

Healing Practice:

Integrating Cultural Awareness into Evidence-Based Addiction Treatment

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Disclosure Information

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Learning Objectives

- ☀️ Learn how the history and culture of Native, Muslim and immigrant communities affect their substance use and recovery
- ☀️ Develop tools to recognize and incorporate patients' cultural and spiritual practices into evidence-based addiction treatment
- ☀️ Create a recovery environment that supports people from various backgrounds

TEACHINGS ON TRADITIONAL TOBACCO: CULTURE AS PREVENTION

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cistemaw

Cailean Dakota MacColl, BA, BS (she/they)

Health Disparities

- ❖ 2021: AI/AN Minnesotans 10x more likely to die from a drug overdose than white Minnesotans
- ❖ 59% of AI/AN people in MN reported smoking tobacco, only ~14% of the entire adult population smokes
 - ❖ Tobacco smoking rates highest among ages 25-44 years (72%)
- ❖ 2015-2019: AI/AN Minnesotans had highest rates of all cancer types combined
- ❖ AI/AN Minnesotans have highest rates of chronic disease and lowest life expectancy of any group in US

Background

- ❖ 1883: “Indian Religious Crimes Act”
 - ❖ Gave federal agents authority to use force, imprisonment, and withholding of rations to stop any cultural practices deemed immoral or subversive to federal government mandated assimilation policies
- ❖ Lasted until 1934 but not officially or legally resolved until 1978 with the American Indian Religious Freedom Act
- ❖ From the 19th century → 1978, AI/AN people *only* had access to commercial tobacco *under federal law*
- ❖ Result: AI/ANs have the highest rates of smoking and chronic disease and have the lowest life expectancy of any group in the US

Traditional Knowledge

- ❖ We are all learning together, all generations
 - ❖ Culture, language, traditional medicine, storytelling, protocol, community, are all prevention and help us grow deep roots in our lifeways
 - ❖ It does take time and effort to understand us and know us more as people, but reciprocal relationships are the basis of being a good relative
 - ❖ Creator knows what is in our hearts, if something is done in a good way or with good intention, that is what's important

Traditional Knowledge

- ❖ Tobacco is the mediator between humans and all other creation: it is *medicine*
- ❖ Encouraging traditional tobacco use is a way to discourage habitual commercial cigarette use
- ❖ It is not *what* you say but *how* you say it that is important
- ❖ What you say as a clinician is more meaningful when reciprocal relationships are built on trust

Incorporating Indigenous Healing Practices into Various Treatment Modalities

- ❖ Non-Native clinicians: have humble conversations with Native patients/clients
 - ❖ What are you learning about us? What can you offer?
- ❖ Availability of cultural navigators is key
 - ❖ Know where you are welcome and where you need to be invited: not being invited isn't personal, it's protective
- ❖ In outpatient settings, encourage connections to local Native groups
 - ❖ No need to reinvent the wheel! Form relationships with your community to help build meaningful connections

Incorporating Indigenous Healing Practices into Various Treatment Modalities

- ❖ Spiritual practices such as tobacco offerings, traditional tobacco use, smudging, etc. are therapeutic
- ❖ Understand the lifegiving role of tobacco and traditional medicine
- ❖ Develop relationships with the local Native communities/healers
 - ❖ Respectfully allow them to guide the change and healing
- ❖ Decolonize your practice by asking yourself these questions:
 - ❖ How am I recognizing agency and sovereignty of this individual?
 - ❖ How can I be a better relative?

HEALING PRACTICE: IMMIGRATION AND SUBSTANCE USE IN AFRICAN IMMIGRANTS

Ese B. Aghenta, MD, MPH, FAAFP, FASAM

Seleipiri I. Akobo, MD, MBA, MPH, DABOM, FASAM

Session Learning Objectives

- ❖ Who are the new Americans from the African continent
- ❖ Explore the link between immigration-related experiences and substance use
- ❖ Identify barriers in accessing substance use healthcare
- ❖ Improve care by integrating cultural competence in addiction treatment
- ❖ Resources for Healthcare professionals

