JUNEAU

YOUR VOICE, YOUR COMMUNITY: FEEDBACK ON LOCAL OPIOID AND POLYSUBSTANCE USE, OVERDOSE, AND SUBSTANCE USE DISORDERS

Brief Summary

On February 24th, over 100 people from the Juneau community met at Elizabeth Peratrovich Hall to give feedback in support of revisions to the Alaska Statewide Opioid Action Plan. This document contains the raw, unprocessed information they provided. This information will be used by the Office of Substance Misuse and Addiction Prevention to revise the Action Plan. Communities can also use this information in their local planning efforts.

State of Alaska, Department of Health - Office of Substance Misuse and Addiction Prevention

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Contents

Acknowledgments

We thank all of our speakers and performers for helping us open and close our event with care, wisdom, and healing:

- Tina Woods
- Christina Love
- Corey Cox
- Jeni Brown
- Justin McDonald
- Litseeni Sháa

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- Juneau Opioid and Polysubstance Use Work Group
- Juneau Suicide Prevention Coalition
- NAMI Juneau
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THANK YOU to everyone who helped make gathering this information possible.
Your Voice, Your Community

What to do with this information and Next Steps

What communities can do with this information:

While the feedback gathered in your community will be used by the Office of Substance Misuse and Addiction Prevention (OSMAP), at the State of Alaska's Department of Health, to revise the Statewide Opioid Action Plan, community members are encouraged to use this feedback to assist in local planning efforts. This information is intended to be useful for community planning activities. Local organizations and providers who attended the café can use the feedback to explore changes to their practices, based on what their community has said is needed. Local policy makers can explore solutions to support efforts that the community is stating may currently lack support. Community members can use this information to support one another, reduce stigma, and engage in local advocacy.

The Statewide Opioid Action Plan is intended to be a guiding document for prevention work across the state, however communities are also encouraged to take their own action and make their own plans. While the Action Plan is in the process of being revised, communities can use this feedback to create change today.

Next steps

OSMAP has visited multiple communities to gather feedback on opioid and polysubstance misuse in support of revising the Statewide Opioid Action Plan. When community visits have been completed, feedback from all communities will be summarized and used in the process of revising the Statewide Opioid Action Plan. Revising the Action Plan will also include a review of current drug misuse and overdose data, state and nationwide policy analysis, and a review of current opioid and polysubstance misuse literature.

When revisions to the Action Plan are complete, it will be widely distributed to State agencies, local organizations, and throughout our communities, so that everyone can take part in addressing these issues with the support of a plan that was developed with their feedback.

Polysubstance Misuse in your Community: Knowledge and Perceptions

Overview

An important part of developing strategies to address polysubstance and opioid misuse, overdose, and substance use disorders is understanding what is going on in Alaska's local communities. To help OSMAP develop strategies that are grounded in the realities of what is happening locally, the following questions were asked of those who attended the community café:

1. When people are involved in substance misuse, how often do you think they are mixing substances?

2. Why do you think people are mixing substances?

3. Do you think that substance misuse, including mixing substances, may be more common in certain groups within the community? Such as particular industries, occupations, social groups, etc.

Below are the feedback community members provided.

Captured Feedback

1. **When people are involved in substance misuse, how often do you think they are mixing substances?**

- Regularly - almost every story you hear.
- Sometimes intentional
- Always multiple drugs in my own experience I think it's intentional.
- 90-100T people mixing
- PH nursing - usually denies use. Marijuana sometimes reported
- Pretty regularly - 99% anytime not being mixed - due to no availability.
- All the time whether intentional or not.
- 80%
- Very often
- Don't "feel it" as much anymore
- Will do what is necessary.
- Based on availability
- Alcohol increases effects.
- Addiction becomes part of life and is subconscious as routine.
- Teen use starts more opportunist.
- Self-medication based on availability.
- A LOT.
- Often, always "100%"
    - Usually
- All the time, a lot, often, always
- Unintentionally mixing substances - some are aware that fentanyl might be in their drugs of choice.
- Many don't perceive alcohol or beer as a substance in this context.
- Depends on their state of addiction - at the beginning, they'll do one drug for a while; then try another before graduating to another substance while still trying to be functional.
- All the time
- Taking more when they need more.

- When not using substances, they think about where they'll get it next.
- Often, people need to be educated on what is a substance considered for misuse "beer."
- Always
- Unintentionally mixing.
- "high in the morning and low in the evening."
- 90% using meth, use opioids.
- "most using alcohol first are less likely to mix with other substances. Those that use opioids are more likely to mix with alcohol" - medical pro said this.
- Often more than not.
- Could be unknown polysubstance abuse - they take heroin, etc. and have a suspicion that fentanyl Is in their substance of use.
- Mixing because of withdrawals.
- Depends on your stage of addiction - at first probably trying one at a time, then graduating to another substance while still trying to be functional.
- 90% of the time
- Quite often depending on person and situation
- almost all the time
- More often than they know as a lot of substances are cut with others.
- Often
- 50% of the time
- unknown
- Most of the time.
- almost always
- I think it's increasing. I think when we respond to an OD, often the patient used multiple substances, or a drugs laced with another substance.

2. Why do you think people are mixing substances?

- Petersburg: almost guaranteed. Mostly out of conscience depending on supply. (1)
- During summer fishing, town is full of drugs. (1)
- Fentanyl is more popular than heroin which is really crazy for me to see.
- The halfway house (where I work) it's the biggest attractive drug because of how cheap and accessible.
- They couldn't' UA for it until recently.
- Wintertime - people start during prescription cough syrup, alcohol whatever available. (1)
- People may begin by dabbling, but eventually their body becomes addicted.
- People use because of pain.
- Alcohol always part of mix.
- Night scene - use on upper, tired of being up, use a downer.
- People on prescriptions such as Adderall during day need benzo to sleep. Legitimate uses, prescribed.
- Person just starting may use only one drug. But as they get more comfortable, they will use more.
- Common misperception meth can counter opioid overdose - I've seen it work before. Doctors say it won't.
- Drug of choice heroin. I would do meth to do more heroin. I'd be nodding out and I wanted more
- People want to forget their pain.
- People want the rush, beat the hype.
    - "I used fentanyl and I'm alive, so does that mean it's not real?"

