

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

INDIAN HEALTH CARE: ENSURING A COORDINATED, HOLISTIC RESPONSE TO THE OPIOID AND HEROIN EPIDEMIC

**IN THIS ISSUE:
SAFE MEDICATION DISPOSAL IN THE COMMUNITY, REDUCING STIGMA:
CHOOSING LANGUAGE, SUPPORTING PHARMACISTS WITHIN TEAM-BASED
MODELS OF CARE**

June - National Safety Month: How Phoenix Area is Promoting Safe Medication Disposal in the Community

While much of the Public Health resources in the U.S. have been focused on addressing the COVID-19 pandemic, the opioid epidemic continues to impact the nation, including in American Indian/Alaska Native (AI/AN) communities. In addition to initiatives started in clinic settings, one may be looking to community-based options to mitigate ongoing risks the opioid epidemic may have within the home environment.

Due to the remote setting of many tribal communities, there are often limited medication disposal options outside of the clinic setting. This can result in the accumulation or stockpiling of medications in the home environment or improperly discarding them in the trash or toilet. Published literature suggests medication left unsecured in the home contributes to an increased risk of intentional medication misuse, theft and diversion, as well as an increased risk of unintentional poisonings.

With assistance from community partners, multiple community-based disposal projects were initiated by the Phoenix Area Division of Environmental Health Services (DEHS) to raise awareness and improve prescription drug disposal practices in Phoenix Area AI/AN communities. The projects included piloting prescription drug disposal systems in participating communities as well as educating community members on proper disposal. One project distributed drug deactivation bags in the home environment, while the other focused on evaluating medication drop box use. A total of 84 drug deactivation bags were distributed to 31 community households in five Phoenix Area tribes in a three-month period. The bags neutralized 2,611 pills, 777 milliliters of liquid, and eight medicated dermal patches. For the medication drop boxes, the Phoenix Area DEHS collaborated with DEHS programs in two other IHS areas to evaluate data over 2 fiscal years; a total of 4,684 pounds of medication were collected and destroyed.

Community education coupled with access to effective disposal options in the home and local healthcare facilities are successful harm reduction strategies which are scalable and can be replicated in other communities.

- Visit HOPE Committee's [Best and Promising Practices](#) webpage to read more and consider sharing your story!
- Read more about [medication disposal](#)
- Read how the opioid epidemic is impacted by [COVID-19](#)

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For timely information regarding the IHS's response to the opioid epidemic, subscribe to HOPE's listserv [here](#) & search "Heroin, Opioids, and Pain Efforts"

For more information, visit:
www.ihs.gov/opioids &
www.ihs.gov/painmanagement

Reducing Stigma: **The Importance of Choosing Language**

Substance Use Disorder (SUD) remains to be one of the most stigmatized chronic disease states that continue to impact our nation. As health care professionals continue to expand access to medications for opioid use disorder and naloxone, the lifesaving overdose reversal agent, one must also work to reduce stigma that surrounds this chronic illness.

What can you do to fight back against stigma?

- Be kind and treat those in vulnerable situations with dignity
- Actively listen while someone is sharing their story
- Education yourself: learn about dependency and how it works
- Avoid labels and replace negative thoughts and assumptions with evidence-based facts
- **Change Your Language!**

As health care professionals are often the first point of contact for a person with SUD, professionals should take all steps necessary to reduce the potential for stigma and negative bias. The first step is using non-stigmatizing language. Use person-first language, which maintains the integrity of the individual as a whole human being. *Remember, **words matter**.* To learn more about choosing your language, consider reviewing [different activities](#) on the National Institute on Drug Abuse Website.

Use:	Do Not Use:
Person with substance use disorder or patient	Addict, junkie or user
Person in recovery or long-term recovery	Former addict
Testing negative or positive	Clean or dirty urine
Substance use disorder or drug addiction	Habit

- Contact the [HOPE Committee](#) for a full list of references

Supporting Pharmacists within Team-Based Models of Care

In April 2021, Indian Health Service and Northwest Portland Area Indian Health Board (NPAIHB) launched the [Advancing Pharmacist Roles in Substance Use Disorder \(SUD\) Treatment and Recovery Teams](#) ECHO. The pharmacist-focused ECHO has continued on the 1st and 3rd Tuesday of every month.

To further support pharmacists integrating within team-based care models, the NPAIHB is hosting Office Hours on the 2nd and 4th Tuesday of every month. ECHO Office Hours offers an opportunity for health care professionals to come together to address systems-based cases, follow-up questions and other areas of interest. Sessions are open to all and participants are encouraged to come ready to share best practices, successes in the workplace and community, and the steps required to reach those successes, as well as asking their questions!

- Visit HOPE Committee's Training Opportunities [webpage](#) for details
- Sign up [today!](#)

UPCOMING WEBINAR:

*Novel Buprenorphine
Induction Strategies*

Monday, July 12th at 1300 CST

[Register Now](#)

Purpose: Discuss the practice of low-dose buprenorphine inductions commonly referred to as "microdosing" for the treatment of opioid use disorder

Unable to attend?

Recordings are hosted on HOPE Committee's [Training](#) webpage



Upcoming:

Pharmacist ECHO:
July 20th, 1200 CST

Office Hours:
July 13th, 1200 CST

[Additional Pain &
OUD ECHOs](#)