



Healing Tool

Pocket guide for addressing behavioral health goals in Native communities



This resource is designed to provide important talking points to use when meeting with or talking to tribal leaders, elders, community members, multi-disciplinary task force members, or local county workers about substance use disorders (SUD), medication assisted treatment (MAT), and other behavioral health issues.

Epidemiology & Data

The Crisis for Native Americans and Alaska Natives

From 2003 to 2014, a total of 1,531 suicides among Native Americans and Alaska Natives and 103,986 among whites were reported in the National Violent Death Reporting System. More than one third (35.7%) of Native suicides occurred among youths aged 10–24 years (9.8% aged 10–17 years, 25.9% aged 18–24 years).¹

2018 Data for Native Americans from the National Survey on Drug Use and Health:

- 10% have a substance use disorder
- 4% have an illicit drug use disorder
- 7.1% have an alcohol use disorder
- Nearly 25% report binge drinking in the past month
- Are more likely to report drug abuse in the past month (17.4%) or year (28.5%) than any other ethnic group²

Additional Data:

- As of 2019, approximately 17,966 Native Americans were homeless.³
- 26.2% of single-race American Indian and Alaska Native people were in poverty in 2016, the highest rate of any race group. For the nation, the poverty rate was 14.0 percent.⁴
- In 2016, 22,744 Native men and women were incarcerated.⁵
- American Indian and Alaska Native children are placed into foster care at a rate 2.7 times greater than their proportion in the general population.⁶



Stigma & MAT

Medication Assisted Treatment Questions

How can we address stigma?

- Present anti-stigma educational campaigns and webinars.
- Use compassion and dignity strategies at events.
- Deploy anti-stigma messages on posters, tv, radio, and through social media.

Is this replacing one drug for another?

- The medication in MAT for opioid use disorder helps reduce cravings and withdrawal, giving patients a better chance of recovery, and may reduce their risk of overdose.

Can we smudge clients in MAT?

- Generally, most programs allow smudging for individuals participating in MAT.

Can clients/patients attend traditional ceremonies if on MAT?

- Check with local spiritual leaders.

What if they divert their medication?

- Diversion policies and protocols exist that can be implemented to help your program.

What if they cannot attend a group due to strict abstinence-only rules?

- Organize a meeting for them.

The cost of prescription opioid misuse alone in the US is \$78.5 billion a year, including the cost of healthcare, lost productivity, addiction treatment, and criminal justice.



Cultural & Traditional Paths

Tribal and Cultural Programming – A Healing Path

These practices may not reflect the traditions of all tribes, but are intended to offer traditional pathways to healing.

- Tobacco offerings: putting out tobacco to pray and to give thanks.
- Medicine gathering: gathering sage, cedar, sweetgrass and kinnikinnik for praying.
- Teaching: always offer tobacco to the spirit of the plant to give thanks for them helping us.
- Talking circles: tribes use this format to aid in holding group meetings or family meetings.
- Sweat lodge ceremonies: tribes utilize old ways to help to heal and to stay in recovery.
- Craft making or making regalia: programs can help community members to heal by making their own regalia and by dancing with their own regalia.
- Indian naming: some tribes use their indian names and colors to put on their ceremonial or dancing regalia. This tells community who they are by the colors they wear.
- Sun dances: some tribes attend these ceremonies for intense praying, sacrificing for the people to live and to heal.
- Water ceremonies: some tribes honor the water and hold ceremonies to honor the water and the healing water can bring.
 - Pipe ceremonies: some tribes smoke the pipe to bring healing and comfort to families when they are having a hard time, when in grief/loss and to give thanks for being helped.



Tribal Behavioral Health

What To Do Next: Recommendations and Resources from the National Tribal Behavioral Health Agenda

The following recommendations are a consolidated list as they relate to this publication, based on those found on pages 57-58 of the National Tribal Behavioral Health Agenda.⁷

- Utilize culture and spirituality that suits each individual tribes (this is not one size fits all as there are about 574 tribes nationwide)
- Support reentry programs for people returning home and for their children.
- Prioritize and collaborate on prevention efforts as a primary strategy across education, health, behavioral health, child welfare, law enforcement, and other systems.
- Treat mental and substance use disorders as significant diseases that require support and services across the spectrum—from prevention for individuals at all levels of risk through recovery.
- Advocate for and support comprehensive suicide prevention efforts that incorporate protocols for at-risk youth and adults, prioritize infrastructure, support suicide prevention and active community outreach after discharge from hospital or the emergency department.
- Support and develop collaboration among tribes, Tribal organizations, Tribal Colleges and Universities, and Federal agencies to establish local “grow your own” behavioral health education programs and provide basic training for local Tribal behavioral health aides (community workers).
- Support the incorporation of traditional practitioners within service delivery systems and provide training on cultural and organizational competency for all employees. Offer cultural interventions.
- Support Tribally driven assessments and implementation of strengths-based, Tribal best practices.
- Share resources with state and federal programs, decreasing competition and improving strategic planning.

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Native Center for Behavioral Health



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