.
- Anticancer: active against DLD-1 colon carcinoma and A-549 lung carcinoma cells
- https://pubmed.ncbi.nlm.nih.gov/17156957/





Birch: Betula papyrifera

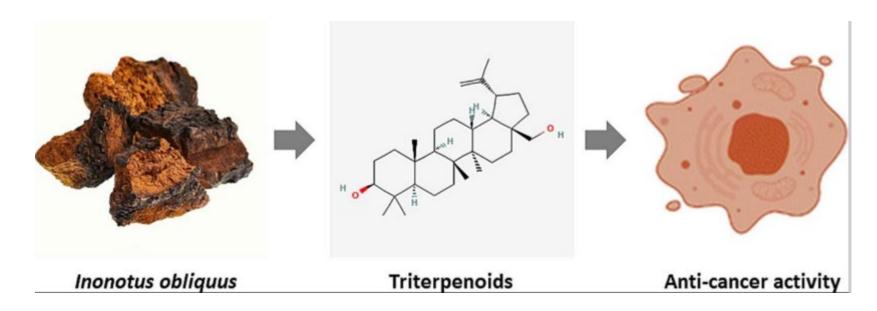
- Medicine
- Roots
- Related to each other
- Chaga is Birch Fungus
 - o "Tonic"
 - Collectively, these data suggest the value of Chaga as a promising natural supplement that could potentiate the effect of adjuvant chemotherapy, lower its adverse effects, and thus, limit the recurrence and metastasis of BC.

• doi: <u>10.3389/fphar.2023.1159516</u>

doi: <u>10.3390/plants10122663</u>



Chaga





						A
Alder:						
Scientific Name	Related Terms	Koyukon Name	Koyukon Root	KAD Page	Notes on Translation	Use Information
Alnus sp.		kk'es	kk'es	357	Nelson ties this to Alnus crispa	Jetté - "The sap is used as a red stain for wood, moose skin and laftak." Sullivan - After a child is born, the afterbirth, placenta and membranes are tied in a bundle and hung from this tree to decay. Nelson - The Koyukon origin story for alder tells about a woman who heard a tale that was so sad and terrible that she began to cry and pinch her skin until it bled. She became the alder tree and this is why the alder's bark can be used to make red dye.
		kk' u ykk'eze	kk' u y3	372	Some discussion of term on KAD page 372	
	alder bark	kk'es lot'oodze'	kk'es	357		Nelson - Used to make reddish dye to color caribou skins and porcupine quills. Green bark is harvested in spring and allowed to dry, then soaked overnight in water or boiled. The bark and water are applied to stain the skin.
	alder catkins	kk'es delodzoye'	kk'es	357		Jetté - "alder catkins are burnt in offerings to the spirits."
	alder stem	kk'es dokkuł	kkuł1	341		
	edible cone-like seed cases of red alder	kk'es deloghe geege	kk'es	358	Lit. 'alder branch berry'	
	alder charcoal	kk'es t'aaze'	kk'es	357		Jetté - "Obtained by charring small branches, is applied to the umbilical cord of newborn infants. It is sprinkled on the stump and frequently renewed during the first days."

Traditional AI/AN First Nations Healing Knowledges

- Different ways of knowing, explaining and being healthy
- Knowledges are collectively shared by communities
- Dreaming
- Storytelling
- Practicing
 - Training may be individualized or to a standard in certain Tribes
 - Sometimes one plant
- Fasting, trance, communal and individual prayer
- Experiencing hardship, reciprocity, humility
- Traditional Healers are named by their communities
- Often recognized at young age, but is bimodal
- "The earth is the source of life."
- https://www.tananachiefs.org/loe-v10-rita-esmailka/



Indigenous determinants of health: a unified call for progress

Nicole Redvers 🖾 • Papaarangi Reid • Danya Carroll • Myrna Cunningham Kain • Daniel M Kobei • Kelly Menzel •

Donald K Warne • Allison Kelliher • Geoffrey Roth • Show less

Published: June 21, 2023 • DOI: https://doi.org/10.1016/S0140-6736(23)01183-2 • 📵 Check for updates

- More than 476 million Indigenous Peoples reside in over 90 countries and they represent at least 5000 unique cultures.3 Despite comprising about 6% of the world's population
 - The development of a Global Action Plan on the Health of Indigenous Peoples to be led and informed by Indigenous Peoples and communities with outcome benchmarks and progress timelines delineated
 - Local, national, and international policy recognition and implementation that connects Indigenous Peoples health and land and water rights as intrinsically connected to the planet's wellbeing
 - Direct support from individual nation states to ensure the design and development of national implementation plans led by Indigenous Peoples and communities
- https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01183-2/abstract

UNPFII

New York April 21-May 2, 2025



Economic and Social Council

Distr.: General 4 February 2025

Original: English

Permanent Forum on Indigenous Issues

Twenty-fourth session

New York, 21 April-2 May 2025 Item 4 of the provisional agenda*

Discussion on the six mandated areas of the Permanent Forum (economic and social development, culture, environment, education, health and human rights), with reference to the United Nations Declaration on the Rights of Indigenous Peoples and the 2030 Agenda for Sustainable Development

Evaluating institutional structures to improve the health and wellness of Indigenous Peoples globally: the Indigenous determinants of health measurement instrument



National Native American Youth Initiative (NNAYI)

Application Deadline:

Tuesday, April 11, 2025

Event Dates:

June 21 – June 29, 2025, in Washington, D.C.



