



National American Indian & Alaska Native

ATTC

Addiction Technology Transfer Center Network
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Addressing Addiction

IN OUR NATIVE AMERICAN COMMUNITIES · VOL 6 ISSUE 1 FALL 2019

**The Opioid
Crisis: Moving
Forward**



DIRECTOR'S CORNER

Much has happened since the first time we published on the opioid crisis in 2016, and it is very encouraging that the number of fatalities due to opioid overdose has begun to decline. Prevention and treatment professionals have worked hard in collaboration with tribal communities to combat this epidemic, and their efforts are bearing fruit. We cannot let up, however, because Native professionals are just as concerned about the methamphetamine epidemic as the opioid epidemic in their communities.

We also want to acknowledge the way that the challenges of implementing new initiatives always overshadows the success stories. This may be specifically true for the use of medication-assisted treatments (MAT) for opioid use disorders, because implementation of MAT has been met with skepticism from many Native communities. Our center has worked with close to 137 Tribal Opioid Response (TOR) recipients, adding more in this new grant cycle, and we are very impressed with the hard work we have seen in these tribal communities. We have shared a success story in this issue, and hope to share more in future issues of this newsletter.

The Tribal Opioid Response (TOR) recipients will have the opportunity to join us in regional meetings. Our first meeting was held early September in Sacramento with tribal communities in Nevada, California, and Arizona, followed by a meeting in Billings, Montana, Fairbanks, Alaska, and one in Oklahoma coming soon.

Two of our staff travelled to Chicago in August to facilitate workshops at the annual meeting of the Association of American Indian Physicians; one workshop focused on pain management, and the other offered a workshop on buprenorphine waiver training; both topics are very important for the work on opioid addiction.

The National AI/AN ATTC began our third cohort of the American Indian and Alaska Native Leadership Academy at the end of August in the Meskwaki Settlement. We are encouraged by the promising young professionals who have joined our group, and look forward to seeing their progress as we move through this year-long program.



To celebrate Recovery Month in September, we held two events that highlighted recovery; first, we offered a workshop on Healing the Native Warrior at the Tribal Healing to Wellness Courts in Palm Springs, followed by a focus on the importance of including spirituality in both treatment and recovery from any behavioral health disorder. The latter conference took place in the Winnebago Nation in Nebraska.

In addition, we are very excited about our work on updating the Native American Cultural Sensitivity training program developed by Dr. Duane Mackey, a Santee Sioux Tribal member who was our first Director of Native American programs in the Prairielands ATTC. We will start this work by gathering tribal leaders and professionals to a consensus panel in October to discuss the revisions.

Dr. Mackey was instrumental in developing many of the initiatives we still offer today. Every year we celebrate his memory through offering the Dr. Mackey Lectureship, which took place at the annual meeting of the Great Plains Behavioral Health Directors Meeting in Rapid City September 16 – 19. The last page of this newsletter includes some of our activities this fall.

Please also check out our [2013 proceedings document on the topic of abuse of pain medications](#) based on a symposium conducted in Minnesota in 2012. It is a long time ago, but still relevant because it portrays experiences with implementing the four pillars of prevention of abuse of pain medications developed by Office of National Drug Control and Policy (ONDCP).

Anne Helene Skinstad, PhD

Program Director, National American Indian and Alaska Native ATTC

Advances in the Response to the Opioid Crisis



MARY K. WINTERS, MEd
Contributions from **KEN C. WINTERS, PhD**

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Introduction

Tens of thousands Americans died of opioid overdoses in 2018, and despite the decreased rate in recent months,⁴ this country still has an opioid crisis. Initially enabled by over-prescription and diversion of opioid analgesics, the current opioid crisis now includes illicit synthetic opioids (fentanyl and its analogues) with potencies that accelerate their addictiveness and risk of lethality. Many individuals (e.g., young adults) and communities (e.g., diverse neighborhoods and rural areas that lack supportive services) are at higher risk of opioid abuse. Those with physically demanding jobs are more prone, over time, to suffer from chronic pain.⁵ American Indian and Alaska Native (AI/AN) individuals are second only to whites in the US for overdose mortality.¹⁵