1. Immigration and Identity

Terminologies

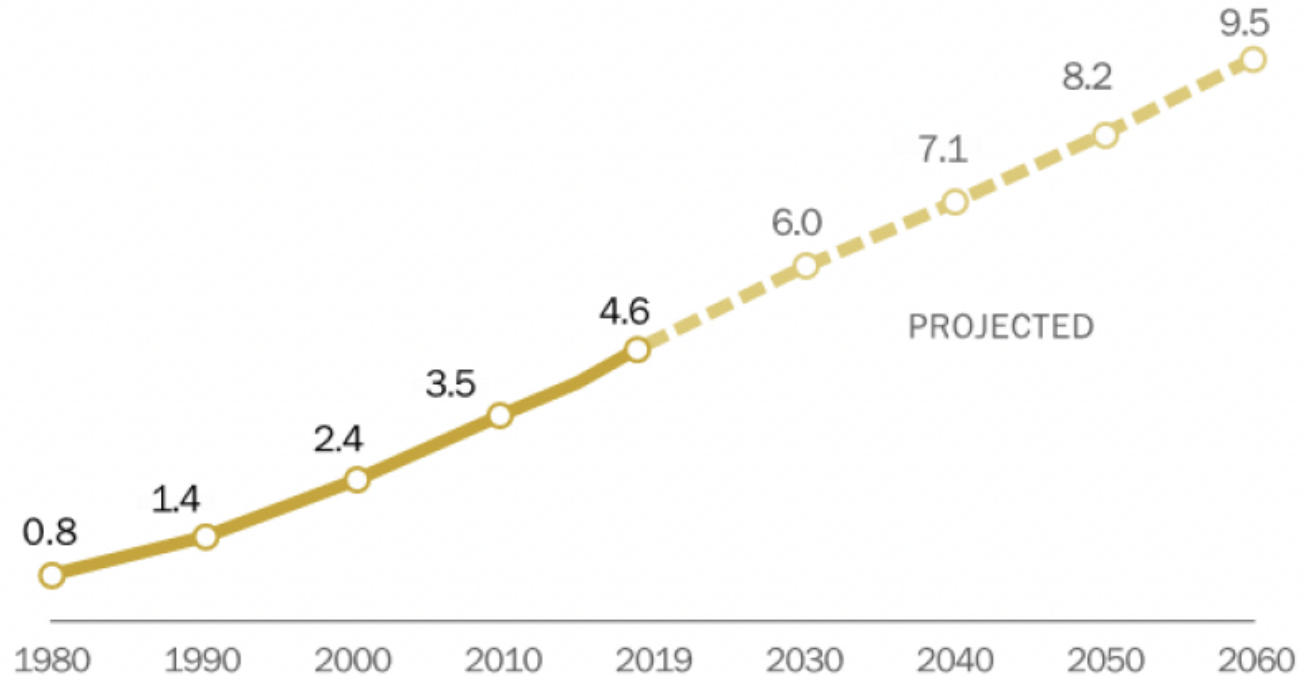
- ❖ Immigrants: Individuals who permanently live in a country different from their birthplace.
- ❖ First-generation immigrants/Foreign Born: Born in a country other than the host country
- ❖ Second-generation immigrants: At least one first-generation immigrant parents.

Epidemiology

- ❖ 1 in 10 Black people in the US are immigrants

Black immigrant population climbs to 4.6 million and is projected to reach 9.5 million by 2060