21st National to learn about healthcare professions and biomedical research funded by the Association of American Indian Physicians (AAIP) and the Front Line Indigenous Partnership program (FLIP) based at the Brigham and Women's Hospital (BWH) Department of Emergency Medicine and the Harvard Humanitarian Initiative

Ages 16-18

NNAYI's curriculum is presented in lectures, interactive workshops, and field trips to prepare them for academics. Students will learn about various health professions, college and medical school admission processes, financial aid resources, and healthcare issues affecting AI/AN communities. Students will also network with AI/AN health professionals and learn about mentoring programs with AAIP member physicians. Students are selected based on academic achievement, demonstrated interest in health sciences or biomedical research, leadership skills, and personal attributes. The NNAYI scholarship covers airfare, lodging, and most meals. The scholarship is awarded on a one-time basis only.

Apply Here: https://www.aaip.org/program/national-native-american-youth-initiative

Cardiovascular Disease:

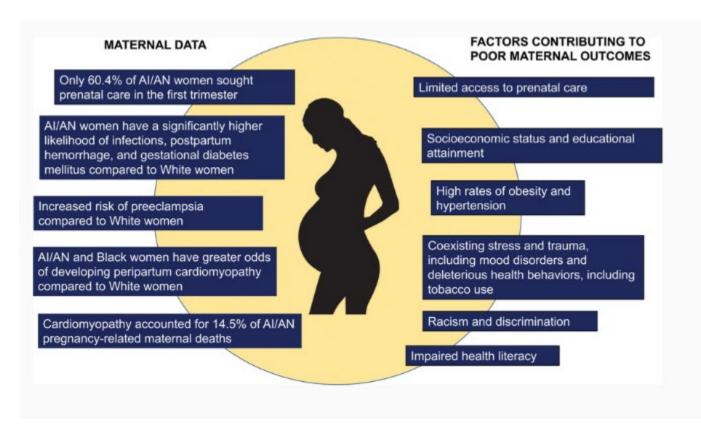
AHA SCIENTIFIC STATEMENT

Status of Maternal Cardiovascular Health in American Indian and Alaska Native Individuals: A Scientific Statement From the American Heart Association

Garima Sharma, MD, FAHA, Chair , Allison Kelliher, MD, Vice Chair, Jason Deen, MD, Tassy Parker, PhD, RN, Tracy Hagerty, MD, Eunjung Esther Choi, MD, Ersilia M. DeFilippis, MD, Kimberly Harn, MEd, RT(R), (MR), Robert J. Dempsey, MD, FAHA, Donald M. Lloyd-Jones, MD, ScM, FAHA, on behalf of the American Heart Association Cardiovascular Disease and Stroke in Women and Underrepresented Populations Committee of the Council on Clinical Cardiology, Council on Hypertension, Council on Cardiovascular and Stroke Nursing, Council on Arteriosclerosis, Thrombosis and Vascular Biology, and Council on Quality of Care and Outcomes Research

https://doi.org/10.1161/HCQ.000000000000117

American Heart Association





Great Plains Initiative Objectives

Aim 1 - To determine **community-defined needs** for identifying and addressing **substance use issues** to create a Great Plains American Indian addiction and recovery research agenda.

Aim 2 - To explore the **feasibility** of promoting the use of **telehealth platforms** to promote access to and utilization of **medication for opioid use disorder treatment** (MOUD) in tribal communities in the Great Plains.

Thematic Analysis of CTN data

Challenges with SUD Impact of Substance Use on Reasons for Substance Use Solutions and Research Priorities Great Plains Tribal Members treatment and recovery **Current and Working Solutions** Impact on Community, Community, Family and Access to Services Family and Individual Individual Reasons **Suggestions and Priorities** Cultural and Community Impact on Housing and Historical and Political Focusing on Culture as a Strength Changes and Disconnection Workforce Reasons Improving and Expanding Access to Services Lack of Funding Increasing Community Participation Involving Family in Recovery Personal Readiness Teaching Life Skills Addressing Policy Issues Exploring Intergenerational Transmission of Trauma Improving Staff Retention and Training Addressing Individual Responsibility