The opioid abuse problem was addressed in [vol. 3, issue 3 of this newsletter](#), and we highlighted efforts of the Blood Tribe/Kainai First Nation, Cherokee Nation in Oklahoma, Mille Lacs Band of Ojibwe, and Lac du Flambeau community. The One Tribal program, funded by the Washington State Health Care Authority, and a revision of the Wisconsin program, Dose of Reality Campaign, are recent opioid campaigns aimed at informing tribal communities about the opioid crisis, including the dangers of prescription drug misuse.

So much has happened since the 2016 publication. This crisis has spurred several noteworthy public health responses, which we review below. We also highlight how government initiatives are aimed at AI/AN communities. In the column's final section, the controversy of cannabis use as a means to address opioid abuse is discussed.



Recent Progress

Federal

Since the declaration of the opioid crisis as a national public health emergency, there have been changes in funding and policy across a myriad of agencies, recognition of the cultural climate that fueled the epidemic, and foundational changes in the health systems that may promote sustained success. We examine these in more detail below.

The Joint Commission and the Problem of Prescribing Opioids

It is well established that overprescribing of opioids throughout the 1990s contributed to the opioid abuse and overdose crisis. This recognition at the federal level has led to efforts to implement regulations and laws aimed at reducing opioid misuse and support safer pain management.¹⁰

Conversely, the National Drug Control Policy Reauthorization Act of 2006 was viewed as a major step forward to address opioid abuse by increasing the number of patients a physician or physician group could treat for opioid dependence, and a need for regulations for pain management was cited as a health priority. The Joint Commission, a US-based health care accreditation organization, recently improved its pain management and assessment protocols for all accredited hospitals.⁸ These new protocols included creating a leadership team overseeing opioid prescriptions and pain management, availability of pain management physicians within a hospital system, educating patients about the realistic goals of pain management, and treating high-risk patients with non-opioid pain management approaches.

Federal Agency Involvement

Several federal health government agencies within DHHS have implemented different approaches to combat the opioid crisis. Three examples are highlighted.

Indian Health Service (IHS)

IHS launched a new opioid website to share information and increase communication surrounding opioids with key stakeholders across Indian Country (available at www.IHS.gov/opioids). The website's features include the following: details on approaches to preventing opioid abuse; proper pain management and recovery tools; how to respond to an opioid overdose; and funding opportunities. Also, IHS is working with the "HOPE Committee" (National Committee on Heroin, Opioids and Pain Efforts) to expand workforce capacity and community awareness in AI/AN communities pertaining to prevention and treatment of opioid abuse.

US Department of Health and Human Services (USDHH)

USDHH recently authored this “5 Point Strategy” to address the opioid problem (<https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/index.html>).

1. Improve citizens’ access to better prevention, treatment, and recovery services by funding such services (e.g., \$800 million in grants was recently released by USDHH).
2. Acquire and distribute reports based in better data on the opioid epidemic to better understand the crisis (e.g., see annual surveys by the Center for Disease Control of drug-related risks and outcomes⁴).
3. Improve pain management (e.g., recently NIH funded 11 “Centers of Excellence in Pain Education” at academic institutions for the development, evaluation, and distribution of pain curriculum resources).
4. Invest in overdose-reversing drugs (e.g., poison control centers received funding from the US Health Resources and Services Administration).
5. Expand funding on pain and addiction research (e.g., the NIH recently doubled funding for research on opioid abuse and pain management).

