

Louisiana-Recognized Native American Tribal Needs Assessment

Understanding the Perceptions, Resources, and
Challenges Involving Opioid Use Disorder

Year 1 Report
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Louisiana-Recognized Native American Tribal Needs Assessment: Understanding the Perceptions, Resources, and Challenges involving Opioid Use Disorder

Year One Report

Executive Summary

The Social Research and Evaluation Center (SREC) at the Louisiana State University, College of Human Sciences and Education engaged Louisiana-recognized tribes to investigate their perceptions, resources, and challenges around the Opioid Use Disorder (OUD) crisis in their communities. The outreach and investigative process resulted in attending tribal council meetings, conducting key stakeholder interviews, and administering tribal listening sessions. The discussions and listening sessions facilitated open dialogue about the nature of OUD, prevention, treatment, and recovery as well as identification of strengths and challenges experienced by tribal communities. Tribal citizens reported limited knowledge about help for those experiencing addiction. Knowledge of resources was limited, and misinformation was also revealed. Tribal citizens reported little to no cultural practices that could assist those dealing with addiction. Tribal citizens listed an array of root causes contributing to addiction in their communities including historical and generational trauma. The interactions for this project with Native American citizens opened new channels of communication and established rapport among tribal citizens and the SREC research team to better understand the impact of OUD and identify appropriate solutions.

Purpose

The purpose of this needs assessment is to gain information about the OUD crisis in Louisiana related to the state-recognized Native American tribes. Information about the nature and extent of OUD, activities regarding prevention and treatment, and gaps and barriers are investigated. This needs assessment better informs service providers as well as policy and decision-makers on how to address the OUD crisis among Louisiana's state-recognized Native American tribes.

Introduction

For the Louisiana State Opioid Response (LaSOR) Grant, the Social Research and Evaluation Center (SREC) at the Louisiana State University, College of Human Sciences and Education engaged Louisiana state-recognized tribes to identify and address awareness and needs surrounding Louisiana's OUD crisis, specifically tribal needs around opiate prevention, treatment, and recovery. Louisiana has four federally recognized tribes (e.g., Chitimacha Tribe of Louisiana, Coushatta Tribe of Louisiana, Jena Band of Choctaw, and Tunica-Biloxi Tribe of Louisiana), but the focus of the investigation into LaSOR tribal concerns incorporates the 11 state-recognized tribes. The 11 tribes are:

- Adai Caddo Indians of Louisiana
- Bayou Lafourche Band of Biloxi Chitimacha Confederation of Muskogees (BCCM)
- Choctaw-Apache Tribe of Ebarb
- Clifton Choctaw Tribe of Louisiana
- Four Winds Cherokee
- Grand Caillou/Dulac Band of BCCM
- Isle de Jean Charles Band of BCCM
- Louisiana Band of Choctaw
- Natchitoches Tribe of Louisiana
- Point au Chien Tribe
- United Houma Nation

For this report, only the United Houma Nation (UHN) initially agreed to participate in this investigative process; however, the Isle de Jean Charles Band of BCCM has recently decided to participate in listening sessions. An addendum report will be submitted to incorporate information gained from the pending tribal listening sessions.

Background and Historical Context

Researchers at SREC initially contacted the Office of Indian Affairs (OIA) within the Office of the Governor. The OIA “seeks to enhance the individual and collective communities of indigenous people in Louisiana by serving as a resource and referral agent for Louisiana Native Americans and tribes seeking assistance navigating local, state, and national policies” (Office of the Governor, 2019). The director of OIA, Ms. Patricia Arnould, is a citizen of UHN. The OIA serves as a resource for Louisiana Native American constituents. Ms. Arnould received information about the LaSOR program with an emphasis on the tribal needs assessment component. SREC worked in tandem

with Ms. Arnold to contact tribal leadership among the 11 tribes. Additional contacts resulted from known individuals in Terrebonne and Lafourche Parishes who had working relationships with local tribal community members. For a year, the same tribal members were identified as key stakeholders, who facilitated meetings and listening sessions.

Louisiana state-recognized tribes. Louisiana state-recognized tribes are non-profit organizations, registered with the Louisiana Secretary of State, that have primarily been recognized as a result of Louisiana legislative actions. The Louisiana legislature granted these designations on behalf of constituents with Native American self-identities. The groups have various levels of organization, and historically many groups do not trust outsiders. These groups have been traditionally difficult to engage.

