

UNDERSTANDING THE NEXUS OF VIOLENCE & THE SCIENCE OF ADDICTION

A resource designed to help individuals feel educated and empowered about the subject of addiction and trauma



Welcome



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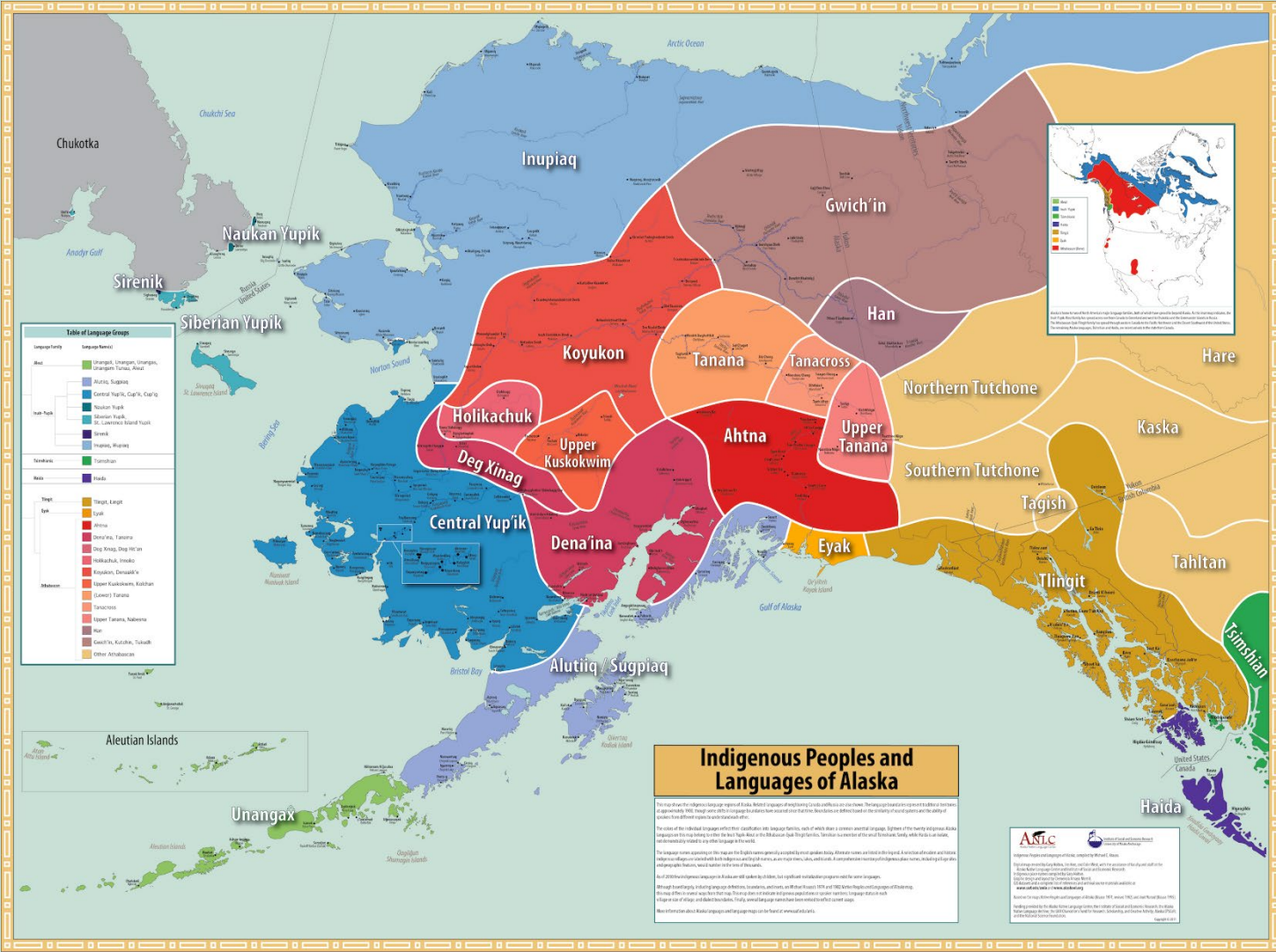
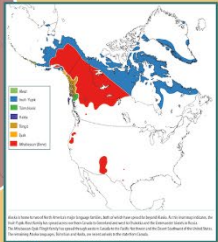


Table of Language Groups

Language Family	Language Name(s)
Aleut	Unalutsk, Unalutian, Unalutian, Unalutian Tanaq, Alutak
	Alutic, Sugpiaq
	Central Yup'ik, Gwich'in, Koyuk
North Pacific	Nauyasq, Yanaq
	Siberian Yup'ik
	St. Lawrence Island Yup'ik
	Ikroavik
	Healy, Waiyapik
Naikavak	Tomichan
Ainu	Frada
Thlingit	Thlingit, Lingit
	Eyak
Athabaskan	Ahtna
	Dena'ina, Tanana
	Chipewyan, Chipewyan
	Holikachuk, Koyuk
	Koyuk, Dena'ina
	Upper Kuskokwim, Kutchin
	(Lower) Tanana
	Tanacross
	Upper Tanana, Nukunin
	Hare
Lower Tanana, Tutchone	
Other Athabaskan	

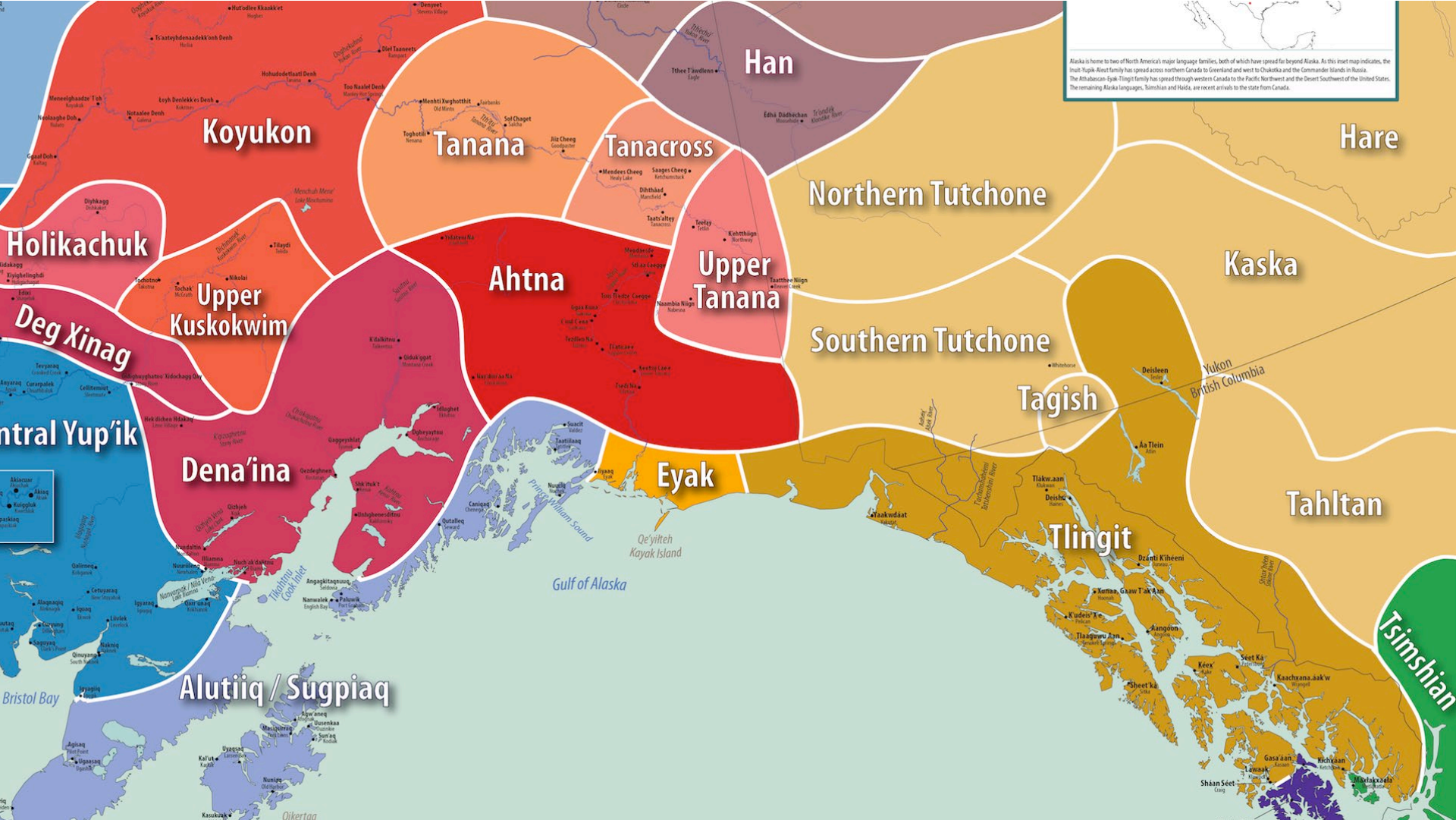


Indigenous Peoples and Languages of Alaska

The map shows the indigenous language groups of Alaska. Most of the languages listed are still spoken in the state. The language family is indicated by the color of the area. The map is based on the work of the late Dr. John P. Harrington, who was the first to map the languages of Alaska. The map is based on the work of the late Dr. John P. Harrington, who was the first to map the languages of Alaska. The map is based on the work of the late Dr. John P. Harrington, who was the first to map the languages of Alaska.

