CONFRONTING AN EPIDEMIC:
Response to the opioid crisis in Indian Country
Recall recent trends in opioid use and related mortality

Understand relationship between heroin use and prescription opioid use

Understand challenges for combatting the opioid crisis in AI/AN

Describe multiple approaches that the HHS/IHS is taking to address the epidemic

Bonus – Is addiction a medical condition requiring treatment or simply bad behavior requiring discipline?
"The misuse and abuse of prescription medications have taken a devastating toll on the public health and safety of our Nation.... the Centers for Disease Control and Prevention has characterized prescription drug overdose as an epidemic, a label that underscores the need for urgent policy, program, and community-led responses."

R. Gil Kerlikowske
Director of the Office of National Drug Control Policy
Prescription Drug Abuse: Strategies to Stop the Epidemic 2013
On average, 50 people die from prescription pain medication overdoses every day.

Prescription pain medication is responsible for more than 475,000 visits to emergency rooms every year.

Drug poisoning deaths — the majority of which are related to prescription drugs — surpassed traffic-related crashes as the leading cause of injury death in 2009.

*Prescription Drug Abuse: Strategies to Stop the Epidemic, 2013*
Heroin-related deaths have more than quadrupled since 2010

- Increased 20.6% from 2014 to 2015 = 13,000 deaths in 2015
- 9 out of 10 heroin users also use at least one other drug
- 3 out of 4 new heroin users report prior prescription opioid abuse

In 2015, prescription opioids caused 62 deaths/day

Combined, there are 91 deaths/day in America from either prescription opioids or heroin
US Opioid Prescriptions Dispensed by US Pharmacies (NIDA, 2014)
Sources for Non-medical Use

Sources of Prescription Opioids Among Past-Year Non-Medical Users

- Given by a friend or relative for free
- Prescribed by ≥1 physicians
- Stolen from a friend or relative
- Bought from a friend or relative
- Bought from a drug dealer or other stranger
- Other

- Any
- 1-29
- 30-99
- 100-199
- 200-365

Percent of Users

Number of Days of Past-Year Non-Medical Use

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a Obtained from the US National Survey on Drug Use and Health, 2008 through 2011.
b Estimate is statistically significantly different from that for highest-frequency users (200-365 days) (P< .05).
c Includes written fake prescriptions and those opioids stolen from a physician’s office, clinic, hospital, or pharmacy; purchases on the Internet; and obtained some other way.

Increased sales of opioid analgesics in rural areas lead to greater availability for nonmedical use through diversion.

Out-migration of upwardly mobile young adults from rural areas increases economic deprivation and creates an aggregation of young adults at high risk for drug use.

Tight kinship and social networks allow faster diffusion of nonmedical prescription opioids among those at risk.

Increasing economic deprivation and unemployment create a stressful environment that places individuals at risk.
Overdose Deaths by Race in 2014

HEROIN

- White: 4.4
- Black: 2.5
- Hispanic or Latino: 1.9
- Native American: 3.7
- Asian: 0.3

OPIOIDS

- White: 7.9
- Black: 3.3
- Hispanic or Latino: 2.2
- Native American: 8.4
- Asian: 0.7

Data: CDC
Opioid-Related Deaths for American Indian / Alaska Natives

- Disproportionately affecting AI/AN

- Only 9.7% of the total U.S. population is AI/AN (2010 Census data), but they are experiencing 34% of all documented heroin or opioid deaths

- Details of the prior chart reveals that in 2014:
  - 29% of all documented heroin deaths were in AI/AN
  - 37% of all documented non-heroin opioid deaths were in AI/AN
  - 34% of all heroin or opioid related deaths were in AI/AN

Chart 6.1: Age-Adjusted Drug-Related Death Rates

- **Per 100,000 Population**
- **Calendar Year**
- **Legend:**
  - American Indians and Alaska Natives, Adjusted
  - American Indians and Alaska Natives, Unadjusted
  - U.S. All Races
Unintentional injuries are the leading cause of death for persons ages 25-44 in the AI/AN population (2007-2009) as well as the U.S. all races and white populations (2008). Approximately one-third of all AI/AN deaths in this age group are caused by unintentional injuries, whereas, suicide and homicide are the fourth and sixth leading causes of death. Suicide is the fourth leading cause of death for U.S. all races and homicide is the fifth leading cause of death of death for U.S. whites. These AI/AN rates have been adjusted to compensate for misreporting of AI/AN race on the state death certificates.
The Indian Health Service and Federal Response
Dear Tribal and Urban Indian Organization Leader:

I am writing to provide an update on efforts by the Indian Health Service (IHS) to combat the opioid epidemic facing American Indian and Alaska Native (AI/AN) communities.