- In youth shelters, sense of invincibility.
    - It won't happen to me.
    - Some education, but not enough that's relatable.
- Millennials helicopter parent.
- Safe risk taking, alternative risk taking.
- Social lubricant - when I went to college, I cut loose. Had a very tight, restrictive childhood.
- Economic reasons - fentanyl
- Once you get rid of one drug dealer, there are more deaths and overdoses. (Skagway)
- Legislative action
    - Decriminalization of drugs.
    - BC just decriminalized most drugs.
- Oregon - terrifying to have decriminalization.
- Need system change.
- Education is key.
- Mixing uppers and downers to get through day.
- Most people use.
- A lot of people I work with don't consider marijuana a drug. The want off the harder stuff they can die from.
- Youth
    - Methadone - preferred treatment of pregnant women
        i. It's an option.
    - Suboxone strips - dosage
    - Sublocade (sic)
- "Withdrawal from methadone worse than heroin"
- Generational use: Marijuana - 1st time I used was with my uncle. Then my dad and I smoked together. In the 80's cocaine was part of socially accepted amongst fishing. Now they are old and still using cocaine - look down on meth. Don't consider cocaine a problem. (Petersburg)
- I'm the first one in my family to get past addiction. My family won't see doctors - not just using drugs, neglecting rest of health.
- People struggle with mental health.
    - Drugs are tools, what they know.
- Sometimes it's a social thing just to find a group to fit in. It's a way.
- Often kids using just because they get offered.
- Reacting to situation
- Trauma - trigger
- Availability
- Reactionary services vs. prevention (law enforcement)
- Intergeneration - learned behavior.
- Trauma
- Self-medicating
    - What is their illness?
- Lack of connection
- Policy change from punishment.
- Harm reduction.
- Education programs and building community.
- Helps wake-up, get to sleep, gone to have fun and chasing the high and avoiding the low
    - Ceremonial
    - Tolerance >>> "chasing feeling to escape."
    - "high and lows"
    - Dependance
- Follows life events/stressors.
- "personal experience or history with"
    - Secrecy/shame.
    - Vulnerability.
    - Distraction/coping.
    - Self-medication.
    - Acceptance.
    - Something used for release.
    - Out of spite/rebellion.
    - Isolation.
    - Feeling less connected.

- Use mimics euphoria/joy.
    - Similar to those felt connection with others.
- "does not discriminate."
- Preference by substance and ease of access.
- Financial/economic.
- Visibility.
- Exposure to/presence of >>>stigma perception.
- Social acceptance/connection trending.
    - Popularize via celebrity.
    - Social media, rap music.
- Trade
- Addiction history
- Placebo >>>"spelling"
- For perceived benefit
- Role of prescription (opioids) meds
- (+) trauma/history ACES
- Coping mechanism/strategies
- Promote abstaining but 0 (zero) really.
- Advocating resources if using
- Role of educator vs. advocate in difference/dismissive
- Paradigms/pre-judge
    - "bad apple"
- The cost may drive mixing of substances.
- Accessibility of what is available is a major factor.
- Will try mixing with other substances to curb the side effects of withdrawals, to avoid feeling sick or numb.
- Occupational drug testing - knowing about an upcoming drug test may drive mixing substances.
- Social pressures and trying to fix in, especially to drink alcohol or try another substance while drinking.
- People that choose alcohol first are less likely to mix with opioids or other substances; however, those that are addicted to opioids or other substances are likely to drink.
- Cost.
- Accessibility - whatever is available.
- Often - open to any substance.
- Whatever the goal is - avoiding feeling sick or to feel numb.
- When not accessible, visit the garage or get what they can get; examples: Lysol on pilot bread, hand sanitizer gel, antifreeze, isopropyl alcohol.
- From AN/AI perspective: hard to trust medical authorities knowing that in the mid-century, native people were being sterilized. (1)
- Pharmaceutical companies provided the original problem then profited on suboxone.
- Some use another substance to relieve the side effects of withdrawals.
    - Using substances that each relieve certain side effects - example: voices in the head.
- Historical and personal life traumas
    - Use substances to numb traumas - PTSD.
- Self-medicating from surgery or perceived pain after building a tolerance.
- Quiet their mind and numb their pains from traumas.
- People take what they can get.
- "Can guess how much fentanyl is in town when you look at how many show up in a clinic."
- Using substances just to score more.
- Access to healthcare.
- Drug testing - is it a concern or not.
- Questions about cheapest drugs, where to find them, or how they get here.
- Fentanyl is the cheapest drug at $5/pill. Some patients use 50 pills or more a day.

- Precursors made in China, sent to Mexico, and processed an then sent here stealthily.
- Mixing to cope with different situations throughout the day.
- Severe alcoholics are usually repulsed when asked if they are street drugs.
- Availability of substances drive mixing, often to avoid withdrawals.
- To experience new things and mixing helps to try new heightened experiences.
- Social pressures who's doing what and how do you fit in.
- Transition to a prescribed rig (Xanax, gabapentin, etc.) and they feel it's "less bad" even though they are abusing it.
- No drug is okay if a person has a psychological vulnerability to being addicted, including marijuana.
- Some switch up prescriptions, mix and abuse them just to keep "others off their back" by still trying to alleviate their symptoms while using something "healthier".
- To numb pain and trauma and get a different out of body sensation and experience.
- Ease of access to the substance, wanting something specific but being unable to access it.
- lack of resources/will try available substances
- Sometimes unintentionally. Sometimes to intensify or extend the high.
- Enhanced reaction or un-aware of the mix
- more potency, economical
- better high, all they can get
- Equal opportunity addicts.
- because they use what they can get, and eventually that is multiple substances.
- I suspect that drugs come into Juneau in "batches." It seems we'll drug related medical calls in waves. I think users may unintentionally using a drug that is laced with another substance unbeknownst to them.

