DBH
DIVISION OF BEHAVIORAL HEALTH

Opioid Epidemic in Indian Country

September 4, 2018

Strong Families AZ Tribal Home Visiting Conference

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The Opioid Epidemic:
The Indian Health Service Response to a National Crisis

September 4, 2018
Strong Families AZ Tribal Home Visiting Conference

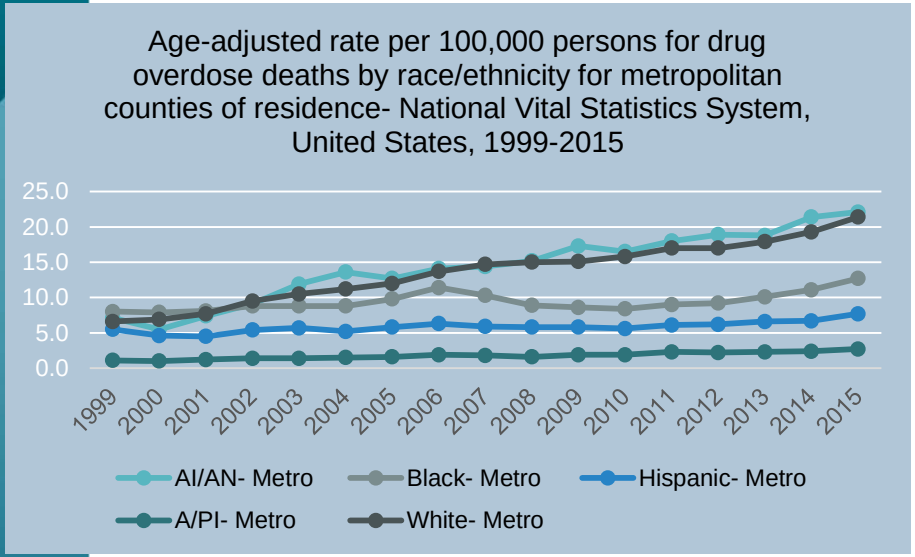
Mission

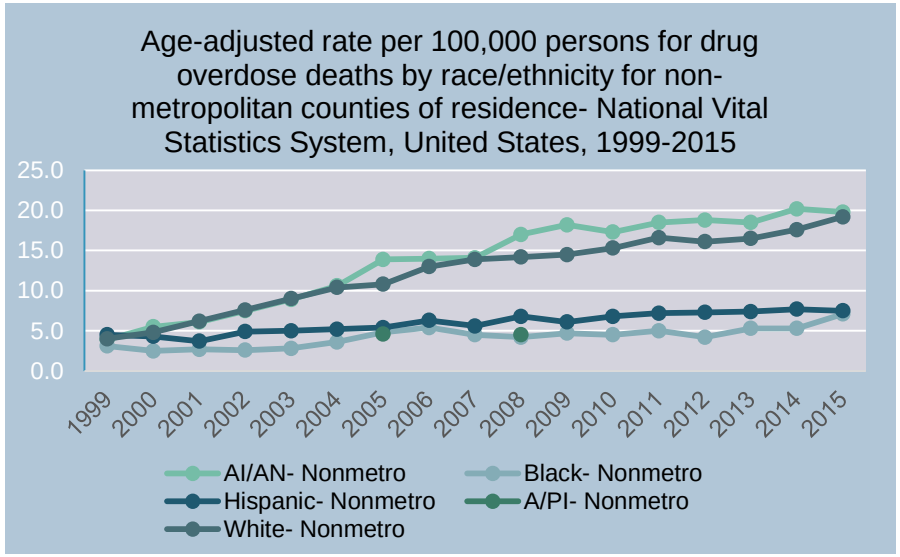
"To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level"

Key Overarching Factors to Consider in the Response to the Opioid Crisis

- IHS Mission
- Reducing the Stigma of Seeking Substance Abuse treatment
- Surgeon General's Report on "Facing Addiction in America"
- Prevention
- Historical Trauma

Drug-Related Death Rates





Mack KA, et. al., Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in metropolitan and Nonmetropolitan Areas- United States, *MMWR*, Vol 66 (19) October 20, 2017, pp 1-12.

Opioid Overdose Death Rates

- CDC data indicates that American Indians and Alaska Natives (AI/AN) had the second highest overdose death from rates from all opioids in 2016 (13.9 deaths/100,000 population) among racial/ethnic groups in the US.
- AI/AN had the second highest overdose death rates from heroin (5.0)
- AI/AN had the third highest from synthetic opioids (4.1)
- AI/AN were the only racial/ethnic group to show a decline in prescription opioid overdose death rates between 2015-2016 (7.1% relative decrease).

Seth PS, et. al., Overdose deaths involving opioids, cocaine, and psychostimulants- United States, 2015-2016, *MMWR*, Vol 67 (12) March 30, 2018, pp 349-358.