Total U.S. Black foreign-born population, in millions



% of U.S. Black population who are foreign born

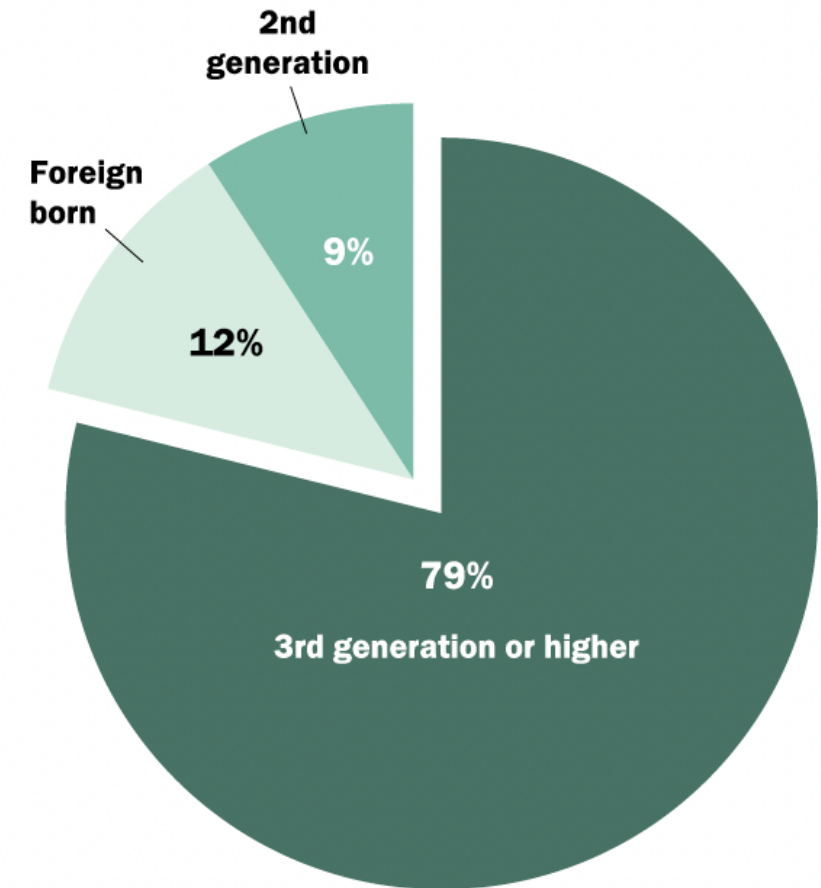
Tamir, C. (2022).

Second Generation

- ❖ 1 in 5 of the black Population are immigrants or children of immigrants

Roughly one-in-five Black people in the U.S. are immigrants or children of Black immigrants

% of U.S. Black population that is ...



Tamir, C. (2022).

History of Black immigration to the US

- ❖ Trans-Atlantic slave trade (1619-1808)
- ❖ Immigration and Nationality Act of 1965
 - Family reunification and skilled immigrants
- ❖ Refugee Act of 1980
- ❖ Immigration Act of 1990
 - Diversity Immigrant Visa Program



Tamir & Anderson, 2022

Image source: https://en.wikipedia.org/wiki/List_of_regions_of_Africa

Composition of Black Immigrants

- ❖ Caribbean
 - Largest source
- ❖ African Immigrants
 - Fastest growth
 - 246% growth between 2000-2019

Top birthplaces for Black immigrants in U.S., 2000 and 2019

	2000	2019
Jamaica	530,000	760,000
Haiti	410,000	700,000
Nigeria	130,000	390,000
Ethiopia	70,000	260,000
Dominican Republic	80,000	210,000
Ghana	70,000	190,000
Trinidad and Tobago	160,000	170,000
Kenya	30,000	130,000
Guyana	110,000	120,000
Somalia	40,000	110,000

Note: Populations rounded to the nearest 10,000. "Black immigrants" refers to all people who self-identify as Black, inclusive of single-race Black, multiracial Black and Black Hispanic people and were born outside of the U.S. to non-U.S. citizen parents. Source: Pew Research Center analysis of 2000 decennial census (5% IPUMS) and 2019 American Community Survey (IPUMS). "One-in-Ten Black People Living in the U.S. Are Immigrants"

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Socio-economic

- ❖ Similar levels of education to other immigrant groups
 - Sub-Saharan immigrants, most educated (Nigeria, Egypt, Ghana)
- ❖ Higher unemployment rates and economic challenges
 - Immigrants from conflict zones (Somalia, Sudan, Eritrea)
- ❖ Lower average income than all US residents and other immigrants

Being an Immigrant/Refugee-Impacts

- ❖ Struggle with self-sufficiency, employment, adaptation
- ❖ May lack re-settlement plan
- ❖ Often separated from family
- ❖ Uncertain return to home country

Culture & Identity

- ❖ Morals and values
- ❖ Extended Family Structure
- ❖ Names, Language
- ❖ Religion
 - Prayer times , Ramadan
 - Marriage, Divorce
- ❖ Tribes and Gender roles
- ❖ Football (Soccer)



