Dispose unwanted prescription drugs

Now is a good time for families to check their medicine cabinets for unused or unwanted prescription drugs and over-the-counter cough medicines.

Just keeping these drugs around could unknowingly provide easy access to one of the fastest growing categories of abused substances. Prescription drug abuse is rising rapidly. When abused, prescription drugs can be just as dangerous as illicit drugs and often act as gateway drugs to heroin.

The magnitude of heroin and opiate abuse across Minnesota, particularly among Native Americans (see page 5), is alarming. Addiction treatment admissions for heroin and other opiates accounted for 20 percent of all treatment admissions in the Twin Cities in 2012, second only to alcohol admissions.

Here are some guidelines for drug disposal:

- Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless this information specifically instructs you to do so.
- Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal.
- Contact your local law enforcement agencies about medicine collection programs.

If no instructions are given on the drug label and no take-back program is available in your area, throw the drugs in the household trash but first: Take them out of their original containers and mix them with an undesirable substance such as used coffee grounds or kitty litter. This mixture will be less appealing to children and pets and unrecognizable to people who may intentionally go through your trash. Put the mixture in a sealable bag, empty can or other container to prevent the medication from leaking or breaking out of a garbage can.

When in doubt about proper disposal, talk to your pharmacist.

Along with getting rid of unused medication, it’s important to talk to children, family and friends about the dangers of using medicine prescribed to another person.

If you have any comments or would like to contribute ideas for this newsletter, we encourage you to send an email to Cecil.Whitehat@state.mn.us. We would like to hear your stories and get your feedback. Thank you!
Success Story: 
Native American Curriculum Training

Rose Robinson

Teaching the professional and clinical staff who work at state agencies and licensed substance programs about Native American culture is the focus of the Native American Curriculum.

Since first developed in 2009, more than 400 people have taken the 22-hour course. State licensed substance abuse programs and state agency employees (Minnesota Department of Human Services and the Minnesota Department of Corrections) have participated in 17 course offerings. Tribal substance abuse programs were the focus curriculum offerings held at Red Lake, White Earth, Leech Lake, Mille Lacs, and Bois Forte Reservations. Two “Train the Trainer” sessions have been held.

Formal evaluations show the curriculum helps fill knowledge gaps about American Indian culture. The pre-and post-tests scores show a significant gain in knowledge of tribes in Minnesota. Course feedback frequently includes requests for more training, and often more focus on clinical practices.

Trainers are independent consultants. Some work at the Minnesota Department of Human Services, others at the Minnesota Indian Women’s Resource Center and others at various American Indian organizations. The all-native team of trainers does a tremendous job of delivering the curriculum material to participants.

Members of the training team are:
Rose Robinson, lead consultant
Rich Antell, procurement specialist for Tribes
Denise Estey-Lindquist, DHS
Devery Fairbanks, Red Lake Tribal College
George J. Goggleye Jr., Walker/Akeley Public Schools
Donald Moore, DHS
Betty Poitra DHS
Beth Sanftner, Minnesota Indian Women’s Resource Center
Dr. Cecil White Hat, DHS

continued on page 3
Message from the Director

Kevin J. Evenson
Director of the Alcohol and Drug Administration at the Minnesota Department of Human Services

Of more than 500 words in a recent position statement by the national organization of state alcohol and drug abuse program directors, one stood out for me as more important than all the others. What’s the word? Effective.

At issue is whether public and private health care plans should cover medications used in the treatment of opioid, alcohol and nicotine addictions.

Some say medications like methadone, buprenorphine and naltrexone simply substitute one drug dependency for another. Since the point of recovery is chemical independence, that should be the behavior from the outset, and there shouldn’t be an “intermediate” phase that depends on drugs. It’s an argument I respect.

But as National Association of State Alcohol and Drug Abuse Directors point out in their recent position statement,* there’s a growing body of research that substantiates the use of FDA-approved medications in the treatment of substance use disorders.

Research shows dependence on alcohol and drugs is a complex but treatable disease that affects brain function and behavior. It indicates there is no single, perfect protocol for everyone. Studies show that for some individuals, medication enhances treatment efforts. It’s effective.

And because individuals seeking treatment for substance use disorders should be educated about all treatment options, including the use of medications, we need better models for integrating care.

While there are chemical dependency programs that work well with primary care providers, we certainly need more. While we have physicians who do an excellent job treating patients with substance use disorders, we certainly need more.