National Committee on Heroin, Opioids, and Pain Efforts (HOPE)

- New IHS Committee created in March 2017
- Evolved out of the Prescription Drug Abuse Workgroup
- Membership: physicians, pharmacists, behavioral health providers, nurses, APNs, physical therapists and epidemiologists
- Goals:
  - Promote appropriate and effective pain management
  - Reduce overdose deaths from heroin and prescription opioid misuse
  - Improve access to culturally appropriate treatment

Strategy:
Advance the practice of pain management

Policies and Resources

Chronic Non-Cancer Pain Policy

- IHM Part 3, Chapter 30
- Provides best practice guidelines surrounding management of chronic non-cancer pain.
  - Current revisions align with *CDC Guideline for Prescribing Opioids for Chronic Pain-United States, 2016.*
  - **Good pain management IS prevention**

Chronic Non-Cancer Pain Policy--Recommendations

- Provide appropriate pain management based on current knowledge of evidence-based and best clinical practices for the use of pharmacologic and non pharmacological modalities and non-opioid therapies to treat pain.
- **Refer patients to pain management specialists, when needed, and where available, to traditional medicine practitioners, when requested by the patient as culturally appropriate to do so.**
- Incorporate safeguards into clinical practices to minimize the risk of misuse and diversion of opioid analgesics and other controlled substances.

Policy- Recommendations

- **Establish multidisciplinary pain management teams for review of processes for treatment plans and patient management.**
- **Initiate opioid treatment as a shared decision between the health care provider and the patient. Informed consent.**
- Establish a culture for providers who do not fear disciplinary action for ordering, prescribing, dispensing, or administering controlled substances, including opioid analgesics, for legitimate medical purposes and in the course of professional practice.

Chronic Non-Cancer Pain Policy

- Clinical Recommendations:
  - Avoid opioids if possible as first line therapy for chronic pain
  - Start with low doses and titrate slowly
  - Establish individualized patient treatment agreements with informed consent

Prescription Drug Monitoring Programs

- 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 prescribing 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.

Stay Connected

- IHS Websites
  - NEW site: www.ihs.gov/opioids
- HOPE Committee Newsletters
- HOPE Committee Listserv

Safe Opioid Prescribing Training

- IHS Essential Training on Pain and Addiction (ETPA)
  - IHS specific training developed with cooperation by the University of New Mexico.
  - Initially- Web-based live trainings (5 hour course) conducted starting Jan. 2015.
  - Now available as web-based recorded training.
- Mandatory Training for Federal Prescribers of Controlled Substance Medications (IHM 3-30)
  - All IHS Federal prescribers of controlled substances are required to complete EPTA training within 6 months of employment and refresher training every 3 years.
- IHS Refresher Training on Pain and Addiction- 2018

Additional Training

NEW (on demand soon)

1. Non-prescribing clinicians: online training available on the fundamentals of pain management and safe opioid prescribing.
2. Community-level opioid tutorial: for non-healthcare providers including health system support staff, community members, school staff, and first responders.

These additional trainings augment an informed and holistic health system approach to the opioid epidemic.

Strategy:

Improve access to prevention, treatment, and recovery support services

What is Medication Assisted Treatment?
Available Resources

Medication Assisted Treatment (MAT)

- Medication assisted treatment (MAT) involves:
  - The use of medications
  - In combination with counseling and behavioral therapies
  - Holistic "whole patient" individualized approach
- The goal of MAT is to support recovery and prevent relapse with medication and psychosocial therapy. Medication in support of recovery is one part of a comprehensive approach toward achieving long-term recovery
- MAT allows a person to regain a normal state of mind, free of drug-induced highs and lows

Strategy:
Target the availability and distribution of overdose-reversing drugs

Policy and Resources

Policy Efforts

IHM Chapter 35 “Prescribing and Dispensing of Naloxone to First Responders”

- Published in March 2018
- Requires IHS Federal pharmacies to provide naloxone to Tribal law enforcement agencies and other trained first responders. Local policies must include procedures for training, prescribing, and dispensing naloxone to tribal entities

Policy Efforts

IHS-BIA Memorandum of Understanding- December 2015 (renewed June 2017)

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

Naloxone Resources

- Resources:
  - IHS pharmacists have developed a training curriculum and toolkit
  - Training video developed:
    - https://www.youtube.com/watch?v=KcjF9Iw0iuw
  - Officer Testimony Video:
    - https://www.youtube.com/watch?v=lkqHs2rAz4M&feature=youtu.be

Strategy:
Strengthen public health data and reporting

Opioid Metrics Strategy

IHS Opioid Work Plan

- **Partnerships:** participate in tribal consultation and listening sessions to communicate HOPE updates to enhance the opioid strategic plan

- Strategy 1: Advance the practice of pain management

1. Release dental acute pain prescribing guideline—August 2018
2. Expand online opioid training curriculum

- Strategy 2: Improve access to prevention, treatment, and recovery support services

1. Expand availability of controlled substance disposal services through expanded adoption of disposal services at Federal facilities with pharmacies
2. Release comprehensive IHS Perinatal Substance Use Disorder and Neonatal Opioid Withdrawal Syndrome management guidelines
3. Create YouTube Opioid and MAT educational video series for laypersons
4. Share best practices of safe syringe exchange programs and determine mechanisms to conduct harm reduction services in collaboration with local tribal programs to reduce secondary complications in PWID

Questions

Resources

- Division of Behavioral Health Website
- https://www.ihs.gov/dbh/
- www.ihs.gov/opioids

- Joel Beckstead, Acting Director, Division of Behavioral Health, IHS

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