PRESS RELEASE

12/15/2015
FOR IMMEDIATE RELEASE
Contact: IHS (301) 443-3593, newsroom@ihs.gov, or BIA/DOI Nedra Darling, 202-219-4152

New effort targets drug overdoses in Indian Country
Provision of life-saving medication will help reduce rate of opioid overdoses in American Indian and Alaska Native communities

OVERDOSE PREVENTION AND TREATMENT
Opioid Abuse and Overdose Epidemic

Opioid overdose continues to be a significant public health concern in America. Mortality from prescription and non-prescription opioid overdoses is on the rise, and Indian Country is not immune to this medical crisis. The 2013 National Survey on Drug Use and Health (NSDUH) survey suggests a health disparity regarding past year nonmedical use of pain relievers in Indian tribes in 2010, with 4.3% among Hispanic/Latino American Indian or Alaska Native adults. The Center for Disease Control and Prevention (CDC) has reported all-cause mortality related to opioid overdose, with 34% of overdose deaths related to illicit opioids. The CDC has also identified the opioid epidemic as a public health crisis in the TNC report for 2015.

Opioid overdose prevention continues to be a hallmark of the Office of National Drug Control Policy (ONDCP) Abuse Epidemic strategy. Clinicians have many tools available to mitigate harm from prescription opioid use, including physician prescribing practices, optimized patient monitoring by using services such as hotline and medication-assisted treatment (MAT). Opioid overdose prevention continues to be a hallmark of the Office of National Drug Control Policy (ONDCP) Abuse Epidemic strategy. Clinicians have many tools available to mitigate harm from prescription opioid use, including physician prescribing practices, optimized patient monitoring by using services such as hotline and medication-assisted treatment (MAT). Opioid overdose prevention continues to be a hallmark of the Office of National Drug Control Policy (ONDCP) Abuse Epidemic strategy. Clinicians have many tools available to mitigate harm from prescription opioid use, including physician prescribing practices, optimized patient monitoring by using services such as hotline and medication-assisted treatment (MAT).

References:
3) Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. 2014.
IHS Challenges in Combatting the Opioid Crisis

- Historical & vicarious trauma
- Annual appropriations and budgeting process
- Data Limitations:
  - Electronic Medical Record
    - Federal sites use RPMS; Tribal sites may use COTS package
  - National Data Warehouse & tribal participation is optional
  - Tribes own local data
Address by Thomas Price, MD, Secretary, Dept. of Health & Human Services, National Rx Drug Abuse and Heroin Summit- Apr. 19, 2017

- Improving access to treatment and recovery services.
- Promoting use of overdose-reversing drugs.
- Strengthening our understanding of the epidemic through better public health surveillance.
- Providing support for cutting edge research on pain and addiction.
- Advancing better practices for pain management.
IHS Prescription Drug Abuse (PDA) Workgroup

- Established by the IHS Chief Medical Officer and the National Combined Councils in July, 2012.

- Focus areas:
  - Patient care
  - Policy development/implementation
  - Education
  - Monitoring
  - Medication storage/disposal
  - Law enforcement
New IHS Committee created in March 2017
Evolved out of the Prescription Drug Abuse Workgroup
Membership: physicians, pharmacists, behavioral health providers, nursing consultation, and epidemiologists

Purpose:
- Promote appropriate and effective pain management.
- Reduce overdose deaths from heroin and prescription opioid misuse.
- Improve access to culturally appropriate treatment.
Policy Efforts

- IHM Part 3, Chapter 30- Chronic Non-Cancer Pain Management
  - Published in June 2014.
  - Provides best practice guidelines surrounding management of chronic non-cancer pain.
  - Currently under revision to ensure alignment with CDC Guideline for Prescribing Opioids for Chronic Pain- United States, 2016.

- IHM Part 3, Chapter 32- State Prescription Drug Monitoring Programs
  - Published June 2016.
  - Establishes requirement for IHS Federal prescribers to register with State PDMP to request reports for new patients, and when pre-scribing opiates for acute pain (>7 days of treatment) and chronic pain.
  - Establishes requirement for IHS Pharmacies to report dispensing data and conduct PDMP queries prior to dispensing outside prescriptions.
Clinician Support

- IHS Websites
  - Pain Management  [www.ihs.gov/painmanagement](http://www.ihs.gov/painmanagement)
  - Opioid Dependence Management  [www.ihs.gov/odm](http://www.ihs.gov/odm)
Clinician Support

- IHS Chronic Pain and Opioid Management TeleECHO Clinic
  - Weekly video conference
  - Allows front-line clinicians to consult with experts in:
    - Pain management
    - Addictions
    - Behavioral Health
  - Weekly format rotating to noon hour for each time zone.
Safe Opioid Prescribing Training

- IHS Essential Training on Pain and Addiction (ETPA)
  - IHS specific training developed with cooperation by the University of New Mexico.
  - Web-based live trainings (5 hour course) conducted since Jan. 2015.
- IHS Special General Memorandum 2016-05: Mandatory Training for Federal Prescribers of Controlled Substance Medications
  - All IHS Federal prescribers of controlled substances are required to complete EPTA training.
  - By the end of 2016, 2931 participants had completed the ETPA course.
    - 1296 IHS Federal controlled substance prescribers (96%).
Medication-assisted treatment is treatment for addiction that includes:
- The use of medicine
- Counseling
- Support systems

Treatment that includes medication is often the best choice for opioid addiction.

