

Strengthening Indigenous Informed and Collaborative Systems of Care: Provider Perspectives on the Impact of COVID-19 on Substance Use Disorder Treatment Services among American Indian and Alaska Native Communities

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INTRODUCTION

- o Harmful outcomes related to substance use disproportionately impact many American Indian/Alaska Native (AI/AN) communities compared to other racial and ethnic groups (Dickerson et al., 2010; Cunningham et al., 2016).
- o Higher rates of substance use disorders (SUD) are associated with historical trauma and political factors including colonization, forced removals, and efforts to eradicate culture and language (Dickerson et al., 2011; Brave Heart et al, 2011; Evans-Campbell, 2008; Venner et al., 2018).
- o AI/AN populations are highly resilient. Structural factors contribute to elevated substance use risks which result in psychological distress and barriers to care that were further compounded during the COVID-19 pandemic (Brady and Bahr, 2014; Brave Heart, 2003; Haozous et al., 2017; Ostler, 2020).
- o In collaboration with an Indigenous Community Advisory Board, Tribal leadership, and the Clinical Trials Network, this study explored AI/AN addiction treatment providers' perceptions of client-relatives' (i.e., SUD treatment service recipients) experiences during the pandemic from 2020-2022).

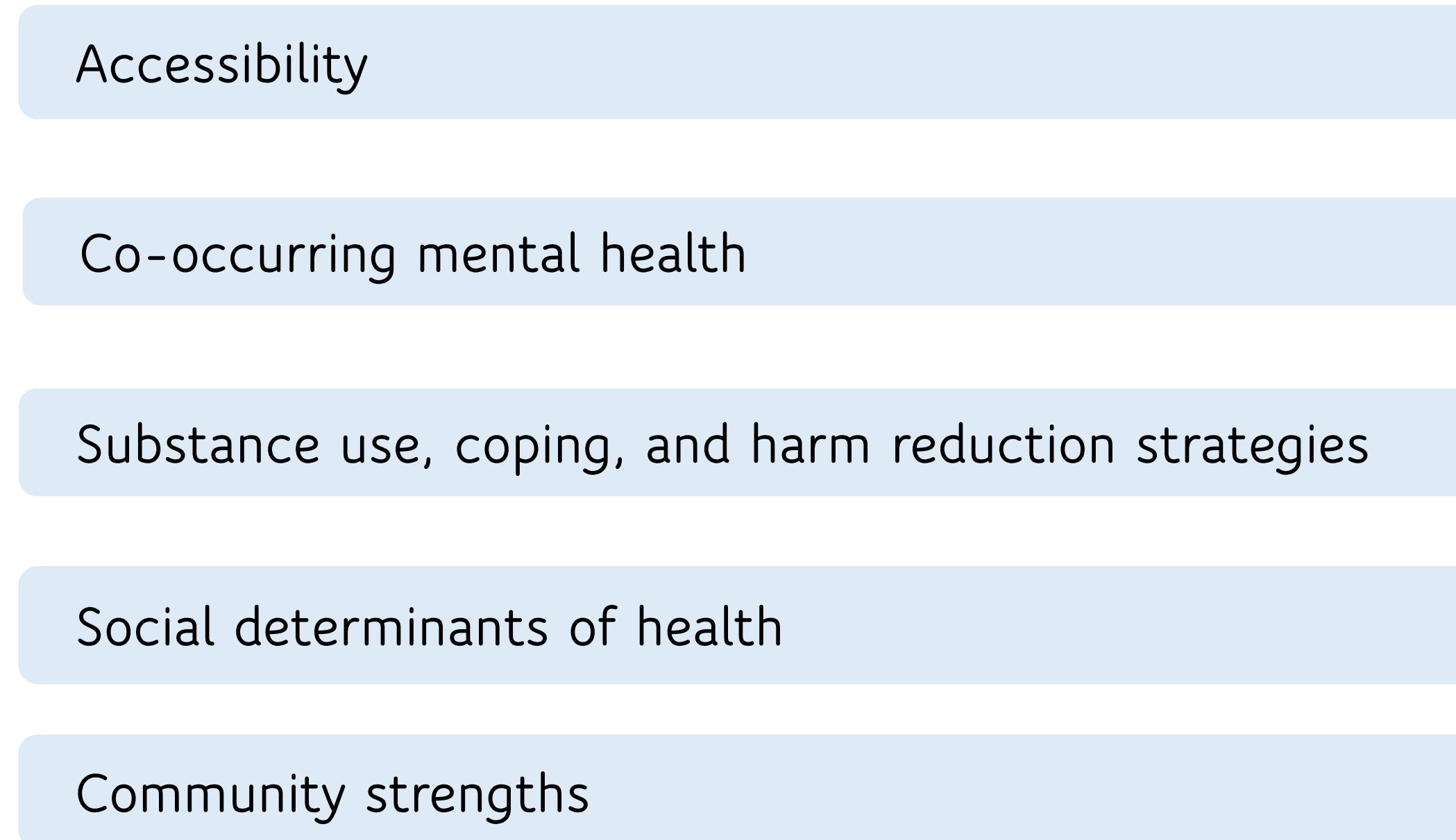
METHODS

- o Community-Based Participatory Research (CBPR) Principles (Parker et al., 2020; Wallerstein et al., 2020).
- o The interview guide included 15 questions covering regulatory changes, guidance for telemedicine, policy and procedures, and services.
- o Interviews were transcribed and de-identified, then underwent analysis informed by a qualitative descriptive approach.

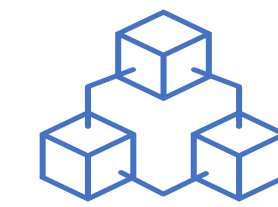
RESULTS

- o N = 25 individual interviews (via Zoom)
- o Participant Demographics
 - o Female identifying 76%
 - o Programming located in an urban area 84%

Figure 1. Five primary domains identified describing the impact of COVID-19.



Accessibility



"...some people were very receptive [to the changes in care, while] some people there was a lot of pushback and completely disengaged. I think that was a challenge [and] for some people that changed the way we delivered services, and just trying to get it all together was really disruptive in their recovery. There were people that had been maintaining abstinence that relapsed and may have not engaged in services the same way...some people really liked doing telemedicine...I can't say it's one way or the other. I mean, it was a disruption...for everybody".

Co-occurring Mental Health



"I think that...working with Native communities...there is intergenerational trauma that is always in the room and not often recognized by the client. It's like...maybe at first you recognize that it's something outside of you creating [hardships], and then eventually you think it's just something wrong with you...And folks don't understand that...they're carrying this mass trauma, and that...has made their lives difficult".