ALEUTIC

Alaska Native Language Center
University of Alaska Fairbanks
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www.alaska-native-language-center.org



Alaska is home to two of North America's major language families, both of which have spread far beyond Alaska. As this inset map indicates, the Inuit-Yupik-Aleut family has spread across northern Canada to Greenland and west to Chukotka and the Commander Islands in Russia. The Athabaskan-Eyak-Tlingit family has spread through western Canada to the Pacific Northwest and the Desert Southwest of the United States. The remaining Alaska languages, Tsimshian and Haida, are recent arrivals to the state from Canada.

Koyukon

Tanana

Tanacross

Han

Hare

Northern Tutchone

Kaska

Holikachuk

Upper Kuskokwim

Ahtna

Upper Tanana

Southern Tutchone

Deg Xinag

Tagish

Central Yup'ik

Dena'ina

Eyak

Tahltan

Tlingit

Alutiiq / Sugpiaq

Tsimshian

Gulf of Alaska

Bristol Bay

Kasukukw

Oikertaa

Qe'yit'eh Kayak Island

Prince William Sound

Yukon British Columbia

Chilkat River

Chilkoot River

Chilkanaak River

Alaska River

Alaska River

Alaska River

Alaska River

Alaska River

Alaska River

Alaska River

Alaska River

Alaska River



DEDICATION

This training is dedicated to all those who tirelessly work for social change on behalf of others to bridge the gap between what people need and what programs, systems, and organizations are able and willing to provide.

“We will remember you...”



- ❑ **Your name & pronouns**
- ❑ **The community and the Indigenous land you are on and/or from**
- ❑ **Your position, agency**
- ❑ **Something you are grateful for**

INDIGENOUS ACKNOWLEDGEMENT OF LAND AND IDENTITY

We acknowledge that the land each of us live, learn, and thrive on are the traditional, ancestral, and unceded homelands of Indigenous and tribal nations.

We acknowledge the genocide and systems of oppression that have dispossessed Indigenous people of their lands and we honor and respect the diverse and beautiful peoples still connected to this land.

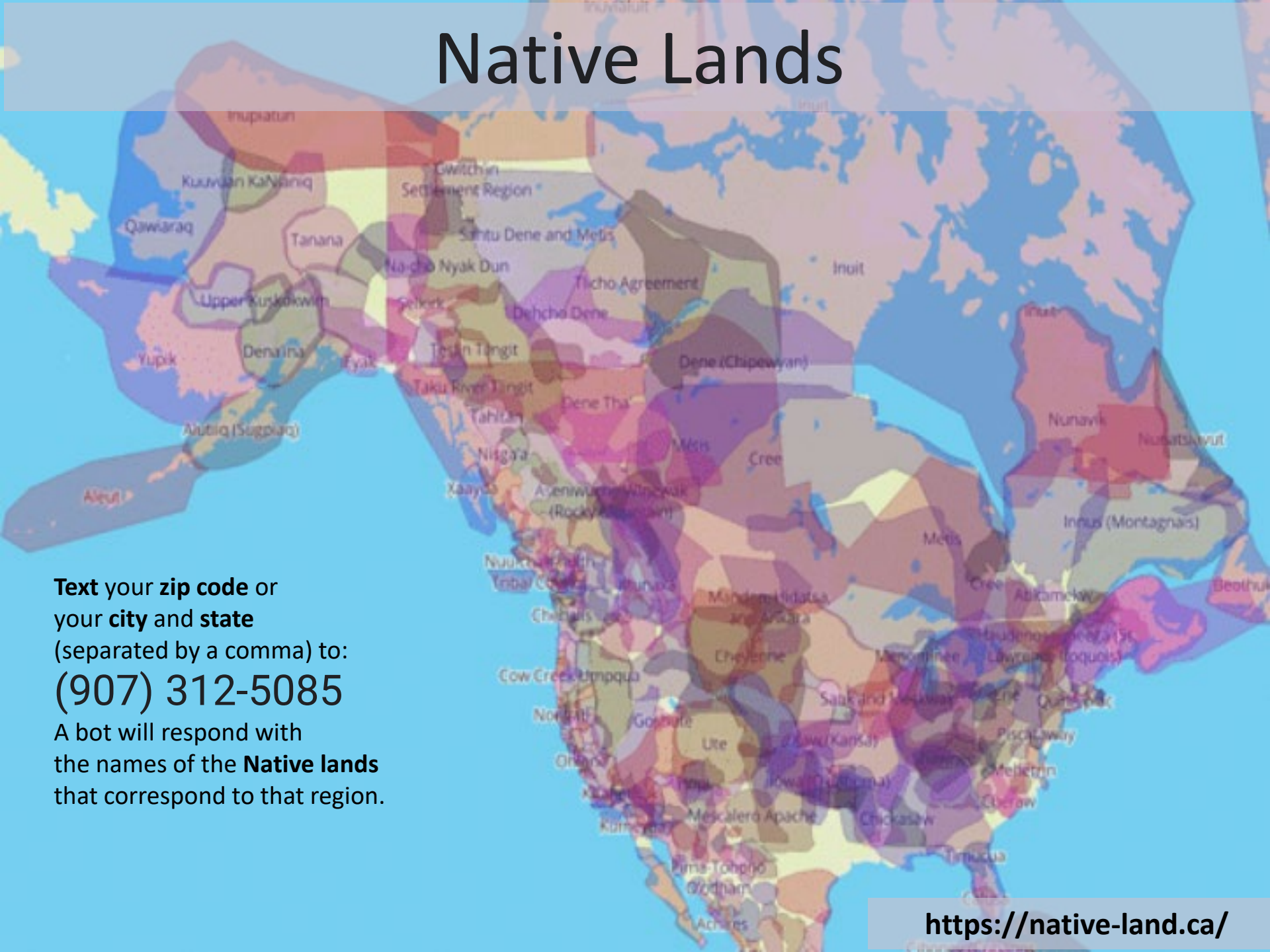
We acknowledge the preservation of our languages, traditions, rituals, and cultural knowledge; and, just as important, the reimagining of our lives through storytelling.

We are more than the harm that has been done to us! We are brilliant, joyful, strong, hilarious, kind, giving, loving, caring, connected, honorable, respectful, gracious, authentic, and thoughtful relatives.

Native Lands

Text your zip code or
your **city** and **state**
(separated by a comma) to:
(907) 312-5085

A bot will respond with
the names of the **Native lands**
that correspond to that region.



INDIGENOUS ACKNOWLEDGEMENT OF LAND AND IDENTITY

We acknowledge that the movement to end violence has long been rooted in gender but excluded an intersectional lens. We are dedicated to acknowledge this harm and making the changes necessary to effectively address the violence that is in our culture. The movement to end violence against women took shape and primarily evolved within white-dominant structures, systems, and beliefs that perpetuate racial inequities. A deficit of Black and Indigenous voices and leaders within agencies that have directly contributed to this problem. Lack of representation at the national level reinforces the systems that prevent inequities. Black and Indigenous people often experience disparate, inequitable, and punitive pathways to safety, recovery, and healing. It is important for our nation to recognize that not everyone who has sought after safety, recovery, or healing, has had equitable access to their choice of services and supports. We must also acknowledge that these systems have not supported all pathways to safety, recovery, and healing and we need to focus our influence to address equitable access while also addressing anti-racism within national, statewide, and local standards, policies, and practices. For organizational transformation and community healing, we must examine the deeply rooted structures, systems, and beliefs of white supremacy; implement antiracist practices within our agencies strategically, adjusting to suit the needs of each organization; and shift our priorities toward healing centered engagement and practices.