NOTES:
(1) convenient, accessible, depending on their mood, physical addiction

3. Do you think that substance misuse, including mixing substances, may be more common in certain groups within the community? Such as particular industries, occupations, social groups, etc.

- Seasonal workers - traditionally younger group. A lot of seafood fishermen work hard, play hard. And fish processing plants.
- Food industry.
- People who struggle with homelessness.
    - They may begin to use before or after.
- Blind spot of data with regard to SOA jobs. Not willing dry testing.
- Logging, construction - lots of seasonal jobs and spend all winter XXX.
- Winter worst time/peak of addiction for commercial.
- Service industry - kitchens
- Commercial fishing/seasonal jobs
- College students

- Bars - year round
- Construction
- Tourism
- Hotels
- Middle school/high school
- Foster youth
- I didn't know drugs were bad until a…
- Senior Pioneer Homes
- Huge ADHD medication shortage - people turning to meth.
- Fishing, logging - long hard hours
- Unhoused
- Cab/taxi industry
- High-stress level jobs - pilots
- White collar/blue collar difference?
    - No difference use, but maybe more stability, routine
- People with access to pharmacy insurance
- Nurses/doctors divert equally
- Limited population of kids using harder drugs
    - Alcohol and marijuana
    - Heavy marijuana use is a normal Thursday night
- Generational use
    - MH and addiction
- Yes
- Social groups influence behaviors.
- Genetics
- "you are what you eat."
- Lots of youth "you don't expect" use drugs.
- And adults
    - (fentanyl makes things more dangerous)
- Intergenerational trauma is underlying problem and other trauma (healing first).
- Pillars (in H.S._
- Surround with successful people and build each other up. Love and friendship!
- Substance misuse is common across all groups.
- Labor workers, i.e., construction, fishing industry, food services seemingly make it more acceptable to abuse and mix substances socially and out of necessity for pain management.
- Upper class, i.e., legislative workers have the means to prevent being caught (god lawyers, access to treatments, socio-economic neighborhoods, etc.), but it's also a social requirement to meet for drinks.
- Racial and socio-economic inequities, including the predisposition to intergenerational and personal traumas increase risk of abuse and mixing.
- Construction workers
- Fishing industries - alcohol and uppers"
- Food service industry
- "work hard, play hard."
- Physical labor jobs are more likely to be prescribed pain meds.
- State job workers may conceal their usage and still be functional. But labor workers don't care to be seen drinking heavily or using other substances.
- Drug testing seems to be a concern if you give your employer a reason to test you.
- In rural communities, some people think they're "breaking the cycle" of generational alcoholism by doing another substance.
- It's not always occupation specific; some groups (ex: legislative) are quiet about use and some labor workers don't care to be seen using.
- A question - what about the people who don't' have an occupation but still abuse substances?
- People around those who abuse substances don't take care of the

people using if they're functional on the job.

- A question - when a drug bust happens, is our community prepared to care for the aftermath of those addicted to those seized drugs?
- The smaller the community - the more noticeable that someone you know is using.
- Legislature, higher class - to fit in - alcohol, inhibitions are down; more likely to try and mix substances.
- People that experience homelessness.
- Some industries where it's acceptable:
    - Food industry - shift drink
    - Fishing industry - meth for an upper
    - Gov't jobs - going out for drinks to ft in
- Social Stigma for not doing what others are doing.
    - "use substances to fit in."
- Survivors, marginalized communities, people in poverty use substances, including veterans.
- Men above 40 less likely to reach out - MANI community needs assessment.
- "opposite of addiction is connection."
- Alcohol and substances have been weaponized since colonization.
- Provide more resources to community orgs that are most affected to support equity.
- Tlingit and Haida have been putting on events to make it more welcoming to support the community including bonfires.
- Same across all groups.
- Socio-economically, if you don't have a home, the people your surround yourself with can influence you.
- Cases are dismissed daily for white collar workers using substances because they have lawyers they can afford.
- On paper demographics and statistics drive where law enforcement patrol and may affect social groups getting caught with substances and not being able to get resources; however, the upper class has the financial economics to prevent getting caught and also get them access to resources.
- The narrative of how someone overdoses and dies from drugs is different across social groups, i.e., a marginalized community person will show up in the newspaper as dying with a "rig in their arm" vs. an upper class person "died suddenly" with little to no reference to substance use.
- groups of individuals that have experienced high rates of trauma and adversity
- social groups, some occupations
- Again, I often think this is happening without knowledge. I think the group at most risk is the uneducated. Those that don't have the knowledge of the risk. Also, those who struggle with funds.
- experienced drug users
- **Who is less likely to use and why?**
    - Access to resources, including financial support.
    - Do people see themselves represented in the resources that are effective and equitable for the affected community?
    - Simple application process for resources.
        - currently applications are tedious and lengthy and difficult to understand, which creates a barrier.

        - Have someone sit there and help someone to complete applications.
    - People are hesitant to get support from places where they may experience more trauma - representation matters.

Additional Notes Not Linked to Specific Question:

- A Tribe should always support each other. A worrier (warrior?) should never have to beg for help. All for one, one for all, everybody counts.