Interviews with stakeholders reinforced observations that the SREC researchers noted in the tribal council meetings. Organization efforts for federal recognition have dominated much of the tribal efforts, which have created challenges when dealing with other tribal issues. While interactions with tribal groups revealed that the tribal members are aware of the myriad problems confronting tribal members, no work is being conducted around the opioid crisis.

There have been efforts around five tribes for federal recognition, and they are part of the Intertribal Council in Louisiana. These groups were associated with UHN in the past and have divided into the BCCM groups. The five tribes are:

1. Bayou Lafourche Band of BCCM
2. Grand Caillou/Dulac Band of BCCM
3. Isle de Jean Charles Band of BCCM
4. Point au Chien Tribe
5. United Houma Nation

To date, SREC has engaged two of the tribes: the UHN and recently, the Isle de Jean Charles Band of BCCM. Members of both of these tribal communities primarily live near Houma, Louisiana, and in lower Terrebonne Parish areas. Both tribes have many members who work in the oil and gas industry, often offshore, and in the commercial fishing industry.

United Houma Nation. UHN is a political community with 501(c)(3) status. UHN tribal members are referred to as citizens. The UHN has been working on federal

recognition since 1979 and was denied federal recognition in 1994. The U.S. Bureau of Indian Affairs acknowledges that the UHN is an authentic tribe; however, none of the individuals who claim membership are recognized as part of the UHN tribe because they have not proven that they are descendants of the original tribal members (personal communication, May 22, 2019). The tribal membership rolls are closed as a perceived prerequisite to the next application for federal designation, but the rolls were briefly opened sometime between 2008-2011. There are much tension and controversy about reopening the rolls for membership. Recently, UHN entered into a collaborative agreement with Southern University Law Center to assist with obtaining federal tribal recognition.

Isle de Jean Charles Band of BCCM. This tribal community currently lives in a 300-acre area (originally 22,000 acres) and is the first Native American community to be relocated due to climate change (Isle de Jean Charles, n.d.). The State has been working with tribal leadership on resettlement efforts.

While federally recognized tribes have defined lands and documented rolls, which enable reporting of numbers and locations of members, there are no designated lands or records for individuals who are associated with the state-recognized tribes in Louisiana. This limits the ability to examine substance use and abuse data that may be associated with tribal members in Louisiana.

Methods and Data Sources

At the beginning of the needs assessment process, SREC requested that Ms. Arnould contact the state tribal leadership to inform them of the LDH and research efforts for LaSOR. After this initial contact, four of eleven tribes acknowledged her request. One of the four tribes that responded is no longer officially listed as a state-recognized tribe, but it is still connected to OIA.

SREC researchers contacted the four tribes that initially responded, specifically Clifton Choctaw Tribe of Louisiana, Natchitoches Tribe of Louisiana, Louisiana Band of Choctaw, and UHN. Out of the four, only one tribe was willing to speak with SREC researchers. SREC researchers conducted one phone interview with the Chief from the tribe that is not currently on the state list; however, after the phone discussion, the tribal council notified the Chief that they were not interested in participating with the LaSOR project.

After additional attempts to contact the other three tribes, Ms. Arnould successfully procured SREC a place on the May 11, 2019, UHN Tribal Council Meeting agenda in Houma, Louisiana. An SREC representative attended and presented information about the opioid epidemic, LaSOR, and efforts to learn more about tribal concerns and needs.

Informational packets were distributed to the UHN Tribal Council. The informational package included: the LDH/LaSOR press release, a LaSOR fact sheet, SAMHSA information about OUD in Indian Country and other resources, a Louisiana map with locations of the Local Governmental Agency (LGE) and Opiate Treatment Center locations, LGE directory with addresses and contact information, an opioid prescription fact sheet, and information about SREC. At this meeting, one of the tribal council members facilitated a key stakeholder interview with another tribal citizen with knowledge of state-recognized tribes.

Methods varied for youth-focused or adult-focused listening sessions. The term "listening session" was used rather than focus groups as this term implies that the interactions included learning about the tribal experiences rather than a research project. The tribal needs assessment plan (see Appendix A) detailed domains for investigation in the tribal community, including the nature and impact of OUD, prevention and treatment, and solutions to the OUD crisis. Questions varied slightly in the domains for tribal leadership and tribal citizens.