Christina Love (Egegik Tribal Member)

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Alaska Network on Domestic Violence and Sexual Assault

ANDVSA

Areas of Impact

Advocacy

Prevention

Policy

Legal

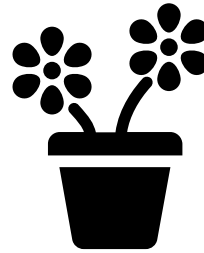
How we can support you

Policy Advocacy | Technical Assistance | Site Visits | Peer-Learning | Online Learning | Communications

In this presentation:



Models & Definition of
Addiction



Power of Words



Nature/Nurture



Addiction Physiology



Trauma &
Addiction

Former Surgeon General



Dr. Vivek Murthy
Surgeon General 2014 - 2017

“We need a cultural shift in how we think about addiction. For far too long, too many in our country have viewed addiction as a moral failing”



History of Addiction

Models of Addiction



Moral



Disease



Public Health



Social-Cultural

- **Moral Model**
- Psychodynamic Model
- **Disease Model**
- Social Learning Model
- **Public Health Model**
- Genetic model
- **Socio-Cultural Model**

Who is impacted by addiction?



MEDICAL



SOCIAL



ECONOMIC



CRIMINAL JUSTICE

*The consequences of drug use are vast and varied,
and affect people of all ages and every level of each community:*

- **BABIES**
- **ADOLESCENTS**
- **ADULTS**
- **PARENTS**
- **GRANDPARENTS**
- **COMMUNITIES**



Definition of Addiction

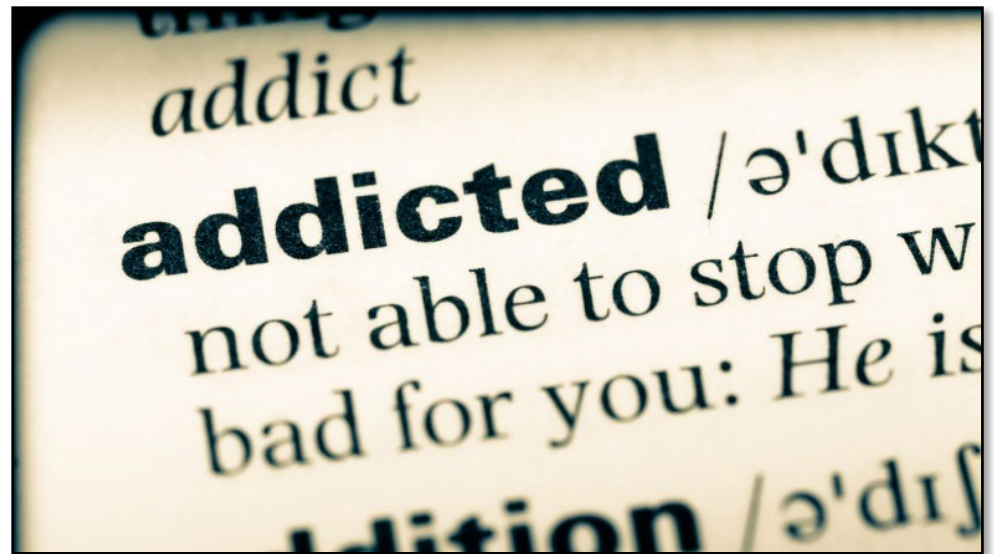
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**Addiction is a natural reaction to very
unnatural occurrences**

-C Love


What is Addiction?




Addiction is "a complex disease, often chronic in nature, which affects the functioning of the brain and body.


The most common symptoms of addiction are severe loss of control, continued use despite serious consequences, preoccupation with using, failed attempts to quit, tolerance and withdrawal."


Addiction IS a Disease

 Who says so?


 The American Medical Association


 The American Society of Addiction Medicine

 Studies published in top-tier publications like *The New England Journal of Medicine*

 A disease is a condition that changes the way an organ functions.

 Addiction:

 Changes the brain on a physiological level

 Alters the way the brain works

 Rewires the brain's fundamental structure



Addiction

- A **chronic brain disease** that has the potential for both recurrence (relapse) and recovery (remission)
- Associated with **uncontrolled** or compulsive use of one or more substances
- The most severe form of use is **Substance Use Disorder (SUD)**

What is Substance Use Disorder?



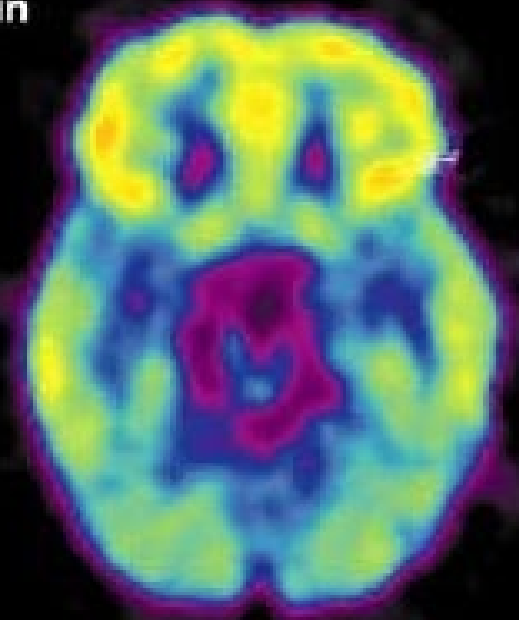
- A **medical illness** caused by repeated misuse of a substance or substances
- Develops gradually over time
- Leads to **brain changes**



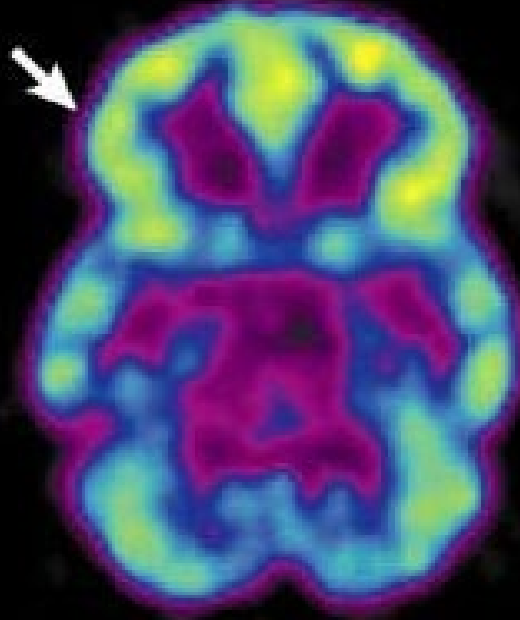
Addiction Physiology

...

