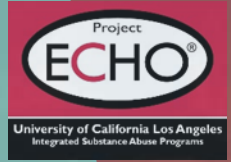




Integrating an Indigenous Approach to Opioid Use Disorder Treatment

Tuesday, April 16, 2024



Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.


Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:





What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturally-informed language promotes evidence-based care.

PEOPLE FIRST

Language Matters

in treatment, in conversation, in connection.



Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



As we enter April, we mark National Minority Health Month, rallying under the theme “Health Justice: The New Frontier.” This month we’re inspired by the pioneering spirit that has historically driven our nation toward progress.

**HELP &
RESOURCES
ARE AVAILABLE**

APRIL

**ALCOHOL
AWARENESS
MONTH**



[samhsa.gov/find-help/atod/alcohol](https://www.samhsa.gov/find-help/atod/alcohol)

Integrating an Indigenous Approach to Opioid Use Disorder Treatment

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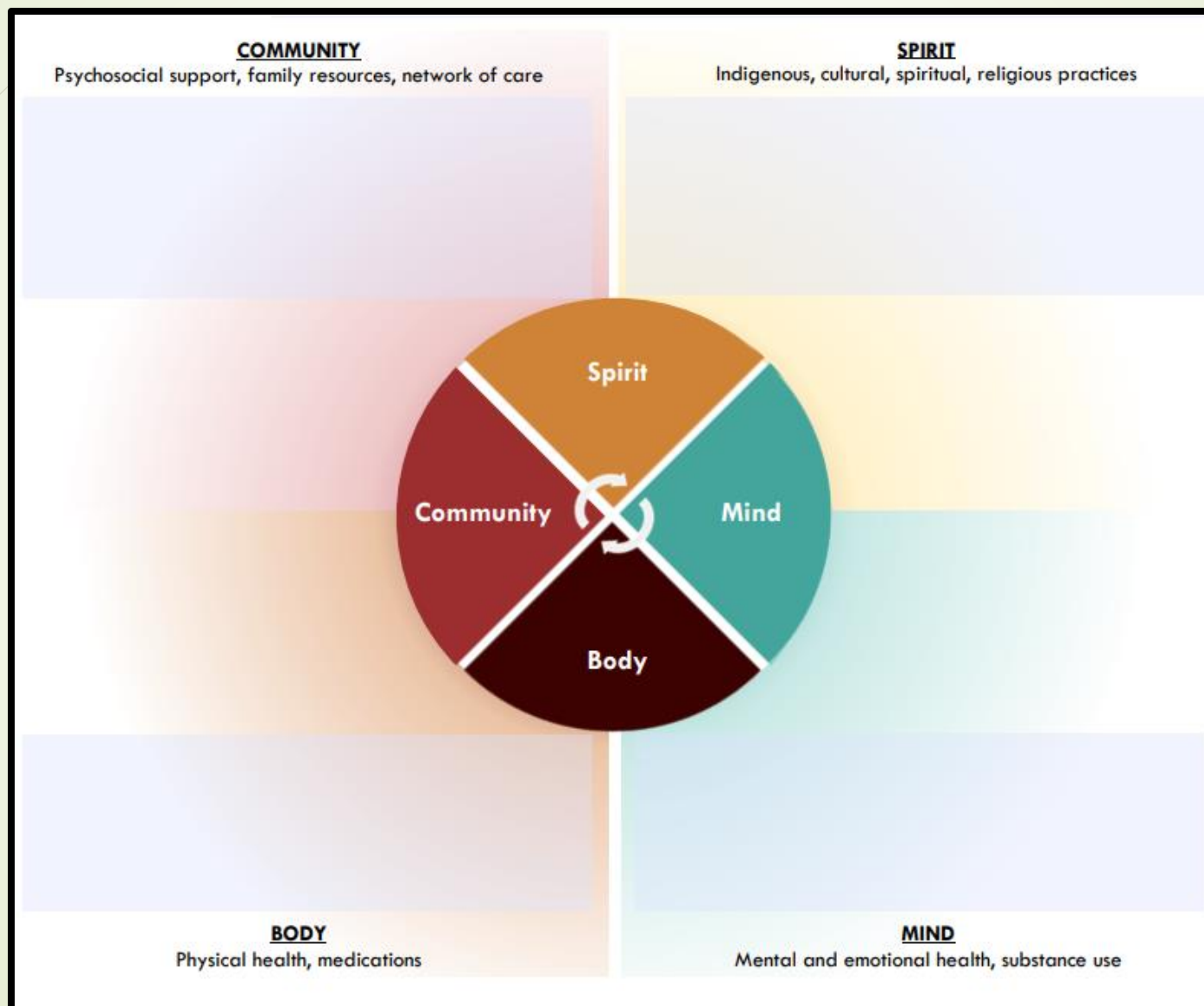
Disclosures