During the assessment period, SREC researchers attended three tribal councils, conducted three key stakeholder interviews and four listening sessions. Appendix B lists dates, locations, and participant groups for these sessions. As of this writing, SREC researchers have scheduled one additional listening session. This listening session will be with the Isle de Jean Charles Band of BCCM. This will be the first contact with this tribe. One other session is pending with the UNH citizens in St. Mary Parish.

Understanding Louisiana Tribal Needs

Listening sessions. The first listening session was conducted with 12 staff members of summer program for Native American children. This is a day camp for children ages 5 to 12 and held during the summer at the Dulac Community Center in Dulac, Louisiana. All counselors identified as having Native American origin (e.g., UHN, Aztec, and Apalachee in Florida). Participants shared their attitudes and perceptions of drug use in their community. Interactive activities produced responses to a series of questions.

The second listening session was held at the Dulac Community Center in Dulac, Louisiana. Eight adults were present, including seven females and one male. All but one of the participants were citizens of the UHN. The listening session participants were either employees or volunteers of the community center. The Dulac Community Center serves as a food bank and resource center for the residents of the area. The center

provides social services, emergency response, and learning opportunities to the people in Terrebonne Parish.

The third listening session was held at the Vocational Rehabilitation Office in Houma, Louisiana, which also houses the offices of the UHN. Seven adults attended, including five women and two men. All of the participants were citizens of the UHN. One of the participants was in recovery from OUD.

The fourth listening session was held at the Grand Caillou Library in Dulac, Louisiana. Sixteen adults attended, including five women and eleven men; six participants were members of the UHN. Three male participants were from local law enforcement with one being a tribal citizen and retired from the field.

Interviews. SREC researchers conducted three stakeholder interviews. First, SREC researchers interviewed a UHN citizen who is a scholar on Native American Indian affairs with an emphasis on policy and law. The second interview was with a UHN citizen who has been actively involved with the tribal community, and the third interview included the state-level director of Indian Affairs in the Louisiana Governor's Office.

Findings

The following section of the report summarizes findings from the listening sessions and stakeholder interviews. Data from the listening sessions and interviews were examined for themes and trends.

Nature and Impact of OUD in Native American Communities. Findings of the listening sessions and interviews showed a consistent message that tribal groups in Louisiana suffer social ills at disparate levels. The complexity of Native American life in Louisiana was discussed. In the youth-focused listening session, all youth indicated that their community had a severe drug problem, but less than 20% knew anything about the opioid crisis in America. Other drugs that are of concern in tribal communities included illegal methamphetamines.

Participants informed researchers that there are many Vietnam Veterans in the Dulac area that are living with drug addiction. Additionally, participants reported to researchers that opioid drugs are obtained for recreational use. Discussion included observations of members about the propensity of drug addiction among family members and repeatedly related that drug addiction is often generational in their communities. The participants conveyed to SREC researchers that citizens in the community claim pain or sickness to obtain drugs and other family members legally get drugs, then they sell them to others

on the street. Participants related that social media networks are a significant source of drug-seeking behavior and distribution.

Types of Individuals living with addiction. Participants related the existence of many elderly opioid drug users in their communities. Adult children often identify opioid misuse among their elderly parents. Other typical users include men and working-class individuals from the oil field and fishing industry, who have been injured at work. Addiction is viewed as a lifestyle among some individuals, especially the younger generation. Participants shared that users do not understand risks until they are already addicted. Participants also acknowledged that individuals who are homeless often experience addiction.

Factors contributing to addiction in Indian Country. The participants of the listening sessions noted multiple conditions contributing to addiction within their community. These included legal pharmaceuticals and injuries requiring pain treatment, lack of healthcare services, low educational levels, income sources, and lack of knowledge. Multiple risk factors were noted repeatedly within the communities.

Legal prescriptions. Participants shared that opioids are introduced into their communities legally, particularly from doctors that are trusted. These opioids are not perceived as risky because they are legally obtained. In some instances, drug use is viewed as a community norm and is not regarded as a problem among many people. Some participants said they were prescribed opioids to address pain, but realized the side effects and stopped on their own.

Injuries. Participants related that when workers are injured, their earning power is greatly reduced. Loss of self-esteem as the family's provider contributes to addiction, and the injured workers deal with loss and physical and psychological pain through drug use.

