

THE OPIOID EPIDEMIC IN INDIAN COUNTRY

WHAT TRIBAL LEADERS IN ARIZONA NEED TO KNOW

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Prepared by:

Nicholet Deschine Parkhurst, MSW, MPP

Anne Burke, MS

Alida Montiel, BA

Jonathan Davis, MS, MA

Jamie Ritchey, MPH, PhD

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To: Tribal Leaders

From: Maria Dadgar, MBA, Executive Director
Inter Tribal Council of Arizona, Inc.
Tribal Epidemiology Center

Re: *The Opioid Epidemic in Indian Country: What Tribal Leaders in Arizona Need to Know*

The Inter Tribal Council of Arizona, Inc. (ITCA) Tribal Epidemiology Center (TEC) is pleased to present the White Paper, *The Opioid Epidemic in Indian Country: What Tribal Leaders in Arizona Need to Know*.

This White Paper was developed in response to the persistent opioid crisis in Indian Country and the tragic rising of opioid overdoses and deaths in Arizona (AZ). We compiled background data to describe the epidemic in Indian Country using a variety of AZ state data sources. For the policy analysis, we reviewed the legislation introduced in Congress using Congress.gov and the lawsuits filed by Tribes against opioid makers, distributors, and pharmacies using Justia.com.

This White Paper highlights important areas of concern related to the opioid epidemic, including policy and litigation that may impact Tribes in AZ.

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Executive Summary

Tribes in Arizona (AZ) have been facing an opioid crisis since 2007. American Indians and Alaska Natives (AI/AN) in AZ had the second highest opioid overdose death rate from 2007 to 2016 compared to others in AZ. From June 2017 to August 2018, there were 91 suspected opioid overdoses among AI/AN in AZ with no fatalities. Between June 2017 to April 2018, there were less than six AI/AN infants born with Neonatal Abstinence Syndrome in AZ. In AZ Indian Health Service (IHS) facilities, there were 2,529 opioid related encounters among AI/AN in FY2017 an increase from 1,784 opioid related encounters in FY2016, indicating potential for continued opioid overdoses and deaths. Tribes in AZ largely lack access to tribal-specific opioid related health data and have limited resources for treatment and prevention. National and state policies, such as the 21st Century Cures Act and the Arizona Opioid Epidemic Act, are efforts to reduce opioid related deaths and treat Opioid Use Disorder, yet these initiatives exclude direct funding to Tribes. As of October 4, 2018, Congress passed the SUPPORT for Patients and Communities Act; if signed into law by the President, the Opioid State Targeted Response grant will include a Tribal set aside of \$50 million per year and the Act will include other provisions that would benefit Tribes. Tribes can respond to an identified opioid crisis by:

- Declare a Tribal public health emergency;
- Develop or modify existing Tribal Strategic Emergency Action plans with key partners;
- Establish a Tribal opioid overdose and mortality review teams for continued local monitoring;
- Consider passing a local ordinance that allows ancillary law enforcement to administer naloxone and to release them from civil liability, and authorize ancillary law enforcement and first responders to attend training to administer naloxone in order to be covered under AZ state administrative rule;
- Continue funding advocacy for: IHS Special Behavioral Health Program for Indians (Senate Bill 2545), 21st Century Cures Act's Opioid State Targeted Response (Opioid STR) grant program beyond FY2018 to include Tribal set-aside, and additional Health and Human Services funding to focus on opioid health education, public health emergency response, and better pain management and treatment for individuals who suffer from chronic pain;
- Consider the risks and benefits of pursuing litigation against pharmaceutical distributors and manufacturers, focusing on recovering damages and securing funding for opioid treatment, and prevention and education programs.

Additional actions that involve law enforcement, first responders, medical and behavioral health providers, correctional facilities, public health, Tribal leadership and other key partners may be necessary depending on individual Tribal needs.

Purpose

This White Paper was developed in response to the persistent opioid crisis in Indian Country and more specifically the rising opioid overdoses and death in AZ. The purpose of the paper is to provide Tribal leaders in AZ with information related to the opioid epidemic for continued health and wellness advocacy.

This was accomplished by reviewing available literature and data on the opioid crisis in Indian Country, conducting secondary data analysis to gain a better understanding of the impact of opioids on AI/AN in AZ; tracking federal legislation in Congress; tracking lawsuits filed by Tribes against opioid makers, distributors, and pharmacies; and analyzing primary data from a survey of Tribal Health Directors and Tribal Chiefs of Police/Directors in AZ to assist in identifying the service gaps in current initiatives and resources that aim to address the opioid crisis in Indian Country. This White Paper has three main sections for discussion:

- A description of the opioid epidemic in Indian Country;
- A discussion of the policy-related solutions to the opioid epidemic in Indian Country and legislative recommendations; and,
- An analysis of Tribal litigation against pharmaceutical distributors and manufacturers.