Substance Use, Coping, and Harm Reduction Strategies



"I think that [substance use has] increased. I think that people that were stable, that when the groups [and] society shut down...there was really nothing to do, nowhere to go for people and I think that boredom set in, and stress set in, and fear set in, and I think that a lot of people relapsed as a result. I think that people that were coming through the doors trying to enter into recovery and had virtually no services available for them, [they] struggled. I really think [the pandemic] set our field back quite a bit as a result".

Social Determinants of Health



"... just that incongruence within themselves where they want help, but then their addiction is very strong in them...[causing] difficulty in getting into inpatient programs, which seems like it was worse because there was more people...going back to their using and then wanting help and not being able to get in...we've had a client here, sleeping in their car on our parking lot for months...I think it took two and a half months to get him [housing and other support services]...".

Community Strengths



"What I love...about the clinic is that, even though we were all stuck in this, like, fear of COVID and not knowing and a medical emergency pandemic, we were still reminding the community... Let's go back to what we know and what comforts us. So, it was really awesome to be part of that, to see it...We're still offering our traditional medicine, so I...wanted to also mention that too because that's something I also saw out of the pandemic that was just really inspirational, and I feel like it really lifted the spirits of the community here...it's just like the one lifting of one person's heart and it spreads around, you know. I think that [all of this is] going to make us all into more resilient people, I hope".

DISCUSSION

- o Findings underscore the impact of COVID-19 on substance use disorders and mental health among AI/AN communities. Identifying treatment barriers and mental health impacts can inform culturally responsive prevention and treatment strategies.
- o Providers described the disruption in protocols and services systems and lack of availability in resources. There was variation in the extent to which telemedicine was perceived to be a facilitator. Substance use and co-occurring mental health increased.
- o The impacts on AI/AN communities as a result of systemic oppression and intergenerational traumas exacerbated barriers and negative social determinants of health. However, amidst these hardships, communities remained resilient rooted in cultural strengths bringing about healing and collective care practices.
- o Implications of this work call for strengths-based resources to mitigate mental health and SUD. Community informed and culturally specific programming promoting resilience and healing are imperative.
- o Strategies may include Tribal best practices, expanding harm reduction strategies, building community and systems capacity, and providing adequate funding.