National American Indian & Alaska Native
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

NEWSLETTER

SEPTEMBER 2016 / VOL 3 ISSUE 3

DIRECTOR'S CORNER

NATIONAL RECOVERY MONTH ISSUE

In this September 2016 issue we are participating in Substance Abuse and Mental Health Services Administration's (SAMHSA) National Recovery Month. Recovery Month was created with a goal of reducing shame, stigma, and instilling hope and building family resiliency. This year's theme is *Our families, Our Stories, and Our Recovery*. *You can find more information on the event's website*.

As a part of Recovery Month, this issue focuses on the devastating opioid epidemic in many tribal communities. The National American Indian and Alaska Native ATTC is collaborating with our colleagues from the Training and Technical Assistance (TTA) Center funded by Center for Substance Abuse Prevention (CSAP)/SAMHSA.

One of the articles in this newsletter highlights the destructive consequences of opioid addiction on tribal members, their families, their children and their communities, and the article includes a perspective on the national and tribal issues with opiate addiction. In 2012, our then regional ATTC (Prairielands) in collaboration with Great Lakes ATTC and the Great Plains and Bemidji Area Indian Health Service (IHS) Regions convened a summit to discuss ways of reducing opiate addition. Our Center published a proceedings document later that year titled: *Tribal Prescription Drug Abuse Summit: Moving from Information Sharing to Action Plan*.

Because the opiate epidemic has had such serious consequences for many communities across the country, the US Surgeon General has recently taken historic new action. He has sent letters to behavioral health providers and public health leaders and asking us to address the prescription opioid crisis in ways that are culturally-informed and lead to change in our practices.

The opiate epidemic has led some tribal communities to take drastic steps as well, and I remember when Lac du Flambeau Nation in Wisconsin declared a state-of-emergency and a "War on Drugs" in 2013. Accordingly, we are very pleased that we can include in this newsletter an interview with former tribal council member of the Lac du Flambeau Nation, Brooks Big John. The article was conducted by Connie O'Marra of the TTA Center. By declaring a state-of-emergency, the tribe has been able to secure resources for their community, both in the form of professionals coming from outside to assist in the tribe's treatment and prevention efforts, but also to secure fiscal support to build infra-structure in their community.

Many tribal communities have turned to the Indian Health Services and the TTA Center for assistance in developing a Tribal Action Plan with both short term - and long term goals. There may be many reasons why the opiate epidemic has taken such a toll on tribal communities across the country, but it is important to share strength-based, culturally-informed solutions among tribal communities.

On a positive note, our Center is looking forward to the graduation of the 10 participants from the 2015-16 Leadership Academy. This event will take place in Portland, Oregon on October 13th and 14th. We are also looking forward to the celebration of Native American Heritage Month in November.

Regards,

Anne Helene Skinstad

National American Indian and Alaska Native Addiction Technology Transfer Center · University of Iowa · 145 North Riverside Drive · Iowa City, IA 52242
Phone: 319-335-5564 · Fax: 319-335-6068 · Email: americanindianalaskanative@attcnetwork.org · Website: attcnetwork.org/americanindian

Photo: Shutterstock

RESPONSES TO THE OPIOID ABUSE PROBLEM

By: Mary K. Winters, MEd

Nearly 70% of the United States population will experience chronic pain at some point in their lives, and many of them will be prescribed medication to alleviate the pain. The medications often prescribed are quite addictive, and may contribute to an escalating opioid epidemic. Since 1999, the number of fatal opioid overdoses has increased by more than threefold for men and fivefold for women *(Substance Abuse and Mental Health Services Administration, SAMHSA, 2015)*.

National Efforts

Abuse of opiates has led to several federal agencies, including the Center for Disease Control and Prevention (CDC) and Department of Health and Human Services (DHHS), to have released guidelines for prescribing pain medications. These guidelines acknowledge that opioids are not effective treatment for all types of chronic pain, and urge doctors to prescribe other pain killers first, and if an opioid is prescribed, to "start low and go slow." The US Surgeon General took historic action by sending a personal letter to more than 2.3 million health care practitioners and public health leaders, seeking their help to address the prescription opioid crisis. The request instructed individuals to go to *www.TurnTheTideRx.org/join* and sign a pledge to 1) get educated about treating pain safely and effectively; 2) screen patients for opioid use disorder and provide or connect the patient with evidence-based treatment; and 3) talk about and treat addiction as a chronic illness, not a moral failing.