FACULTY DISCLOSURE

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<i>Katya Adachi Serrano</i>	<i>CEO of Serrano Natural Health</i>
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All other relevant financial relationships have been mitigated by conducting a peer review of the content used for this session.



QUESTIONS TO CONSIDER

- Have I done this work myself (for my own healing and wellness)?
- Who on our team supports treatment and healing for this realm of wellness?
- What services do we have for this?
- What could we add, develop, or better support?

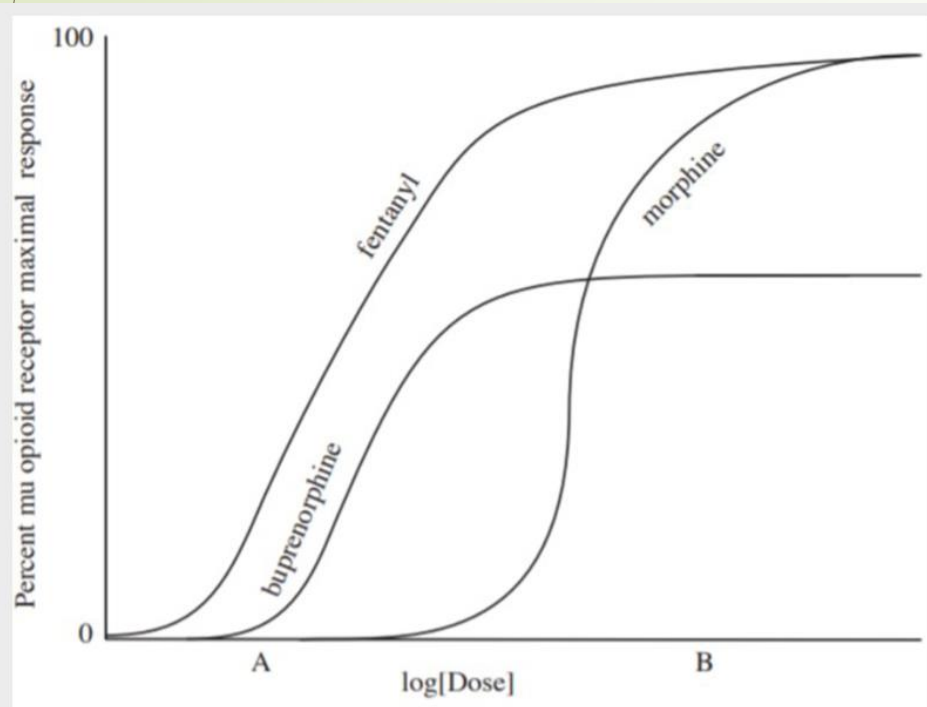
BODY

Goals of body wellness

- Treat withdrawal
- Manage cravings
- Decrease effect of stress, depression, anxiety
- Decrease and manage pain
- Nourish energy and vitality



Medications for MAT-OD



Open in a separate window

Figure 1.

Dose-response curve schematic of three opioid agonists. At a low dose (Dose A), fentanyl and buprenorphine produce significantly greater responses than morphine (i.e., fentanyl and buprenorphine are more potent than morphine). While fentanyl response is dose-related until reaching 100% maximal response, buprenorphine effects reach a ceiling, at which point further increases in dose do not increase the magnitude of response. Because buprenorphine is a partial agonist, it cannot not produce a 100% response like a full agonist (i.e., fentanyl) can. At higher doses (Dose B), morphine (a full agonist with low potency) produces greater response than buprenorphine.