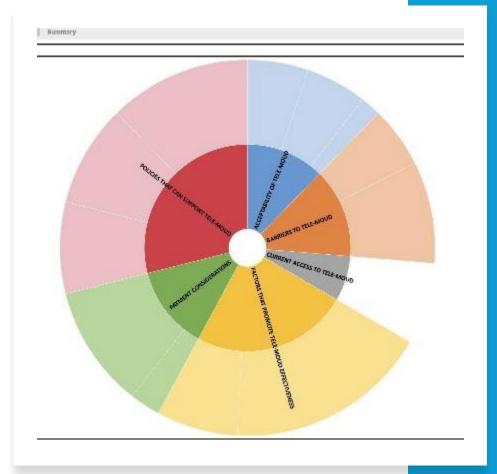
Results of Aim

The Community-Identified Research Priorities

1	Examine how access to supportive housing can promote recovery from substance use.				
2	Determine the efficacy of treatment and recovery programs that incorporate families compared to those that do not.				
3	Explore the significance of the tiošpaye in peoples' lives.				
4	Examine how federal policies have shaped the lives of tribal communities.				
5	Collect data on efficacy of cultural SUD treatment and recovery programs.				
6	Explore the root causes of substance use in families.				
7	Address the impact of substance use on maternal and child health.				
8	What is the individual's responsibility in treatment and recovery, and how can the burden of responsibility on providers be shared by the individual				
9	Research effective methods for recruiting and retaining staff.				
10	Identify ways to show appreciation for providers.				

Results of Aim 2

- Policies that can support tele MOUD
- Promote effectiveness and availability
- Payment considerations
- Acceptability
- Current access assessment



Blue: Acceptability

- Protects privacy
- Culture/trauma informed providers

Yellow: Effectiveness

- Technology
- · Considerate care

Orange: Barriers

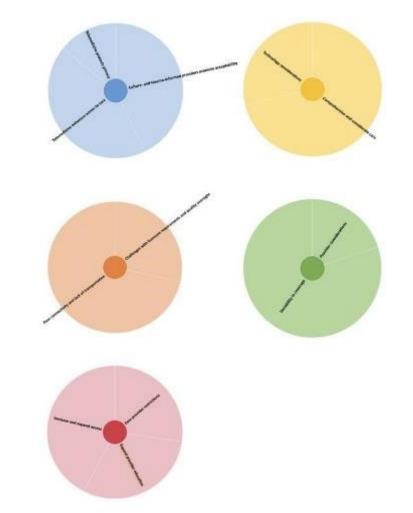
- Connectivity and transportation
- Licensure and quality oversight

Green: Payment

- Variability in coverage
- Provider considerations

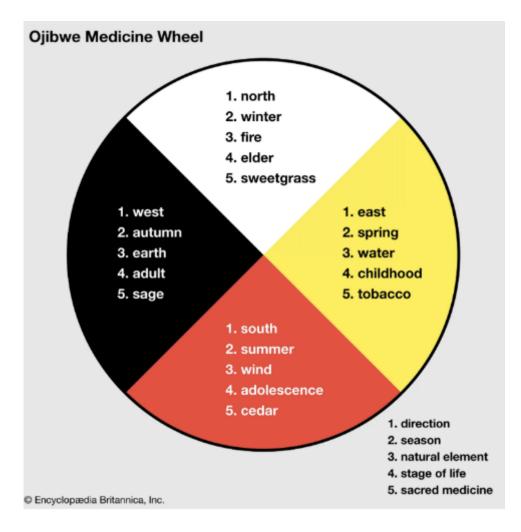
Red: Policy

- Expand provider education
- Ease provider restrictions



The Whole Self

- Our traditional lifestyles are holistic- they are balanced
- Many ways of describing
- Medicine Wheel
 - Physical
 - Mental
 - o Emotional
 - Spiritual



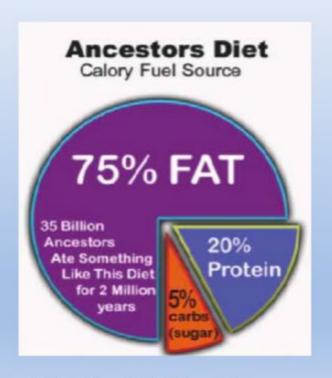
Physical Overview

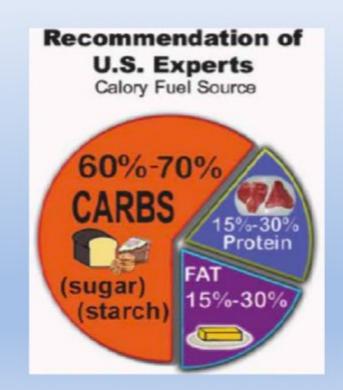
PHYSICAL WEST



how a person perceives their body, health, and appearance Tangible, visible and interrelated to the other realms of wellbeing

