IHS Resources for Prescription Drug Abuse

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Introduction

Today’s presentation is part of the ongoing series of *Illicit Substance Use Around the Time of Birth: Education and Prevention Strategies*

Thanks to Dr. Anne Merewood for arranging this series of presentations

Disclaimer: I have no financial interests or conflicts of interest to disclose
Introduction

Today’s presentation will focus on:

1. The current drug use epidemic in America, with some historical background

2. Some of the resources available to healthcare personnel in the IHS
Historical Perspective

• In the 1980’s, the common wisdom was DO NOT USE OPIOIDS FOR CHRONIC NON-MALIGNANT PAIN
• In the 1990’s, this all changed
• By the turn of the century, opioids were highly touted for use in ALL chronic pain syndromes
• There was very little basis in high quality medical evidence for these recommendations
The Problem

Many different drugs of abuse:

• Alcohol
• Methamphetamine
• Prescription pain relievers: opioids (oxycodone, hydrocodone, others)
• Heroin
• Sedatives and tranquilizers
The Problem

“Americans, constituting only 4.6% of the world’s population, have been consuming 80% of the global opioid supply, and 99% of the global hydrocodone supply, as well as two-thirds of the world’s illegal drugs.”

The Epidemic in America

- Sales of opioid pain relievers quadrupled between 1999 and 2010
- Enough OPR were prescribed in 2012 to medicate every American adult with 5 mg of hydrocodone every 4 hours for a month
- Highest rates of OPR for both medical and non-medical use among American Indians/Alaska Natives and non-Hispanic whites
Opioid Deaths and Sales

**FIGURE 2. Rates** of opioid pain reliever (OPR) overdose death, OPR treatment admissions, and kilograms of OPR sold — United States, 1999–2010

*Age-adjusted rates per 100,000 population for OPR deaths, crude rates per 10,000 population for OPR abuse treatment admissions, and crude rates per 10,000 population for kilograms of OPR sold.*
IHS Response

- IHS Director was approached in Jan 2012 by NCCMO regarding PDA epidemic
- Director commissioned workgroup summer 2012
- Meeting held in Rockville July 2012 – workplan produced
- Meeting in April 2013 – workplan updated
- Workgroup charged with carrying out workplan in fall of 2013 – formed 7 subgroups
Major Accomplishments

• IHS Chronic Non-cancer Pain Policy
• IHS Pain Management Website
• Multiple clinical guidelines and model policies
• Enforcement guide
• Prescription Drug Monitoring Program (PDMP) Circular
• Mandatory prescriber training course ("Essential Training for Prescribers")
Resources

• Methamphetamine and Suicide Prevention Initiative (MSPI): www.ihs.gov/mspi/

• IHS website
  – www.ihs.gov/asap/
  – www.ihs.gov/painmanagement/
  – www.ihs.gov/IHM/

• SAMHSA website
  – www.samhsa.gov/tribal-ttac
  – www.samhsa.gov/captus
  – www.samhsa.gov/tloa
In The Spotlight

New effort targets drug overdoses in Indian Country

IHS announces a new agreement to equip BIA law enforcement officers with naloxone for responding to incidents of opioid overdose. Naloxone is a medication that reverses the effects of a prescription opioid or heroin overdose and can save lives.

Watch LIVE from 1 p.m. to 3 p.m. Central time on Wednesday, December 16 our community forum with the White House Office of National Drug Control Policy in Tulsa, Oklahoma.

IHS Alcohol and Substance Abuse Program
Opioids: The Prescription Drug & Heroin Overdose Epidemic
The Methamphetamine and Suicide Prevention Initiative (MSPI) is a nationally-coordinated demonstration project, focusing on providing much-needed methamphetamine and suicide prevention and intervention resources for Indian Country. This initiative promotes the use and development of evidence-based and practice-based models that represent culturally-appropriate prevention and treatment approaches to methamphetamine abuse and suicide prevention from a community-driven context.
Methamphetamine and Suicide Prevention Initiative

- Began in the fall of 2009
- Response of Congress in recognition of problems and disparities
- Aimed at prevention of methamphetamine abuse as well as suicide
- Information, Training, Resources, Toolkit, Best Practices
The Division of Behavioral Health addresses serious behavioral health issues such as substance use disorders, mental health disorders, suicide, violence, and behavior-related chronic diseases, which have a profound impact on the health of American Indian/Alaska Native (AI/AN) individuals, families, and communities. Through its programs, the IHS Division of Behavioral Health addresses these issues and follows the current Indian health care system focus on integrated behavioral health and primary care treatment that respects the balance, wellness, and resilience of AI/AN people.