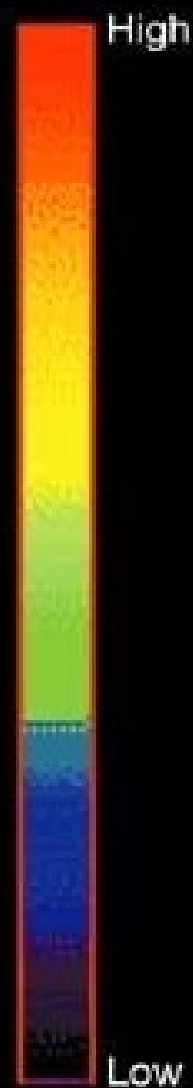
a Brain



Healthy brain

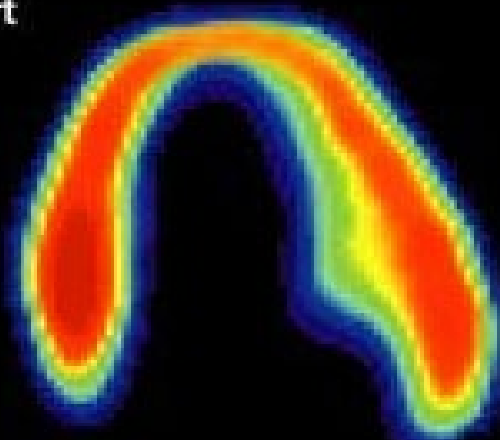


Addicted brain

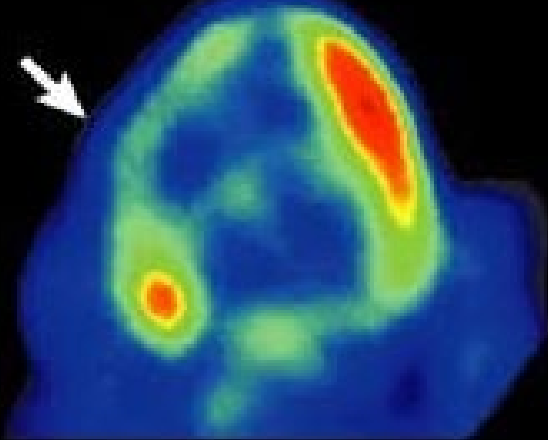


Addiction IS a Disease

b Heart

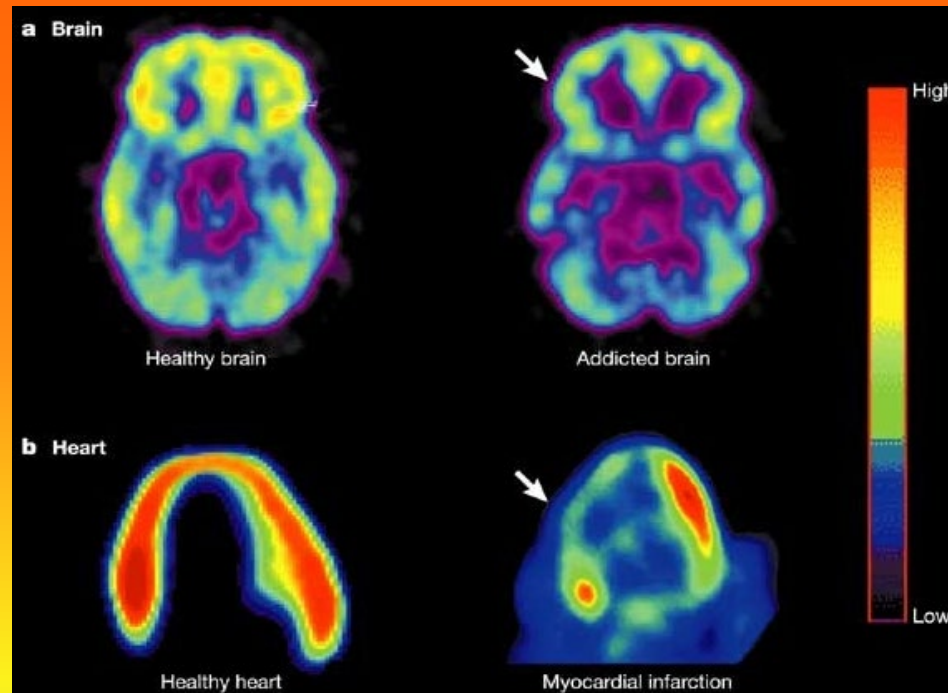


Healthy heart



Myocardial infarction

Addiction IS a Disease



🧠 Both addiction and heart disease:

- 🧠 Disrupt the normal, healthy functioning of the underlying organ
- 🧠 Have serious harmful consequences
- 🧠 If left untreated, can last a lifetime
- 🧠 **ARE PREVENTABLE AND TREATABLE**

NOT WHY THE ADDICTION,

BUT WHY THE PAIN

GABOR MATE

Why do some people use drugs?

- *To feel good*
- *To feel better, different, or numb*
- *To do better*
- *Curiosity and “because others are doing it”*



Why do survivors use drugs?

Some of the reasons include:

- ❖ Substance Use Coercion
- ❖ To cope with or block out traumatic memories
- ❖ To deal with feelings of isolation & loneliness
- ❖ To improve feelings of self-worth & self-esteem
- ❖ To harm or punish themselves for their sexual/physical abuse
- ❖ To cope with mental health issues
- ❖ Its easy to access and readily available



If taking drugs makes people feel good or better, what's the problem?

- **At first:**
 - **people may perceive what seem to be positive effects with drug use.**
 - **They also may believe that they can control their use.**
- **HOWEVER, DRUGS CAN QUICKLY TAKE OVER THEIR LIVES.**
- **People who frequently use substances:**
 - **Reach a point where they seek and take drugs...**
 - **Despite the tremendous problems caused for themselves and their loved ones.**
 - **May start to feel the need to take higher or more frequent doses (even in the early stages of their drug use)**

Is continued drug use a voluntary behavior?

- The initial decision to take drugs is mostly voluntary.
- As the disease of addiction progresses, a person's ability to exert self control can become seriously impaired.
- Brain imaging studies show physical changes in areas of the brain that are critical to:
 - **Judgment**
 - **Decision making**
 - **Learning and memory**
 - **Behavior control**



Once someone is addicted, they're not using drugs to feel good — **they're using drugs to feel normal**

- Studies have shown that consistent drug use severely limits a person's capacity to feel pleasure at all.
- Once the brain has been altered by drug use, it requires more and more drugs just to function at a baseline level.



Loss of control...

As the brain becomes altered using the substance the person suffering from a substance use disorder eventually loses their ability to chose. They are at the mercy of the brain's hierarchy of survival.



Nature/Nurture

...

Nature & Nurture...

By Anand C. Paranjpe



Studies of addiction have found **BOTH** environmental and genetic influences matter, as well as interactions between the two.