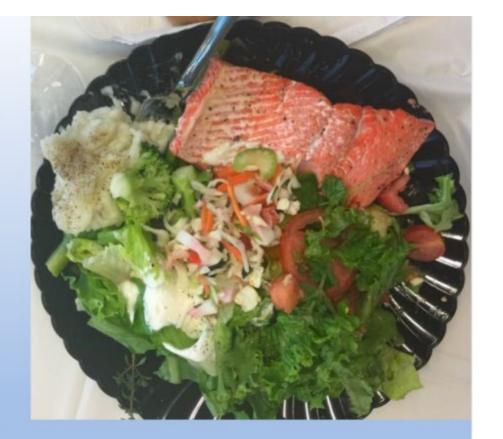
Traditional Diets





Traditional Diets

- Traditional diets had all the essential components for a balanced diet including essential fatty acids, antioxidants, calories and protein
- Health benefits such as protection from diabetes, cardiovascular disease, improved maternal nutrition and neonatal and infant brain development.
- Grace Egeland, PhD. The Use of Traditional Foods in a Healthy Diet in Alaska. Section of Epidemiology Alaska Division of Public Health 1/15/98.



Lavendar Lavandula angustifolia

- Lavender is an aromatic, evergreen plant that is native to the Mediterranean region, including the countries of France, Spain, Andorra, and Italy.
- The name lavender comes from the Latin verb "lavare," meaning "to wash."
- Lavender is promoted as an oral (by mouth)
 dietary supplement for calming anxiety, stress,
 and other conditions. It is also promoted for
 aromatherapy and topical use (application to the
 skin).
- Can be applied neat (undiluted!)



CalmAid

Spirit

Spirit- energy body, measurable force
Animales bodies and relates to surrounding world
Energy doesn't stop at the skin

Spiritual: relating to or affecting the human spirit or soul as opposed to material or physical things.





Energy (spirit)

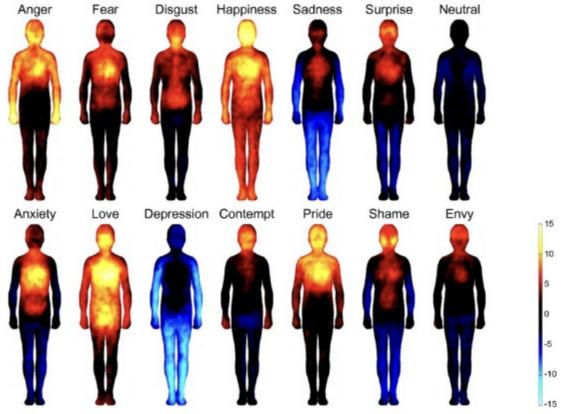
- -Lightning beings
- -Relates to energy layers around the body and all the rest of the universe
- -Invisible to some
- -Procedures processes to heal "subtle body"
- -Measurable in all directions
- -Healers work with energies
- -Brain and Heart energies
- -Coherence of energy bodies
 -heart math, biofieldback
 Energy flows through a neutral field

Emotional

- Emotions are feelings
- Feelings are dynamic
- The coming together of the physical and spiritual worlds
- It's our feeling to understand the dynamics of the universe
- Emotions coordinate our behavior and physiological states during survival-salient events and pleasurable interactions.



EMOTIONAL



Bodily topography of basic (Upper) and nonbasic (Lower) emotions associated with words. The body maps show regions whose activation increased (warm colors) or decreased (cool colors) when feeling each emotion. (P < 0.05 FDR corrected; t > 1.94). The colorbar indicates the t-statistic range.

Welcome to the Atlas of Emotions

SUPPORTED BY THE DALAI LAMA LEARN MORE

The goal is to gain greater control over what triggers your emotions and how you respond.

https://atlasofemotions.org/



- The Indigenous School of Medicine (ISOM) is a visionary initiative designed to specifically promote Indigenous health equity through a new model of medical education.
- Planned feasibility study will assess the operational, financial, and community-driven requirements for establishing ISOM as a groundbreaking institution that works for and with Indigenous communities globally
- https://www.isomhealth.com/
- info@ISOMHEALTH.COM

7th Generation Principle

- The Seventh Generation Principle is based on an ancient Haudenosaunee philosophy that the decisions we make today should result in a sustainable world seven generations into the future. It was written down between 1142 to 1500 AD.
- The Great Law of Haudenosaunee Confederacy formed the political, ceremonial, and social fabric of their Six Nation Confederacy and is also credited as being a contributing influence on the American Constitution
- Thank you to all our teachers from all the generations
- We can realize the medicine of tomorrow by working together today



Dr. Terry Maresca, Mohawk Tribe, Kahnawake Band UW Family Medicine Awardee for Educational Excellence

Vision for the future

- Our medicine is still here
- We just have to see it, and breathe life back into it
- Reality where all individuals and families have access to healing
- Difference between western medicine and healing
- Healing- the source of life- is the earth-
- Masee'
- drk@snowcreekmedicine.com





NNT BUPRENORPHINE TO PREVENT ONE DEATH IN THE YEAR AFTER OVERDOSE IS **52.6** (NEJM)

NNT TO PREVENT ONE DEATH WITH STATINS **250** (USPSTF)



The Number Needed to Prescribe – What Would It Take to Expand Access to Buprenorphine? Published May 8, 2021 N Engl J Med 2021;384:1783-1784 VOL. 384 NO. 19. 2021

Chou R, Dana T, Blazina I, Daeges M, Jeanne TL. Statins for the prevention of cardiovascular disease in adults: evidence report and systematic review for the U.S. Preventive Services Task Force. JAMA. 2016;316(19):2008-2024.