The Office of National Drug Control and Policy (ONDCP) at the White House has developed a model for how to address addiction at a community level. This model was used as a basis for the 2012 event: Tribal Prescription Drug Abuse Summit: Moving from Information Sharing to Action Plan offered by our then regional center, the Prairielands ATTC, in collaboration with Great Lakes ATTC, Aberdeen and Bemidji Indian Health Service (IHS), and DHHS/ SAMHSA Region 5. The ONDCP model consists of four parts; 1) Education of the community members about the danger of opiate abuse, 2) Monitoring the consumption of opiates in the community, 3) Arrangement for disposal sites of medications that no longer are in use, and 4) Enforcement of the laws regulating use of opiates medication for pain as well as illegal opiate use. *The proceedings of this summit were published in 2012 and are available at this link*.

Furthermore, the Senate recently passed the Comprehensive Addiction and Recovery Act (CARA); this bill includes provisions for tribes to be eligible for grants to develop alternative incarceration programs for drug offenders and to receive grants to purchase naloxone kits, which can prevent drug overdose deaths (see below for more on naloxone). In addition, over the past few years, numerous public health and policy responses and programs have been initiated, examples of which are highlighted below.

Drug Monitoring

The Prescription Drug Monitoring Program (PDMP), a state database containing information about prescriptions for controlled substances, is a useful tool to prevent patients from "doctor shopping" for pain medication, to identify individuals who may be at-risk for opioid abuse, and to identify providers with lax prescribing practices. PDMPs collect, monitor, and analyze electronically transmitted medications that are prescribed by a health care provider, and monitors dispensing data submitted by pharmacies and dispensing practitioners. The data are used to support states' efforts in education, research, enforcement and substance use prevention. Whereas 49 states and the District of Columbia have legislation authorizing the creation and operation of a PDMP, most states do not mandate that doctors or pharmacies participate. The Prescription Drug Monitoring Act was introduced in July, 2016 by three senators as a bill that would require doctors to use prescription drug monitoring programs before they prescribe painkillers.

Increasing Access to Buprenorphine Treatment

Medication-assisted treatment (MAT) for opioid addiction includes buprenorphine and methadone. Buprenorphine has the advantage over methadone of being safer and less addictive, and it can be prescribed by any physician with a special "X" number issued by the Drug Enforcement Administration (DEA) (which in most cases requires an 8-hour class on addiction treatment). Doctors who in the past were only allowed to treat 100 patients at a time with buprenorphine will now be able to treat up to 275 patients, as recently approved by the DHHS.

Treating Opioid Overdose with Nalaxone

Naloxone, which is given by injection, reverses the effects of opioid drugs such as morphine, oxycodone and heroin. Several steps have been taken to expand access to this medication. Naloxone is now a Schedule III drug, which means a doctor's prescription is no longer necessary to obtain naloxone, and that it may be obtained upon consultation with a pharmacist. As with any Schedule III medicine, naloxone may be supplied for immediate or later use, and may be supplied to the intended patient or a relative or care giver. Medicaid has encouraged states to add naloxone to their preferred drug list, and new federal legislation, the CARA law, aims to help communities provide training for emergency personnel in administering the naloxone, and will help communities to buy it. However, the main purpose of the use of Nalaxone is to reduce fatal overdoses, and is only the first step towards helping clients with opiate use disorders stay drug free.

Disposal of Unused Medication

Many local communities have initiated drug disposal programs to provide people with an easy means to dispose of unused pain medications. An example of a tribal community that developed such a disposal program is the Pokagon Band of the Potawatomi in Wisconsin. They depended heavily on the collaboration between the tribal pharmacist and tribal health care providers.

There are various home strategies as well, such as putting unused or expired medications in materials that absorb some of the medication, such as cat litter, sawdust or used coffee grounds. However, these materials do not absorb all of the active ingredients in pain medications. Perhaps a new technology will prove to be the

Photo: Shutterstock

answer to an effective home-based disposal option. The Deterra® Drug Deactivation System works this way: The person puts their medication in a bag containing a chemical that bonds to the medication's compounds. When water is added and the bag is shaken, the active drug is fully neutralized.

