PREVENTING SUBSTANCE MISUSE & OPIOID OVERDOSES IN URBAN INDIAN COMMUNITIES

Through partnership with the Centers for Disease Control and Prevention (CDC), the National Council of Urban Indian Health (NCUIH) conducted a needs assessment in 2024 to better understand the perspectives of Urban Indian Organizations (UIOs) on the prevention of substance misuse and opioid overdoses among urban American Indian and Alaska Native (AI/AN) communities. NCUIH interviewed five UIOs from varying program types and locations to better understand the key challenges that UIOs may experience in providing services related to substance misuse and overdose prevention, as well as recommendations for key solutions that may support these efforts. The key findings from this data are described below.

Analysis of the five key informant interviews revealed key barriers/challenges identified by UIOs at three levels. The tables below summarize each of these levels of barriers/challenges, as well as the number (N) of interviewed UIOs who described the barrier/challenge and the corresponding percentage (%) of total interviewed UIOs who described the barrier/challenge. Please note that these barriers/challenges are based on thematic analysis of transcripts and do not represent exact quotes from all interviewed UIOs.

LEVEL 1: Key Barriers/Challenges at the Level of State/Federal Agencies, Policies, and/or Institutions

Barrier/Challenge	N (%)
• Availability of and access to urban AI/AN data related to behavioral health	4 (80%)
• Lack of legalized accessible needle exchanges, safe injection sites, and/or drug disposal sites	4 (80%)
• Continuous and/or confusing changes to legislation and policies	3 (60%)
• Insufficient or unclear insurance coverage of substance misuse services	3 (60%)
• Inadequate outreach and engagement by federal, state, and local agencies to ensure urban AI/AN needs are reflected in programs and policies	1 (20%)
• Insufficient pathways for improving AI/AN representation in the public health workforce	1 (20%)

"I don't think that enough of our population knows about the collective trauma and grief that is actually developed within our DNA. And I think when you have that understanding along with understanding [of] all the other difficult life circumstances that are at play, when you can understand that at a biological level, we're predisposed to higher levels and chronic stress, I think it just adds another layer of understanding of why we experience the things that we do, including why we might use substances."

LEVEL 2: Key Barriers/Challenges at the Level of Communities and their Socioeconomic Norms/Trends

Barrier/Challenge	N (%)
• Lack of knowledge of issues and resources related to substance misuse, overdose prevention, and harm reduction	5 (100%)
• Stigmatization and misconceptions related to harm reduction and substance misuse	5 (100%)
• Transience of populations affected by substance misuse (e.g., due to homelessness or travel for care)	5 (100%)
• Lack of trust, comfort, and/or safety for AI/AN individuals seeking care, particularly from non-Native medical providers	4 (80%)
• Shifts in drug use trends (e.g., increased diversion from street drugs to prescription opioids, increased fentanyl abuse) and/or populations most affected by substance misuse (e.g., increased substance misuse among youth)	3 (60%)
• Reliance on substances to cope with co-occurring socioeconomic stressors and other comorbidities	3 (60%)

"Treatment programs were taking Natives off reservations. There was trafficking. People were being discharged and left in an unfamiliar area[s] where they had no support, no family, no money."

LEVEL 3: Key Barriers/Challenges at the Level of UIOs and Other Health Care Providers

Barrier/Challenge	N (%)
• Insufficient capacities for services such as sober living, inpatient care, and/or medical detoxification	5 (100%)
• Unsustainable and/or ineffective funding mechanisms for behavioral health services	4 (80%)
• Limited behavioral health workforce due to issues such as turnover, licensing, or training	4 (80%)
• Heavy administrative burdens related to opioid policies/programming	3 (60%)
• Difficult timelines for patient care (e.g., wait times for accessing care, minimum hours of sobriety required to enter care, and short stays in care)	3 (60%)
• Legal/financial barriers to medication-assisted treatment (MAT) provision	3 (60%)

Based on an analysis of the insights shared by interviewed UIOs, NCUIH recommends the following three key strategies to better support health care stakeholders in the prevention and treatment of substance misuse among urban Indian communities.

1 Improve investment in the behavioral health workforce, particularly for aspiring AI/AN health professionals.

2 Strengthen partnerships and collaborations between UIOs, IHS, Tribes, and other stakeholders in overdose prevention.

3 Increase sustainable state and federal funding opportunities for substance misuse prevention resources and harm reduction resources.