WHY SHOULD I PRESCRIBE SUBOXONE?



- In 2021, there were over 100,000 drug overdose deaths, 75% of those deaths involving an opioid
- 22% of people with OUD receive medications
- Buprenorphine reduces opioid misuse, decrease risk for injection-related infectious diseases

https://nida.nih.gov/news-events/news-releases/2023/01/overdose-deaths-involving-buprenorphine-did-not-proportionally-increase-with-new-flexibilities-in-prescribing



PRESCRIBING FEARS MISPLACED?

- NSAID use causes an estimated 41,000
 hospitalizations and 3300 deaths each year
 among older adults
- Only 2.2% of opioid-involved overdoses included buprenorphine, and >90% of those were in combination with other drugs

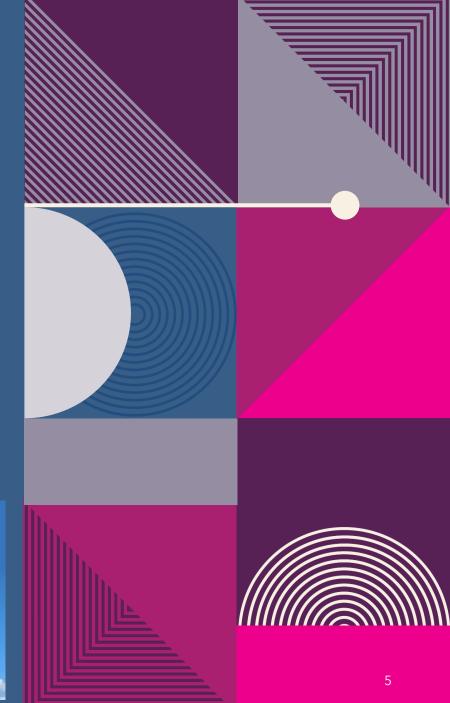
Marcum ZA, Hanlon JT. Recognizing the Risks of Chronic Nonsteroidal Anti-Inflammatory Drug Use in Older Adults. Ann Longterm Care. 2010;18(9):24-27. PMID: 21857795; PMCID: PMC3158445.

MAT IN PRIMARY CARE AT CAIHC

- No DEAX waiver required
- Document evidence of opioid use disorder using DSM criteria
- Ensure follow-up

Ask for help!





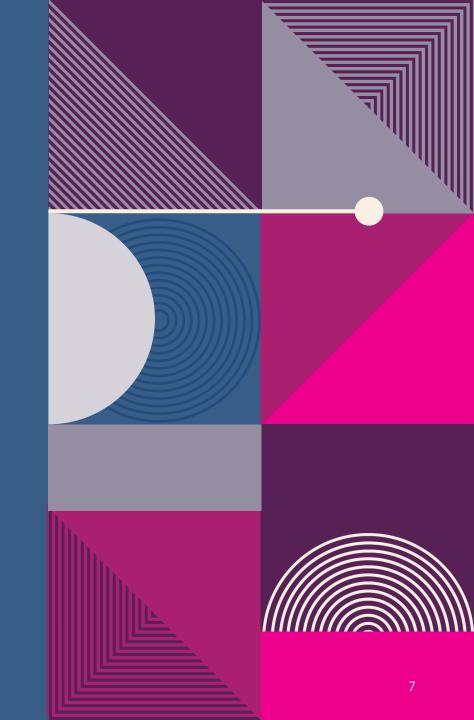
WHO CAN HELP?

- We have providers on each team who are wellversed with use of MAT
- There is an "on-call MOUD" provider weekdays
- RN MAT case managers Angie Cullen and Laura Swanson
- Suboxone can be started in urgent care or primary care



I'VE NEVER DONE SUBOXONE...

If your primary care patient is stable on their suboxone or sublocade, take over the prescribing



CASE

32 yo F presents on your schedule for migraines, discloses daily use of fentanyl, occasional methamphetamines, never tried suboxone









- Make the patient feel comfortable that she has confided in you, offer help
- Determine if appropriate for outpatient MAT management at CAIHC
- Discuss with a colleague who does MAT frequently or tigertext MAT RN's for any questions you may have
- Use a template from the intranet to guide your management
- Arrange follow-up

DOES HER METHAMPHETAMINE USE DISQUALIFY HER FROM SUBOXONE TREATMENT?