Safer Pain Medications

Medications are being tested that show promise to relieve pain but would be safer than addictive opioids. There is great interest in the role of marijuana and marijuana-based medications to relieve pain. Twenty-five states and the District of Columbia have medical marijuana laws that permit marijuana or a marijuana product to treat pain. The Food and Drug Administration (FDA), charged with the authority to test and approve the safety and effectiveness of new medications, has concluded that no sound scientific studies have supported medical use of smoked marijuana for treatment. But there is potential that marijuana-based medications can be an effective and safe way to treat pain, and several medications are being tested under FDA regulations (e.g., Epidiolex and Sativex).

Photo: Shutterstock

Another example of a search for a safer pain drug is the compound PZM21. This chemical is being tested as an experimental drug that relieves pain like morphine but is not addictive, and it has showed promise in a study of mice *(Manglik et al., 2016)*.

Preventing Tolerance to Pain Medications

Because humans can develop tolerance to pain medications, the risk of addiction overdose is heightened. What if tolerance to opioids could be blocked? Researchers have identified a brain inflammation that is linked to tolerance *(Eidson et al., 2016)*. This brain inflammation is caused by the release of cytokines, which are chemical messengers in the body that trigger an immune response, similar to a viral infection. Researchers were able to use a drug to block a particular cytokine, resulting in the elimination of tolerance to morphine. In the absence of tolerance, the researchers showed in mice that half the amount of morphine was required to alleviate pain.

Addressing the Problem in Tribal Communities

There are numerous examples on a national and local level where special efforts have been initiated to address the opioid abuse problem in tribal country. A sampling of such efforts is highlighted below.

Indian Health Service

The continuing practice of Indian Health Service (IHS) to support safe prescribing practices for prescription medications was updated recently. IHS will now require that healthcare providers working in IHS-operated facilities who prescribe opioids must check state Prescription Drug Monitoring Program (PDMP) databases prior to prescribing and dispensing opioids for pain treatment longer than seven days and periodically throughout chronic pain treatment. Also, IHS will be training and supplying naloxone to hundreds of Bureau of Indian Affairs law enforcement officers. *For more details on these IHS initiatives, please visit their website*.

Blood Tribe/Kainai First Nation

The Blood Tribe, or Kainai First Nation, of Standoff, Alberta has been inspired by the efforts of one of its family physicians, Esther Tailfeathers, MD. The tribe was getting devastated by the misuse of one of the most powerful painkillers – fentanyl. The excessive number of overdose deaths, and the strain on social services to deal with numerous orphaned children whose parents had overdosed, were signs that the tribe was dealing with a public health crisis. Dr. Tailfeathers took initiatives to respond to the problem. With funds from the tribe's reserves, she made

200 emergency overdose kits that included a pre-filled syringe of naloxone, an opioid antidote, a CPR mask, and instructions on how to use them. The kits were placed in areas where it was believed that fentanyl use occurred, such as bars and public areas. And she ensured that the community's pharmacy was stocked with sufficient supplies of suboxone, an opioid-based medication that helps addicts to recovery from opioid addiction. Other ways that the tribe responded: two confidential hotlines were established - one to help addicts quit, the other to report traffickers; instructions on how to deal with an overdose were placed at every public building; and law enforcement employed harm reduction approaches. *For more details on the Blood Tribe's response to the opioid crisis, please visit this website*.

Western Band of the Cherokee Nation

The problem of prescription drug abuse is being addressed by numerous tribal communities. One illustration is from the Cherokee Nation in Oklahoma. Bill John Baker, the chief of this tribe, details these recent efforts (*available at this link*). The components of the Cherokee Nation's response are common to many tribes: Work in partnership with the state's department of health services; provide safe and secure "drop-off" sites for unused and unwanted prescription drugs; support the use of available drug monitoring programs to reduce lax prescription practices; and partner with the Bureau of Indian Affairs (BIA) to train tribal officers to recognize opioid overdoses and be authorized to dispense the opioid antidote, naloxone.