Lack of healthcare. The lack of access to healthcare contributes to addiction because individuals do not have access to addiction treatment options. Participants noted that employed individuals fared better because they have more options for getting help.

Lack of education. Low educational levels among tribal members were consistently identified as a contributing factor to drug use. One participant said literacy levels among tribal citizens are low making it difficult to understand medication labels that list side effects and risks.

Income sources. Participants noted that some individuals sell their legally obtained drugs to support themselves and their families. Participants stated that these individuals know which physicians more readily provide pain prescription drugs.

Lack of knowledge. Participants reported both knowledge and lack of awareness around risks associated with addiction. Much ambiguity surrounded familiarity of opioids and other drug use disorders. Participants noted that when individuals use drugs without understanding the risks, that they more easily become addicted.

Other hazards. There is generational drug use in some tribal families, where drug use is part of family activities. Other contributing factors mentioned included environmental hazards (e.g., the 2010 BP oil spill and land loss), consumption of unhealthy foods, and abusive relationships. It was reported that all of these issues contributed to increased stress levels that can lead to drug use and abuse.

Prevention. None of the listening session participants identified any opioid or other drug prevention efforts in the Houma or lower Terrebonne Parish areas. The only prevention program that was mentioned was the DARE program in schools, which participants said was no longer offered. SREC researchers informed participants that DARE is not an evidence-based program; therefore, it is not supported by drug prevention agencies and organizations. SREC researchers informed participants that the LDH offers evidence-based prevention programs for school-aged youth, such as Generation Rx. Drug abuse problems were not discussed at tribal council meetings.

Treatment and Recovery. Some participants shared knowledge of treatment programs accessed by friends and family who had successfully completed substance abuse treatment; however, it was reported that these programs were out-of-state. In similar discussions about detox services, participants recounted that either there were none available or that individuals traveled to the closest detox unit at the Vermilion Behavioral Health in Lafayette, Louisiana.

Participants reported a scarcity of available treatment options for opioid and other drug use disorders. Participants reported specifically a lack of trust in both private and public hospitals. Conflicting information was noted, such as the nearest treatment facilities (namely, Fairview and Bayou Vista) or hospitals (namely, Leonard J. Chabert Medical Center, Ochsner, and Terrebonne General Medical Center). START, a local community health center that has a treatment and recovery program in Houma, was specifically mentioned. When queried about local treatment options, some participants identified hospitals, churches, faith-based community members, and family members as potential resources for treatment while other participants did not know any treatment options in the areas where they lived.

SREC researchers noted that there was little to no knowledge of services provided by the Local Governing Entity (LGE), South Central Louisiana Human Services Authority (SCLHSA). When the location of SCLHSA was disclosed, participants acknowledged the building location, but they were not aware of the organization's name. Participants had some association of the LGE as a system providing mandated court-ordered treatment only; however, they did not know anything about prevention efforts or treatment offered.

Participants reported that the community depends on two librarians at the Grand Caillou Library for assistance in job searches, securing benefits, emergency housing, and other services. Notably, these librarians coordinated one of the listening sessions at the Grand Caillou Library. These librarians also participated in a training to address OUD in New Orleans before the listening sessions and were familiar with Narcan as a lifesaving drug.

Participants acknowledged the vulnerabilities of individuals with addiction problems, specifically those who lack the knowledge to access treatment. Further, it was reported that if these individuals were to seek treatment, they could not think well enough to ask the right questions or know what steps to take. One participant said, "People need support to navigate the system. They need an advocate."

Identified Strengths. SREC researchers asked participants to identify strengths that exist in tribal communities. Participants mentioned some assets within families and in the community. Those with family members that help navigate the treatment process and have monetary resources usually have better outcomes. It was also noted that having medical insurance through employment made it easier to access treatment programs. One citizen recovering from OUD credited Alcoholics Anonymous (AA) for his sobriety. The UHN Vocational Rehabilitation Center, which is funded through a U.S. Department of Education grant, provides some programming including increasing awareness. An employee of this program related that the number of young people accessing services at the Vocational Rehabilitation Center was very reassuring. Other resources available in the community that can support prevention and rehabilitation included faith-based groups as well as youth-focused clubs for children (e.g., Boys Club and Girls Scouts).