Risk Factors

Addiction

```
graph TD; A[Addiction] --- B[Brain Mechanisms]; B --- C[Biology/Genes]; B --- D[Environment]; B --- E[Drugs]; C --- C1[Genetics]; C --- C2[Mental Health]; C --- C3[Family History]; D --- D1[Chaotic Home]; D --- D2[Witnessing violence]; D --- D3[Early physical/sexual abuse]; D --- D4[Community]; D --- D5[School]; E --- E1[Early use]; E --- E2[Route of administration]; E --- E3[Effect of drug itself]; E --- E4[Availability];
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Brain Mechanisms

Biology/Genes

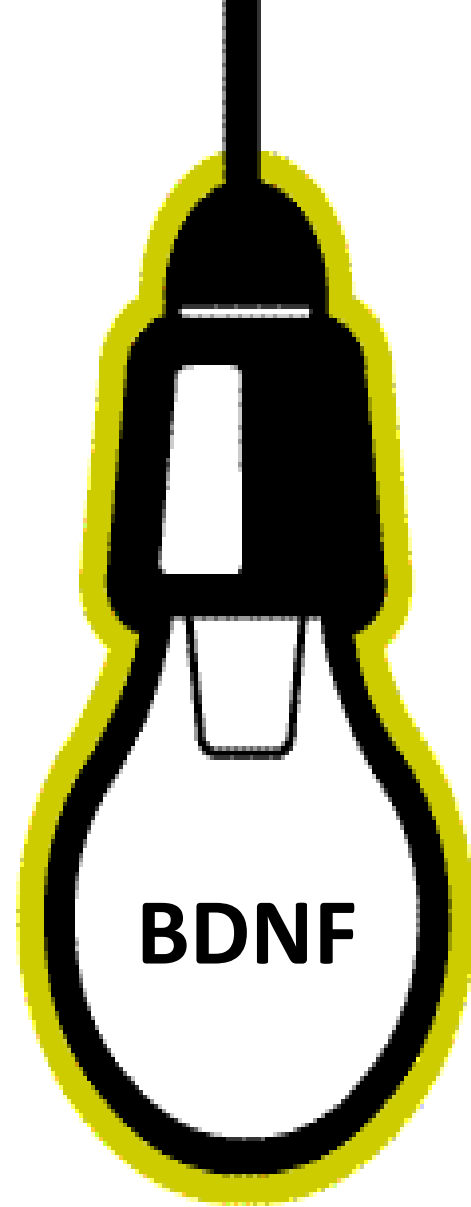
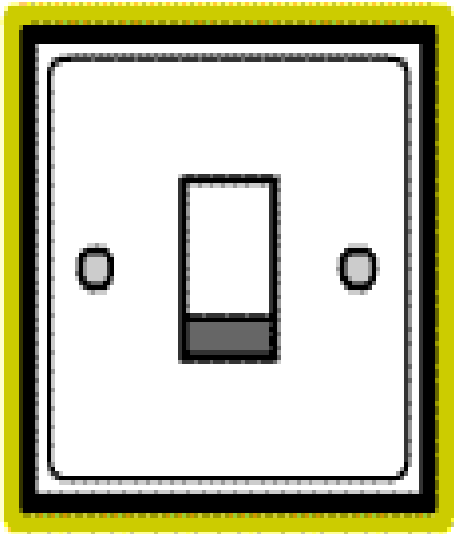
- Genetics
- Mental Health
- Family History

Environment

- Chaotic Home
- Witnessing violence
- Early physical/sexual abuse
- Community
- School

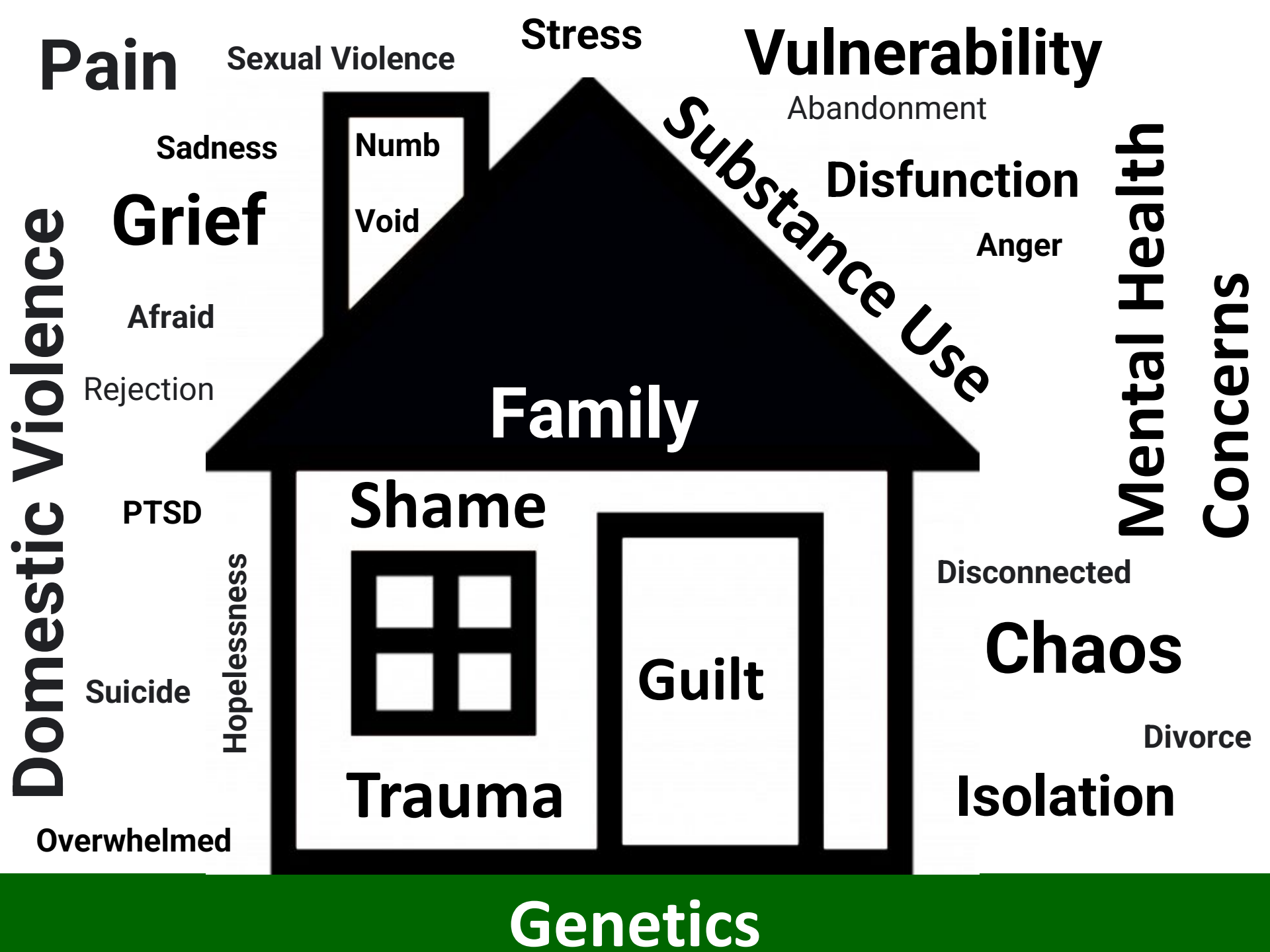
Drugs

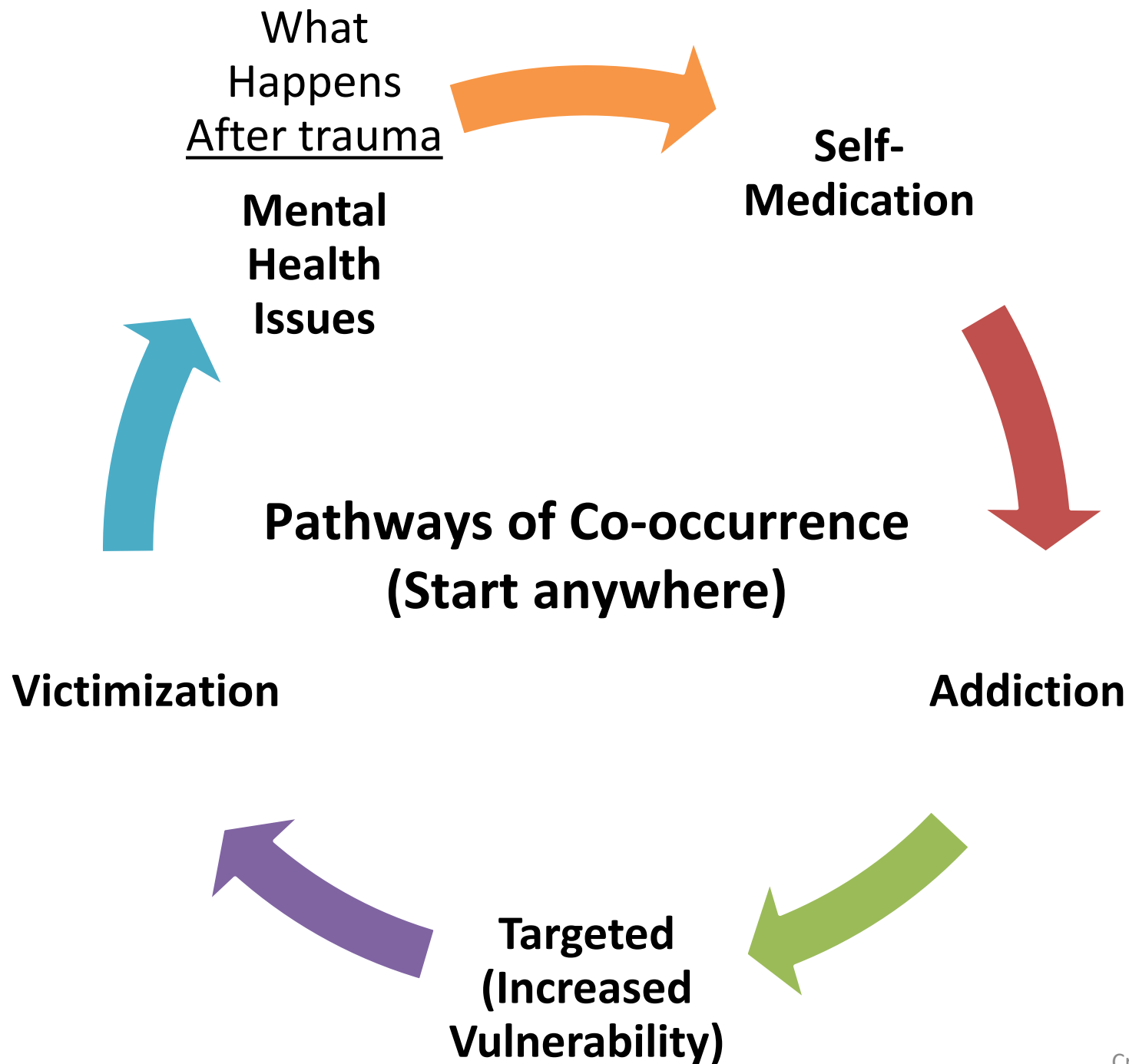
- Early use
- Route of administration
- Effect of drug itself
- Availability





Trauma & Addiction ...



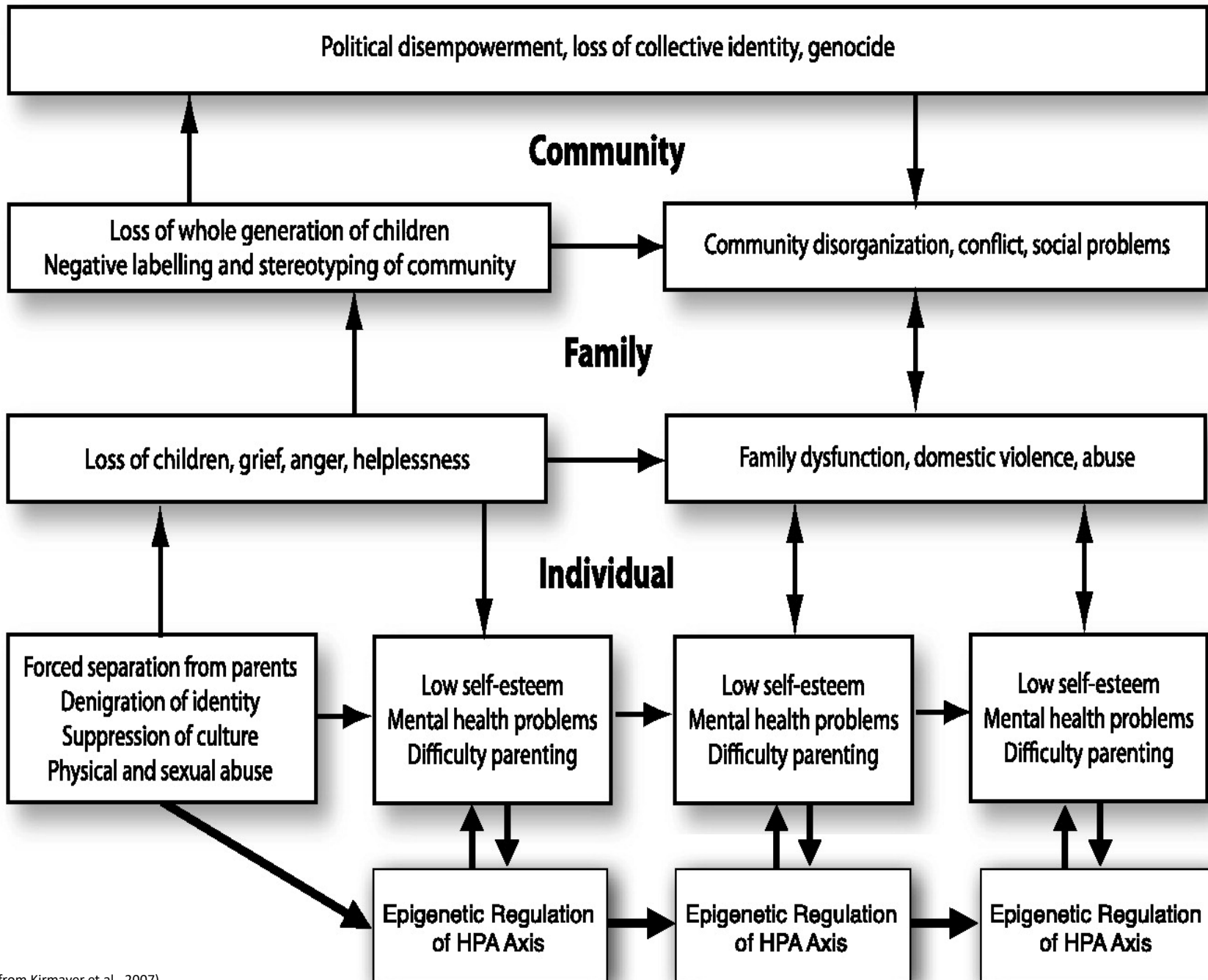


Rows indicate exposure to this form of adverse childhood experience. Columns indicate co-occurrence with other exposures.		Physical Abuse	Sexual Abuse	Verbal/Emotional Abuse	Mental Illness	Substance Abuse	Domestic Violence	Separation Divorce	Household Member in Prison
Abuse	Physical Abuse		35.9%	78.4%	42.6%	60.4%	53.6%	47.2%	21.6%
	Sexual Abuse	43.7%		57.2%	44.4%	56.5%	35.9%	43.0%	18.5%
	Verbal/Emotional Abuse	47.5%	28.4%		42.7%	58.0%	40.8%	44.8%	19.1%
Household Dysfunction	Mental Illness	36.7%	31.4%	60.8%		61.3%	36.3%	43.5%	22.6%
	Substance Abuse	33.2%	25.5%	52.7%	39.1%		37.4%	49.1%	25.8%
	Domestic Violence	55.0%	30.2%	69.1%	43.3%	69.7%		56.9%	25.0%
	Separation/Divorce	27.5%	20.6%	43.1%	29.4%	52.0%	32.3%		20.8%
	Household Member in Prison	36.9%	25.9%	53.7%	44.7%	79.9%	41.5%	60.8%	



Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion

Nation



History Lives in the Body

- Epigenetics
- Blood memory
- Pain and strength passed down through generations





Stages of Addiction

...



2. Experimentation

1. Initiation

Stage 3: Regular Use

4. Problematic/Risky Use





4. Problem/Risky Use

A photograph of a multi-tiered waterfall cascading over dark, wet rocks in a lush green forest. The water is white and frothy as it falls. The surrounding area is covered in moss and small plants. The text 'Tolerance' is overlaid in a semi-transparent box at the top right.

Tolerance

Physical dependence

Psychological dependence



Addiction

WHEN SUBSTANCE USE IS CONSIDERED AN ADDICTION (i.e. **A Medical Disorder**)

*Based on the criteria of
The American Psychiatric Association (DSM-5)
& World Health Organization (ICD-10)...*

...an addiction must meet at least 2 of the following criteria:

- Tolerance
- Withdrawal
- Limited control
- Negative consequences
- Neglected or postponed activities
- Significant time or energy spent
- Desire to cut down



Addiction Overview Summary

Myths About Addiction

MYTH

1. “Addiction is just a lack of self control”
2. “If I only use a drug occasionally then I can’t be addicted.”
3. “It’s always easy to tell when someone is addicted to a drug.”

RESPONSE

1. Addiction is a medical illness caused by repeated use of a substance or substances that develops gradually over time and leads to brain changes.
2. Addiction is a disease of the brain.