Mille Lacs Band of Ojibwe

The Mille Lacs Band of Ojibwe (Minnesota), led by the tribe's Chief Executive, Melanie Benjamin, is focusing prevention and intervention efforts to address the problem of opiate addicted expectant mothers and the risk to their newborn. As Benjamin notes, the tribe's future is greatly threatened by the problem of babies born addicted to opioids (*available at this link*). One consequence of opioid abuse by pregnant women is that babies may show opiate-addiction symptoms at birth or may develop symptoms over the next several days. Termed the neonatal abstinence syndrome, these symptoms occur because the child is withdrawing from the drug that it had received in utero from its mother.

Benjamin and the tribe's elders discussed the issues and built a consensus that the problem was significant and that specific public health steps needed to be taken. They discussed the need for young fathers to also be responsible for the health and well-being of children, and created a zero-tolerance policy regarding illicit drug use. Also, the Mille Lacs chapter of Women Empowering Women for Indian Nations took the lead in organizing conferences on neonatal abstinence syndrome, with the ultimate goal of developing policies and an action plan that will serve as a response to this problem for Minnesota Indian reservations. Largely based on these conferences, the state of Minnesota initiated the Substance Exposed Infants In-Depth Technical Assistance (SEI-IDTA) program, a collaboration of state health officials and numerous Minnesota tribes and that has provided a roadmap for goals and action, *available at this link*.

"It was our belief that the love of possessions is a weakness to be overcome. Its appeal is to the material part, and if allowed its way, it will in time disturb one's spiritual balance. Therefore, children must early learn the beauty of generosity. They are taught to give what they prize most, that they may taste the happiness of giving."

- Ohiyesa

References

Eidson LN, Inoue K, Young LJ, Tansey MG, Murphy AZ; 2016. Toll-like Receptor 4 Mediates Morphine-Induced Neuroinflammation and Tolerance via Soluble Tumor Necrosis Factor Signaling. Neuropsychopharmacology, July 27. doi:10.1038/npp.2016.131.

Manglik A, Lin H, Aryal DK, McCorvy JD, Dengler D, Corder G, Huang XP; 2016. Structure-based discovery of opioid analgesics with reduced side effects. Nature, 1-6. doi:10.1038/nature1911

Skinstad AH, Cahoon R, Eds; 2012. Proceedings of the Summit: Tribal Prescription Drug Abuse Summit: Moving from Information Sharing to Action Plan. National American Indian and Alaska Native Addiction Technology Transfer Center, University of Iowa, Iowa City, IA.

Substance Abuse and Mental Health Services Administration. Substance Use Disorders. October 27, 2015. http://www.samhsa.gov/disorders/substance-use.

Hearing the Beat of the Big Drum:

One Community's Journey to Prevent Further Opioid Use and Create a State of Recovery

By: Connie O'Marra, Potawatomi

Photo: Buffalo Nickel

The opioid crisis has been devastating for many American Indian and Alaska Native (AI & AN) Communities including tragic deaths, family disruption and public safety concerns. For tribal and community leaders in Lac du Flambeau, this was one fight worth fighting, and no one stood alone.

Three years ago tribal leaders, including former tribal council member Brooks Big John, acted boldly by declaring a state of emergency and a "War on Drugs" in the Lac du Flambeau community. After hearing the cry from tribal members about multiple deaths, drugs running rampant in the community, and related safety issues presented by drug dealers and those affected by addiction, the tribal council worked with federal and state agencies to call attention to the crisis. Over 450 tribal members came to the initial community meeting, some well aware of the crisis and looking for change, and others with questions about the state of emergency and an opioid crisis they didn't understand. "As tribal leaders we had to sharpen our pencils, and inform the community about opioids and other drugs," Mr. Big John said. "We had to explain why we banished over 100 non-tribal members from the reservation because they were selling illicit drugs, causing our children to die or go to the hospital," recalled Mr. Big John.

With full support of the tribal council, the community banded together with law enforcement, courts, schools, cultural leaders, Indian Child Welfare, and other agencies to write a 3-year strategic plan to address the substance abuse crisis. The strategic plan allowed the tribe to pool local resources and gain a considerable amount of funding to address the crisis and take the community back. The tribe also hired national experts to keep the focus on building awareness and collaboration to implement a variety of strategies. According to Mr. Big John, the tribe addressed the selling of illicit drugs, reduced gang involvement and violence, and strengthened tribal statutes to allow law enforcement to increase safety efforts in the community. A local community member who lost her sister to an overdose stepped forward to hold an event to create more awareness, thereby increasing the solidarity of the community to address the crisis. Another strategy was to join surrounding communities and organizations, including the Northwest Wisconsin Healthcare Coalition, to increase local resources and support.