- Buprenorphine/Naloxone (Suboxone)
 - Treats opioid withdrawal and cravings
 - Must be in active (moderate) withdrawal
 - 2/1mg-4/2mg q2-4h, total 8-16mg day 1
 - 8-16mg once day 2
 - Maintenance typically 12-24; (range of 1-32mg)
 - Tablet or film
 - <https://www.samhsa.gov/sites/default/files/quick-start-guide.pdf>
- Long-Acting Injectable buprenorphine (Sublocade)
 - 300mg SQ Dose 1-2
 - 100mg maintenance dose q28d
 - Coverage limited (private insurance)
- Naltrexone
 - Must be opioid free 7-10d (minimum 5d)
- Clonidine
 - Acute w/d: 0.1-0.3mg q1h up to 4 doses
 - Maintenance: 0.1-0.3 mg tid
- Loperamide, Diphenhydramine, buspirone, ondansetron
- Ibuprofen/NSAIDs, doxepin/mirtazapine/trazodone

Herbal Medicine for SUD



- **Adaptogens**

- Help the body adapt to stress
 - Normalizing influence on physiology, irrespective of direction of change from physiological norms caused by the stressor
 - Including neuroendocrine, immune systems
 - Regulates HPA and sympathoadrenal system
 - Adaptogens adapt to grow in harsh environments
 - High altitude, cold weather, low oxygen
 - Take many years to mature
 - Roots that store nutrients, energy
 - High value

- **Nervines**

- Have an effect on the nervous system
- Can be relaxant, stimulant, hypnotic, antispasmodic, antidepressant, tonic nervines

ASHWAGANDHA

- Relax and support the nervous system
 - Steroidal lactones-GABA Activity
- Helps with fatigue, depression, anxiety, stress, sleep
 - Alcohol, opioid withdrawal and recovery
- Balances the thyroid, blood sugar
- Supports immune system
- *Precautions: nightshade allergy, hemochromatosis, hyperthyroid*

ELEUTHERO (SIBERIAN GINSENG)

- Energize the nervous system
 - Rosavin, flavonoids stimulate CNS DA, NEpi, serotonin
- Helps with fatigue, stamina, bipolar
 - Stimulant, opioid withdrawal and recovery
- Balances cholesterol, blood sugar, immune system
- *Precautions: may have antiplatelet activity—d/c 2wks pre-op; may increase digoxin assay*
- Others: Licorice root, Rhodiola, Panax ginseng, Maca, Astragalus, cordyceps, schizandra



- Capsule: 400-500mg (1.5% withanolides) 2-3x/d
- Tincture: 1 ml 1:5 tincture 3x/d
- Tea: ½ tsp in 8oz, simmer 15min 2-3x/d



- Capsule: 300-500mg 2-4x/d
- Tincture: 2-3ml 1:4 tincture 3-4x/d
- Tea: 1 tsp in 8oz, simmer 15min 2-3x/d

SKULLCAP

- Relax the nervous system
 - Flavonoids GABA agonists
- Helps with anxiety, stress, nervous exhaustion, sleep
 - Any SUD withdrawal and recovery
- Relaxes tense muscles
- Easy heavy menses and cramping

PASSIONFLOWER

- Relaxing, sedating nervine
 - Alkaloid, flavonoids increase GABA
- Helps with anxiety, stress, sleep
- Lowers blood pressure
- Eases muscle spasms, nerve pain
- Can help asthma bronchospasm
- *Precautions: sedating*
- Others: Lemon balm, lemon verbena, catnip, chamomile, hops, kava, lavender



- Capsule: 400mg 2-3/d
- Tincture: 2-4ml 1:5 tincture (45%) 3x/d
- Tea: 2 tsp in 8oz, steep 10-15min 3x/d as needed



- Capsule: 500mg 1-4x/d
- Tincture: 1-4ml 1:5 tincture (40%) 3x/d
- Tea: 1 tsp in 8oz, steep 15min 2x/d as needed, or 1h before bed

Body Work



- Another first medicine. Humans have done body work as long as they have had bodies.
- Traditional massage, bone setters, sobar
- The body stores memory in nervous system and fascia (connective tissue)
- Osteopathic Medicine derived from indigenous body work practice
 - “Discussion exists among Native American scholars as to whether A.T. Still, the father of American osteopathic medicine, who was also the physician for the Shawnee Nation for more than 20 years, lifted much of what became osteopathic medicine or chiropractic from Shawnee healing practices. The Shawnee were originally native to northern Kentucky and southern Ohio...According to this theory, Still took the techniques of Shawnee bodywork and rendered them mechanical as fitted the European paradigm of the day (Shawnee concepts were decidedly more energetic and spiritual). He marketed these techniques and developed the first colleges of osteopathy in the United States.”