Image Source <https://scoop.upworthy.com/sn-ls-recent-comedy-sketch-washingtons-dream-gains-praise-as-one-of-the-best-till-date>

2. Substance Use

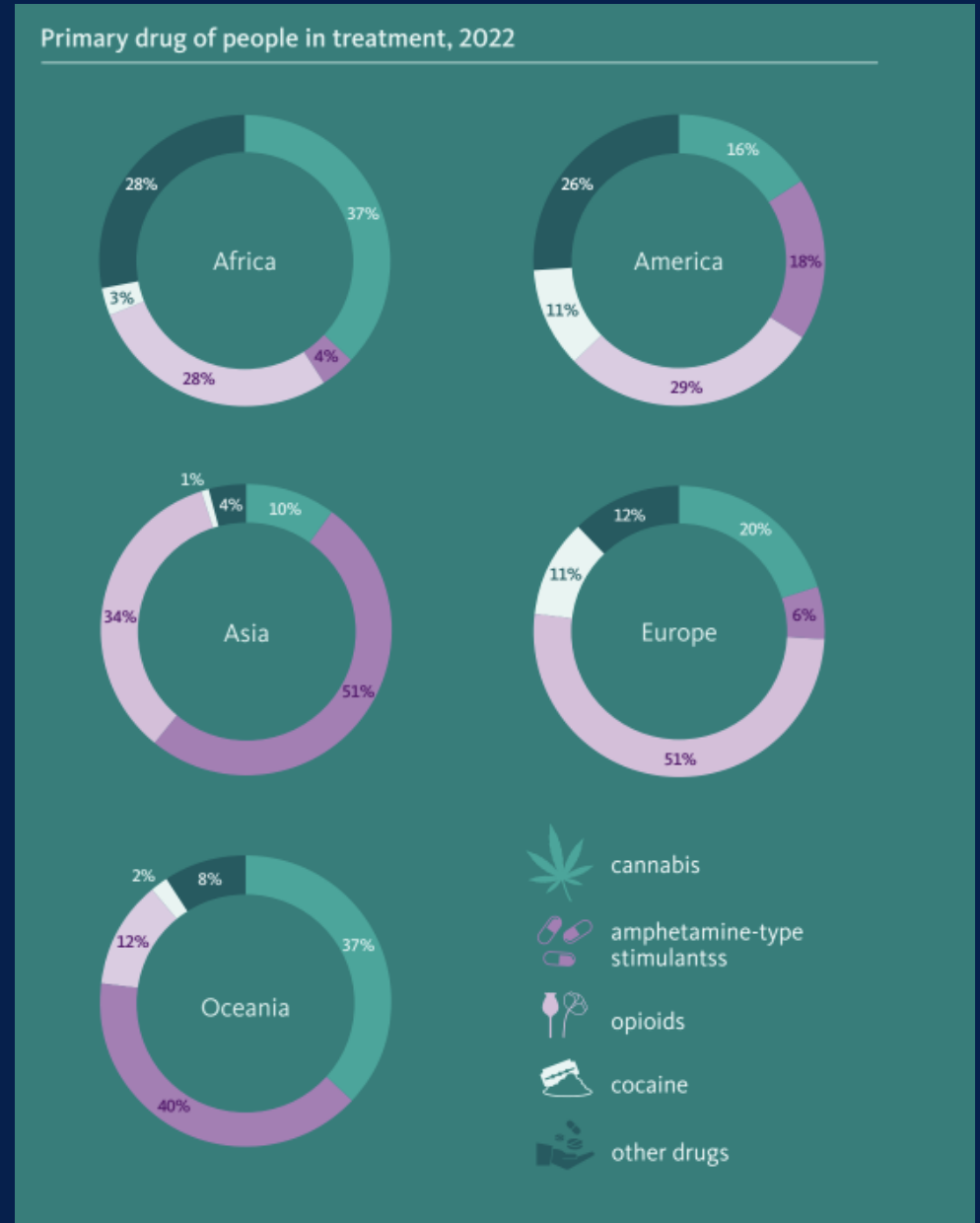
Substance Use In Africa

- ❖ Alcohol is most-used psychoactive substance globally
- ❖ 9.5% in adults in sub-Saharan Africa have AUD (12 month prevalence)
- ❖ Alcohol and Tobacco drive global morbidity and mortality

Substance Use in Africa

Cannabis

- ❖ Cannabis most-used illicit substance in Africa
- ❖ Highest use: West and Central Africa (5.2-13.5%)
- ❖ Large gender gap: 1 female: 9 males



(UNODC), World drug report (2024).