The tribe also received support from the Substance Abuse Mental Health Administration (SAMHSA) and the Robert Wood Johnson Foundation to build their own treatment center, resulting in more tribal members receiving treatment sooner and in their own community. This 20-unit facility allows the tribe to "take care of their own" and connect tribal members to their culture, creating a sense of belonging, a protective factor for substance misuse.

Culture played a key role in the "State of Recovery," Mr. Big John's term for progress made over the last 3 years. The community, already grounded in prayers, gatherings, songs and Big Drum ceremonies engaged traditional leaders to support recovery efforts, revitalize language programs and hold "Wellbriety" pow-wows to widen the "Healing Circle" during the crisis. Recently the community funded the language program with over $400,000. Youth participate in collecting wild rice and making reed mats to connect with their culture. The community also held a youth Gathering of Native Americans (GONA) event to offer opportunities for youth voices to be heard. "We need our youth to heal from the oppression they've experienced and never forget who they are. Cultural identity is key for our prevention efforts," Mr. Big John explained.

When asked if he ever felt discouraged during the process of taking back the community, Mr. Big John noted the need to be patient. "I wanted change overnight, but I remembered the teachings I passed down to my children when we went spear fishing or hunting. You have to be patient for good things to

come." He cautions other communities who are fighting the same battle with opioids and other drugs, mentioning the importance of continuing the hard work and working day by day for years to come. Mr. Big John added, "We didn't get here overnight and the changes we want to make won't happen overnight, but we are saving lives. Good things come when people have the same vision."

Brooks Big John is a former Lac du Flambeau Tribal Chairman and served several years on the council. He currently works in the Tribal Employment Rights Office (TERO) for the Lac du Flambeau Tribe. Mr. Big John is an active community leader and sits on many boards and committees working to improve the Lac du Flambeau community. He currently sits on SAMHSA's Tribal TTA Center's Expert Panel and is a former member of SAMHSA's Tribal Technical Advisory Committee.

Pictured, from top left: Mandy Conrad, Raw Daw, Bill Bird, Tara Ford, Anne Helene Skinstad, Pat Calf Looking, Ray Slick, Brent Lierman, Dale Walker, Elizabeth "Libby" Watanabe; Second Row: David Welch, Earl Lent III, Shaleena Bertram, Michaela Grey, Sunny Goggles, Janice Yazzie, Kris Pacheco, Durand Bear Medicine; Front Row: Janie Ferguson, Starlene Wheeler; Not pictured: Ed Parsells

LEADERSHIP ACADEMY GRADUATION

By: Mandy Conrad, BS, Doctoral Trainee

The National American Indian and Alaska Native ATTC is gearing up to host its second annual Leadership Academy graduation in Portland, Oregon on October 13th and 14th! Ten participants will be honored for their accomplishments during the course of this intensive, year-long program. They include Shaleena Bertram, Janie Ferguson, Sunny Goggles, Michaela Grey, Earl Lent III, Durand Bear Medicine, Kris Pacheco, David Welch, Starlene Wheeler, and Janice Yazzie. The mentors who will be accompanying them are Bill Bird, Pat Calf Looking, Ray Daw, Tara Ford, Ed Parsells, Jayne Talk-Sanchez, Ray Slick, Dale Walker, and Libby Watanabe. Together the participants and their mentors represent over fifteen tribal communities.

Additionally, there will be a number of esteemed speakers who will be addressing a range of topics including humanism in mentoring, future greatness in leadership, and walking in two worlds. The speakers include Dennis Norman, Faculty Chair of the Harvard University Native American Program; Melvina McCabe, Vice Chair of Diversity and Mentoring of the UNM School of Medicine Department of Family and Community Medicine; Brent Lierman, Human Resources/ Leadership Trainer and Consultant, and Co-developer of the academy curriculum; Dale Walker, Emeritus Professor of Psychiatry, and Director of the One Sky National Resource Center for American Indian and Alaska Native Substance Abuse Services; and Clyde McCoy, former Chair of the Department of Epidemiology and Public Health at the University Of Miami School Of Medicine.