MIND

Goals of Mental Wellness

- Strategies to minimize and manage triggers
- Decrease effect of stress, depression, anxiety, trauma
- Support healthy sleep
- Increase coping strategies
- Cultivate healthy dopamine





Talking About Trauma

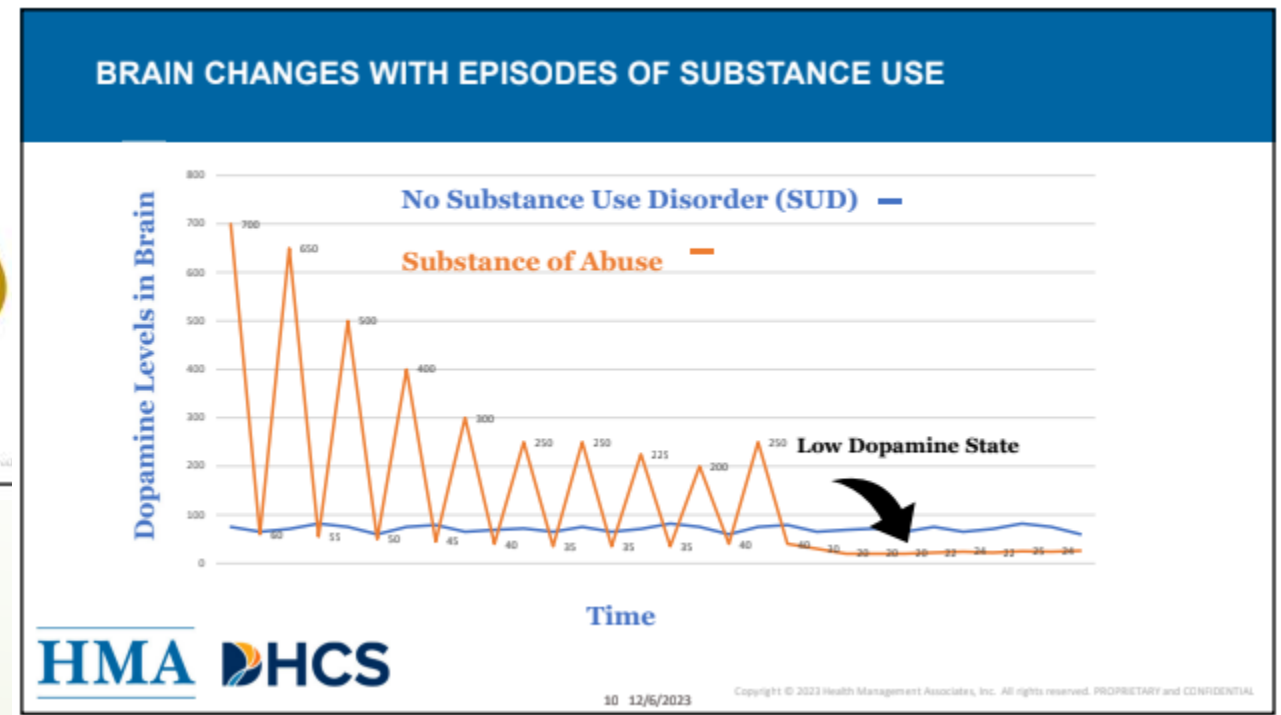
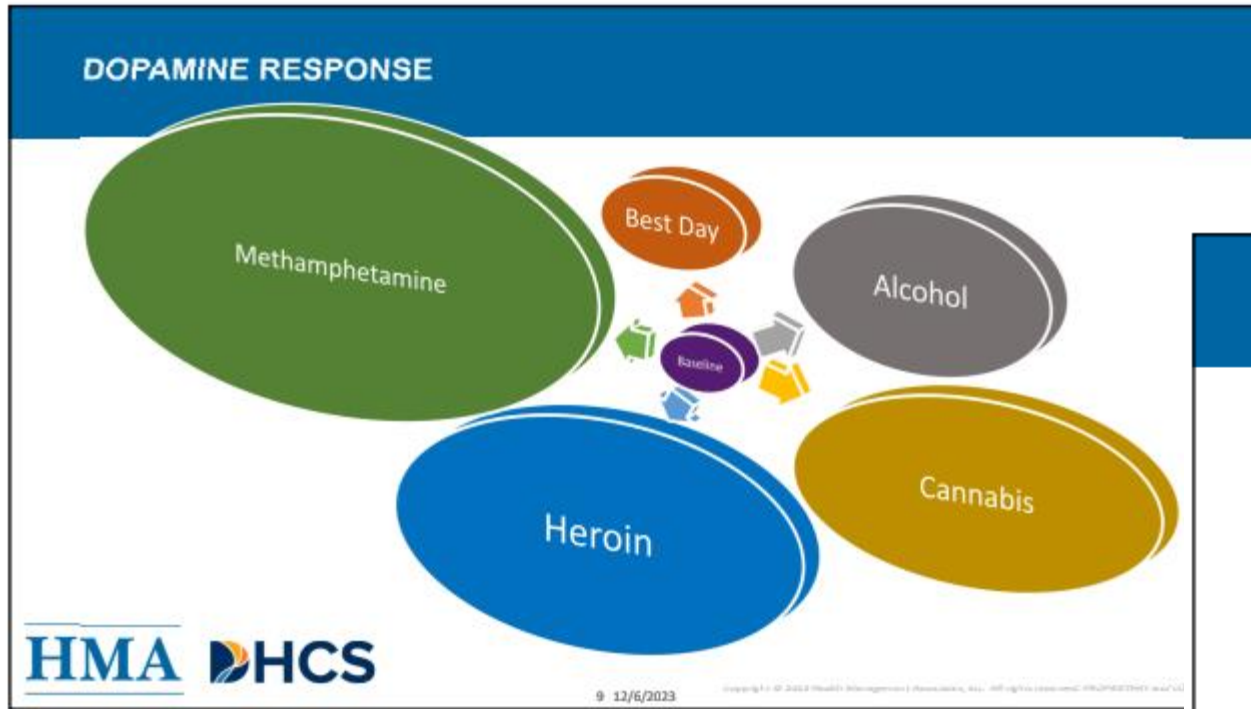
- Nearly 90% of people w/ OUD have history of trauma
 - 80% history of childhood sexual, physical, or emotional abuse, physical neglect, or violent trauma
- Talk about the impact of trauma on SUD in a normalizing, therapeutic way
 - Rehashing the event is often non-therapeutic
 - Examining what is difficult today can be therapeutic
- Early experiences teach us messages
- What is the message that is playing?
 - How does this message influence what I am feeling? My response?
- A practice of mindfulness