National Institute on Drug Abuse (NIDA)

As noted by NIDA’s Director (Volkow et al., 2018), addressing opioid prescription practices for pain management, although important for addressing the opioid crisis, is no longer sufficient to address this problem. NIDA recently emphasized three major approaches to strengthen this country’s response to the problem:

1. The first strategy is an increased use of medications to treat those with an opioid use disorder (OUD). Effective medications exist (e.g., methadone hydrochloride, buprenorphine, and naltrexone hydrochloride) but are currently underused.
2. In addition to expanding medication treatment for OUD, expanded involvement by health care professionals is needed to improve treatment retention. A key path to treatment retention is addressing the problems that typically co-exist among patients with OUD, particularly depression and suicidality.
3. NIDA’s commitment to research on the opioid crisis is expanding. For example, NIDA in 2018 released several new prevention and treatment funding opportunity announcements in response to the opioid crisis related to the existing NIH HEAL (Helping to End Addiction Long-term) Initiative (<https://www.drugabuse.gov/funding-app/rfa?search=HEAL&r=1>).



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Recent Legislative Acts

Comprehensive Addiction and Recovery Act (CARA)

CARA was signed into law in 2016 by the Obama administration to establish a comprehensive strategy for prevention and treatment of substance use disorders (SUDs). Whereas CARA recognized that all SUDs contribute to the problem of addiction, it included provisions to address opioid abuse. Examples are the expansion of the availability of naloxone to law enforcement agencies and first responders and strengthening prescription drug monitoring programs.

21 Century Cures Act

Efforts to improve the pathway for medical product development was the aim of the 21 Century Cures Act. This act facilitated the development and approval of new medical devices with potential to address opioid abuse.

Prescription Drug Monitoring Program (PDMP)

In 2017, the President's Commission on Combating Drug Addiction and the Opioid Crisis was formed and identified 56 recommendations centered on opioid prevention, treatment, research, and development. The Commission's report included funding directives for several federal agencies and the recommendation of the Prescription Drug Monitoring Program (PDMP) Act. PDMP would mandate that states receiving grant funds comply with PDMP requirements, including data sharing. Currently, all states and the District of Columbia have legislation authorizing the creation and operation of a PDMP.

The International Narcotics Trafficking Emergency Response by Detecting Incoming Contraband with Technology Act (INTERDICT)

INTERDICT became law in 2018 and requires US Customs and Border Protection to expand chemical screening procedures in order to detect illegal substances, including synthetic opioids, being imported in the US.

Surgeon General's Spotlight on Opioids¹²

November 2016, the Office of the Surgeon General released, "Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health." This landmark publication provided the latest research-based information on substance misuse, substance use disorders, and their health impacts for the general public.

The report's focus on the opioid epidemic emphasized the importance of the evidence-based public health approach. This approach emphasizes the role of partnerships among a wide network of health-related services and organizations in order to widen access to prevention, treatment, and recovery services for opioid abuse and to prevent overdose. Specific recommendations are provided for individuals and families, educators and academic institutions, health care professionals, professional associations, communities, and governments on all levels.

State and Local Efforts

In large support from federal initiatives, state governments have implemented various practices and policies to reverse the opioid epidemic. As noted above, all states and the District of Columbia have developed an active PDMP. Whereas states vary with the specifics of this program, they all have expanded the reporting and monitoring of controlled substances, including opioids.

Support for AI/AN Communities

AI/AN communities have been disproportionately affected by the opioid crisis. Chronic pain and injuries are more common in rural areas,¹¹ and a host of existing treatment barriers are felt more acutely by AI/AN individuals including geographic isolation, limited access to treatment programs and providers,⁹ and decreased naloxone access.⁶

Implementing medication-assisted treatment (MAT) may face the problem that standard treatment approaches are not properly adapted for AI/AN population. NIDA recently convened a meeting of key stakeholders to elicit feedback on the acceptability of MAT for opioid use disorders (OUDs) in AI/AN country. The major themes of the meeting were the need to integrate MAT into AI/AN traditional healing, and to not force standardized MAT delivery when it conflicts with these traditions but rather integrate Western and Indigenous perspectives.¹⁵

Yet tribes and tribal organizations have unique opportunities to respond to the opioid crisis. As sovereign nations, they are positioned to apply tribal policymaking to implement services and develop research and practice partnerships with the aim of improving prevention and treatment outcomes. Inherent strengths and resiliencies of AI/AN communities can support awareness campaigns and bolster traditional healing practices. It is affirming that resources are being directed to AI/AN communities. Several recent such efforts are summarized.