Solutions and Insights. One woman reflected historically why Native Americans are experiencing a lack of knowledge and the prevalence of opioid misuse in their community. She said, "In Indian Country, our people were not allowed to go to school or college. So right now, the first generation of Indians are college students. There is a generational lack of education, and this is a minus. This is also impacting their financial

situation". She also related that generational trauma plays into this today. She concluded by saying, "Trauma from the past is impacting Indians today."

Participants suggested that there is a severe need for treatment to address the root problems of addiction. This includes overarching issues, such as the environment, trauma, a lack of finances, housing, and education. Participants expressed a desire for holistic treatment and outreach as potential solutions for help. An SREC researcher stated that resource guides are available at libraries, medical clinics and medical facilities for prevention and treatment options.

Tribal customs or traditions. SREC researchers inquired whether the tribal communities utilized any cultural customs or traditions to address opioid misuse. Within the interviewed communities, participants identified no tribal customs or traditions. In probing about knowledge of other tribal customs, some tribal citizens were familiar with the "Wellbriety" Movement and the White Bison intervention (White Bison, 2019). They expressed an interest in these rituals and other culturally relevant interventions.

There was mention of "wanting the Indian ways to return." In one listening session, a participant referenced the use of a longhouse by another tribe in the northern part of the state. The citizen described the longhouse as a type of rehabilitation that offers prayer warriors assistance and a place where opioid users "go to fight addiction." Other citizens mentioned the use of sweat lodges or "teepee saunas" in other parts of the country, citing their effectiveness for focusing on the mind and body.

Gaps and Risks. Individuals exhibited many misunderstandings about the nature of addiction, including a lack of knowledge that addiction is a neurological disease. Tribal citizens, themselves, cited a lack of knowledge about addiction, including signs and symptoms. Citizens also exhibited inaccurate understanding of medically-assisted-treatment (MAT) and Narcan, specifically mentioning that Narcan is not available in Louisiana except by emergency responders and hospitals. Only professionals working in the medical and law enforcement community had accurate knowledge about Narcan and its availability. Additionally, the Grand Caillou librarians were familiar with Narcan after attending a training seminar.

One citizen reported a lack of oversight for doctors who prescribe opiates and for those monitoring drug screens. This individual cited multiple incidences of individuals "cheating" on drug screens. It was suggested that doctors needed professional development on how to prescribe opiates and treatment protocols (e.g., MAT). It was reported that some doctors are unethical and are taking cash for treatment and drugs.

Additionally, misdiagnoses are hurting teens (i.e., ADHD for OCD). There was a reference to pain or pill clinics as contributing to community drug problems.

Youth participants identified risk factors around OUD in their community, such as lack of treatment programs and a lack of awareness and knowledge about addiction. Youth listed the need for more educational and job programs.

Other noted risk factors for OUD included the prevalence of single-parent families and negative stereotypes about Native Americans. All sessions and interviewees related that the lack of education (e.g., school dropout), jobs, and extracurricular activities contributed to problems among tribal members.

Additional Observations

The open-ended discussion yielded information about resources and programming that may address the opioid use crisis impacting tribal communities. The tribal citizens provided the following list of suggestions:

- Tribal training session on opioids
- Outreach and prevention efforts
- More education on the community's terms
- Trust and respect needs to be earned
- More mental health treatment
- Stigma must be changed
- Mentoring, especially for male youth
- More programming for youth, including music and recreation
- Expressed a desire to bring back the DARE program, as tribal citizens perceived that DARE educated young people on the risks of drug and alcohol abuse

In the Terrebonne region, many individuals were familiar with one another. There were many familial relationships among those attending the listening sessions. References were made about university studies on Indians without sharing results with tribal groups. The SREC research team assured the participants that findings from the series of listening sessions would be shared with participants.

Immediate Impacts

As a result of the interactions with SREC researchers, the summer program children's director learned that SCLHSA had a prevention specialist and free professional development in prevention programs for children and youth. The SREC researchers facilitated connections to the prevention specialist, and the children's camp director

participated in a training session at SCLHSA. Now summer program can deliver evidence-based substance abuse prevention to the hundreds of children who enroll in the summer camp every year.

Outreach during interactions with the tribal community. SREC researchers recommended that community center staff familiarize themselves with opioid use disorder information. It was also recommended that written materials be provided to individuals who are seeking information about treatment and prevention. Additional resources were shared with participants including resources at LDH (e.g., SAMHSA website, OpioidHELPla.org, and the locations of Opioid Treatment Centers and LGEs).