Rewriting the Core Messages

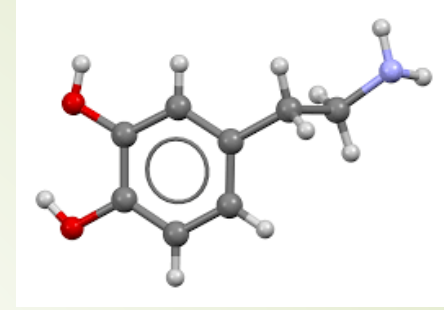
- ✓ I am valuable
- ✓ I am loved
- ✓ I matter
- ✓ I am safe
- ✓ I am not alone



DOPAMINE



CULTIVATING DOPAMINE

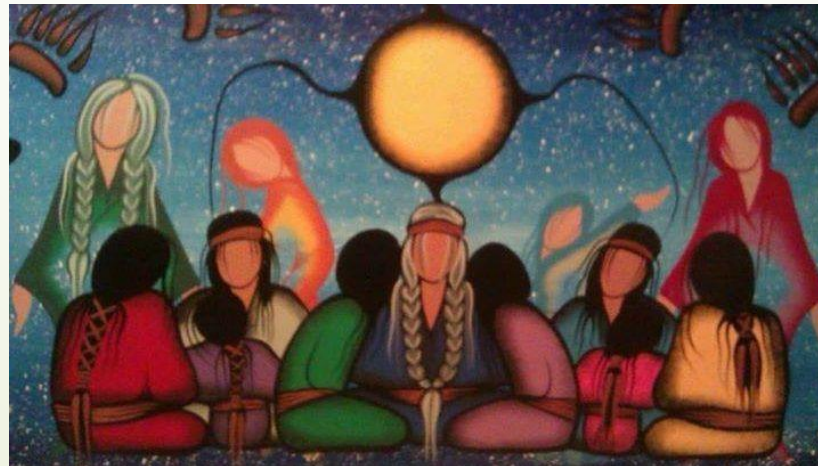


- Acknowledge the need for dopamine
- “Fast and Cheap dopamine” that ends up costly
 - Alcohol, drugs
 - Social Media, TV
 - Sugar
 - Money, shopping
- Harvesting Healthy dopamine
 - Exercise
 - Task completion
 - Celebrating wins
 - Nourishing foods: protein, healthy fats, tyrosine
 - chicken and other types of poultry
 - dairy foods such as milk, cheese, and yogurt
 - avocados
 - bananas
 - pumpkin and sesame seeds
 - soy
 - Sunlight
 - Nature
 - Sleep hygiene
 - Music
 - Meditation and mindfulness

SPIRIT

Goals of Spiritual Wellness

- Reintegrate the spirit with the body, heart, mind
- Process and release grief and trauma
- Connect to and build relationship with meaning, ancestors, the sacred



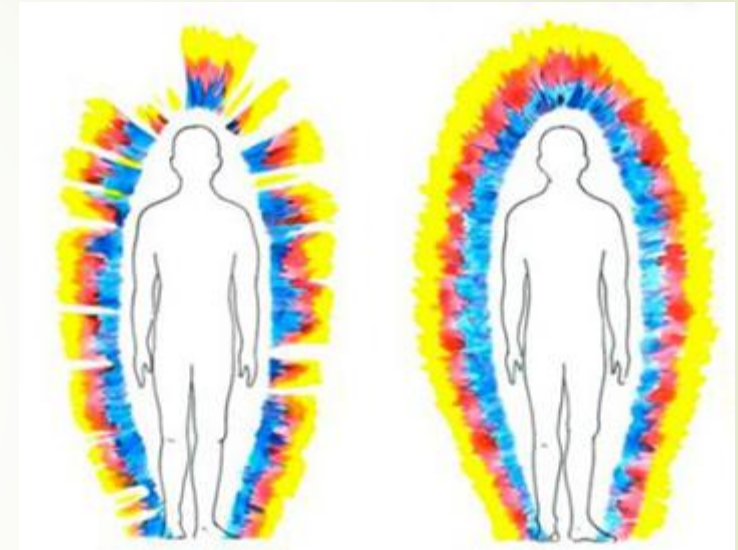
Somatic Treatment

- Temporal disconnect between what the body is experiencing and the present situation
 - *susto*, soul wound
- EMDR
- Somatic experiencing
- Sobar, body work