SAMHSA Funding Opportunity: Tribal Opioid Response (TOR) Grants

The \$50 million TOR grant program aims to strengthen efforts to combat the opioid overdose epidemic by increasing access to culturally appropriate and evidence-based treatment including MAT, strengthen prevention efforts, and to support improved data collection and analysis around opioid misuse and overdose including better tracking of fatal and nonfatal opioid-involved overdoses (<https://www.samhsa.gov/sites/default/files/grants/pdf/updated-tor-7-31-18-modified-v1.pdf>).



“The true battles we face are not waged with what stands before us, but what lies within ourselves.”

- Sean A. Bear 1st

NIDA/SAMHSA/CDC Research Program: Responding to OUD in Tribal Communities

The goal of this grant announcement is to support culturally informed research to improve responding to the opioid crisis in tribal communities. Specific research goals are to identify and implement the most efficacious prevention and/or treatment approaches for opioid use, misuse, and OUD and related comorbidities in tribal communities, and to leverage unique culture, structures for and access to health care, and beliefs about treatment in order to positively impact health and social outcomes (<https://grants.nih.gov/grants/guide/rfa-files/RFA-DA-19-013.html>).

IHS' Tribal Consultation and Listening Session on the Opioid Crisis

In collaboration with SAMHSA, NIH and IHS hosted a tribal listening session on the opioid crisis in Indian Country on May 21-22, 2018. The aim was to seek input and discuss ways agencies can work together to combat the opioid epidemic in Indian Country (<https://www.samhsa.gov/sites/default/files/dtll-2018-tribal-consultation-on-opioids-samhsa.pdf>).



Concluding Remarks

The current opioid epidemic has a complex etiological history involving misguided efforts to treat pain with medications that were highly addictive. AI/AN communities are showing great strides in addressing the crisis by taking advantage of their assets and by applying and adapting well-known programs and practices.