Polysubstance Misuse in your Community: Unique Community Factors

Overview

Alaska is a large state, and with its size comes communities that have unique characteristics which influence what opioid and polysubstance misuse, overdose, and substance use disorders look like locally. The way one community experiences these issues, will differ from another. To help OSMAP develop strategies that are geographically and culturally relevant, the following questions were asked of those who attended the community café:

1. What factors in your community are contributing to substance misuse, overdose, and substance use disorders?

2. What factors are unique to your community and make responding to substance misuse, overdose, and substance use disorders difficult?

3. What protects your community from engaging in substance misuse? This includes people, programs, location, etc.

Below are the feedback community members provided.

Captured Feedback

1. What factors in your community are contributing to substance misuse, overdose, and substance use disorders?

- Prescribers that are overprescribing and providers
- Factors like surgery or medical procedures and lack of education.
    - "I was sober and then got surgery and relapsed."
- TV/Movies glorifying drug use.
- Dental procedures. People receiving more than they need for drugs.
- Surgery: part of protocol for drugs for surgery receiving Rx for opioids
- Prescribing
    - PDMP can it tie in with other states?
    - Geographic
- Where do we go to report concerns or issues in JNU related people over prescribing?
- Weak point in system and ferry terminals and ferry traffic - lack of security on ALASKA MARINE HIGHWAY SYSTEM.
- Tourism: in Juneau transient population, seasonal workers can be big source of partying.
- Hotels of housing can be high risk areas
- Relationships -
    - things like human trafficking.
    - or abuse in horrid, relationships that can be harming.
    - things like peer-pressure.

    - lack of community (or you could think of it like people have a hard time)
- The Glory Hall, AWARE, Housing first that are the safety net can be really hard places to stay sober.
- Forming new community/resources if you are in toxic circle.
- Accountability
- Rely on each other (not always in a good way) like you "hang with the people you use with"
- Really high rates of domestic violence.
- Juneau - very high rates of trauma, ACES
- Adverse community experiences
    - Board schools
- Juneau holds each other up.
    - Investment of doing really hard work rooted in restorative practices.
- Hard when you have people coming in from outside agencies.
- Making promises that aren't fulfilled.
    - Stemming from boarding schools.
- Lack of peers in places that can make a difference.
- Alaska recruits a lot of workers form outside state that are here to gain experience or maybe to build work experience that maybe don't have qualifications to support patient with lot of history/trauma.
- Historical cultural trauma of kids being taken away/split up from families.
- Lack of sunlight
- Lots of clouds.
- Expensive housing.
- Racism - particularly colonization of Indigenous community.
- It is hard to live cheaply.
- Lots of work is seasonal. You can' be in a good place, but it is ephemeral.
- Small town. Lots of services, but one version of a service. If that service doesn't work, that service is no longer available.
- MH care is expensive.
- MH care is hard to access.
- Not enough peer support services.
- Lack of diversity in MH provider pool.
- Transient medical/mental health staff.
- Transient staff means lack of continuity of care.
- Jump through lots of hoops to access services.
- Bias against people who have history of past crimes.
- The weather - higher rates of depression/isolation contributing factor.
    - Can be expensive to engage in recreation.
- Historical trauma; generational substance use.
- Domestic violence. Sexual assault in Juneau.
- Easier to access substances than it is to seek recovery resources (like how many people are in this room. The resources might only be able to help 5 people)
- Programs that separate families - not okay.
- Sober culture can be a very small in Juneau.
- Childcare (lack of resources)
- Lack of resources that help people with mental health.
- Segregating program services (programs that have really specific criteria).
- Lack of intervention services.
    - Lack of family.
    - Total family resources that support the "whole family" vs. the individual.

- Lack of caregiver education.
    - Lack of wrap around social support programs that address social determinant of health.
- Allowance in places like the Glory Hall (homeless shelter) Housing First that allow people to use substances, drink, etc.
- Barriers are not having insurance (too much $ for Medicaid, too low for private insurance)
- Co-occurring psychosis
- Lack of enough resources, can't just drive to another city.
- Medication costs more in Juneau vs. lower-48
- ISOLATION, lack of things to do.
- Small town, people you know are present at the places you seek help.
- Lack of shared knowledge of services.
- High turnover at social services agencies.
- Lack of low barrier housing.
- Need to stay warm through the night.
- Glory Hall closes at 11 p.m., which limits access at night.
- Warming shelter downtown but GH is in the valley.
- Police interacts. JPD confiscating Narcan/MAT
- Lack of availability of resources
    - Waiting list
    - Hard to get providers here
- Medicaid/medicare reimbursement rates aren't matching cost of care
- Historical trauma rates
    - Trust issues related to that trauma
- Many people who move to Juneau are transient and don't have family support
- Small town, see lots of triggers and people around that were part of the addiction
- Fishing industry requires high performance for long periods of time (meth)
- Industry workers w/ SUD lose jobs due to SUD and then can't get home
- Unaddressed MH issues. Co-Occuring
- People fall through cracks when they have weird work schedules
- lack of employment related to reentry and legal limitation related to what types of jobs you can get
- growing up in Juneau you get put into a category by the community. Family reputation is hard to break out of
- Stigma
- Lack of resources, limited space
- Hard to get drugs here, so leads to polysubstance use to get the same high. Increased risk when mixing drugs leads to increased OD
- Incentive for people to sell drugs here because there is such a high profit margin
- Small 12-step communities that seem "cliquey"
- Where are the sweat lodges?
- Lack of access to recreation and other activities.
- Long, dark winter
- Seclusion in...
- Lack of treatment/medical care
- Ease of access in Juneau to illicit drugs
- Sales to minors
- Education system that lets kids slip through via lack of attention.
- Systems that fail families (OCS, justice, etc.)
- Mental health services that are hard to access.
- isolation
- Stressors
    - Housing
    - Financial