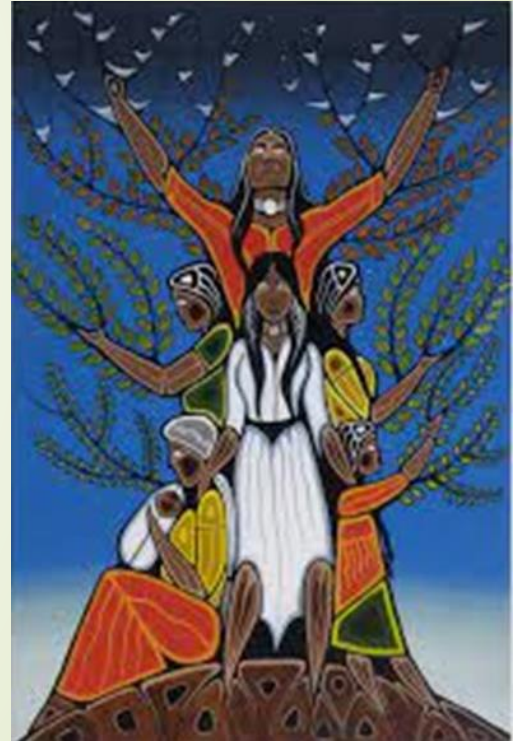
Spiritual treatment

- Sweat lodge
- Bear dance
- Talking circle
- *Limpieza*
- Spiritual counseling



Connection to Meaning, Ancestors & the Sacred

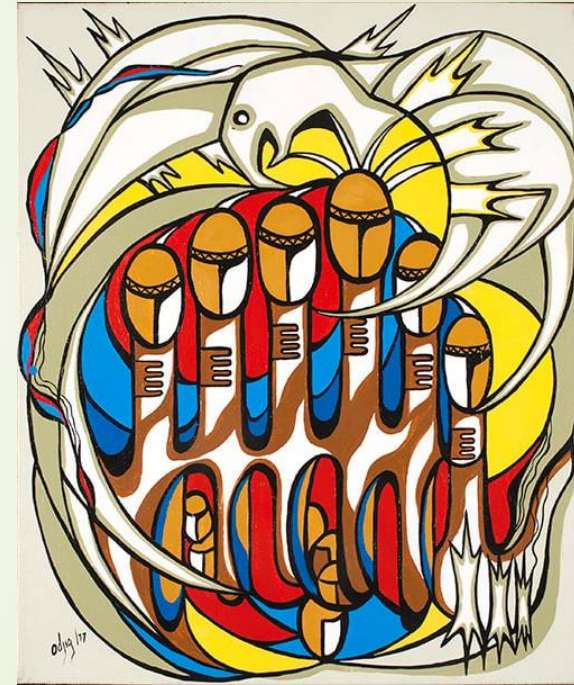
- Emotional experiencing (vs. numbing)
 - Allow to feel sadness, grief to fully experience joy
- Finding and recognizing safety
- Identify core values (and guide priorities by them)
- Full experience of self
- Regular practice (spiritual, connection, cultural)
 - Prayer and song
 - Medicine making and cultivating



COMMUNITY

Goals of Community Wellness

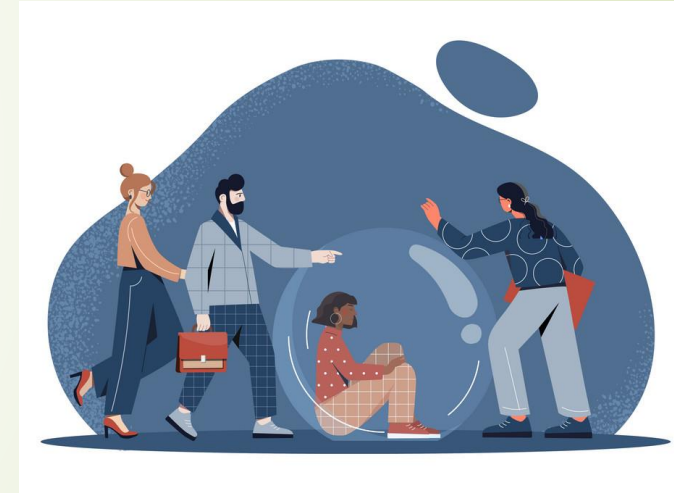
- Development of boundary setting skills
- Environments that support recovery and wellness
- Decreasing stigma and normalizing wellness
- Teams that support 4 realms of wellness
- Cultural engagement
- Interconnectedness
- Cultivate resilience and prevention of SUD



Odjig, D. "Thunderbird of Courage"

HEALING IN COMMUNITY

- Community inventory
 - Is community supportive to recovery?
 - What are potential triggers or “bubble-poppers?”
 - Are chosen activities supportive to recovery?
- Groups
 - AA, NA, Red Road/White Bison
 - Recovery Groups
 - Talking Circle
- Connection to culture, community, family
 - Culture is Medicine, Medicine is culture
 - Changes with new identities in recovery
 - Identify these in non-using environment
 - Process the grief of change
 - Loss of prior → Space for new identity/growth/opportunity
- How do we heal our communities?



References & RESOURCES

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Self-Paced Learning Opportunities

Individualized Learning Plan: MATE ACT

Medication Access and Training Expansion (MATE) Act
Trainings to meet the 8-hour DEA requirement

- **The Intersection of DEA & MAT** (1.5 credit hours)
- **Addressing Fentanyl Use In Primary Care** (1.0 credit hour)
- **Structural Competency: Medicine for the Inequalities that are Making Us Sick** (1.0 credit hour)
- **Advancing Equity in Substance Use Disorder Treatment** (1.0 credit hour)
- **Addressing Stimulant Use in Primary Care Settings** (1.0 credit hour)
- **Methamphetamine Use and Affective Disorders** (1.0 credit hour)
- **Trauma-Informed Care** (1.0 credit hour)
- **Homelessness and Substance Use Disorder in Veterans** (1.0 credit hour)



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