If combining medication with psychosocial and behavioral strategies is key to effective treatment of individuals, then integrating different medical specialties is key to effective health care organization.

I believe the days of splitting care are over. We need a more humanistic, integrated approach to treating people. Our minds, bodies, and spirit are all connected; change one and you will change the other. That is the effective way to go.


Participants who take the Native American Curriculum Training since 2009 get to test their knowledge about tribes and Indian culture both before and after taking the training. On average, course participants show a 24-point gain in knowledge.
Spotlight
Katherine Mae Laitinen

Katy Laitinen is a licensed alcohol and drug counselor at the Bois Forte Health and Human Services.

Where’s home? I now I live in Cook, Minnesota. I was born in Breitung Township, which is near Tower. My parents, David Sam and Emma Boshey-Sam, are both from the Vermillion Reservation. We never actually lived on the reservation, but my siblings and I spent most of our childhoods on the reservation at our grandparent’s house.

Family? I have four children: William is 49, Tylene is 47, Trevor is 33, and Victor, who would have been 39 this year. Victor passed away from lupus in 2000. I am also a proud grandmother of eight and one great granddaughter. I am very proud of my loving family and my own personal accomplishment of having 41 years of sobriety. I love my children and their children very much and I enjoy every day I am able to interact with them. They make me very proud as a grandparent and through the years they have been there to help and support me in my sobriety.

How’s work? I work full time and have been very dedicated to my work for almost 19 years. I love my job and all its aspects, such as interacting with my co-workers and clients. I love helping people overcome certain obstacles in their lives. I also have a very special and unique boss, Pam Hughes. We are able to talk and joke around with each other. For example I always say, “I am going to work two more years!” and she replies, “Yeah right, after two more years, you will still be here!” When you work with people like her, you really can’t help but want to do your job well.

Elders recognized at Wisdom Steps conference

Hundreds of American Indian elders in Minnesota attended the 14th annual Wisdom Steps conference June 10-11 at the Jackpot Junction Casino Hotel in Morton. The preventive health conference featured workshops on such topics as, alcohol and drug abuse, resources for hearing loss, dementia, mental health and wellness, nutrition for diabetes and grandparents raising grandchildren. Elders received awards for their preventive health activities, including walking, attending health fairs, receiving routine screenings and exercising regularly.
For heroin, 6.7 per thousand American Indians were admitted for treatment in 2012, compared to 0.76 per thousand of the state’s total non-Indian population.

And finally? I have had many obstacles in my life to overcome. Some were difficult and some were not, but I have learned a lot from each. I have gained a lot of knowledge from the things I have been through and I always try to remind others that negative things will always arise in their lives and to accept them and work through them. I believe our spiritual power will give us help when needed.

For fun?
My hobbies include scrapbooking, going to rummage sales, shopping, picking wild blueberries and strawberries at the strawberry patch, mowing my lawn, visiting with friends and relaxing on my deck with my four dogs.

And finally? I have had many obstacles in my life to overcome. Some were difficult and some were not, but I have learned a lot from each. I have gained a lot of knowledge from the things I have been through and I always try to remind others that negative things will always arise in their lives and to accept them and work through them. I believe our spiritual power will give us help when needed.

For heroin, 6.7 per thousand American Indians were admitted for treatment in 2012, compared to 0.76 per thousand of the state’s total non-Indian population.

In 2012, 12.15 per thousand American Indians were admitted for treatment for other opioids in 2012, compared to 0.69 per thousand of the state’s total non-Indian population.
Documentary among many efforts to address increase in opiate abuse

Twin Cities Public Television’s documentary, “Heroin at Home,” included an interview with Beemus Goodsky, case manager at the Moose Lake Opiate Treatment Program, about the historical context of addiction among Native Americans. First broadcast in July 2013, the documentary was produced in cooperation with the Minnesota Department of Human Services to complement the State Substance Strategy* (DHS-6543). The first update on that strategy, Minnesota State Substance Abuse Strategy: First Year Report (DHS-6908), points to the documentary as one of many accomplishments in the multi-agency effort to address a range of substance use disorders in Minnesota.

* https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6543-ENG

Eight ‘protective factors’ to make communities healthier

Unlike risk factors, which increase the likelihood of problem outcomes, protective factors are characteristics that lower the likelihood of problem outcomes, or that reduce the negative impact of a risk factor.