    - How do you “find new friends” in smaller communities
    - Access
    - Community size/”anonymity in larger size places”
- lack of access
- Cost barrier >>>to activities
- Following the crowd
- Barriers to participation in subs use activities.
- Lack of knowledge of resources
- Shame “blind eye to” tolerance
- Not wanting to deal with it
- Generational trauma >>>
    - “don’t talk about.”
    - Don’t want to get in trouble.
- Perceived outcomes
    - Will lose kids, jobs.
- Fear of harm.
- Peer pressure.
- Self-esteem/not seen.
- Post treatment change of environment.
    - Structure to non-structure environment.
    - “does this fit my new life or my old life?”
- Receptiveness/readiness to change.
- Societal influence/judgment by others.
- Lack of continued support at stages of recovery.
- Lack of employment/connection.
- Stigma - no end chance/no trust.
- Fear
- Subs/use and mental health >>> stigma
- Better to know and deal with known thing even if bad/negative than the unknown.
- Avoidance
- Triggers
- Clouds judgement/prohibits good decision making.
- low wages and not enough economic stability to support families which links with not being able to meet basic needs. When you can't meet basic needs, it's very stressful.
- Traumatic experiences when people do try and seek services (jaded ER providers and abusive medical personnel) that are not empathetic or trained in trauma-informed care with sensitivity to substance misuse and historical trauma, racism.
- Trauma, domestic violence, high rates of adverse childhood experiences, physical/sexual assault and pain both emotional and physical.
- availability, lack of substance abuse counselors available, mental illness, darkness and cold, feeling isolated
- Lack of affordable activities and groups for our children.
- Lack of mental health services for families.
- Generational trauma and substance use within the home.
- Lack of a positive purpose.
- Stopped seeking financial independence.
- Once you legalize one drug then people use harder drugs more frequently waiting for law to change and make it legal. Drugs that cause addiction and death should be illegal or very controlled. Including prescription drugs.
- Poverty, lack of health care, systems that weren't designed to support marginalized bodies (basically anyone who isn't a straight white male, but particularly AK Native and people of the global majority, queer folks, differently abled, neurodivergent, etc.)
- Poverty and abuse
- race
- I don’t know what factors are contributing to substance misuse that

are unique to Juneau. I would like more education.

2. What factors are unique to your community and make responding to substance misuse, overdose, and substance use disorders difficult?

- Medical clearance needed to get services if detoxing.
- Housing, behavioral health resources, lack of services
- Stigma in small communities
- Sometimes many people wearing multiple hats.
- Mistrust >>> makes a deterrent for asking for help.
- Sometimes people coming in from remote areas, $ to
    - cost to travel.
- After being incarcerated, can be really difficult to receive services, housing, treatment resources.
    - Lack of mental health.
- The "necessary" steps to get into recovery programs or treatment resources are so many steps.
- When you're in active addiction, jumping through hoops.
- Juneau as a hub community.
    - Smaller communities (like Hoonah) and others have to commute but people come here to access and can also be the point of entry.
- Positive community and collaboration, people know each other, and they know how to connect with each other.
- Tlingit & Haida have held up a tremendous amount of courage and support to keep stewarding culture.
- Juneau can e physically/emotionally isolated.
- People might be coming here to lemon creek to serve prison sentence and how DOC might be housed/released here and have no idea what is happening in Juneau.
- People using drugs in prison. "I used drugs for the first time in prison system" at Lemon Creek.
- Judgement/bias against people.
- Revolving door of continued cycle
    - Systems not collaborating or getting outside their "usual way of doing things."
- Sometimes people perceive you need a title or certificate to help or support.
- People have to "beg" for services or hit rock bottom before someone might consider change.
- More funding/availability resources to ALL people. Sometimes there's so much built up programming around felony people.
    - If you don't have felony, can be harder.
- Nepotism - pandora's box. Sometimes people (social/health agencies) don't want to help or support.
- The names of organizations can limit or be associated with stigma.
- Organizations that are set in their ways and not thinking creatively about how to switch things up or change.
- Getting OD prevention kits is challenging. Supply issues with Narcan.
- Youth are often too busy to come hang out at ZGYC and have to go south for treatment.
- Limited housing.

- Limited prevention efforts, esp. for youth.
- The nature of industries such as fishing/slope/mining schedules/isolation
- Juneau is isolated and a hub. Pulls people in but then they get stuck
- Short resources
- Recidivism. Lack of resources
    - The jobs people get when they get out of jail don't support a real life
    - Lack of holistic support
- High cost of living, lack of housing
- Lack of funding for resources
- Generational Trauma
    - Lack of adolescent and elderly support
- Juneau is an awkward size that sometimes doesn't fit into definition of "rural" or "city"
- Fear of reaching out for help because they might know someone at the TX facility
- Lateral violence
    - Because marginalized populations can't take out on oppressor. They take it out on each other
    - Training: lateral kindness
- Not knowing what other agencies are doing
- Stigma with getting help (and SUD/MH)
- Lack of qualified social services and clinicians.
    - Education that fails to fill this need.
- Lack of housing for both workers and other folks.
- Hub of SE - straining services
- Short term staff at services.
- Access (places/technology)
- Awareness
- Fear >>> if on probation may go back to jail.
- Crisis intervention
- Limited resource/access when ready to go to treatment or detox.
- Connection to support.
    - Program restrictions/rules
    - Meeting clients where they are.
    - Rigid/less flexible
    - Available hours to access.
- Criteria for access >>> can't have felon
- Long wait lists for mental health providers and professionals to connect with people seeking services.
- There are tremendous barriers to accessing care (like the stupid assessments needed for treatment plans and how you have to schedule these in advance and often wait a long time to schedule step 1 of a million more steps).
- For many communities in Alaska, intergenerational trauma and high rates of domestic violence and sexual assault in this state contribute highly to the amount of people using opioids in our community.
- professional counselors and other resources that are unavailable
- Stigma around substance use and mental health. There is a lot of animosity in Juneau towards folks who use due to all the crime. People blame substance users for everything, judge them and call them mean names. It makes it hard for someone who needs help, to feel comfortable getting it.
- There are plenty of factors available in our community to respond well to drug misuse.
- Limited in-patient care with wait lists, limited culturally/identity affirming care that is well known and easily accessible

- We need more reliable rehabs and housing.
- race
- Retention of employees at my place of work. We have a difficult keeping all of our ambulances staffed to respond to ODs. We're in a constant state of training, making for less time for community engagement.