Substance Use In Africa

Opioids

- ❖ Increasing use of Tramadol
- ❖ Mainly opiate use, mostly heroin
 - Codeine and opium in a few countries
- ❖ MOUD is not available in most countries.

Khat (*Catha edulis*)

- ❖ Stimulant plant native to East Africa and Arabian Peninsula
- ❖ Common street names for khat include:
 - Abyssinian Tea, Bushman's tea, Chat, Kat
- ❖ Typically chewed
- ❖ Active ingredients
 - Cathine (Schedule IV stimulant)
 - Cathinone (Schedule I stimulant)
- ❖ Increase risk of psychosis in vulnerable individuals
- ❖ Concurrent khat and tobacco use



Predisposition to SUD

- ❖ Immigration challenges
- ❖ Trauma, War, Detention, Displacement, Family separation
 - ❖ 33% asylum seekers and > 40% of refugees experience torture
- ❖ ACEs
 - Adolescents with SUD: 3x higher trauma rates, 5x PTSD rates
- ❖ Cultural bereavement: Loss of norms, support
- ❖ Adapting to a new culture

Predisposition to SUD

- ❖ Physical and Mental health disorders
- ❖ Systemic Barriers
 - Healthcare distrust
 - Unemployment /Lack of insurance
 - Language barrier, Legal Status
- ❖ Discrimination
 - Africans in the U.S. experience more discrimination than their non-African counterparts (Dutt et al., 2021).

SUD Protective Factors

❖ Immigrant paradox

- First generation immigrants have better health and education outcomes than US born counterparts
- Foreign-born persons are less likely to be diagnosed with SUD than their U.S.-born persons

Acculturation and SUD

- ❖ Acculturation is defined as assimilating into a new culture, the dominant one, while typically losing cultural markers of the less dominant culture
- ❖ Increased alcohol consumption and depression

Barriers to Access Care

- ❖ Cultural Stigma
- ❖ Language Barriers
- ❖ Cultural restrictions/hesitation to discuss with the provider
- ❖ Legal status
- ❖ Lack of health insurance, financial constraints
- ❖ Lack of awareness of Services
- ❖ Limited access to transportation

Barriers to Access Care...

- ❖ Difficulty navigating the health system
- ❖ Distrust of the health system
- ❖ Lack of culturally competent providers
- ❖ Provider bias

Other Barriers

- ❖ Limited data:
 - Gaps for specific communities
- ❖ Racial disparities in Minnesota (2019-2023)
 - Native Americans 15 x higher opioid overdose deaths than whites
 - Somali Minnesotans 2x higher
- ❖ Underreporting:
 - Discrepancy in overdose overdose data
 - Anecdotal community reports

3. Healing Practices

Cultural Competence in SUD Care

- ❖ Cultural Sensitivity
- ❖ Cultural Humility
- ❖ Cultural Safety



<https://www.apa.org/pi/oema/resources/policy/provider-guidelines>

SAMHSA TIP 59, 2014

Image credit: Minority nurse

Limitations of Evidence based practices(EBPs)

- ❖ Without cultural adaptation:
 - May overlook specific needs
 - May be perceived as insensitive or irrelevant
 - Can lead to misdiagnosis and ineffective treatment

Benefits of Culturally Competent Care

- ❖ Increased Engagement and Retention
- ❖ Improved therapeutic alliance
- ❖ Enhanced treatment outcomes
- ❖ Reduced disparities

Practical Strategies for Integration

- ❖ Balance Family support versus stigma
- ❖ Conduct a cultural assessment
 - Immigration History
 - Identity
- ❖ Use Culturally Appropriate Screening and Assessment Tools
- ❖ Connect community organizations
- ❖ Collaborate with cultural experts
- ❖ Train staff in cultural competence
- ❖ Diversify treatment teams

Integration of Approaches: Spirituality, Community, Culture

- ❖ Spirituality and religious ceremonies
- ❖ Traditional healing: Herbal remedies, Rituals, tribal counseling
- ❖ Family gatherings, cultural displays
- ❖ Cultural traditions such as music, dance and tranced story-telling

Language as a Healing Tool for SUD

- ❖ Ensures effective communication and engagement
- ❖ Culturally sensitive and tailored to individual needs
- ❖ Demonstrating cultural humility, active listening, acknowledgement of unique challenges
- ❖ Empowers immigrants to advocate for themselves
- ❖ Build a sense of community and connection in recovery.