3. Addiction is a natural response to trauma or pain.
4. Addiction does not discriminate. Anyone can become addicted.



Power of Words



THE HEALING POWER OF WORDS

QUESTION: Why is dehumanization and violence so closely connected?

Answer:

- As social creatures, we're wired to empathize with our fellow human beings, and we get uncomfortable when we see someone suffering.
- Once someone is dehumanized, we usually deny them the consideration, compassion and empathy that we typically give other people.



The Science

Dehumanization can even affect our brains: When we look at people we've dehumanized, there's less activity in the medial prefrontal cortex, which is the area of the brain responsible for social processing.



The Cruel Practices of Using Language to Dehumanize Others

- Holocaust, Jews“VERMIN”
- Rwandan genocide, Tutsis“COCKROACHES”
- Associating women to animals Greater tendency to **SEXUALLY HARASS & ASSAULT**
- Arabian people**TORTURE**, targeting civilians & even bombing entire countries.
- African American people Portrayed as **APE-LIKE**
- Declaration of Independence Merciless Indian SAVAGES
- Immigrants**RAPIST, DRUG DEALER, INFESTATION**



Dehumanization

QUESTION: When you hear the word “addiction”, what things come to mind?

What words did you think of?



**When people become things,
the logic follows, they become
dispensable, and any atrocity
can be justified.**

**Why are people who use drugs and
alcohol labeled?**

ADDICTION IS A DISEASE OF CHOICE

ADDICTION IS A DISEASE

- A brain **DISEASE**
- A **CHRONIC** condition
- A **PROGRESSIVE** illness
- Sometimes **FATAL** mental health disorder
- An **ILLNESS** from which you can recover
- Something which **CAN BE TREATED**



EMOTIONAL AND PHYSICAL PAIN Activate SIMILAR BRAIN REGIONS

Shame, rejection, and emotional pain **HURT**

YOUR BRAIN ON SHAME



Words Matter (ask yourself)


Language choice can reduce stigma


**“Person-first” language whenever we
refer to people**

Words

The following words are considered stigmatizing or unhelpful and should be replaced with the preferred terminology .

Addict, Alcoholic, Abuser

- 
- These terms label a person by their illness.
 - No distinction between the person and the disease.
 - Deny the dignity and humanity of the individual.
 - These labels imply a permanency to the condition, leaving no room for a change in status.



Preferred terminology: *Person with alcohol/drug disease, person with a substance use disorder, Person in active use*



Wrapping up

...



Addiction IS Treatable



While there is no cure for addiction:

- There are many pathways to healing
- Like all chronic illnesses, addiction may require ongoing support. That may include:
 - Medication
 - Therapy (medical or cultural)
 - Lifestyle changes
 - Peer Support



Once in recovery from substance use disorder, a person can go on to live a healthy and successful life

ADDICTION IS TREATABLE, AND RECOVERY SHOULD BE THE EXPECTED OUTCOME OF TREATMENT

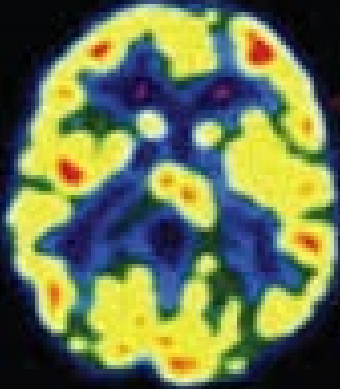
Points to Remember

- Drug addiction is a chronic disease
- The brain changes over time as a result of drug use
- No single factor can predict whether a person will become addicted to drugs
- Addiction is treatable and can be successfully managed
- **Addiction is preventable**

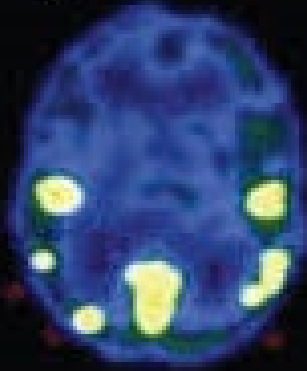