PATIENT DESIRES TO GET HELP FOR OPIOID ADDICTION

- Assess interest in treatment, consider whether appropriate to go to Gateway to recovery if stable and beginning withdrawal
- Determine last use, whether she is interested in outpatient treatment
- Assess for pregnancy and comorbid conditions
- Consider in-office start versus out of office



Alaska Patient Guide for Beginning Buprenorphine Treatment

Before you begin, you want to feel *moderately sick* from your withdrawal symptoms

It should be at least:

- 12 hours since you used heroin/fentanyl
- 12 hours since you snorted pain pills (OxyContin)
- **16 hours** since you swallowed pain pills

You should feel at least three of these symptoms:

- Restlessness
- Heavy yawning
- Enlarged pupils Runny nose
- ☐ Body aches ☐ Tremors/twitching Chills or sweating
- Anxious or irritable
- Goose bumps Stomach cramps, nausea or diarrhea (vomiting not necessary)

Once you're ready, follow these instructions to start on the medication:

Day 1

8-12 mg of buprenorphine

Dosing depends on how early on the first day you start

Most people feel better the first day after 8-12 mg

4 mg of buprenorphine = 8 mg

A full film is 8 mg so you need to cut the film in half

Step 1

Take 1st dose

4

mg

Wait 1 hour total



- Put the strip under your tongue. Do NOT swallow.
- Keep it there until fully dissolved (about 15 min.), then wait for 45 minutes.
- Do NOT eat, drink or talk at this time

Step 2

Still feel sick? Take 2nd dose

4

mg





- Most people feel better after two doses or 8 mg.
- If feeling more withdrawal symptoms after the 1st dose, you will likely feel better after the 2nd dose.

Step 3

Still uncomfortable? Take 3rd dose

4



Wait

2 hours

• Take the 3rd dose only if needed.

Step 4

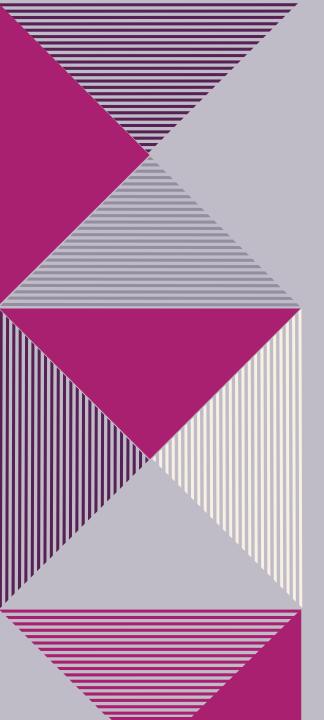
Still uncomfortable? **STOP** Take 4th dose mg

- Stop after this dose.
- Do NOT exceed 16 mg on Day 1.

Day 2

8-12 mg of buprenorphine

- Most people feel better the second day using 8-16 mg of buprenorphine.
- If you wake up on day 2 and feel fine, take the same dose you took on day 1.
- If you wake up on day 2 feeling withdrawal, take the same dose you took on day 1, plus an additional 4 mg.
- If you feel withdrawal symptoms more than 2 hours after your initial dose, you can take an additional 4 mg every 2 hours up to a maximum of 16 mg/day.
- Repeat your total day 2 dose each day until your next



OUT OF OFFICE STARTS:

LET'S SIMPLIFY:

- Consider risk of precipitated withdrawal if patient has recent non-suboxone opioid use
- Keeping medications safe from children
- Not combining with sedative/hypnotics
- Check PDMP
- Consider use of microdosing/taper of current use



EVERYTHING YOU NEED IS ON THE INTRANET

Medication Assisted Treatment

APX A DSM

APX B COWS

APX D Treatment Agreement

APX E Telephone Screening

APX F Home Induction Patient Inst

APX G Provider Initial Encounter BUP

APX H Nursing Visit encounter

APX I GPRA Intake

APX J Physician Guide 1

APX K Physican Guide 2

APX L Fairbanks Resource Patient Handout

APX M Buprenorphine Treatment

Patient Handout

APX N IAA Release of Confidental

Information

APX O Medical to BH ROI

APX P Provider Education SAMHSA

Tip-63 updated 2020

APX Q Provider Education Words

Mattan



- She is withdrawing, and desires to start suboxone today
- She signs the MAT agreement
- You can order suboxone to the back window, have her take the first strip or two in the office (either 2mg or 8mg, avoid 4mg doses)
- Arrange follow-up within 48 hours, give her enough suboxone to take up to 24 mg daily until follow-up

DISCUSS WITH MAT PROVIDER

- They congratulate you on helping the patient
- They remind you to:
 - give naloxone nasal spray
 - collect labs
 - give adjuncts such as hydroxyzine, ondansetron
 - get good contact number, make sure she has a way to get to her appointment
 - Refer to addictions counsellor if patient agrees (MAT/SBIRT referrals)
 - Refer to substance use program at Al Ketzler if interested for methamphetamine addiction



FOLLOW UP

- RN Case managers help to keep track of patients
- Stability of patients is classified in 3 phases:
 - Phase 1: new to suboxone, missing follow-ups, relapsing
 - Phase 2: beginning to exhibit stability, dose adjustment may be necessary
 - Phase 3: stable on a consistent dose, may get month worth of suboxone with refills

SETBACKS

- Relapse is part of recovery
- Other than patients who present with other risk factors for respiratory suppression or severe liver disease, the majority are safe for rx of suboxone
- Treat each addiction as a separate entity





Overview

Wellness and Prevention

Chief Andrew Isaac Health Center

- Gateway to Recovery Withdrawal Management
- Behavioral Health Addiction Services
 - Outpatient Treatment
 - Residential Treatment

Division of Wellness & Prevention

- Funded primarily to serve villages
- Can contact Leigh Smith to request resource and/or presentation for a community.

