INDIAN HEALTH SERVICE (IHS) NATIONAL COMMITTEE ON HEROIN, OPIOIDS, AND PAIN EFFORTS (HOPE)

Indian Health Care: Ensuring a Coordinated, Holistic Response to the Opioid and Heroin Epidemic

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Indian Health Manual Chapter 35: Prescribing and Dispensing Naloxone to First Responders

The HOPE Committee is pleased to announce the release of the Indian Health Manual Chapter 35: "Prescribing and Dispensing Naloxone to First Responders". This policy and supplemental toolkit establishes the requirement for the development of local policies and procedures for IHS-operated pharmacies to provide naloxone to law enforcement agencies and first responders to prevent opioid overdose deaths. Policies and procedures for training, prescribing, and dispensing may be tailored to meet specific needs at the local level, but must have core elements in place as described in the document.

The initial IHS large-scale naloxone distribution effort began in partnership with the Bureau of Indian Affairs (BIA) in December 2015. The established Memorandum of Understanding (MOU) required IHS to train and equip BIA first responders in an effort to reverse opioid overdoses and save lives in the field. This affiliation is limited to Federal IHS facilities and the BIA. However, it has been recognized that there is a need to expand access to naloxone in tribal communities without IHS-operated pharmacies.

The policy outlines the use of a Standing Order to increase access to naloxone for trained tribal first responders such as law enforcement officers and the fire department. A sample local policy and toolkit is housed on the IHS Opioid Dependence Management website.

On April 5th, 2018, Surgeon General, Vice Admiral Jerome Adams, released the first health advisory in 13 years: "Surgeon General's Advisory on Naloxone and Opioid Overdose". He emphasized the importance of the overdose-reversing drug, naloxone. The Department of Health & Human Services' strategy includes requests of the medical community to educate the public on how to use naloxone and keeping it within reach in order to save lives of people misusing prescriptions opioids or using illicit opioids, such as heroin or fentanyl.

HOPE Listserv

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Screening: Prioritizing Individuals Who Use Illicit Drugs

American Indian/Alaska Native (AI/AN) people in the U.S. experience health disparities in high rates of drug use resulting in elevated rates of blood-borne viruses (BBV), such as Hepatitis C Virus (HCV) and HIV[1]. Injection drug use (IDU) is a predominant risk factor for HIV and HCV exposure in AI/AN populations. Recent national reports indicate a strong correlation among opioid abuse, IDU, and BBV. People who inject drugs (PWID) are at risk for HCV and HIV infection through the sharing of needles and drug-preparation equipment. Rates of HIV infection, viral hepatitis, STDs, and TB are substantially higher among persons who use drugs illicitly than among persons who do not. In addition, outbreaks of Hepatitis A infection have been reported among PWIDs; such outbreaks are believed to occur through skin-to-skin and fecal-oral routes.

Risk Assessment for Illicit Use of Drugs

Due to the high prevalence of HIV infection, viral hepatitis, STDs, and TB among persons who use drugs illicitly an emphasis should be placed on prevention and conducting risk assessments for everyone seeking services for these infectious diseases. In addition, many users use multiple drugs, as well as alcohol or tobacco, and completing appropriate screenings on use of these substances could assist with prevention and treatment services.

Screening, Diagnosis, and Counseling for Infectious Diseases

Screening for illicit use of drugs, Brief Intervention, and Referral to Treatment (SBIRT), and screening for misuse of prescription drugs, can be useful adjuncts to screening for infectious diseases. The screening and counseling recommendations for preventing HIV infection, viral hepatitis, STDs, and TB infection in persons who use drugs illicitly have been summarized here.

Resources: USPSTF Screening of Illicit Drugs, CDC's STD & HIV Screening

Reference: 1. Anastario M, Fourstar K, Ricker A, Dick R, Skewes MC, Rink E. (2017). A preliminary needs assessment of American Indians who inject drugs in northeastern Montana. *Harm Reductio Journal, 14,* 1-11.

For a full list of references, please contact HOPE Communications Lead: LT Kristin Allmaras

Medication Disposal

Take-back programs for medication disposal are a safe, responsible way to remove expired, unwanted, or unused medicines from one's possession and reduce the chance that others may find and intentionally use or accidentally take medicine.

Disposal for Pharmacists and Providers

Facilities should consider implementing a drug disposal policy in accordance with the Drug Disposal Act of 2010 that considers best practice guidelines from the US Environmental Protection Agency and US Food and Drug Administration for proper disposal from the ultimate user. This medication disposal is referring to disposal of medications from the ultimate user and does not include waste from other health care operations such as medication administration, expired medications, and hazardous waste. Facility policy should be tailored to the local area. Key aspects of the policy may include: defining the purpose for a mechanism of disposal, defining the mechanism of disposal (i.e. mail-back programs, take-back events), defining the management of the mechanism of disposal. For additional information and an example disposal policy, visit the IHS pain management website.

Disposal for Patients

It is recommended that patients know how to safely dispose of unwanted or unused medications. Keeping leftover prescriptions, including controlled substance medications, may increase the risk of accidental poisonings and may lead to misuse or abuse of medications. For additional information, visit the IHS pain management website.