



Office of Clinical and Preventive Services
Division of Clinical and Community Services



The Indian Health Service Response to the Opioid Crisis

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

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Secretary, HOPE Committee

August 27, 2019



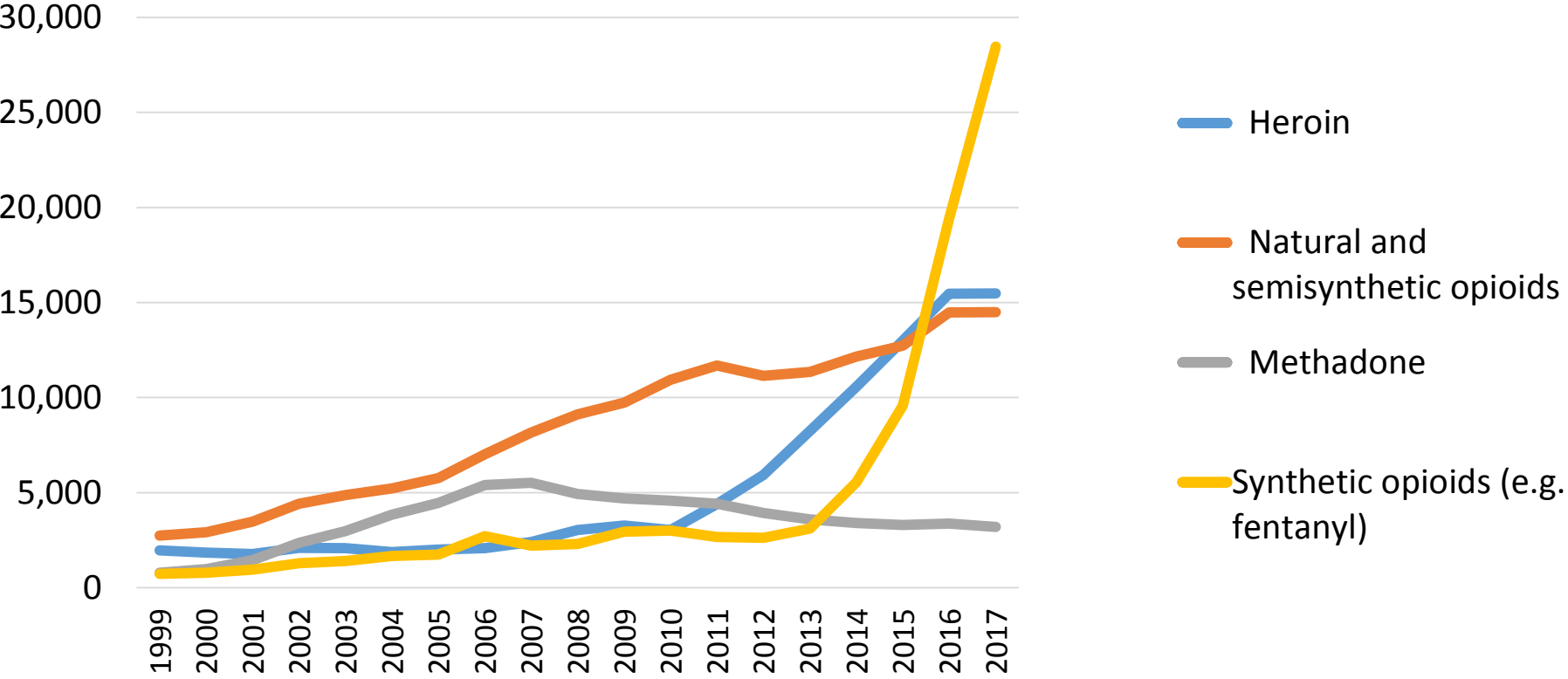
2019

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US drug overdose deaths: Opioid categories



