

Inter Tribal Council of Arizona
ADDRESSING THE OPIOID CRISIS IN INDIAN COUNTRY
Briefing Paper

Issue

Tribal Leaders are concerned about the misuse of prescription drugs, especially opioids (pain killers), that's now a full blown opioid epidemic impacting the nation and a rising issue among the American Indian population. Tribes, Tribal Organizations, urban Indian health programs and the Indian Health Service (IHS) do not have the necessary funding to address this issue. Tribes will benefit from legislation that specifically provides funding for Indian Tribes and Tribal organizations to address the opioid crisis in their own communities, including needed emergency response, prescription drug monitoring, and funding for education, prevention and treatment.

In 2018, three opioid related bills have been introduced in the U.S. House of Representatives and five bills have been introduced in the U.S. Senate. Of these, four bills add Tribes and Tribal Organizations as eligible grantees. Three bills create Tribal set-asides for grants and one provides a funding stream through the Indian Health Service. (See attached matrix). The 21st Century Cures Act's Opioid State Targeted Response (STR) grant program did not include Tribes as eligible applicants, although states were encouraged to address the needs of Tribal communities in their strategic plans. The Opioid STR grant program expands access for states to evidence-based prevention, treatment, and recovery support services, and the use of naloxone to help prevent opioid overdose deaths.

The Consolidated Appropriations Act of 2018 (H.R. 1625), also known as the FY2018 Omnibus Budget, was signed into law on March 23, 2018. It includes a \$50 million set-aside for Tribes and Tribal organizations under Opioid STR grant program through Substance Abuse and Mental Health Administration (SAMHSA). This funding is to provide opportunities to collaborate on and initiate community level prevention strategies and increase access to treatment. Pending legislation would amend the 21st Century Cures Act ensuring that Tribes are eligible grantees for this funding in future years. The FY2018 Omnibus Budget includes a \$5 million set-aside for Tribes and Tribal organizations for the Medication-Assisted Treatment for Prescription Drug and Opioid Addiction Program.

The National Congress of American Indians (NCAI) passed a resolution in 2016 that called on federal agencies including the Department of Interior, the Department of Health and Human Services, the Substance Abuse and Mental Health Administration (SAMHSA), and the Department of Justice to address the issue by increasing funding and support services for education and prevention efforts, and treatment of opioid and heroin addiction. In addition, the NCAI stressed the importance that Tribes need multifaceted, collaborative approaches for addressing the opioid crisis in Tribal communities. In 2017, the National Indian Health Board (NIHB) recommended the establishment of Tribally-specific funding streams, and a Special Behavioral Health Program for Indians (SBHPI) to address substance use, and the use of trauma-informed and culturally appropriate interventions to address the opioid epidemic.

Key Concerns

- Legal prescription pain relievers meet the needs of injured and critically ill patients, but they are highly addictive and if not strictly used as instructed by a physician and can lead to opioid use disorder (OUD). Other prescription medicines are known to be abused as well. These include prescription stimulants, muscle relaxers, tranquilizers, and sedatives and sleep medications.
- The Indian Health Service (IHS) has not yet received funding, but has initiated planning efforts and policies to address prescription drug misuse and abuse, such as stricter prescribing practices and participation by providers in State Prescription Drug Monitoring Programs. In 2017, the IHS

National Committee on Heroin, Opioid, and Pain Efforts (HOPE Committee) was established. Its purpose is to “promote appropriate and effective pain management, reduce overdose deaths from heroin and prescription opioid misuse, and improve access to culturally appropriate treatment.”

- Tribal governments advise that the most productive way for Tribes to address this crisis includes establishment of Tribal set-asides and funding through P.L. 93-638 authorities and to the urban Indian health line item in the IHS budget. This will help to enhance behavioral health services to address opioid use disorder (OUD) and increase client access to Medically Assisted Treatment (MAT) programs. Efforts to enhance data collection on prescription drug abuse and related behavioral health issues by Indian health care providers and Tribal Epidemiology Centers should be included.

Background

Many Tribes are experiencing the growing crisis of opioid use disorder, including the effects of opioid addiction, the tragedy of overdose, death, and the suffering of infants with Neonatal Abstinence Syndrome. Nationally, AIAN living in metropolitan and non-metropolitan counties had the highest drug overdose death rates (per 100,000 population) in 2015 (metropolitan 22.1 vs. nonmetropolitan 19.8) relative to other races and ethnicities.ⁱ Furthermore, the largest percentage change in the number of drug overdose deaths from 1999 to 2015 was among AIAN living in nonmetropolitan areas (519% increase).ⁱⁱ

SAMHSA’s “*Results from the 2016 National Survey on Drug Use and Health (NSDUH)*” reports that prescription drug abuse impacts AIAN at a higher rate than other racial groups. The NSDUH is the primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse and mental disorders in the U.S. civilian, non-institutionalized population, age 12 and older. The survey generates estimates at the National, state, and sub-state levels.