The appendix at the end of the document includes: definitions, a comprehensive methods section, a supplemental note on data sovereignty, information on where to access toolkits related to prescription abuse and opioid overdose prevention, additional tables, a matrix of pending opioid legislation relevant to Tribes in the 115th U.S. Congress, a matrix of lawsuits filed by Tribes against pharmaceutical distributors and opioid manufacturers, and the surveys administered to Tribal Health Directors and Tribal Chiefs of Police/Directors among ITCA Member Tribes.

Section 1: Description of the Opioid Epidemic in Indian Country

This section provides descriptive information on opioids, the national opioid crisis, and how AI/AN are impacted by prescription opioid misuse and opioid overdoses, both nationally and in AZ.

What Are Opioids?

Opioids are a class of drugs that includes the illegal drug heroin, synthetic opioids such as fentanyl, and natural and semi-synthetic opioids such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others.¹ Prescription opioids are a class of drugs categorized as Schedule II narcotics of the Controlled Substances Act and substances in this category have a “high potential for abuse which may lead to severe psychological or physical dependence.”² Prescription opioids meet the needs of injured and critically ill patients for pain management. However, opioids are highly addictive and use in anyway not directed by a doctor can lead to opioid use disorder. Opioid use disorder (OUD), a brain disease, is a diagnosis defined as meeting the *Diagnostic and Statistical Manual of Mental Disorders* 5th edition (DSM-5) criteria for dependence or abuse, which indicates evidence of impaired control, social impairment, risky use, and pharmacological criteria.³

The increasing trend of opioid related deaths in the United States are categorized in three waves: the 1990’s wave of opioid overdoses involving prescription opioids, the 2010 wave of opioid overdoses involving heroin, and the 2013 wave of opioid overdoses involving highly potent synthetic opioids such as illicitly-manufactured fentanyl (IMF) and fentanyl analogs.⁴ Fentanyl is a type of prescription medication similar to morphine but is 50-100 times more potent and mostly used for chronic pain associated with terminal illness⁵.

National Opioid Crisis

Opioid Drug Overdoses

In the US, the top three drugs involved in overdose deaths in 2016 were synthetic opioids (other than methadone), heroin, and natural and semi-synthetic opioids surpassing overdose

¹ National Institute on Drug Abuse. (n.d.). Opioids. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids>

² <https://www.deadiversion.usdoj.gov/schedules/#list>

³ <https://www.samhsa.gov/disorders/substance-use>

⁴ Seth P, Scholl L, Rudd RA, & Bacon S. Overdose Deaths Involving Opioids, Cocaine, and Psychostimulants – United States, 2015–2016. *MMWR Morb Mortal Wkly Rep* 2018;67:349–358. DOI: <http://dx.doi.org/10.15585/mmwr.mm6712a1>

⁵ <https://www.drugabuse.gov/drugs-abuse/fentanyl>

deaths by cocaine and methamphetamine.⁶ Death rates vary depending on the type of opioid involved.

Overdose deaths involving opioids increased from 1999 to 2016 (See Figure 1). The age-adjusted rate of overdose deaths involving any opioid in 2016 was more than four times the rate in 1999 (2.9 per 100,000 in 1999 vs. 13.3 in 2016).⁷ In 2016, there were over 42,200 overdose deaths involving any opioid drug.⁸

Synthetic opioid overdose deaths, such as fentanyl-laced heroin, have increased at drastic rates since 2013. The age-adjusted rate doubled from 3.1 deaths per 100,000 in 2015 to 6.2 deaths per 100,000 in 2016.⁹ The fentanyl-heroin combination poses serious risk of fatal overdose, as fentanyl is 30-50 times more potent than heroin.¹⁰

While the drastic increase in synthetic opioid overdose deaths is more recent the number of deaths involving natural and semisynthetic opioids, such as opioid pain relievers, has been increasing since 1999. The age-adjusted rate was 1.0 deaths per 100,000 in 1999; 3.1 deaths per 100,000 in 2009; and increased to 4.4 deaths per 100,000 in 2016.¹¹