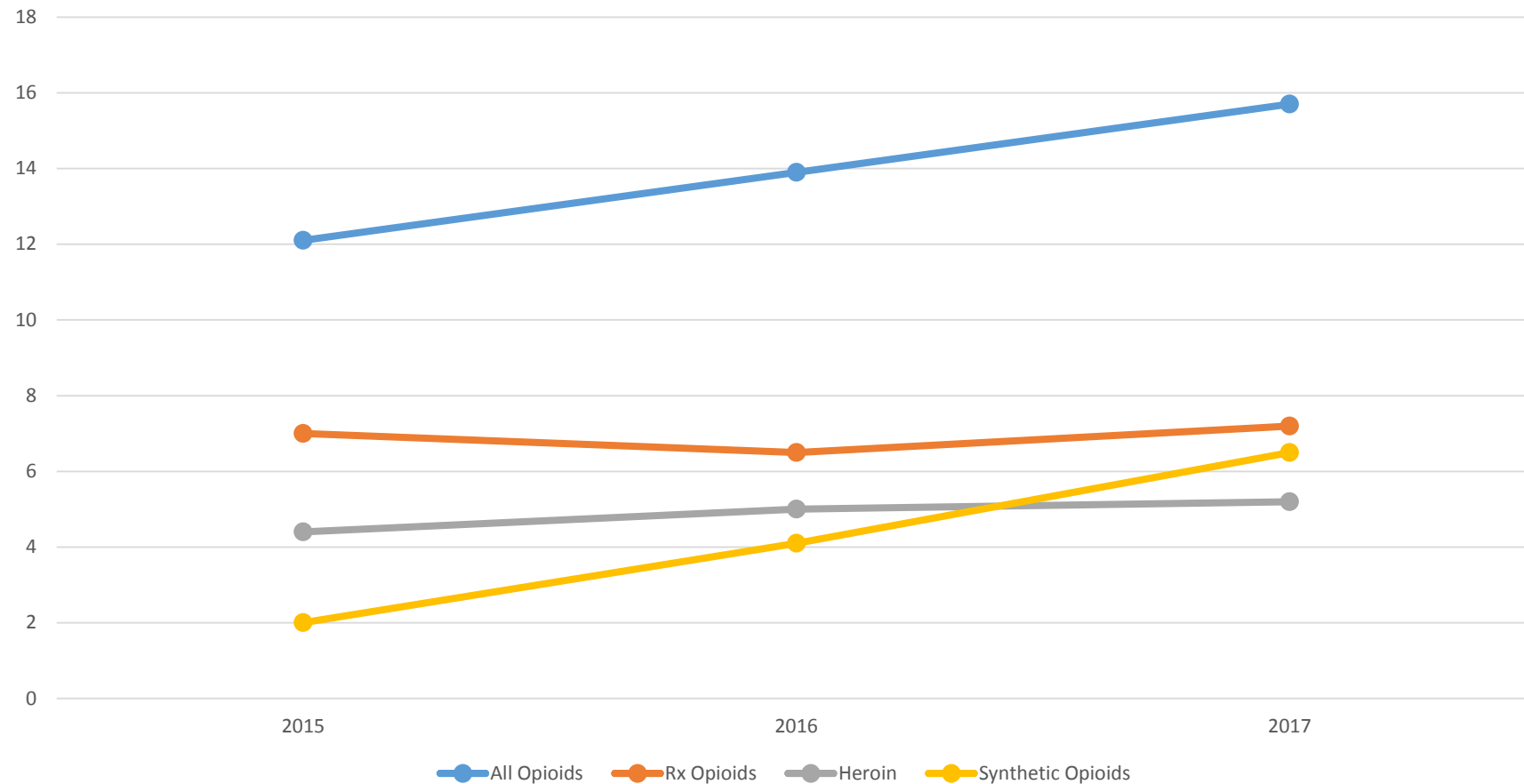
SOURCE: NCHS, National Vital Statics System, Mortality

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 2017 (15.7 deaths/100,000 population) among racial/ethnic groups in the US
- AI/AN had the highest overdose death rate for prescription opioids (7.2)
- AI/AN had the second highest overdose death rates from heroin (5.2)
- AI/AN had the third highest from synthetic opioids (6.5)
- The overall rate of overdose deaths for AI/AN has increased by **13%** between 2015-2017

Opioid Overdose Death Rates

Age-adjusted opioid death rates per 100,000 population for AI/AN, 2015-2017



Opioid Misuse

- Self-reported prevalence of illicit drug use and prescription misuse, 12 + years old (2018)

	Past month	Past year
Prescription opioid	1.2 %	3.9 %
Heroin	0.2 %	0.3 %
All opioids	1.4%	4.1%

- Self-reported prevalence of use of any prescription opioid (including misuse) in the past year, 12 + years old (2018): 39.1%
- Self-reported prevalence of illicit or prescription opioid treatment in the past year, 12 + years (2018): 1% (any facility)

HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS



Better addiction prevention, treatment, and recovery services



Better data



Better pain management



Better targeting of overdose reversing drugs



Better research



[HHS.GOV/OPIOIDS](https://www.hhs.gov/opioids)

HHS Goals

Improving access to prevention, treatment, and recovery services



Prevent the health, social, and economic consequences associated with opioid addiction and enable individuals to achieve long-term recovery.