Some risk and protective factors are associated with multiple outcomes – use of alcohol and drugs, depression, anxiety, and suicidal thoughts. The more we can do to increase protective factors, the healthier our community will be.

Some protective factors shared between substance use and mental health are:

- Culture and participation in cultural activities
- Participation in positive social activities
- Support and nurturing from family mentors
- School and community connectedness
- Success in academics
- Spirituality/religiosity
- Self-esteem
- Social support

Communities can take steps to reduce risk factors, such as restricting access to alcohol or increasing awareness about the dangers of misusing prescription drugs.

However, communities can also take steps to increase and enhance protective factors. Such steps might include providing concrete supports to families in times of need, creating and promoting opportunities to participate in community, school, and club activities, or creating compassionate schools.

While it may not be possible to completely remove all risk from communities and families, we can do our part to promote protective factors.

For further information, contact chemicalhealth@redlakenation.org

- From the newsletter “Protective Factors” Red Lake Chemical Health, 2013
**The Indian Perspective**

In late August 1919, A. McG. Beede, a missionary on the Standing Rock Sioux Reservation in North Dakota, sent Melvin Gilmore, the curator of the State Historical Society, a manuscript that discussed the beliefs of the Western Teton Sioux. This paper is regarded as an accurate account of the knowledge of the Western Sioux and Chippewa Indians, Beede wrote:

_The Western Sioux believed that each being, a rock for instance, is an actual community of persons with ample locomotion among themselves, and such locomotion not regarded as circumscribed or restricted, save as the maker (oicage) of the whole gives to each species his own sphere. And, they reasoned, this limitation is merely in body (tancan), the mind, intelligence, and spirit of each is privileged to range, through and blend with totality by gaining a right attitude toward Woniya (Spirit)...

And, I should have said, the fact of a rock, or any object, being a community of locomotive persons, was based on, or concomitant with, the belief that not a few of their people actually had the ability to see into and through a rock discerning its make-up, similarly as we look into a community or grove of trees. I have known many Indians believing this ability---and not regarding it as anything remarkable---and there was no occasion for doubting their sincerity...

Of course, the history of any people contains mythology (which is, perhaps, not quite so simple or invaluable as many a “scientist” might assume), but is such a mythology composed entirely of myths added one to another, or is there beneath all and through all and in all an all-encompassing something unexplained by our “scientific” “force and energy” which the Western Sioux thought of, sincerely claimed to know of, as Woniya (Spirit)? It does not bother the old Indians to understand, in an elementary way, what we mean by “the modern scientific attitude”...

There is no difficulty in leading an old Teton Sioux Indian to understand the “scientific” attitude, and that the processes that give rise to phenomena may be more and more known by man, and may be, to some extent, controlled by man, and that in this way the forces of nature may become a mainspring of progress in the individual and in the human race. The idea of atoms and electrons is easy and pleasing to an old Indian, and he grasps the idea of chemistry. Such things make ready contact with his previous observation and thinking...

_In the Turtle Mountains, North Dakota, Harry Boise... was with me eight months. At his request I allowed him to teach the old Chippewa and Cree Indians there the modern scientific attitude with its view of things... The chief among his pupils was Sakan’ku Skonk (Rising Sun)... But Rising Sun, speaking the conclusion of all, pronounced “the scientific view” inadequate. Not bad or untrue, but inadequate to explain, among many other things, how man is to find and know a road along which he wishes and chooses to make this said progress unless the Great Manitoo by his spirit guides the mind of man, keeping human beings just and generous and hospitable._


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**From the Editor:**

Many nascent Indian researchers as well as Traditionalists from the American Indian culture have long been proponents of using cultural strength-based strategies to address prevention and treatment issues on Reservations and Urban Indian Communities. When attending American Indian conferences you will find in the literature the saying “Culture is Prevention, Tradition is Treatment.” At a recent Red Road Gathering on the University of South Dakota campus, Vermillion, South Dakota, Dr. Michael J. Lawler, MSW, Ph.D., Dean and Professor of the School of Health Sciences, began his talk with the following statement.

“Science is catching up to Ceremony.” He went on to Acknowledge that American Indian Cultures were old in the grand scheme of things and that Western science was turning more and more to American Indian knowledge, traditional beliefs and practices to promote community wellness and health. This brought to mind for me an excerpt from Vine D. Deloria Jr’s book Spirit and Reason which corroborates Dr. Lawler’s premise. It is called “The Indian Perspective.” See excerpt at left.
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Events

Summer events


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