If a person is addicted, medication allows him or her to regain a normal state of mind, free of drug-induced highs and lows.
Office-Based Opioid Treatment Training

- Live web-based training sponsored by American Osteopathic Academy of Addiction Medicine and SAMHSA.
  - Provides 8 hours needed to obtain waiver to prescribe buprenorphine in an office-based setting:
    - Webinar training (4.25 hrs)- 3 modules
    - Online study/exam (3.75 hrs)- 5 modules, 24 questions.

Pain Skills Intensive Training- Albuquerque, NM- March 2017

- Included optional 4 hour MAT training.
- Duplicate training planned for Nov. 2017 in Portland Area.
Methadone has dual roles:
- Used as a long-acting opioid in pain treatment.
- Used for opiate maintenance to treat opioid dependence disorder (opiate addiction)

Chemical properties of methadone increase risk compared to other opioids
- Can cause cardiac rhythm complications.
- More likely to cause an opiate overdose.

Guidelines recommend against using methadone as a first-line opioid choice.

IHS monitors prescribing data on methadone and trains providers on proper pain management.
Methadone

Invoiced Quantity (Doses)

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<tr>
<td>3rd Quarter</td>
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<td>97.4K</td>
<td>96.7K</td>
<td>92.8K</td>
<td>81.5K</td>
</tr>
<tr>
<td>4th Quarter</td>
<td>87.4K</td>
<td>97.4K</td>
<td>96.7K</td>
<td>92.8K</td>
<td>81.5K</td>
</tr>
</tbody>
</table>
IHS-BIA Memorandum of Understanding- December 2015

- Agreement that IHS Federal pharmacies will provide naloxone and training on its use to local BIA Tribal Police for use by First Responders.
  Total BIA Officers Trained:

- IHS pharmacists have developed a training curriculum and toolkit.
  - Training video developed:
    - https://www.youtube.com/watch?v=KcjF9Iw0iuw
Naloxone—Co-Prescribing

- Co-prescribing grand rounds conducted February 17, 2017
  - [https://ihs.adobeconnect.com/p727st8p3lj/](https://ihs.adobeconnect.com/p727st8p3lj/)

- Pharmacy-based model collaborative practice program developed
  - [www.ihs.gov/odm.resources](http://www.ihs.gov/odm.resources)
What is Naloxone

- Opioid antagonist ("blocker")
- Used to quickly reverse opioid overdose

Naloxone is:
- Most effective in the hands of the people closest to the victim
- Available in nasal or injectable forms
- Has no abuse potential
- Safe for all ages
Naloxone Laws

- Changes in naloxone laws mainly focus on 2 areas:
  1. Good faith laws:
     - prescribe and use without risk of legal action
  2. Good Samaritan laws:
     - encourage bystanders to summon emergency care without risk of negative legal repercussions
Access to Naloxone

- Available without prescription in many states, including Arizona
- IHS is training First Responders
  - Tribal Law Enforcement
  - Emergency Medical Services
  - Federal Law Enforcement (BIA)
- IHS is working to report naloxone use in PDMP per new AZ regulations
The IHS/BIA partnership

- Over 340 BIA law enforcement officers (LEO’s) equipped with naloxone
- 60 reservations involved
- 95 federal IHS pharmacies dispense and train on use of naloxone, as needed
- IHS pays for the naloxone
- Quarterly reporting of product use has started
MOU applicable to only Federal Indian Health Service facilities

Tribally run healthcare facilities are encouraged to adapt the MOU with local law enforcement agencies
Since mid-2014, there have been IHS facilities providing naloxone to high-risk prescription opiate users

Any beneficiary can request a naloxone kit, not just the user

Target is for group education on naloxone and proper emergency response, focused on teaching the user’s family and friends

By late 2015, the program expanded to include all Phoenix Area IHS pharmacies
The opioid epidemic did not happen overnight
We will not end the epidemic overnight
There are many factors driving the epidemic
Curbing it will require multiple approaches
The HHS/IHS is providing leadership through:
- Provider training & support
- Community outreach & education
- Access & training for reversal agent (naloxone)
- Modern treatment modalities
Resources

- Alcohol and Substance Abuse Program: https://www.ihs.gov/asap/
- Pain Management: https://www.ihs.gov/painmanagement/
- Opioid Dependence Management: https://www.ihs.gov/odm
- Methamphetamine and Suicide Prevention Initiative: https://www.ihs.gov/mspi/
- Youth Regional Treatment Centers: https://www.ihs.gov/yrtc/
- Tele-behavioral Health: https://www.ihs.gov/telebehavioral/
THANK YOU