3. What protects your community from engaging in substance misuse? This includes people, programs, location, etc.

- Halfway house or re-entry programs can have better access to services.
- Recreation, being out on the water, relaxing, enjoying hobbies.
- Arts/culture community >>> contributes more to wellness.
- Sober activities like sauna, pools, recreation, fitness
    - Can be $$
- NA, AA resources in-person
- Culture heals and culture focused programs on indigenous populations
- Care providers that are caring
- Resource RICH
- Doing more things in community and **TOGETHER** with each other
- Tons of active coalitions and work groups
    - Amazing grass roots efforts
- Behavioral health with SEARHC
- Peer-peer support
- Access to NATURE, great trails.
- No road (used to be protective factor)
    - Changes as people have grown more creative in bringing drugs in via ferry, planes.
- Community champions that can share their story of recovery. Peer support specialist.
- Peer support specialists: culture in Juneau thriving.
- NA/AA website repeatedly updated in Juneau
    - Great info continuously refreshed.
- AWARE - spectrum of peer support available through their program.
- Services- on profits per capita seems anecdotally very good.
- Groups and circles of people stick together.
    - "19/22 of the people I used with are all sober now. (2 died)"
- Work happening within school district.
    - Focused group every 2 weeks that focuses on "high risk" kids. "Many of the high risk kids have parents using drugs."
    - This group sounds like a case management model.
- Homeless youth shelter - really incredible for kids experiencing homelessness/issues related to social determinants of health.
- Mobility of services. Teal Street Center.
- Sense of community.
- It's a pain in the ass to live here, which creates a shared experience
- Culture of collaboration in human services.
- State capital leads to a lot of additional resources spent here.

- We are a regional hub so additional resources are spent here.
- Limited geographic footprint means it is impossible to live apart form the rest of the community.
- Small town makes it seem possible to make a difference.
- Being a beautiful place makes it enticing to be here.
- Less providers prescribing drugs.
- More wellness activities (some you have to meet criteria)
    - But more resources and activities are around.
- Peer-to-peer recovery services.
- Culture - talking circles, healing circles, craft circles.
- We have lots of $ in tribal. Lots of land (not always to access or navigate)
- Peer-peer recovery activities/can we have more recreation that doesn't cost so much.
- Morning activities.
- SEARHC and T&H holistic approach.
- Housing First.
- Collaboration.
- Trauma informed care is the norm.
- Community that believes in harm reduction.
- Tribal programs starting more re-entry/recovery programs.
- Prioritizing connection.
- Bringing back native culture into daily living and city norms
- Examples of healing out the "soul wounds"
- Lots of sports/NAO camps for kids
- ACT team
- Men's healing
- Women's healing
- Lateral kindness training
- HTL Haa Tooch Licheesh cultural ties and ceremony
    - Traditional dips and practices
- Last few years a lot better communication between organizations
- Tlinglit and Haida reentry/recidivism program
- T&H expanding services
- Advocates
- Good knowledge worker (social & otherwise)
- Interconnected agencies and programs
- BEAUTIFUL GREAT OUTDOORS
- Social events and community
- CARE van/sobering center.
- Rainforest.
- Inpatient: JAMHI, GHS
- Outpatient
- Front Street Clinic
- Education
- Narcan
- Engagement/connection
- Safe, sober activities
- Tailoring treatment plans
- Presence of authority/deter from places for people to feel safe.
- Education
- Awareness
- Events like this
- Efforts to restore the person/re-entry support.
- Strong sense of culture and expansive efforts that focus on healing through art and connection with culture. A very caring community, Juneau has a lot of local force and knowledge, we are a "smaller" city and can connect easier with people.
- CCTHITA, AWARE, ANDVSA, SEARHC, people in recovery and support.
- a few of the programs that we have in place help protect those that may be engaging in substance use and misuse
- Programs like your help to spread knowledge and reduce stigma by giving

a safe space for those who have recovered to share their stories.
- Tlingit & Haida has been working hard to address mental health through their healing center and Wellness Court.
- The DARE program. Police presence in schools and at events. Social services and social workers. Mental health works like JAMI and others.
- places and spaces to connect with like-minded folks, culturally affirming, intersectional, welcoming and identity affirming spaces
- Everyone is failing.
- The Great Spirit
- CCFR's Community Paramedic program, "Mobile Integrated Health" (MIH), and the CCFR CARES program. The project HOPE kits are on each rig. I think we are trying to aggressively combat homelessness as a community.
- **Ideas:**
    - expand employment programs like Polaris House, that does 50/50 salary matching
    - Hub resource center for all agencies to put their events/training resources
    - Community support spaces for people to go to just hang out

Polysubstance Misuse in your Community: Existing Efforts

Overview

An important part of developing strategic initiatives to address polysubstance misuse, overdose, and substance use disorders is understanding what is or is not already happening at the local level. To help OSMAP develop strategies that capitalize on existing local efforts and fill any gaps, the following questions were asked of those who attended the community café:

1. What efforts already exist to help your community respond to substance misuse, overdose, and substance use disorders?

2. What gaps are there in your community's efforts to respond to substance misuse, overdose, and substance use disorders?