- Supporting services
- Targeting populations
- Providing education
- Strengthening collaborations

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
- MAT is a harm reduction tool



Assuring Access to Medication Assisted Treatment for Opioid Use Disorder

- [SGM 19-01](#) – Published June 11, 2019
- Goal: To improve access to Medication Assisted Treatment (MAT) for patients with an Opioid Use Disorder (OUD) diagnosis.
- Policy: All Federal Indian Health Service Facilities are required to create an action plan to identify local MAT resources and coordinate patient access to these services when indicated.
- Action Plan Requirements:
 - To identify local MAT resources and create a plan to coordinate access to these services, regardless of the patient's eligibility for PRC or other 3rd party resources;
 - Use broad screening protocols to assist with the early identification and referral to treatment for OUD;
 - Increase provider training and capacity to encourage and support patient long-term recovery efforts;
 - Increase staff proficiency in managing acute opioid withdrawal; and,
 - Improve access to naloxone for patients at risk for overdose.

Training for IHS Clinicians on MAT

- Utilization of buprenorphine-containing drugs for the treatment of opioid use disorder requires a special waiver
 - Waiver is granted by DEA/SAMHSA after appropriate training
 - Physicians- Requires 8 hours (DATA)
 - APNs/PAs- Requires 24 hours (CARA): 8 hr DATA-waiver training + 16 hr additional
- Office-Based Opioid Treatment (OBOT) Training
 - Providers Clinical Support System ([PCSS](#)) – Sponsored by SAMHSA/AAAP
 - IHS Tele-Behavioral Health Center for Excellence ([TBHCE](#))
 - UNM Pain Skills Intensive- FY19- NAV, TUC/PHX, CAL, BEM
 - Live Waiver Trainings hosted by Indian Country [ECHO](#)

Maternal Child Health Interventions

- American College of Obstetricians and Gynecologists (ACOG) *Recommendations to IHS on American Indian/Alaska Native Pregnant Women and Women of Childbearing Age with Opioid Use Disorder* ([Report](#))
 1. Enhanced screening for substance use disorders in women of childbearing age, paired with
 2. Education and broad access to treatment services and harm reduction strategies can improve outcomes for both mothers and newborns as well as help to keep the family unit together.
 3. Fostering relationships and improving awareness surrounding trauma-informed approaches to this complex problem can lead to recovery, hope, and healing.



Maternal Child Health Interventions

- American Academy of Pediatrics *Recommendations to IHS on the Prevention and Treatment of Neonatal Opioid Withdrawal Syndrome*
 - Pending release
 - IHS response to Protecting Our Infants Act and GAO 18-32: *Newborn Health: Federal Action Needed to Address Neonatal Abstinence Syndrome*
 - Emphasizes the importance of:
 - Prenatal recovery engagement
 - Nows detection and management
 - Aftercare

Community Health Worker Role

- Partner with tribal service providers
- Support peer recovery efforts
- Support prevention work
- Educate to improve community perceptions and beliefs surrounding substance use disorders
- SBIRT

HHS Goals

Making overdose-reversing drugs available



Ensure the broad provision of overdose-reversal drugs to people likely to experience or respond to an overdose, with a particular focus on targeting high-risk populations

- Building capacity
- Providing education

Policy Efforts

- [IHM Part 3, Chapter 35](#) - Prescribing and Dispensing of Naloxone to First Responders
 - Operationalizes the terms of an IHS-BIA Memorandum of Understanding (12/2015, renewed 6/2017)
 - 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
 - dispensing naloxone to tribal entities



Naloxone Resources

- Training curriculum and [Naloxone Toolkit](#)
- Training [video](#)
- Officer Testimonial [video](#)



Intersection Between Harm Reduction Strategies & Community Interventions

- Improved Controlled Substance Disposal
 - Goal to expand access to patients (end-users) for safe disposal of unused or unwanted controlled substance medications
 - Locate local disposal resources and educate patients
- Safe Syringe Programs
 - Resources in development
 - Needle Exchange Programs/Safe Injection Practices
 - Safe Injection Sites/Safe Consumption Spaces
 - Best and promising practices for syringe exchange (e.g.: comprehensive services, sample tribal resolutions, community education materials)

Stay Connected

- IHS Websites
 - MAIN Website: www.ihs.gov/opioids
- [HOPE Committee Newsletters](#)
- [HOPE Committee Listserv](#)

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Pain and Opioid Use Disorder

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Medication Assisted Recovery

Prevention

Proper Pain Management

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Pain and Opioid Use Disorder



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