Faith as a Healing tool for SUD

- ❖ Provides hope, purpose and community
- ❖ Belief in the possibility of recovery
- ❖ Offers meaning and strong moral compass to prevent relapse
- ❖ Faith based support groups and resources
- ❖ Spiritual practices: prayer, meditation, mindfulness

Looking Ahead

- ❖ Obtain more data about substance use in black immigrants (African and Caribbean) in the US
- ❖ Explore healing practices for SUD in Africa and apply to SUD in the US
- ❖ Increased community education and outreach to address shame and stigma



Dr. Raquel Martin
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Message to Clinicians:

Race will always be in the room.
Your job is to let your
patients/clients know that racism
isn't.

So be sure to acknowledge your
client's culture, validate their lived
experiences, and ensure your
space is safe, not silent.

www.RaquelMartinPhD.com

Final Takeaways

Thank you



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Miscellaneous Slides

Community Resources

- ❖ Generation noor
- ❖ Mindbridge
- ❖ Minnesota
 - Alliance Wellness Center
 - Generation Hope
 - Niyyah Recovery Initiative
 - Daryeel Youth

Immigrant Rights

- ❖ Right to Remain Silent (Miranda Rights):
 - ❖ Individuals have the right to refuse to answer questions from immigration officers. Anything said can be used against them in immigration court.
- ❖ Right to Legal Representation:
 - ❖ Individuals have the right to seek legal counsel.
- ❖ Protection Against Unlawful Searches:
 - ❖ Individuals have the right to refuse a search of their person or property without a warrant.
- ❖ Due Process Rights:
 - ❖ Even when faced with removal proceedings, individuals have certain due process rights, including the right to have their case heard by an immigration judge in many circumstances.

Pertinent Organizations:

- ❖ **American Civil Liberties Union (ACLU):** An organization that provides information on immigrant's constitutional rights <https://www.aclu.org/know-your-rights/immigrants-rights>
- ❖ **National Immigration Law Center (NILC):** An organization that advances the rights and opportunities of low-income immigrants and their loved ones. <https://www.nilc.org/>
- ❖ **Immigrant Legal Resource Center (ILRC):** ILRC provides legal and educational resources to immigrants and those who serve them. <https://www.ilrc.org/>
<https://www.ilrc.org/community-resources>
- ❖ **National Immigration Justice Center (NIJC):** An organization dedicated to ensuring human rights and access to justice for immigrants, refugees, and asylum seekers. <https://immigrantjustice.org/know-your-rights/mass-deportation-threats>
- ❖ **USA.gov:** Government site that provides information about the deportation process <https://www.usa.gov/deportation-process>

ICE Access to premises with patients:

Judicial vs. Administrative Warrants

- ❖ **Judicial Warrants:** signed by a Judge. Required for ICE to enter non-public areas of medical facility
- ❖ **Administrative Warrants:** Issued by an immigration officer
- ❖ **HIPAA and Patient Privacy:** medical facilities are not obligated to disclose patient information to ICE without a valid judicial warrant or other legal mandate.
- ❖ **Public areas of Medical Facilities:** Lobbies, waiting rooms
- ❖ **Private Areas:** patient rooms, examination rooms except in cases of Exigent circumstances (immediate danger to public safety)

Practical Considerations(ICE)

Immigration policies evolve, and medical facilities need to stay updated

- ❖ **Designated point of contact:** Most medical facilities should/have designated personnel who interact with law enforcement
- ❖ **Warrant verification:** proper scrutinization of provided documents/warrants for validity
- ❖ **Documentation:** detailed depiction of occurrences/encounter with ICE officers
- ❖ **Legal counsel:** Facility legal counsels should develop policies/protocols on how to deal with ICE enforcements

ADDICTION RECOVERY IN RAMADAN

Insights from Somali Muslim Communities

Omar Hassan, MD
Hennepin healthcare
Internal medicine resident, PGY1

Group Discussion

A Muslim patient on methadone therapy is struggling with ongoing fentanyl use. He wants to stop fentanyl. Because he is fasting during Ramadan, he does not want to take his methadone during daylight hours. He is not stable enough to receive multiple take outs. Also, his community is unaware of his addiction and his recovery efforts.