⁶ <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

⁷ <https://www.cdc.gov/nchs/products/databriefs/db294.htm>

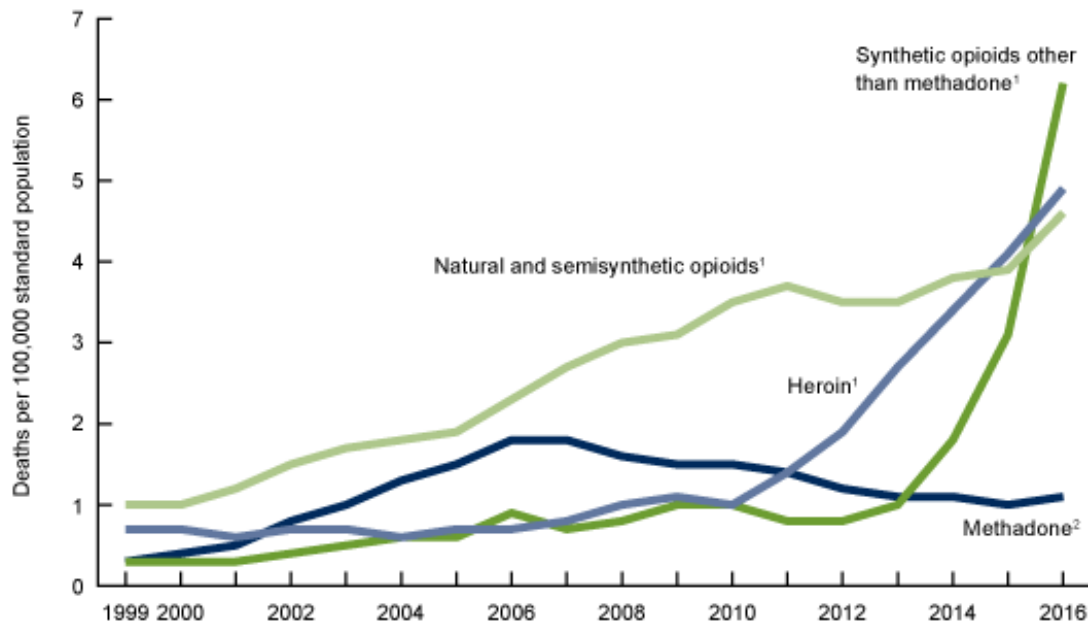
⁸ Ibid.

⁹ Ibid.

¹⁰ <https://www.dea.gov/druginfo/fentanyl-faq.shtml>

¹¹ <https://www.cdc.gov/nchs/products/databriefs/db294.htm>

Figure 1: Age-adjusted Drug Overdose Death Rates, by Opioid Category: United States (1999-2016)^a



^a Source: CDC/NCHS, National Vital Statistics System, Mortality, 2017. Retrieved from <https://www.cdc.gov/nchs/products/databriefs/db294.htm>

Neonatal Abstinence Syndrome

Neonatal Abstinence Syndrome (NAS) is a postnatal drug withdrawal syndrome found in newborns that results from exposure to opioids or other substances [2] chronic exposure may require pharmacotherapy to mitigate withdrawal.¹² In the United States, incidents of NAS increased nearly five-fold from 2009 to 2012 (1.20 per 1,000 hospital births in 2000 to 5.8 per 1,000 hospital births in 2012).^{13,14} Medicaid is the primary payer for NAS treatment for infants (77.6 percent of aggregate hospital charges in 2009).¹⁵

¹² Wiles, J.R., Iseman, B., Ward, L.P., Vinks, A.A., & Akinbi, H. (2014). Current management of Neonatal Abstinence Syndrome secondary to intrauterine opioid exposure. *The Journal of Pediatrics*, 165(3), 440-446.

[https://www.jpeds.com/article/S0022-3476\(14\)00429-6/](https://www.jpeds.com/article/S0022-3476(14)00429-6/)

¹³ Patrick, S.W., Davis, M.M., Lehmann, C.U., & Cooper, W.O. (2015). Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. *Journal of Perinatology*, 35, 650-655.

<https://www.nature.com/articles/jp201536>

¹⁴ Patrick, S.W., Schumacher, R.E., Benneyworth, B.D., Krans, E.E., McAllister, J.M., & Davis, M.M. (2012). Neonatal Abstinence Syndrome and associated health care expenditures: United States, 2000-2009. *JAMA*, 307(18), 1934-1940. <https://jamanetwork.com/journals/jama/fullarticle/1151530>

¹⁵ Ibid.

Access to Treatment

Despite the fact that opioid abuse nationwide has only been growing since the 1990s, access to insurance and access to treatment for opioid use disorder is a concern. According to the Treatment Episode Data Set (TEDS)¹⁶ in 2011, among individuals 26 years or older, more than half (59.6 percent) of all substance abuse treatment admissions had no health insurance, 21.3 percent had Medicaid, and 10.5 percent had private insurance.¹⁷ In 2015, a third (34 percent) of TEDS admissions age 12 years or older reported the admission's primary substance of abuse was opiates, an increase from 18 percent of admissions in 2005.¹⁸ In 2015, 58 percent of TEDS admissions age 12 years or older admitted into substance abuse treatment for primary abuse of non-heroin opiates also reported abuse of marijuana (22 percent), alcohol (16 percent), and tranquilizers (12 percent).¹⁹