Ext. 2034 or

Jocylynn.smith@tananachiefs.org

- There is a link to request Narcan.
 - Over-the-Counter treatment that can save a life in an opioid emergency.
 - https://www.surveymonkey.com/r /TCCNARCAN

Service availability

- Harm Reduction Supplies
 - First Aid kits, Narcan, Fentanyl testing strips, Xylazine testing strips
- Opioid Awareness and Narcan Training
- Prevention Toolkits focusing on Substance Use, Mental Health, Community Wellness, and Lifestyle Balance
 - This involves presentations on healthy relationships, coping skills, stress, culture, stigma, setting goals, harm reduction, resources, etc.

CAIHC Treatment Assistance

Typically this will be your first point of contact for accessing recovery services.

What is at the clinic?

- Behavioral Health Consultants- BHCs
 - 4 BHCs in the clinic, one on each of primary health care teams, and in Urgent Care, and the LCSW Program Manager, Megan Gooding.
- Social Service Coordinators -SSCs
 - 4 SSCs in the clinic as well, one on each of primary health care teams and in Urgent Care, manager remote.
- Medication Opioid Use Disorder (MOUD) Program
 - Currently 2 staff members along with providers that support patient needs. One case manager on site and manager remote.

CAIHC Behavioral Health Consultants

Megan Gooding, Integrated Behavioral Health Manager, x3761

Gwen Mitchell, Team Tudi BHC, x3162

Gabby Johnson, Team Teekona BHC, x3394

Shari Hunter, Team Deneege BHC, X3690

Erik Setterberg, Urgent Care BHC, x3017

How to reach providers:

- Provider can Athena/Tiger Connect message the whole team of BHCs, and available BHC will respond to assist
- Athena referral to "TCCSBIRT" bucket, and a BHC will follow up with in 24-48 hrs.
 Will make 2 attempts by phone and also send a letter if unable to reach patient
- Patients can call central scheduling or walk in to the clinic and ask to see or speak with a BHC and will be connected immediately or by appointment.

MOUD

Contacts:

- Laura Swanson, ext 3592 (Remote)
- Angela Cullen-Hardy, ext 3812 (in Clinic)
- For urgent attention please send Athena/Tiger text to **both** Laura Swanson and Angela Cullen-Hardy. Non urgent sent message to TCCMAT bucket

How to access?

- Self referrals (through Central Scheduling)
- Call RN CM directly or send a Case Note to "TCCMAT" bucket
- Patient can ask for a Referral from UC, BH, PCP, Gateway, FMH, TVC, FNA W & C, North Star, from anywhere.
- Patients can transfer from other organizations.
- Patient can go to UC, there are some providers comfortable treating MOUD, and/or symptom management.

What services does MOUD provide?

Works with patients with opioid dependency (illicit or prescription) and Kratom, that desire medication assistance for recovery.

- Substance Use Disorder Screening
- Blood work and UDS
- Refer for counseling
- Schedule with MOUD Provider for intake/ induction
- Assist patients with starting Suboxone
- Patients provided Suboxone and f/u Nurse visits
- Patients provided follow up with support with provider and nurse

Enrolling in TCC Behavioral Health Substance Use Treatment

- First step is the substance abuse assessment
 - Walk-in substance use assessments are available Tuesday, Wednesday and Thursday at 9 am and 1 pm and on a first come, first serve basis.
- Programs have different requirements including intake packets, assessment updates, and various screenings. The assigned Addictions Counselor works with clients to evaluate options based on their diagnosis and assessment recommendations.
- Same day placement in a program is typically not possible due to requirements.

What is the Substance Use Assessment and how is level of care determined?

- A Substance Use Assessment is a 2 hour interview with a patient completed by a substance use counselor.
- The Addictions Counselor evaluates a patients use and needs, and uses criteria called ASAM to determine the best level of care for patient (either outpatient or inpatient).
- ASAM Criteria American Society of Addition Medicine
 - ASAM Level 0.5 Early Intervention Program; Up to 20 hours of Group.
 - ASAM Level 1.0; Less then nine hours of service per week in groups, individual and case management sessions
 - ASAM Level 2.1 Intensive Outpatient services; 9 or more hours per week.
 - ASAM 3.5 Clinically Managed High-Intensity Residential Services; This level of care
 provides 24-hour care with trained counselors to stabilize clients and prepare them for a
 lower level of care

Gateway To Recovery

Contact: 907-451-6682, Ext. 6000 Or 907-328-7822

Location: 650 Younker Ct.