Question for the group - how can the methadone clinic help his sobriety while recognizing his spiritual and cultural beliefs?

(Don't only say "switch him to buprenorphine")

Turn to your neighbor and discuss this case for 3-5 minutes. Be prepared to share thoughts with the group

Substance Use and Islam

- ☀️ Islam explicitly forbids intoxicants that impair judgement or harm the body
- ☀️ **Permitted & Disputed Substances**
 - **Caffeine (Coffee/Tea):** Accepted and widely consumed in Muslim-majority cultures.
 - **Tobacco/Nicotine:** Views vary – many scholars discourage or prohibit its use due to health risks.
 - **Medical Use:** Certain drugs may be used if prescribed for medical necessity (e.g., opioid pain management, medicinal marijuana).
- ☀️ **Substance Use in Muslim Communities**
 - **Accurate data on substance use is difficult to obtain** due to stigma and religious prohibition.
 - **However, substance use does exist among Muslims**, including alcohol, tobacco, opioids, and stimulants.
 - **Many Muslims struggle with addiction and would benefit from treatment**, but stigma may delay help-seeking.

What is Ramadan?

- ☀️ The holy 9th month of the Islamic lunar calendar, marked by fasting from dawn to sunset each day
- ☀️ Muslims abstain from food and beverages during daylight hours
- ☀️ Families and friends gather for nightly iftars
- ☀️ Community and celebration: Ramadan culminates in **Eid al-Fitr**, a festival of prayer, communal meals, and gift-giving to celebrate the month's end.

Addiction in Ramadan

➤ Heightened Motivation to Reduce or Quit Substances

- ✱ Spiritual
- ✱ Behavioral

➤ Challenges of taking addiction medication

- ✱ Fasting rules vs medication
- ✱ Logistical barriers
- ✱ Risk of not taking medication, withdrawals
- ✱ Emotional and spiritual struggle
- ✱ Stigma
 - Taboo, cultural takeover, silence

➤ Non-English speakers

- ✱ Fear of stigma
- ✱ Limited disclosure

Addressing The Challenges

- ★ **Logistical barrier:** Time adjustment, Before dawn (5 AM) or after sunset (7 PM)
- ★ **Fasting exemptions:**
 - ★ Make up fast
 - ★ Fidyah: Charity
- ★ **Emotional/spiritual struggle**
 - ★ “Medication as Part of Healing, Not a Religious Violation”
 - ★ Support system
 - Local religious leaders (IMAMS): collectively recorded video messages, https://youtu.be/BNiYwpumKTE?si=SlOZFVkf7N_zZQwf
 - Cultural Navigators

Barriers to treatment

- ★ **Stigma:** fear of being judged or labeled keeps many from seeking help
 - ★ Education and framing
 - ★ Culturally safe place
 - Cultural navigator
 - Prayer space
- ★ **Language barrier**
 - ★ Reassure confidentiality
 - ★ Telephone or virtual interpreters

Key Takeaways

- ✱ Ask your Muslim patients about their plan for Ramadan
 - ✱ Both reducing substances and taking medications
- ✱ Be sensitive to your Muslim patients' comfort sharing their substance use with their community
- ✱ Spiritual vs medical needs
- ✱ Compassionate, culturally-informed care: cultural navigators
- ✱ Encouragement and hope

Final Takeaways/Summary

- ☀️ Respectfully encourage Native patients who practice traditional healing to incorporate their cultural practice into addiction recovery
- ☀️ Screen and treat immigrant populations, including new Americans from the African continent, with evidence based and culturally sensitive care.
- ☀️ Ask Muslim patients about what Ramadan means to them, and how it affects their substance use and medication adherence



THANK YOU!
QUESTIONS?