The eight programs in the Division of Behavioral Health are:

- Alcohol and Substance Abuse Prevention
- Domestic Violence Prevention Initiative
- Forensic Healthcare
- Mental Health
- Methamphetamine and Suicide Prevention Initiative
- Suicide Prevention
- Telebehavioral Health
- Youth Regional Treatment Centers
# IHS Chronic Non-Cancer Pain Management Policy (Part 3, Ch 30)

## Part 3 - Professional Services

### Chapter 30 - Chronic Non-Cancer Pain Management

<table>
<thead>
<tr>
<th>Title</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3-30.1</td>
</tr>
<tr>
<td>Purpose</td>
<td>3-30.1A</td>
</tr>
<tr>
<td>Authorities</td>
<td>3-30.1B</td>
</tr>
<tr>
<td>Relevant Laws</td>
<td>3-30.1C</td>
</tr>
<tr>
<td>Background</td>
<td>3-30.1D</td>
</tr>
<tr>
<td>Policy</td>
<td>3-30.1E</td>
</tr>
<tr>
<td>Definitions</td>
<td>3-30.1F</td>
</tr>
<tr>
<td>Responsibilities</td>
<td>3-30.2</td>
</tr>
<tr>
<td>Area Director</td>
<td>3-30.2A</td>
</tr>
<tr>
<td>Area Chief Medical Officer</td>
<td>3-30.2B</td>
</tr>
<tr>
<td>Indian Health Service Hospital Medical Director or Clinical Director</td>
<td>3-30.2C</td>
</tr>
<tr>
<td>Indian Health Service Hospital or Ambulatory Clinic Chief Executive Officer</td>
<td>3-30.2D</td>
</tr>
<tr>
<td>Indian Health Service Hospital or Ambulatory Clinic Pharmacy Director</td>
<td>3-30.2E</td>
</tr>
<tr>
<td>General Principles</td>
<td>3-30.3</td>
</tr>
<tr>
<td>Pain Management</td>
<td>3-30.3A</td>
</tr>
<tr>
<td>Pain Assessment Training</td>
<td>3-30.3B</td>
</tr>
<tr>
<td>Pain Assessment</td>
<td>3-30.3C</td>
</tr>
<tr>
<td>Pain Treatment</td>
<td>3-30.3D</td>
</tr>
<tr>
<td>Inappropriate Treatment of Pain</td>
<td>3-30.3E</td>
</tr>
<tr>
<td>Use Based on Sound Clinical Judgement</td>
<td>3-30.3F</td>
</tr>
</tbody>
</table>
IHS Chronic Non-Cancer Pain Management Policy

• Released in June 2014
• A model policy – covers assessment, treatment, management of chronic pain programs
• Several years in the making
• CAPT Frances Placide, RADM Dawn Wyllie, CAPT Cynthia Gunderson, Dr. Steve Sanders, CAPT Miles Rudd, CAPT Tracie Patten, CDR Ted Hall, Dr. Chris Fore, Dr. Beverly Cotton, Dr. Susan Karol, Dr. Charlene Avery, and others
IHS Pain Management Website

Pain Management

Meeting the Needs of Chronic Pain Patients

Meeting the needs of patients struggling with chronic pain while at the same time preventing the illegal or harmful use of opioids are two important challenges physicians face. This website on pain management for patients with chronic pain offers basic information about managing chronic pain—including opioid prescribing—with references to more detailed, authoritative materials. Please make use of the materials mentioned throughout this site.

If you decide to use some of the information from this site, make sure you understand and consider the following:

The information available on this site is intended for adults who are licensed health care professionals and for patients. However, this site is not a substitute for clinical judgment and does not offer medical advice. Patients should consult their physicians or, in serious cases, contact emergency services. Health care professionals should confirm information available on this site with other sources.
IHS Pain Management Websites

- Patient Assessment, including Substance Screening
- Treatment Planning
- Monitoring
- Informed Consent, Management Agreements
- Safe Storage and Disposal of Meds
- Legal Considerations for Prescribers
- CAPT Tracie Patten, CDR Ted Hall
Pain Management Website 2.0

• Maternal – Child Section
  – Neonatal Abstinence Syndrome
  – Breastfeeding Guidelines
  – Pregnancy Guidelines
  – Patient Education Material

• Naloxone Material
  – Overdose Prevention, First Responder Material

• Dr. Anne Merewood, CAPT Cynthia Gunderson, several others
Near Future Resources

• Enforcement Guide
  – CDR Michael Verdugo, CDR David Axt

• Prescription Drug Monitoring Circular
  – CAPT Cynthia Gunderson

• Resource Matrix
  – Dr. Beverly Cotton, Dr. Marcie Ronyak, Walter Castle
SAMHSA Website
SAMHSA Website

• Tribal Training and Technical Assistance Center (TTAC)
  – Community capacity building

• Center for the Application of Prevention Technologies (CAPT)
  – Focused on prevention resources

• Tribal Law and Order Act (TLOA) Implementation
  – Tribal Action Plans, resource toolkits
Thank You

• Questions? Comments?
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