Below are the feedback community members provided.

Collected Feedback

1. What efforts already exist to help your community respond to substance misuse, overdose, and substance use disorders?

- Project Hope is big here, but not well known.
  - Schools on track.
  - Schools know about P.H.
- H.S. overdose sparked interest - three weeks out.
  - Nalox used in school.
- Workgroup for Outreach Clinic (Front St) SEARHC
  - They had Narcan and were out being effective.
- Info for Narcan is out there and kids know at parties they can use and get narcanned.
- App for phone CBS, XXX, Tlingit/Haida tribe
  - Gives info about polysub.
  - Community cultural services
  - "culture heals" - just go to website.
  - Phone # 988? (similar)
  - Icon added.
- 12 step Native American "Well-briety"
- Crafting group "talk circle."
- T/H tribal D.V./child abuse support
- Broke but being re-funded.
  - Heaven House
  - Haven
- 4A Needle exchange.
- Hello Baby - SUD/case management.
- JMH organization; AA/NA; NAMI
  - Matrix of providers
  - Good handouts
- Rainforest Residential
  - Methadone clinic
  - G.H.S. Gastineau
  - Glacier Mountain House (halfway house)
- CARES vans - good!
- Medication assisted treatment.
  - Valley medical center
  - JAMHI Health & Wellness
  - Ideal options

    - Front Street - opioid treatment program
    - BOP
    - Southeast Psychiatry
- Supported Housing
    - Housing First
    - Gastineau human services
    - TAMHI Health & Wellness
- Outpatient
    - VA outreach clinic
    - Bartlett Rainforest Recovery Center
    - SEARHC Behavioral Health
    - UAS Counseling Services
    - Private practice therapists (listed on Juneaumentalhealth.org)
- Support
    - Four A's
    - AA/NA
    - JAMHI Adult drug and alcohol school
    - JAMHI Alcohol safety Acton program
- Judicial
    - T&H Tribal Court
    - Drug Court
- Rainforest Recovery
- Bartlett
- GRS Gastineau House 2.5 LOC
    - MH clinicians
    - Juneau House 2.0/2.5/3.5 LOC
- JYS - Spruce house, homeless children
    - Safe space for 10-17 year olds.
- CARES van
    - St. Vincent hot home at night.
- JAMI
- SEARHC - case management
- AA Holy Trinity/Public health
    - NA GHS JAMI conference room.
- Glory Hall - MCH "Piper?"
- SEARHC - new clinic
- Housing First program
    - Detox - transition
- Idea/Options - doctor based opioid replacement.
- Valley Medical Primary Providers
- Ideal Options
- GHS Behavioral Services
- Private addiction providers.
- Rainforest
- Sitka Raven's Way
- T/H Juneau House
- Capital City Five of their MCRT.
- Caring providers that are willing to connect and meet up to case conference and discuss gaps and barriers.
- Caring organizations that are committed to exploring areas of growth and change.
- Narcan kits and trainings. Community and partner conversations. Groups and trainings. Peer support efforts.
- Paramedics, narcan, hospitals rehabs and clinics
- Preventative programming like afterschool activities, social-emotional learning in schools, culturally affirming care, harm reduction like narcan and safe needle exchange/disposal
- None.
- free narcan
- Multiple housing options, Community Paramedicine, CARES Sobering Center.
- **Treatment:**
    - Emergency Services - passing out Naloxone kits to members of the community – emphasis on telling people they are commonly used to help reduce stigma
    - "Hello Baby" Bartlett Health Center program for expecting mothers to provide them needed care with questions regarding their circumstances, family issues, substance misuse etc

- Housing first: meet people where they live: provide housing for those dealing with substance to help get them off the street and reduce risk factors
- Medical detox: the hospital is the only facility that offers this in Juneau
- Rainforest: Residential facility for those in recovery (one of the only facilities in Juneau): only 28 days for patients and limited space
- Juneau has an Opioid Treatment Court
- AA/NA
- Warm up houses provide limited housing for those that aren't in halfway houses
- Juneau DOC – handing out Naloxone kits to individuals leaving the prison.
    - Juneau DOC- they now have a substance abuse counselor
    - Juneau DOC – coordination with JAMI and other reentry programs
    - Tlingit and Haida – reentry and housing services as well as counseling
    - JROC – Juneau reentry coalition to help those leaving prison to connect with resources
    - SEARCHES – Sitka reentry program
    - Glory Hall – Harm reduction
    - Fire and Police Departments (first responders to overdose)
    - Ideal options (MAT)
    - Juneau House (free sober living for a month)
    - Gastineau House (men's sober living housing) Patients must refrain from seeking employment for 6-8 weeks as part of the program)

- **Prevention:**
    - Public service adds for driving under the influence
    - Youth Navigators: teaches at risk populations life skills and builds community
    - Teaching at risk populations about life skills and healthier ways of having relationships with others through counseling (DOC, JAMI)
        - Talk they hear you: (SAMSHA campaign and Tlingit Haida) speaks to youth at schools about substance abuse
        - Juneau youth services (purchased by SEARHC) helps with those aging out of youth services
        - Cultural immersion programs
        - DARE – studies have shown it not to be effective
        - Zach Gordon Youth Center (drop in) – free place for youth to come and connect with other youth in a healthy environment and have access to services including those that are aging out
        - Big Brothers, Big Sisters (managed from outside of Juneau)
        - High Schools have teen mental health services for students
        - Juneau Suicide prevention Coalition – teaches youth healthy coping mechanisms
        - Clinicians from Rainforest go to schools to talk to students about the dangers of addiction
        - SERRC Southeast Regional Resource Center – education, GED, job training, help with resumes, etc.
        - Division of Vocational Rehab – vocational services
- Tribal programs preventative
    - Family events

    - Elder program >>> social activities
    - Support groups
    - BH
- Re-entry
- SEARCH >>> clinical services/mobile van
- Narcan kit availability/dispense instructions.
- Mental health first aid
    - Peer to peer support groups
- Building community relationships
- JPD
- Recognition and response
- Appropriate to the situation
- Community/neighborhood watch
- Trained responders match needs of mental health, subs abuse issues.
- Community effort
    - Collaborative work with agencies.