Open 24 hours a day 7 days a week

How to Access?

- Patient needs to call to speak with a member of medical staff to discuss needs and schedule a time to come in for assessment.
- GTR's phone is answered by nursing staff 24/7 to help with any questions.
- If a patient is at CAIHC, a BHC or SSC can assist patient with calling GTR, and also assist with transportation by shuttle (if available).
- Provides services to all Alaskan residents 18 an older

What services does GTR provide?

- GTR is a medical inpatient substance use withdrawal management program.
- Patients will receive 24-hour support and medical supervision and assistance in their next steps of recovery.
- Will help patients safely and comfortably withdraw from alcohol, opioids, and stimulants such as methamphetamines.

- GTR helps people needing medical supervision starting on buprenorphine (Suboxone) in a safe and supportive environment.
- Professional staff to help identify patient's needs and connect them to treatment providers and programs.
- Engage client in motivational interviewing and assist client with accessing step down substance abuse treatment

Behavioral Health – Outpatient Addiction Services

The Behavioral Health Department provides both outpatient and residential substance use treatment.

Services Available

- Outpatient Addiction Services
 - Substance Use Assessments
 - Outpatient Substance Use Treatment Programs
 - Groups
 - Case Management
- Residential Services
 - Old Minto Family Recovery Camp
 - Graf Rheeneerhaanjii

Outpatient Addiction Services

Contacts:

Lorelei Nelson, Addictions Clinical Supervisor, ext. 5245

Outpatient Team

Brandi Krueger - ext. 3970

John Mayo - ext. 3535

Ashley Stevens - ext. 3839

Yvonne Howard - ext. 5761

Desire Dan - ext. 3847

Hannah Harp – ext. 2637

How to Access?

- Same day Substance Use Assessments!
 - Tuesday, Wednesday or Thursday
 - 9:00am or 1:15 pm (Arrive at 8:45am or 1pm)
 - Walk-in at Al Ketzler Building, suite 118
 - If you meet criteria for residential care, you and your provider will discuss options for treatment and individual preferences.
- Patients can call the main Behavioral Health number, #907-459-3800 for additional information
- A provider at CAIHC can also submit a referral to "TCCSBIRT" bucket requesting formal treatment.

Outpatient Addiction Services

- After the assessment, the patient will be recommended for their appropriate level of treatment. Treatment includes a variety of outpatient groups, individual counseling and case management to meet recovery goals.
- Groups are morning, afternoon and evenings, 5 days a week, Mon-Fri, 8am to 7pm.
 - Early Recovery Skills
 - Relapse Prevention
 - Parenting
 - Men's Domestic Violence MRT
 - Women's Domestic Violence MRT
 - Women's Seeking Safety
 - Talking Circle
 - Let's Talk (Family support group)

- Living in Balance
- ❖ Women's MRT
- ❖Men's MRT
- Let Go/Writing Group
- **♦** Harm Reduction
- **❖**Be Smart
- Power over Addiction

Residential Treatment Old Minto Family Recovery Camp

Contacts:

Chelsea Thurman,
OMFRC Administrator,
ext. 3097

Kayla Foor, OMFRC BHC, ext. 5824

How to Access?

• Contact BH directly, (907)459-3800, for screening and connection to program staff

• CAIHC Provider can have team BHC submit a referral in Athena.

 Program staff receive referrals from other agencies, OCS, FNA, correctional facilities, parole, probation, or any organization assisting with a patient's recovery.

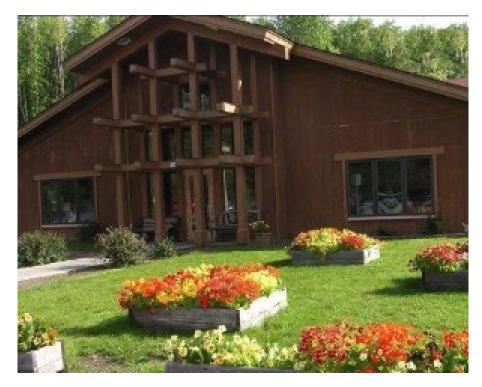
Old Minto Family Recovery Camp

- Designed as a traditional Athabascan fishcamp to promote recovery, culture and healing.
- Open to all Alaska Residents and their children whom meet criteria for ASAM 3.5
- 35 day residential program providing individual counseling and groups.
- Cultural activities to re-engage clients with their culture.



Graf Rheeneerhaanjii (The Healing Place)

- Voluntary, comprehensive mental health residential treatment program for up to 10 youth between 13 and 17.
- Program is designed to provide healing, treatment and education to youth who have experienced trauma, youth with emotional disturbance, and youth with cooccurring mental health and substance use disorders.
- Clients are required to have already engaged in outpatient or higher levels of care.



Application may be found on the TCC public website:

https://www.tananachiefs.org/graf/