Next steps. SREC continues to converse with Ms. Arnould at OIA, and she has sent invitations to all of the tribal councils to share their concerns and needs around opioid and other drug use issues. SREC researchers have additional listening sessions scheduled with the Isle de Jean Charles Band of BCCM and the UHN citizens who reside in St. Mary Parish. An addendum report of these two listening sessions will be provided to LDH.

SREC researchers recommend follow-up to the listening sessions by facilitating introductions of the UHN tribal leadership, UHN Vocational Rehabilitation staff, and the librarians at the Grand Caillou Library to the SCLHSA prevention specialists and other LaSOR outreach staff. The listening sessions and interactions with tribal citizens have established a beginning rapport that can be developed to create better linkages to prevention resources and treatment to Native American citizens in Louisiana.

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Appendices

Appendix A

Tribal Needs Assessment Plan

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The purpose of this needs assessment is to assess the impact of opioid use disorder (OUD) and identify appropriate solutions. State-recognized tribes are a priority population, and the focus of this needs assessment plan.

Below are the lists of questions:

Needs assessment questions for **tribal leadership**:

Nature/impact of OUD

1. What are the effects of OUD in the Native American community and who does it impact the most? (demographic characteristics, geographic location)
2. How is OUD viewed in the Native American community?
3. Are tribal citizens familiar with the risks associated with OUD?

Prevention and Treatment

4. Are tribal citizens familiar with programs and facilities available to treat OUD?
5. What tribal programming exists to educate members about the effects of OUD?
6. Are there some common tribal practices/rituals used in treatment and prevention efforts? If yes, please describe those practices.

Solutions

7. What strengths/gaps exist in treatment and prevention in the area?
8. How can the gaps that exist be addressed?
9. What types of unmet needs exist among tribal citizens?

Needs assessment questions **for tribal citizens**:

Nature/impact of OUD

1. How is OUD viewed in the Native American community?
2. What is the source of opioids in the Native American community? Are opioids obtained for medical or recreational use?
3. Are tribal citizens familiar with the risks associated with OUD?

Prevention and Treatment

4. Are tribal citizens familiar with programs and facilities available to treat OUD?
5. Are there some common tribal practices/rituals used in treatment and prevention efforts? If yes, please describe those practices.

Solutions

6. What strengths/gaps exist in treatment and prevention in the area?
7. How can the gaps that exist be addressed?
8. What types of unmet needs exist among tribal citizens?
9. Are tribal citizens familiar with lifesaving medications, such as Narcan? Do they know where Narcan is distributed or available in the community?

Appendix B

LaSOR Data Collection Summary Chart

Listening Session, Interview, or Meeting	Participant(s)	Date	Location
Meeting	United Houma Nation Tribal Council Meeting	May 11, 2019	Terrebonne Parish Library, Houma, LA
Interview	United Houma Nation citizen and law center faculty	May 22, 2019	Southern University Law Center, A.A. Lenoir Hall, Baton Rouge, LA
Listening Session	Native American staff members	June 20, 2019	Grand Caillou Recreational Center, Dulac, LA
Interview	United Houma Nation citizen	August 1, 2019	SREC Office Telephone Interview, Baton Rouge, LA
Meeting	United Houma Nation Tribal Council Meeting	August 10, 2019	United Houma Nation's Office, Marrero, LA
Listening Session	Tribal Citizens United Houma Nation	August 13, 2019	Dulac Community Center, Dulac, LA
Interview	Louisiana Office of Indian Affairs Representative	August 14, 2019	Office of Indian Affairs, Baton Rouge, LA
Listening Session	Tribal Citizens United Houma Nation	August 21, 2019	United Houma Nation Vocational Rehabilitation Office, Houma, LA

Listening Session	Tribal Citizens United Houma Nation	August 29, 2019	Grand Caillou Library, Dulac, LA
Meeting	United Houma Nation Tribal Council Meeting	September 14, 2019	Dularge Fire Department, Theriot, LA
Pending Listening Sessions			
Listening Session	Isle de Jean Charles Band of BCCM	September 28, 2019	Pointe-Aux-Chenes Fire Station, Montegut, LA
Listening Session	Tribal Citizens United Houma Nation (St. Mary Parish)	TBA	TBA