2. What gaps are there in your community's efforts to respond to substance misuse, overdose, and substance use disorders?

- Women/children sobering centers.
- Housing needed.
- Jobs
- Oversight agency - Detox Facility
- Rec center/sobering house (safe space, no sub)
    - Social center community center
    - "No membership needed kind of place."
- Treatment center/detox facility
- Criminals get services. Drug addicts that don't commit crimes don't get access to services.
- Nepotism, family too close to providers.
- Embarrassment
    - No specific in general
    - (asked for specific providers - non iterative - deferred to other traumas)
- Families rejected because of their family surname.
    - Not equal for the T/H tribal members. Bar to access "socially unacceptable member of the tribe."
- Childcare/Daycare
- Advocates for M.I.
- High weeds get transferred.
- Lack of high level service
- Chris Kyle Anchorage ? Veteran
- VA Clinic
- In patient program not enough
- Residential facility for trauma
- SE Alaska needs MCRT.
- Juneau/Ketchikan get more of the money.
    - Competing with Anchorage/Fairbanks
- Community Navigator
- Taxi/Bus vouchers
- Housing
- Safe spaces to land post hospital
- NO LTC
- Community sober center/rec therapy
- No transition from jail to community.
    - Choose to go back to drugs.
- Need a list of sober people who could peer assist.
- No resources app for Juneau.
- Agencies in town need to work together. "they bash each other."
- Qualifying for mental health services
- Education could grow.
- Lacks (sic) of understanding.
- "how do we make services providers better connect people to service?"

    - Lower barriers.
- Waitlists.
- Lack of love.
- Increase penalties.
- Triggers and/or habit.
- Enough resources >>> same day MAT but 0 (zero) to BH services.
- Behavioral heath intake packet is HUGE barrier.
- Self-efficiency skills
    - Volunteers
    - Navigators/case management
- Lack of space/opportunity to share personal stories.
    - (Barriers/success)
- Safety
- Empowerment
- Connection to culture
- Perspective/learned experience in people running program (relatability)
- Programs to help support families of those in recovery or attempting to maintain.
- There are several programs that assist with recovery but many of the programs are post-recovery resources and many of these resources might have emphasis on felony charges--- a lot of the resources are very specific or narrow to a particular population or charge which puts things in a range of categories which always leaves out people or needs.
- I feel like there is a HUGE gap of support for parents who engage in poly substance use or in recovery. Parents and families need support to address the patterns of use that exist, they need relationships to heal and support one another. Kids need to know that there are other families struggling with this.
- I think we really need to get into the schools. I'm talking about starting early elementary. We need to normalize talking circles where everyone has a safe space, uninterrupted, without judgement to share our feelings about ay and everything. If we can normalize that, it may help prevent some of the mental health issues many of us suffer from.
- We need to clean up our streets. Get the needles cleaned up, make sure drugs don't get into the community in the first place, make it known that we want a clean community. We don't want to tolerate the danger and death these drugs threaten our loved ones with. Zero tolerance.
- schools and youth programming, criminal justice and reentry programs, etc. anyone working with "vulnerable" populations should receive training in harm reduction and suicide prevention, safety planning, community resource access and navigation
- There is a gap in every direction.
- People who affirm that drug use is not to be glamourized.
- Enough mental health services (therapist, psychiatrist, counselors) for the general population. The fire department is understaffed, and unable to staff a third ambulance frequently.
- **Treatment:**
    - Limited residential care facilities for youth
    - Fear of involvement with OCS by parents dealing with addiction. They are worried about losing their children.
    - There is a wide range in quality of care based on the facilities/resources available (some are good, some are lacking)
    - A lot of treatment services a not provided in a timely manner
    - No cost treatment programs are limited

- Limited follow up with probation offices with employers of those in recovery
- Hours of treatment services are limited to working hours so many must choose between work or treatment
- Court system is understaffed and have limited time resources for everyone on probation
- JAMI – wants to extend hours for treatment but has limited staff
- Staffing in all facets of treatment/prevention services is often lacking
- In some organizations there is a "good ol boy" culture when it comes to hiring, or preferences for out-of-state applicants
- Residential facility for those in recovery that is longer than only 28 days (Rainforest)
- Too much administrative red tape to get someone into a recovery program
- Certain facilities require patients to have Covid 19 vaccinations
- A need for more sober living housing vs just recovery/detox center
- Transitional housing often has restrictions based on their criminal history (specific types of charges)

- **Prevention:**
  - Lack of free therapy to address trauma (root causes of substance misuse)
  - More emphasis on mental health in our schools to help create a foundation of knowledge for youth
  - Teaching youth coping mechanisms and using trauma informed care to deal with life difficulties
  - Courses to teach parenting skills
  - There needs to be more programs using mentors to teach youth the potential negative consequences of addiction and the positive impact of living clean
  - Mental health programs to address trauma (including historical trauma)
  - Expand the use of cultural immersion programs
  - SAMSHA regulations prevent giving Naloxone kits to those under 18 years of age
  - A lot of housing services turn people away for using substances while trying to seek entry
  - A lack of peer support programs to help provide a support for those who are struggling with being in recovery (oftentimes these are hard positions to fill due to barriers to state employment - criminal history)