NSDUH Definitions/Rates

Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine.

- 2016 National Average: **18.2%** (All Persons Aged 12 or Older)

According to the 2016 NSDUH, **23.8** percent (0.3 million) of AIAN aged 18 and older reported using illicit drugs in the past year. This was higher than the national average (18.2 percent).

Prescription Psychotherapeutics includes pain relievers, tranquilizers, stimulants, or sedatives and does not include over-the-counter drugs.

- 2016 National Average: **6.9%** (All Persons Aged 12 or Older)

According to the 2016 NSDUH, **5.2** percent (72,000) of AIAN aged 18 and older reported misusing a prescription drug in the past year. This rate is slightly lower than the national average (6.9 percent).

Opioids Use Disorder includes pain reliever misuse.

- 2016 National Average: **4.4%** (All Persons Aged 12 or Older)

According to the 2016 NSDUH, **4.0** percent (56,000) of AIAN aged 18 and older reported misusing a prescription pain reliever in the past year. This was similar to the national average (4.4 percent).

According to the 2016 NSDUH, **4.1** percent (63,000) of AIAN aged 12 and older reported opioid misuse in the past year. This was similar to the national average (4.4 percent).

Arizona Update

On June 5, 2017, Arizona Governor Doug Ducey declared a public health emergency to reduce the number of opioid deaths in Arizona.ⁱⁱⁱ

- Statewide there have been 1,062 individuals who have died from a suspected opioid overdose from June 2017 to March 2018.^{iv}
- Additionally, there were 6,749 suspected opioid overdoses, 4,488 naloxone doses administered (outside of the hospital by emergency medical services, law enforcement, and others), and 640 infants suspected to be born with Neonatal Abstinence Syndrome.^v
- For American Indians in Arizona, the drug overdose death rate is 6.1 per 100,000 people compared to a rate of 12.1 for White non-Hispanics, 5.9 for African Americans, and 5 for Hispanics.^{vi}

According to the 2016 Arizona Opioid Report, rural communities face a greater risk of people dying from opioid overdose due to dispersed capacity for emergency response and care. American Indian communities face this same risk. Another concern is the lack of data on American Indian opioid use in Arizona. The report only states that American Indians in Arizona have the second highest drug overdose death rate per 100,000 people. Data dependency and data sovereignty is of critical issue especially when data could assist Tribes in making informed decisions about how to strategize their response to the opioid crisis in their own communities.

The Arizona Opioid Epidemic Act signed into law by Governor Ducey on January 28, 2018, does not specifically describe how Tribes will be involved in the state's initiatives. These include new emergency prescribing rules and data collection requirements and the development of the state Opioid Action Plan. While these rules and requirements do not apply to Tribal governments, the Arizona Health Care Cost Containment System (AHCCCS) held a Tribal Consultation teleconference to discuss the opioid treatment needs with Tribes on March 7, 2018. It's expected that the Arizona Department of Health Services (ADHS) will continue to obtain advisement from the Tribal Opioid Workgroup that was established in 2017. The Arizona High Intensity Drug Trafficking Agency (HIDTA) reached out to the Inter Tribal Council of Arizona in April 2016 to help develop a prescription drug abuse toolkit for Tribes. The toolkit, rolled out in August 2017, highlighted prescription drug abuse among youth and provided information on safe handling of medications.

Conclusion

Available data indicates that opioid and other prescription drug abuse facing AIAN communities is rising. Consideration must be given to Tribes, Tribal Organizations, urban Indian health programs and Indian Health Service to access grant funding through the establishment of Tribal set-asides. New funding appropriated to the Indian Health Service for distribution to P.L. 93-638 alcohol and substance abuse contracts and urban Indian programs will benefit AIAN communities directly to prevent and turn the tide of opioid and prescription drug abuse.

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i <http://dx.doi.org/10.15585/mmwr.ss6619a1>

ii Ibid.

iii https://azgovernor.gov/sites/default/files/opioidepidemicactweb_0.pdf

iv <http://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php>

v <http://www.azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/opioid-report.pdf>

vi <http://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/arizona-opioid-report.pdf>