https://www.serenasartforaddiction.com/de/cache/inventory_products/51/1/thumb-no-one-in-the-world-needs-an-elephants-tusk-but-an-elephant.jpg

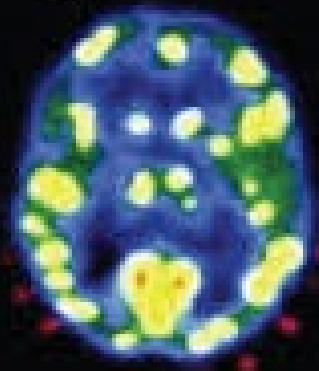
No Drug Use



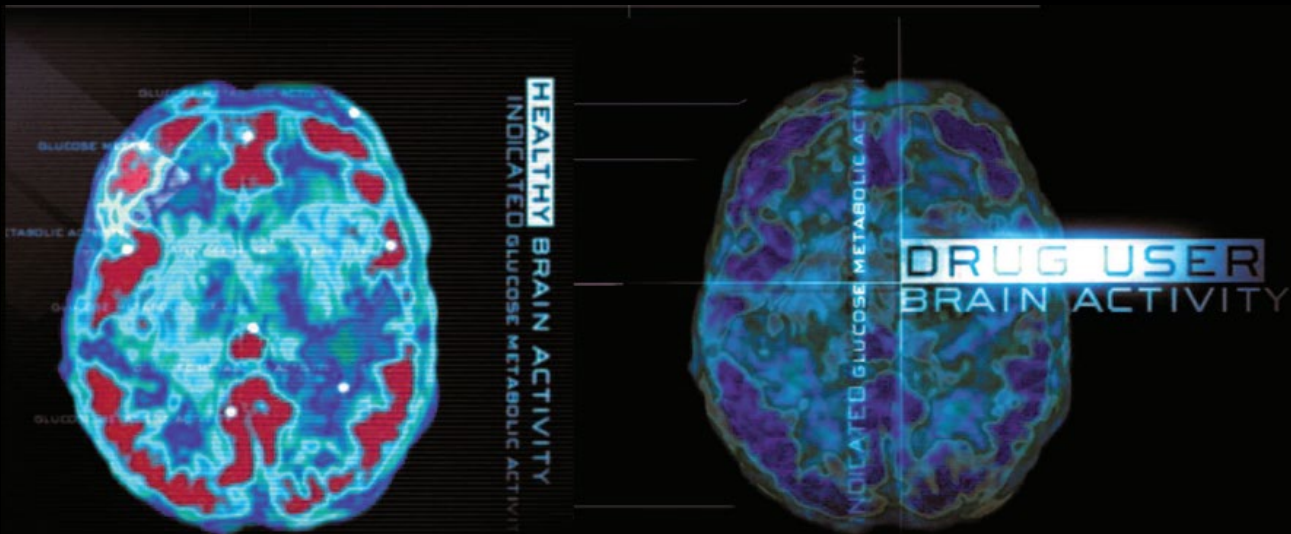
Cocaine Addiction:
10 Days
Without Cocaine



Cocaine Addiction:
100 Days
Without Cocaine



Drug addiction is a brain disease that can be treated!



NOT WHY THE ADDICTION, BUT WHY THE PAIN

GABOR MATE

**“Shame and stigma can't coexist with compassion,”
“If you can create a place for compassion, then you
create the space where people can actually heal.”**

Vicky Dulai



Resources

...

Strength Based,
Empowerment,
and Self-Determined



Individual, Organizational, & Community

Individual



- Screening
- Assessment
- Referrals
- Harm reduction model
- Empowerment model
- Wrap around services
- Culturally responsive
- Integrated services

MANY Pathways to Recovery

- **Clinical**

- Residential Treatment
- Clinical Outpatient Treatment
- **Medically assisted Treatment (MAT)**
- Counseling

- **Mutual Aid Groups**

- Alcoholics Anonymous (AA)
- Narcotics Anonymous (NA)
- Other 12-step groups
- SMART Recovery

- **Faith-Based/Secular Programs:**

- Salvation Army, Celebrate Recovery

- **Cultural & Community Minded Recovery**

- White Bison
- The Red Road to Wellbriety

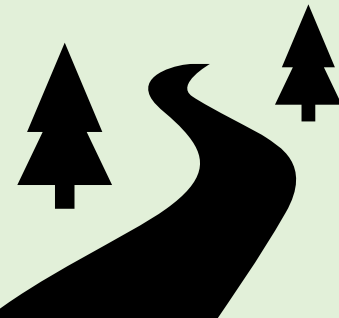
- **Harm Reduction**

- **Natural Recovery**

- **Peer-Assisted**

- **Abstinence-Based**

- **Moderation-Based**



Validate & Affirm

- None of this is your fault
- You deserve to be treated with dignity and respect
- You are not alone
- I believe you
- Normalize response to trauma



Safety/Harm Reduction/Wellness Plan

- **Strategize**.....Steps to reduce risk/use/harm/emotional responses
- **Develop**Options to keep safe/Recovery pathway
- **Identify**Trusted allies/supports/resources
- **Plan**.....Means to escape abuse/drugs/harmful places
- **Discuss**.....Referral/resources
- **Avoid**.....Dangerous: persons, places, things/isolation
- **Tools**.....One day at a time/medication/peers/co-regulation

HALT: Hungry, Angry, Lonely, Tired

(Plan can be written or just discussed out loud)

If written, remember written materials can place victims in danger if found by the person abusing them.



MEET THEM WHERE...

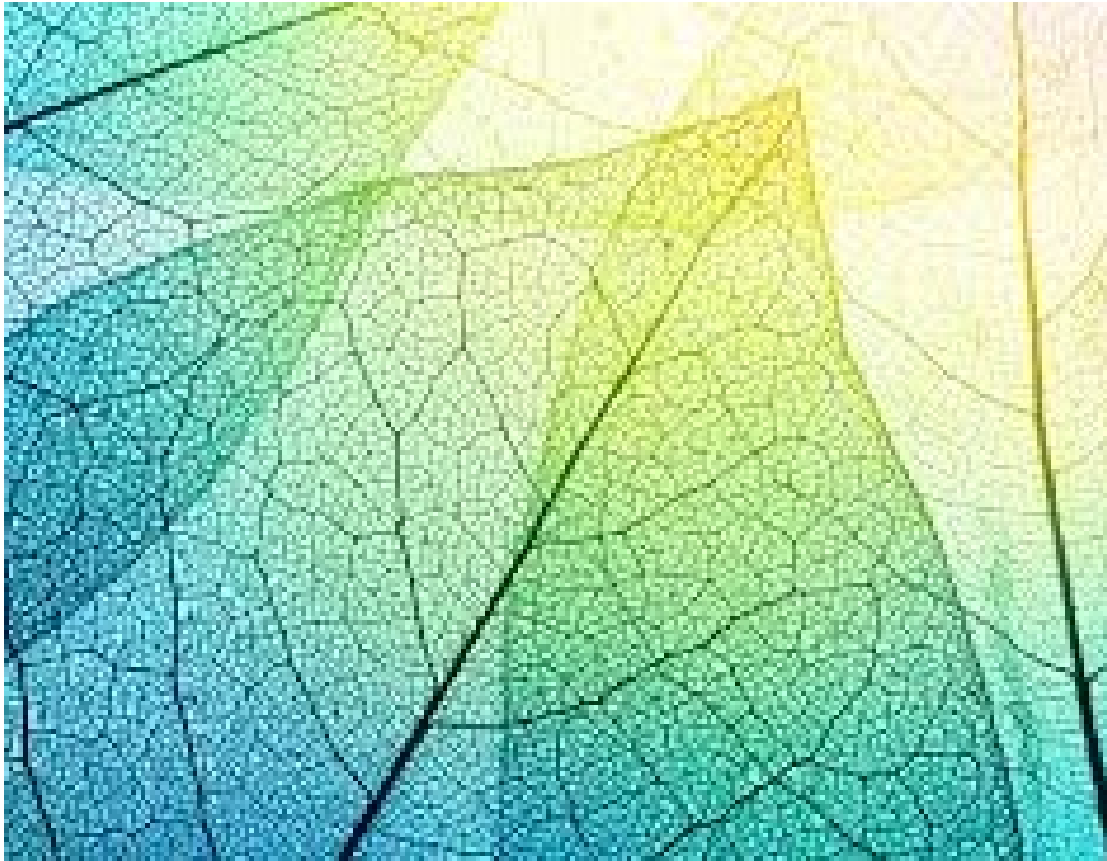
- Fill out applications
- Make phone calls
- Let them rest
- Never say “I can't work harder than you”
- Don't stop knocking on doors and trying again and again ∞

Hold hope for them until they can hold it for themselves

Organizational

This work is to support organizations in their efforts to become more accessible, culturally responsive, diverse, inclusive, equitable and trauma/healing-informed in their approach and services.





Response

- People who perpetrate harm leverage discrimination/judgment associated with substance use to prevent their partners from accessing services.
- Recognize that substance use coercion is a common tactic of abuse and that both substance use and violence present dangers to survivors.
- Incorporate into safety planning.
- Collaborate with partners (substance use providers, people in recovery (peers), multiple pathways)

Response

- Trauma is prevalent among the people you are serving.
