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: COVID-19: THE CONTINUED IMPACT, COUNTERFEIT CONTROLLED DRUGS, DENTAL SCREENING UPDATES AND VIRTUAL NALOXONE TRAIN-THE-TRAINER

<u>COVID-19</u>: The Continued Impact on the Opioid Crisis

Throughout the pandemic, the IHS continues to deliver a comprehensive range of health services, including those to address the opioid crisis. While overdose deaths were already increasing in the months preceding the

CLINICIAN-TO-CLINICIAN SUBSTANCE USE WARMLINE (855) 300-3595 6am-5pm PST (Mon-Fri)

pandemic, recent data suggest a surge of overdose deaths during the pandemic, primarily from illicit <u>fentanyl</u> and other synthetic opioids. Recent <u>provisional data</u> reports drug overdose deaths surpassed 100,000 during the 12-month period ending in April 2021, an increase of 28.5% from the 78,056 deaths during the same period the year before.

Treatment of Opioid Use Disorder (OUD) during the COVID-19 pandemic presents new challenges in care as our patients and healthcare providers navigate rapid systems changes. The IHS is recognizing these challenges and the increased need for support and technical assistance and have supported shifting care towards telehealth and remote services. Remember, the process for obtaining a DATA waiver to prescribe buprenorphine has recently changed, making treatment more accessible.

The IHS Tele-Behavioral Health Center of Excellence has created an archive of on-demand webinar <u>recordings</u> that share guidance documents and technical assistance for sites that desire to expand access to telehealth strategies. Providers and their care teams may also find themselves with limited resources and an increase in patients seeking help. If you need clinical support, timely information, and resources to care for patients with OUD, the Clinician-to-Clinician <u>Substance Use Warmline</u> is an on-demand tele-consultation service that delivers expert recommendations regarding Substance Use Disorder (SUD) treatment. It is available to all providers practicing in IHS, tribal, and urban facilities.

- Consider reaching out to the <u>Warmline</u>: 1-855-300-3595, 6am to 5pm PST (Mon - Fri); cases can also be submitted <u>online</u>
- Consider submitting a patient- or systems-based <u>case</u> for presentation during an upcoming Advancing Pharmacist Roles in SUD Treatment and Recovery Teams <u>ECHO</u>: *select one of the "Pharmacy SUD"* <u>options</u>

As health care professionals continue to provide care to persons with SUDs and those with active or recovering COVID-19 infection, it is essential to remember how important basic psychosocial support skills are for any intervention. These skills are key to maintaining and promoting the health of communities. The Basic Psychosocial Skills Guide was culturally adapted to represent Native people, values and community experiences with COVID-19. The full publication is available for <u>download</u>.

Visit HOPE Committee's <u>COVID-19</u> webpage to read more

For timely information regarding the IHS's response to the opioid epidemic, subscribe to HOPE's listserv <u>here</u> & search "Heroin, Opioids, and Pain Efforts"

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

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<u>Counterfeit Controlled Prescriptions</u> <u>Drugs</u>: How to Begin Addressing in the Community

Counterfeit Controlled Prescriptions Drugs (CPDs) have recently been on the <u>rise</u> across the United States, including communities in Indian Country. These illicitly manufactured pills are intended to look like prescription oxycodone but may contain fentanyl and other substances. They are often referred to as "Dirty 30s" and include a combination of fentanyl, hydrocodone and oxycodone. The dosages are different and vary by batch - street chemists can calculate the desired amount of fentanyl per tablet but cannot evenly distribute it when mixing the active and inactive ingredients within each batch. This results in a product with high potential for fatality due to potency and inconsistency. According to the DEA, the demand for fentanyl laced CPDs is increasing because it is easier to evade law enforcement with a CPD compared to powdered heroin or fentanyl packaged in bags.

How to Begin Addressing this Concern in the Community:

- 1. Educate on the safety of FDA approved medications and the dangers of counterfeit CPDs
- 2. Expand access to <u>naloxone</u> through community outreach events, co-prescribing initiatives and train-the-trainer <u>courses</u>
- 3. Consider expanding other harm reduction strategies in your area:
- Fentanyl Strips: urine test strips, to be used by the person with opioid use disorder, can be used to identify the presence of fentanyl. If positive, employ additional strategies: use less drug, avoid intravenous injection, carry naloxone, do not use the product alone

Additional Resources:

- Read more <u>facts about fentanyl</u>
- Indian Country ECHO for information on fentanyl testing

Virtual, On-Demand Naloxone Trainthe-Trainer Course: Launched!

Northwest Area Indian Health Board and the IHS HOPE Committee launched a virtual, on-demand naloxone train-the-trainer course that medical professionals, first responders and community members can all use to become official naloxone trainers. This <u>18 minute course</u> discusses the rise in opioid-related deaths, identifying an overdose, how to properly administer nasal and injectable naloxone, as well as shares best practices and highlights the importance of harm reduction strategies.

Naloxone is a prescription medication that can temporarily reverse opioid overdose and can *save lives*. Early access to the opioid reversal agent, naloxone, through community-based models has demonstrated positive outcomes during its use in the last decade. The course allows for full completion via virtual platform to ensure access and maintain recommended social distancing practices in the area or facility.

• Virtual <u>Training</u>: https://www.indiancountryecho.org/resources/naloxone/

Newsletter written by HOPE Committee, contact LCDR Kristin Allmaras with questions

- Reach out to a naloxone <u>mentor</u> in your Area
- Be a naloxone champion in your community <u>get trained</u>!



The official dental health history questionnaire (Form IHS-42-1) has recently been updated to include substance use questions. Routine screenings help identify substance use disorders early and can connect patients to recovery services sooner.

The IHS Division of Oral Health and HOPE Committee recently updated the <u>Recommendations for</u> <u>Management of Acute Dental Pain</u>



Upcoming:

Pharmacist ECHO: January 4th, 1200 CST

SIGN UP NOW

Do you need technical assistance or interested in presenting a case, consider submitting your questions and cases, <u>here</u>!

> Additional Pain & OUD ECHOs

