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

IHS Heroin, Opioids, and Pain Efforts (HOPE) Committee

Direct Service Tribes National Meeting

August 2, 2017
Mission

“To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level”
Drug-Related Death Rates

Chart 6.1: Age-Adjusted Drug-Related Death Rates

- Per 100,000 Population
- Calendar Year (1980-2008)
- Trends for:
  - American Indians and Alaska Natives, Adjusted
  - American Indians and Alaska Natives, Unadjusted
  - U.S. All Races
HHS Strategies

- 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.
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, 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 Supports

- 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 Supports

- 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 (EPTA)
  - 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 EPTA course.
    - 1296 IHS Federal controlled substance prescribers (96%).
Naloxone—First Responder

- 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)
Medication Assisted Treatment (MAT)

- 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.
Medication Assisted Treatment (MAT)

- 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 Prescribing

- 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
HOPE Workgroups

- Prescriber Support
- Medication Assisted Treatment
- Harm Reduction
- Perinatal Substance Abuse
- Program Effectiveness (Metrics)
- Technical Assistance
- Communications and website development
Prescriber Support
Tentative Workplan 2017-2018

- Host ETPA as enduring content eligible for home study CEU credits
- Release Chapter 30 update
- Expand myofascial pain training combined with DATA waiver training
- Expand availability of controlled substance disposal services
- Develop dental acute pain prescribing guideline
- Host tribal consultation sessions to communicate HOPE updates and obtain feedback from tribes regarding the annual work plan
MAT
Tentative Workplan 2017-2018

- MAT guideline hosted on ODM website
  - Subsections by discipline
  - Content: pharmacological treatment; treatment programs options (OBOT/OTP); supportive services (including integrated care); patient selection and pathways; withdrawal support
  - Best and promising practices from Indian Country
- Expand staff capacity
  - DATA waiver training for Nurse Practitioners
**Harm Reduction**

**Tentative Workplan 2017-2018**

- Develop and release IHS policy surrounding first responder access to naloxone
- Release naloxone first responder toolkit on ODM website
- Assist BIA with increasing naloxone access for tribal law enforcement officers
- Develop and release a law enforcement naloxone testimony on the IHS youtube channel
- Research components of safe syringe exchange programs and determine mechanisms to conduct harm reduction services in collaboration with local tribal programs
Promulgate best and promising practices for reducing NOWS incidence in pregnant and parenting populations that include early access to MAT

Identify mechanisms to increase access to prenatal care services for substance using mothers
Metrics
Tentative Workplan 2017-2018

- National budget measure: naloxone dispensing
- Develop regional and local data collection and analysis tools to assist sites and areas with identifying current status, trends, and impact of interventions
  - MMEs
  - Percentage of opioid prescriptions per 100 patients
  - Concurrent MME >90 + Benzodiazepine
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/
Questions

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- Metrics: Dr Tamara James
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