



Understanding Substance Use Disorder

In our Indigenous communities, many of our relatives struggle with substance use disorder (SUD), making it hard for them to participate fully in the community. Their actions, under the influence of these substances, often cause harm to themselves and those around them.

Many factors contribute to SUD, including historical trauma and personal trauma (e.g. experiencing violence, abuse, poverty). Protective factors can decrease the chance of developing an addiction or which can be considered a part of treatment once someone develops SUD - these protective factors include the support of family and community as well as traditional language and culture.

SUD - A new way to think about addictions

SUD is a treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. Symptoms can be moderate to severe, with addiction being the most severe form of SUD.

Why is it helpful to think of addictions as a long-term health condition?

1. Caring decreases Stigmatizing.

Caring reminds us that our relatives with addictions need help and support just as those with other medical conditions like heart disease or diabetes.

2. Treating not curing is the goal.

Like most long-term health conditions, no cure exists for many people with SUD. We often expect a person to "give up" a substance for good, and while that does happen for some,

it would be like asking a person to give up having high blood pressure for good. Doing so puts an unreasonable burden on our relatives with SUD. Instead, we must focus on getting them treatment and working to control the condition, like how we would care for someone with high blood pressure.

3. Relapsing is a common occurrence with all long-term health conditions.

Like other medical conditions, those with SUD will have times where their condition becomes out of control. We often call this a "relapse" for someone with SUD, but unlike someone with a diabetes crisis that leads them to the ER, we often hold it against those with SUD. Tribal leaders and community members must support our relatives in times of relapse just as we do for all other medical conditions.

Case Example

Some tribal leaders complained that many of their relatives who they sent for treatment programs for SUD came back and within the following year had relapsed and are using that substance again.

Addictions mindset: "We spend all of this money and time to get them treatment and they show us they aren't grateful for that investment," said one leader.

SUD Mindset: Another tribal leader stood up and responded, "We are thinking about this in the wrong way. We cannot expect a rehab program to cure someone, just as we don't ask our tribal clinic to cure people of their diabetes or high blood pressure. What we need to do is to build more community support services that will help care for them and lessen the chance of relapse. But we need to love them and care for them when relapse happens. It is a part of having SUD."

Criteria for Substance Use Disorder (SUD)

If you notice signs of any of the below in yourself or in someone else, it may be time to seek additional help.

- Craving to use the substance.
- Wanting to cut down or quit, but not being able to do so.
- Taking the substance in larger amounts or for longer amounts of time than is intended.
- Neglecting other parts of one's life because of substance use.
- Continuing to use the substance even when it causes problems in relationships.
- Using substance even when it puts the person in danger.

What substances are included in SUD?

People who use one or more of the following substances with the criteria listed above would be considered to have SUD. Many people use the substances below without having SUD - for instance, someone who drinks caffeinated beverages once a day without negative effects on their life. And similarly, we can have addictions to things not listed below (e.g. sugar, chocolate) but these would not be considered SUD.

Categories of SUD (with examples for that category)

| | | |
|---|------------------------------------|---|
| Alcohol | Caffeine | Cannabis (marijuana) |
| Hallucinogens (LSD, PCP, mescaline) | Inhalants - aerosol sprays | Opioids - heroin, fentanyl oxycodone, morphine |
| Sedatives/hypnotics/anxiolytics - benzodiazepines | Tobacco (chew tobacco, cigarettes) | |

References:

American Psychiatric Association (n.d.). *What is a substance use disorder*. Retrieved July 9, 2024, from <https://www.psychiatry.org/patients-families/addiction-substance-use-disorders/what-is-a-substance-use-disorder>

National Institute on Drug Abuse (2018, June 1). *Understanding Drug Use and Addiction*. Retrieved July 9, 2024, from <https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction>

National Institute of Mental Health (2024, March 1). *Substance Use and Co-Occurring Mental Disorders*. National Institute on Drug Abuse. Retrieved July 9, 2024, from [https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Substance%20use%20disorder%20\(SUD\)%20is,most%20severe%20form%20of%20SUD.](https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Substance%20use%20disorder%20(SUD)%20is,most%20severe%20form%20of%20SUD.)