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REFERENCES

- Bachhuber MA, Saloner B, Cunningham CO, Barry CL. Medical cannabis laws and opioid analgesic overdose mortality in the United States, 1999-2010. *JAMA Intern Med.* 2014 Oct;174(10):1668-73. doi: 10.1001/jamainternmed.2014.4005. PubMed PMID: 25154332; PubMed Central PMCID: PMC4392651.
- Campbell G, Hall W, Degenhardt L, Dobbins T, Farrell M. Cannabis use and non-cancer chronic pain - Authors' reply. *Lancet Public Health.* 2018 Oct;3(10):e469. doi: 10.1016/S2468-2667(18)30182-8. PubMed PMID: 30314592; PubMed Central PMCID: PMC6698323.
- Campbell G, Hall WD, Peacock A, Lintzeris N, Bruno R, Larance B, Nielsen S, Cohen M, Chan G, Mattick RP, Blyth F, Shanahan M, Dobbins T, Farrell M, Degenhardt L. Effect of cannabis use in people with chronic non-cancer pain prescribed opioids: findings from a 4-year prospective cohort study. *Lancet Public Health.* 2018 Jul;3(7):e341-e350. doi: 10.1016/S2468-2667(18)30110-5. PubMed PMID: 29976328; PubMed Central PMCID: PMC684473.
- Centers for Disease Control and Prevention. *2018 Annual Surveillance Report of Drug-Related Risks and Outcomes — United States.* Centers for Disease Control and Prevention, US Department of Health and Human Services. Published August 31, 2018. Accessed July 21, 2019 from <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf>.
- Dasgupta N, Beletsky L, Ciccarone D. Opioid Crisis: No Easy Fix to Its Social and Economic Determinants. *Am J Public Health.* 2018 Feb;108(2):182-186. doi: 10.2105/AJPH.2017.304187. Epub 2017 Dec 21. PubMed PMID: 29267060; PubMed Central PMCID: PMC5846593.
- Faul M, Dailey MW, Sugerman DE, Sasser SM, Levy B, Paulozzi LJ. Disparity in naloxone administration by emergency medical service providers and the burden of drug overdose in US rural communities. *Am J Public Health.* 2015 Jul;105 Suppl 3:e26-32. doi: 10.2105/AJPH.2014.302520. Epub 2015 Apr 23. PubMed PMID: 25905856; PubMed Central PMCID: PMC4455515.
- Humphreys K, Saitz R. Should Physicians Recommend Replacing Opioids With Cannabis?. *JAMA.* 2019 Feb 19;321(7):639-640. doi: 10.1001/jama.2019.0077. PubMed PMID: 30707218.
- Joint Commission on Accreditation of Healthcare Organizations. (2017). *Accreditation Guide for Hospitals.* Joint Commission on Accreditation of Healthcare Organizations. Oak Brook, IL: Joint Commission Resources. Accessed September 7, 2019: https://www.jointcommission.org/assets/1/18/171110_Accreditation_Guide_Hospitals_FINAL.pdf.
- Jones EB. Medication-Assisted Opioid Treatment Prescribers in Federally Qualified Health Centers: Capacity Lags in Rural Areas. *J Rural Health.* 2018 Dec;34(1):14-22. doi: 10.1111/jrh.12260. Epub 2017 Aug 26. PubMed PMID: 28842930.
- Jones MR, Novitch MB, Sarrafpour S, Ehrhardt KP, Scott BB, Orhurhu V, Viswanath O, Kaye AD, Gill J, Simopoulos TT. Government Legislation in Response to the Opioid Epidemic. *Curr Pain Headache Rep.* 2019 May 1;23(6):40. doi: 10.1007/s11916-019-0781-1. Review. PubMed PMID: 31044343.
- Keyes KM, Cerdá M, Brady JE, Havens JR, Galea S. Understanding the rural-urban differences in nonmedical prescription opioid use and abuse in the United States. *Am J Public Health.* 2014 Feb;104(2):e52-9. doi: 10.2105/AJPH.2013.301709. Epub 2013 Dec 12. PubMed PMID: 24328642; PubMed Central PMCID: PMC3935688.
- Murthy VH. Facing Addiction in the United States: The Surgeon General's Report of Alcohol, Drugs, and Health. *JAMA.* 2017;317(2):133-134. doi:10.1001/jama.2016.18215
- National Institute on Drug Abuse. *Marijuana.* Last Updated June 2018. Accessed July 7, 2019 from <https://www.drugabuse.gov/drugs-abuse/marijuana>.
- Nugent SM, Morasco BJ, O'Neil ME, Freeman M, Low A, Kondo K, Elven C, Zakher B, Motu'apuaka M, Paynter R, Kansagara D. The Effects of Cannabis Among Adults With Chronic Pain and an Overview of General Harms: A Systematic Review. *Ann Intern Med.* 2017 Sep 5;167(5):319-331. doi: 10.7326/M17-0155. Epub 2017 Aug 15. Review. PubMed PMID: 28806817.
- Venner KL, Donovan DM, Campbell ANC, Wendt DC, Rieckmann T, Radin SM, Momper SL, Rosa CL. Future directions for medication assisted treatment for opioid use disorder with American Indian/Alaska Natives. *Addict Behav.* 2018 Nov;86:111-117. doi: 10.1016/j.addbeh.2018.05.017. Epub 2018 May 23. PubMed PMID: 29914717; PubMed Central PMCID: PMC6129390.
- Volkow ND, Jones EB, Einstein EB, Wargo EM. Prevention and Treatment of Opioid Misuse and Addiction: A Review. *JAMA Psychiatry.* Published online December 05, 2018;76(2):208-216. doi:10.1001/jamapsychiatry.2018.3126

THE SISSETON-WAHPETON OYATE TOR TEAM ENGAGED IN WORKFORCE DEVELOPMENT AND COMMUNITY OUTREACH

The Sisseton-Wahpeton Oyate (SWO) TOR team has been engaged in significant outreach and workforce development under their TOR grant. They have been using the NOVA PBS film *Addiction* ([available at this link](#)) to educate the workforce as part of “Lunch & Learn” events. They followed-up by creating a survey to collect feedback from viewers on what they thought of the film, what they learned, what touched their hearts, and what additional information they would like about the opioid epidemic. Respondents indicate they would like more local and SWO-specific information, as well as information about treatment resources. To date, 38 participants have completed the survey.

