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Connecting Historical Racial Injustices in American Indian Communities and Our Current Approaches
How Did We Get Here?

Policy Implications

• Indian Removal Act 1830

• 1883 Code of Indian Offenses

• Indian Relocation Act of 1956

Cultural Impacts
Current Issues

• Underfunding

• Access to Care

• Incongruent Approaches
Our Approach

• Through Department of Health Care Services, a partnership between CCUIH, The California Rural Indian Health Board, UCLA, USC, Telewell Behavioral Medicine, and Two Feathers.

  ▪ Multipronged approach to reduce prevalence of OUD and opioid overdose deaths in American Indian Communities in California:
    ▪ OUD Prevention
    ▪ OUD Treatment & MAT Access Expansion
    ▪ Naloxone Access Expansion
    ▪ Support System Development & Involvement
Engaging Urban Indian Health Programs

- 4 Urban Indian Health Clinics
- 2 Access and Referral Centers
- 2 Residential Treatment Centers
Culturally Adapted Opioid Campaign

Developing, collecting, and disseminating culturally tailored materials addressing:

- General opioid education
- Opioid overdose prevention and reversal training
- Safe opioid use
- Safe opioid prescribing and disposal

All materials created in a way to reduce stigma around opioid use disorder.
HOPE WITHOUT STIGMA

RECOGNIZING & RESPONDING TO AN OPIOID OVERDOSE

Warning: Contents may contain valuable information to save a life.

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3 WHAT CAUSES AN OPIOID OVERDOSE?

An overdose happens when someone takes too many opioids and their heart and lungs slow down and may stop working.

- Mixing Drugs Like Alcohol, Stimulants, and Pills
- Using Poor Quality Drugs or Drugs of Unknown Quality
- Using Drugs by Yourself or When you Feel Lonely
- Having a Low Tolerance Level:
  - For example: After leaving hospital or detox
  - After recent stay in jail
- Using Drugs with Existing Health Problems
  - Liver Problems
  - Breathing Problems
  - Dehydration

7 BEGIN RESCUE BREATHING

1. Check Airway
   - For:
     - Toothpicks
     - Gum
     - Pills
     - Syringe Caps
     - Fentanyl Patches, and anything else

2. Tilt head back. Lift chin, pinch nose.

3. Give two normal breaths. Ensure chest rises with each breath.

4. Then give one breath every five seconds until emergency personnel arrive or the person wakes up.