As part of this closing ceremony, participants are expected to present the results of their tribal engagement projects to fellow participants, mentors, ATTC staff, local tribal members, and other dignitaries. All participants developed projects under the supervision of their mentors as a requirement for graduation. These projects were expected to benefit their tribal communities, and varied in scope from the development of transitional housing to the creation of digital storytelling projects to draw awareness to high rates of suicide in certain communities.

We are thrilled with the work the 2015-16 cohort has completed, and wish to congratulate them on successfully completing this program. We look forward to watching their careers progress, and hope that they might stay connected with the ATTC in a variety of ways in the future.

National American Indian & Alaska Native
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

University of Iowa
1207 Westlawn
Iowa City, IA 52245

TRAININGS, EVENTS and OPPORTUNITIES:

OCTOBER

10/5/2016 *12 - 1 pm CDT*	Behavioral Health webinar: *Domestic Violence Awareness Month event*	Online*, see *website for registration information*
10/13-14/2016	Leadership Academy Graduation	Portland, OR
10/18/2016	YMSM + LGBT Summit	Los Angeles, CA
10/19/2016 *12 - 1:30 pm CDT*	Essential Substance Abuse Skills webinar: *The Science of Addiction: The Brain on Adolescence*	Online*, see *website for registration information*
10/19-20/2016	Integrated Care Conference: *Center Staff will present at this conference*	Los Angeles, CA
10/25-27/2016	MARRCH Conference: *Center Staff will present at this conference*	St. Paul, MN
10/26-28/2016	Native American Curriculum Training	Rapid City, SD

NOVEMBER

11/2/2016 *12 - 1 pm CDT*	Behavioral Health webinar: *Integrated Care and its Role in Early Identification of Substance Abuse*	Online*, see *website for registration information*
11/9/2016	Native American Heritage Month event	Iowa City, IA
11/15-16/2016	ATTC Director's Meeting	Washington DC
11/16/2016 *12 - 1:30 pm CST*	Essential Substance Abuse Skills webinar: *Professional and Ethical Responsibilities*	Online*, see *website for registration information*
11/17-18/2016	CoE YMSM + LGBT Advisory Board meeting	Washington DC

DECEMBER

12/7/2016 *12 - 1 pm CST*	Behavioral Health webinar: *Healing the Healer*	Online*, see *website for registration information*
12/13-15/2016	DSM-5 Training at Great Plains Behavioral Health Director's Meeting	Rapid City, SD
12/14/2016 *12 - 1:30 pm CST*	Essential Substance Abuse Skills webinar: *Clinical Evaluation: Assessment*	Online*, see *website for registration information*

*Webinars require advance registration. Questions? Go to our website: *attcnetwork.org / americanindian* or contact Kate Thrams at *kate-thrams@uiowa.edu* or 319-541-7032.

It has been said, "do not ask, 'why?' ask, 'how come?'"

It is said that following the medicine way, the "old way," is a hardship. The more one learns, the more rules one learns to follow. When following the medicine way, one will hear the cries of hardship and pain within the world that others do not. One will see what many are afraid to see and go where others are not willing to go. Many at first may see these people as odd, but eventually they will become leaders. Their own tribal peoples may only remember them from before they emerged from the darkness that only few have tread.

They come back from the darkness knowing. Knowing is not always sought, but comes from experiencing what troubles many today. From a view of the common man/woman, many have asked to be shown, to hear, or "why?" As we know, many things have been forgotten, by protecting us from hurt. To ask, "Why?" is a path of pain, as it is a path of understanding. The path to understanding can be a hardship, but truths are found there of old. This leads to Wisdom. This wisdom is taught by experience; where the path of knowledge is taught by others' experiences.

These two paths are similar in what is accomplished, but the path of understanding is like a very less-used trail of old, through a jungle, which only the finest of pathfinders can follow.

Sean A. Bear

Newsletter Editorial Board and Contributors

Anne Helene Skinstad, PhD, Managing Editor
Kate Thrams, BA, Editor
Mary K. Winters, MA, Contributing Editor
Sean Bear Sr., BA, CADC, Contributor
Connie O'Marra, Contributor
Mandy Conrad, BS, Contributor
Ryan Red Corn, Buffalo Nickel Creative, Design