The TOR team also partnered with Mayuteca, a local intensive day treatment program and other programs to plan the *Piya Canku Akan Maunipi (On the Healing Road We Walk)* conference which took place August 16-17 at the SWO Memorial Park in Sisseton, South Dakota. They worked with local news correspondent Angela Kennecke to speak at the event. On her website she writes: “I would like to erase the stigma surrounding addiction and surrounding the kind of problems my daughter had. I was also in the dark about many of those problems. I think addicts are really, good at hiding things. You don’t want your mom to know what you’re really doing—especially if you’re ashamed of it; especially if it’s something that’s dangerous.” Kennecke is working to bring awareness to youth and parents in the community regarding the opioid problem. The TOR team feels these and other efforts will increase awareness and reduce stigma associated with the opioid problem.

For additional information on these projects, please contact Sara DeCoteau, Health Coordinator for the Sisseton Wahpeton Oyate Health Care Center at sara.decoteau@ihs.gov or 605-742-3697.



**Tribal Opioid
Response
Success Stories**

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RECENT ACTIVITIES & UPCOMING EVENTS

Date	Event	Location
09/03	Strong Families AZ Tribal Home Visiting Conference - <i>staff presented at this conference</i>	Phoenix, AZ
09/04	ESAS webinar: Adolescent Brain Maturation and Health: Intersections on the Developmental Highway	View the recording
09/04-06	California Regional TOR Grantee TA Meeting	Roseville, CA
09/11-13	Alcohol & Drug Exam Prep Training	Lower Brule, SD
09/16-19	Great Plains Behavioral Health Director's Meeting - <i>staff presented this meeting, the Dr. Duane Mackey Award was presented at this meeting</i>	Rapid City, SD
09/16-19	National Indian Health Board 2019 National Tribal Health Conference - <i>staff presented this conference</i>	San Diego, CA
09/25-26	Medication Assisted Treatment Technical Assistance Meeting	Ninilchik, AK
10/02	ESAS webinar: Clinical Evaluation: Screening	View the recording
10/08-10	Consensus panel of Native American leaders will gather to discuss and adapt a cultural sensitivity curriculum for non-Native providers	Iowa City, IA
10/16-18	Addiction Health Researchers Conference - <i>staff will present a poster at this conference</i>	Park City, UT
10/17	Presentation for Hennepin County Behavioral Health Staff	Minneapolis, MN
10/21-24	Regional TOR grantee meeting	Billings, MT
10/23	Behavioral Health webinar: The CO*RE/ASAM Pain Management and Opioids: Balancing Risks and Benefits - presented by the American Society of Addiction Medicine (ASAM)	Online - register
11/06	ESAS webinar: Clinical Evaluation: Assessment	Online - register
12/02-04	The Good of Life Training - <i>staff will attend this training</i>	Albuquerque, NM
12/04	ESAS webinar: Clinical Evaluation: Treatment Planning	Online - register

For additional events in our Mental Health and Prevention programs, please visit their websites:
 MHTTC: mhttcnetwork.org/native; PTTC: pttcnetwork.org/native



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Unweaving the Web

Looking to the past or the future can be beneficial, but we need to be careful not to connect them to worried or anxious thoughts as this may guide our spirits to unsurmountable difficulty.

Relationships are much the same, as we may have unknowingly been connected to others within our past.

This too brings difficulty to our present. Instead of worrying, we must try to be mindful of what we carry, as this will help us let go of things that are a burden to us.

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