- Incorporate questions about domestic violence, sexual assault, mental health issues, TBI, self harm, and substance use coercion into routine assessments.
- Offer information and perspective, validate perceptions, acknowledge impact, and express concern.





Services

- ✓ Hire survivors
- ✓ Hire people in recovery
- ✓ Offer integrated services



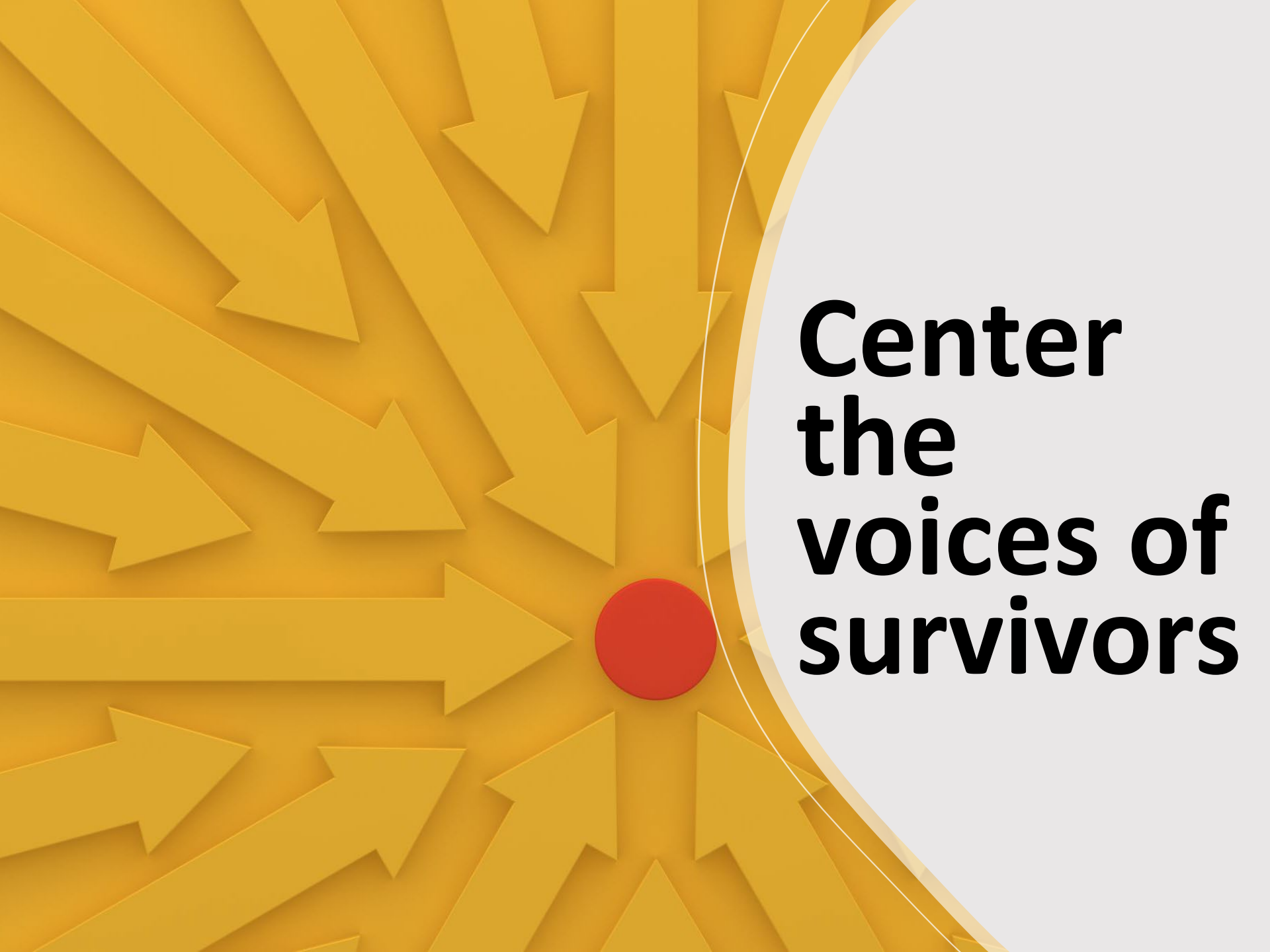
You are here

- Its Starts with you
- To create a fluid response our work is not only **OUT** **BUT IN**
- Work from the inside out



Community

Collaboration, Liberation through education, no
wrong door, out-reach



**Center
the
voices of
survivors**



RESOURCES

Real Tools on ANDVSA website

National Center on Domestic Violence,
Trauma, and Mental Health

Training & Coaching

Policy & Practice

Reports and Implications for Policy and Practice



Substance Use Coercion as a Barrier to Safety, Recovery, and Economic Stability: Implications for Policy, Research, and Practice



Understanding Substance Use Coercion in the Context of Intimate Partner Violence: Implications for Policy and Practice

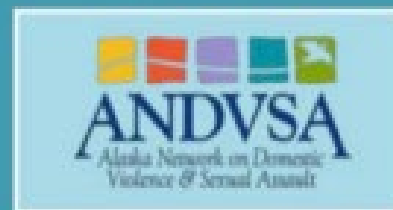
Integrated Topics and Transcripts, “Women Talk About Substance use & Violence”




REAL TOOLS: RESPONDING TO MULTI-ABUSE TRAUMA

A TOOL KIT TO HELP ADVOCATES AND COMMUNITY PARTNERS
BETTER SERVE PEOPLE WITH MULTIPLE ISSUES

BY DEBI S. EDMUND, M.A., LPC
AND PATRICIA J. BLAND, M.A., CDP



A vibrant rainbow arches across a dramatic, cloudy sky. Below the rainbow, a calm lake reflects the scene, with a line of green trees and mountains in the background. The overall mood is serene and inspiring.

“Try to be a rainbow in
someone's cloud.”

“Do the best you can until you know
better. Then when you know better, do
better.”

-Maya Angelou

RECOVERY IS POSSIBLE
NO MATTER WHAT!

Q & A

**Please ask any questions or offer
any comment!**

References & Resources

Real Tools: Responding to Multi-Abuse Trauma <http://www.andvsa.org/realtoolsprint/>

National Institute on Drug Abuse. [The Science of Drug Abuse and Addiction: The Basics.](#)

Grant B, Saha TD, Ruan WJ. “Epidemiology of *DSM-5* Drug Use Disorder Results From the National Epidemiologic Survey on Alcohol and Related Conditions–III.” [The Journal of the American Medical Association](#)

ASAM. [Definition of Addiction](#)

Volkow ND, Koob GF, McLellan AT. “Neurobiologic Advances from the Brain Disease Model of Addiction.” [The New England Journal of Medicine](#)

Swendsen J, Burstein M, Case B. “Use and Abuse of Alcohol and Illicit Drugs in US Adolescents: Results of the National Comorbidity Survey–Adolescent Supplement. [The Journal of the American Medical Association](#)

The National Center on Addiction and Substance Abuse. [Addiction Risk Factors.](#)

“Drugs, Brains and Behavior: The Science of Addiction.” [National Institute on Drug Abuse](#)

GREAT VIDEOS THAT ALSO EXPLAIN ADDICTION...

- What is addiction? <https://youtu.be/qRyeAL9tAVs>
- The Choice Argument https://youtu.be/u_scpXuE4rk
- Everything you think you know about addiction is wrong
<https://youtu.be/PY9DcIMGxMs>
- The Power of Addiction and The Addiction of Power
<https://youtu.be/66cYcSak6nE>
- Transcending addiction and redefining recovery
<https://youtu.be/gzpTWaXshfM>
- Addiction 101 <https://youtu.be/gzpTWaXshfM>

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