



Voices of the Opioid Epidemic

Preliminary Findings

Indian Reservations & Colonies of Nevada



Before beginning we take a moment to recognize that here in Nevada we stand on the land of the:

**Wa She Shu- Washoe
Numu - N. Paiute
Nuwe - Western Shoshone
Nuwu- S. Paiute**

We take a moment to recognize and honor their stewardship that continues into today. With this recognition we state an intention to rightfully include their voice and respect them as the 27 sovereign tribal nations of Nevada.

Community Partners



Individuals with Lived Experience





Purpose

- The purpose of the current project is to better understand the experiences of those who currently use opioids, those in recovery, and friends and family of those who use(d) opioids.
- The CBPR framework was used as a guiding principle in this work to honor all those affected by opioid usage, and reduce stigma and feelings of marginalization.

CBPR works to increase knowledge of communities to (re)build trust and encourage community ownership through:



Shared Resources



Capacity Building



Collaborative Decision Making

WHAT WE WANT TO DO IS EMPOWER THESE COMMUNITIES TO ADDRESS ISSUES FOR THEMSELVES.

QUOTEHD.COM

Michael McDonald
American Songwriter

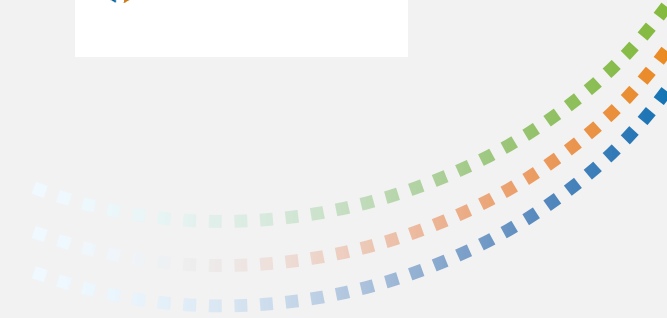
Empowerment of Community Partners

Methods

- Question Development
- Process to Collect Data
- Recruitment
- Group Facilitators & Interviewers

Progress to Date

- 3 Focus Groups – 19 participants
- 22 Individual Interviews
- 41 total participants



Preliminary Findings



- **Harm Reduction Activities**

- Existing services are used but more are needed in the community
- Urgent care would be a better option to receive treatment for abscesses or infection but they are not open at night, so emergency rooms are the only option
- Use mobile clinics to go to locations where those who use substances are located to be able to offer treatment, this would keep them out of the emergency room

- **Medicated Assisted Treatment, Residential Treatment, and Counseling**

- Very helpful, however longer term treatment is needed such as in-patient treatment and community counseling services
- Very hard to access – either not available and/or very expensive

“Most rehabs make you detox first. Before they ever take you. So then you have to go back out into the streets. And STAY clean and wait for your bed date in rehab. So, like, how hard is that? Because detox takes 72 hours, you know, maybe up to 5 days. Sometimes people can get into rehab within a couple days after detox. But most people aren’t that lucky. So they are probably going to relapse again.”

- Veterans worry about seeking help because they are afraid to lose their benefits

Preliminary Findings

- **Challenges Maintaining Sobriety**

- Support groups are very helpful for both people who are using or in recovery, and family and friends
 - Alcoholics Anonymous is the most available support group but not everyone feels comfortable in those meetings. One reason is because some do not see being on Medicated Assisted Treatment as being “sober”
 - For family or friends of those that are using, there are not many groups

“As a parent, I thought I had failed. We didn’t have support groups. So you just keep your pain and suffering to yourself.”

- Unable to change current environment so the triggers to relapse are very prominent
- Lack transportation to access services
- Lack of stable housing
- Requirement of background checks can limit accessing services for those that have a criminal record

- **Stigma impacts accessing all services**

- When someone who is addicted goes into the hospital for abscesses or other conditions, the hospital staff can be very unpleasant and treat the person badly.

“Say you want to get help and you’re withdrawing off opioids and we know how sick you are, and you go to the ER. How are you treated? Like shit!”

- In small communities it is hard to keep information confidential because even those under HIPPA still spread information

“I was sober for almost 20 years before I finally got a good job.”

Preliminary Findings

- **Community Awareness**

- More education is needed for those who use, for family members, and the general community
- This includes information on how certain substances are addictive, the long term health impacts, and how to access resources

- **Additional Quotes from Interviews**

“There has to be a focus in shifting funding out to these rural areas, even just to help a couple of people. I get it, money has to follow where there’s more people. But it would make such a difference here. In our eyes, we are not a priority.... We need resources here too. And we don’t have those.... This is a human being. Treat them like one...I am not ‘some drunk Indian’. I am an educated, strong Native American woman. Yeah, the disparity is there, but it’s not impossible... I know my body is chemically dependent on this medication. But so many people out there have no idea. And to manage that. And manage life. Is impossible. And you lose everything. And there are no resources here to help manage. I have to be a voice for the people who don’t have one”

“In recovering addicts, if you want to quit- you want to quit right now. That window of opportunity is so small. And you either wait - or get high- so what are you going to probably do? You're gonna get high. So definitely, I think, accessibility is huge. We just need more.”

Next Steps:

- Data Collection Ends 3/18/22
- Final Report Submitted 4/4/2022
- In order to uphold the values of a CBPR approach, this process will continue with the development of the state plan and recommendations made to the director of DHHS, as well as decisions on how resources will be distributed and allocated within communities.

QUESTIONS



Thank You

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