Appendix C

ADDENDUM

Louisiana State-Recognized Native American Tribal Needs Assessment
Louisiana State Opioid Response (LaSOR) Grant
October 31, 2019

Isle de Jean Charles Band of Biloxi-Chitimacha-Choctaw. Isle de Jean Charles Band of Biloxi-Chitimacha-Choctaw is an island tribal community located in lower Terrebonne Parish between Bayou Terrebonne and Pointe-aux-Chene Bayou. The island is disappearing at an alarming rate due to coastal erosion, levee protection systems, and oil and gas pipelines. Its original land mass was 22,000 acres and now only 300 acres currently remain. The area is prone to excessive flooding during significant weather events.

The tribe strives to protect its tribal sovereignty, and efforts to obtain federal recognition are ongoing. Preserving the remainder of the island is a priority. The tribal roll records approximately 700 tribal citizens including about 275 adults. Roughly, 30 residents still live on the island. The state planned to relocate these residents and other tribal members; however, tribal members have refused to move due to the expansion of the resettlement plan to nontribal individuals from nearby areas and to maintain island occupancy.

Listening session. SREC researchers conducted a listening session during a tribal council meeting at the Montegut Fire Station in Point-Aux-Chene, Louisiana on Saturday, September 28, 2019. Eleven adults attended the council meeting—eight men and three women, including the Traditional Chief and the local Catholic priest. However, only seven of those attendees contributed to the discussion. All participants were tribal members.

Findings

This section summarizes information obtained during the listening session. Data from the listening session were examined for themes and trends. This report is a supplement to the *Louisiana-Recognized Native American Tribal Needs Assessment: Understanding the Perceptions, Resources, and Challenges Involving Opioid Use Disorder* report as submitted to the Louisiana Department of Health, Office of Behavioral Health.

Nature and impact of opioid use disorder. Participants related limited knowledge of the opioid epidemic, and they were unaware of available resources to address it. When asked how addiction is viewed in the community, the reply was “sad and it mainly attacks the young”. Participants related that opioid use was “bad” in their community and that it was easy to identify individuals with addiction problems because the community is close-knit. Participants recounted a recent drug-related death in the community. All agreed that Indian communities are vulnerable to maladaptive behaviors due to historical issues.

Types of individuals living with addiction. Older adults are using drugs, but young people seem to be affected more due to peer pressure, particularly high school students who want to be “cool”. It was noted the students who are “really smart”, the “nerds”, do not use as many drugs.

Most drugs are obtained on the streets from drug dealers. A local drug dealer was convicted for murder because someone died of an overdose. Meth use is high and meth labs are active in the area as indicated by the large amounts of the drain cleaner (i.e., Draino) sold locally. Tribal members feel that those with steady employment fared better than those without jobs.

Prescription drugs. The listening session included a discussion about legally obtained prescriptions for legitimate medical conditions and the pharmaceutical industry. Participants noted that drugs prescribed by doctors have dangerous side effects. Members mentioned that Xanax use is increasing in the community and that one side effect was suicide. There was concern that side effects of drugs were often realized after it was too late. A member recounted using herbs as a child saying they were natural. Individuals often take opioids to address sports related injuries. There is a distrust of the pharmaceutical industry among tribal members. Many expressed that the industry only wanted to make money and stronger drugs.

Risks. Community members engaged in drug use know the risks. A discussion of individuals' predisposition to addiction was also discussed. Members pondered the next 'dangerous' drug and that "a new drug will eventually come". Pain pills are often prescribed for chronic conditions, but not consistently taken.

Solutions suggested by tribal citizens. Treatment access knowledge is very limited and needs to be increased. Besides the Oschner-Leonard J. Chabert emergency room services in Houma, members were unaware of other local resources. This emergency room was preferred over the services at Terrebonne General Medical Center. There was some knowledge of a treatment facility located in another area (perhaps Vermilion), but details were sparse. There are no tribal rituals or practices in place to address addiction among tribal members. Tribal members are encouraged to rely on their faith in God to address addiction. The discussion included the availability and use of Narcan to prevent overdose deaths. Strong parenting practices (e.g., knowledge of children's peers and activities) were regarded as a way to reduce drug use among youth. Responsible adult modeling of medication use could lessen the risks of addiction. SREC researchers offered to share local community resources with the tribe.

Submitted by the LSU Social Research and Evaluation Center