A 2015 study utilizing the National Survey of Drug Use and Health (NSDUH),²⁰ found that between 2009 and 2013, among individuals 12 years or older with an opioid use disorder 80 percent reportedly did not receive treatment in the past 12 months.^{21,22} Furthermore, insurance status among individuals with an opioid use disorder between 2009 and 2013 varied: 38.9 percent had private insurance, 30 percent were uninsured, 24 percent had Medicaid, and 8.6 percent had other types of insurance.²³

American Indians and Alaska Natives ¶ Nationally

Abuse of opioid prescription pain relievers has widespread effects throughout AI/AN communities including drug poisoning (i.e. overdose), overdose death, opioid use disorder (OUD), and infants born with NAS. Nationally, every year between 2008 and 2015, AI/AN

¹⁶ The Treatment Episode Data Set (TEDS) is a national data system of annual admissions to substance abuse treatment facilities. TEDS data are routinely collected by States in monitoring their individual substance abuse treatment systems and may include facilities that State alcohol and/or drug agency funds (including Federal Block Grant funds) for the provision of substance abuse treatment. Treatment facilities may be excluded from TEDS if they are not licensed through the State substance abuse agency or operated by Federal agencies.

<https://www.dasis.samhsa.gov/webt/information.htm>

¹⁷ <https://www.samhsa.gov/data/sites/default/files/sr134-health-insurance-2014/sr134-health-insurance-2014/sr134-health-insurance-2014.htm>

¹⁸ https://www.dasis.samhsa.gov/dasis2/teds_pubs/2015_teds_rpt_natl.pdf

¹⁹ Ibid.

²⁰ The National Survey on Drug Use and Health (NSDUH) is an annual nationwide survey that is the primary source of information on the prevalence of alcohol use, tobacco use, illicit drug use, substance use disorders, and mental health issues for the U.S. civilian, noninstitutionalized population, age 12 and older.

²¹ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2016). *Medication-Assisted Treatment of Opioid Use Disorder Pocket Guide* (HHS Publication No. SMA 16-4892PG). Rockville, MD. Retrieved from <http://store.samhsa.gov/product/SMA16-4892PG>

²² Saloner, B. & Karthikeyan, S. (2015). Changes in Substance Abuse Treatment Use Among Individuals With Opioid Use Disorders in the United States, 2004-2013. *JAMA*, 314(14), 1515-1517.

<https://jamanetwork.com/journals/jama/fullarticle/2456156>

²³ Ibid.

residing in metropolitan and non-metropolitan areas had the highest drug overdose death rates per 100,000 persons compared to other groups.²⁴

Among AI/AN, overdose deaths involving opioids increased from 1999 to 2016. The age-adjusted rate of opioid related overdose deaths in 2016 was more than four times the rate in 1999 (2.9 per 100,000 in 1999 vs. 13.9 in 2016).²⁵

According to the 2016 NSDUH, 4.1 percent (63,000) of AI/AN aged 12 or older reported misuse of opioids in the past year (similar to the national average).²⁶ Additionally, 1.4 percent (22,000) of AI/AN aged 12 or older reported misuse of opioids in the past month (similar to the national average).²⁷ Of concern are the 1.7 percent (3,000) of AI/AN aged 12 to 17 who misused opioids in the past month – this is almost double the national average of 1.0 percent.²⁸ (See Appendix Table G-1 for supplemental data).

Access to Treatment

According to TEDS admissions in 2011, of AI/AN age 26 years or older, 62.4 percent had no health insurance, 9.8 percent had Medicaid, 5.1 percent had private health insurance, and 22.6 percent had some “other” type of health insurance coverage.²⁹ In 2015, 36,585 AI/AN aged 12 or older were admitted into substance abuse treatment (representing 2 percent of all TEDS admissions); 21,889 were male and 14,688 were female.³⁰ Among 2015 AI/AN TEDS admissions, the most commonly reported substances of abuse were alcohol (56 percent), opiates (17 percent), marijuana/hashish (12 percent), methamphetamine/amphetamines (11 percent), and cocaine (2 percent).³¹ Of 2015 TEDS admissions, 12.9 percent of AI/AN males reported opiates as a primary substance of abuse (8.3 percent for heroin and 4.6 percent for non-heroin opiates).³² Of 2015 TEDS admissions, 22.7 percent of AI/AN females reported opiates as a primary substance of abuse (12.8 percent for heroin and 9.9 percent for non-heroin opiates).³³

²⁴ Mack KA, Jones CM, & Ballesteros MF. Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas – United States. *MMWR Surveill Summ* 2017;66(No. SS-19):1–12. DOI: <http://dx.doi.org/10.15585/mmwr.ss6619a1>

²⁵ Tipps, R. T., Buzzard, G. T., & McDougall, J. A. (2018). The Opioid Epidemic in Indian Country. *Journal of Law, Medicine & Ethics*, 46(2), 422–436. <https://www.ncbi.nlm.nih.gov/pubmed/30146999>

²⁶ <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.htm>

²⁷ Ibid.

²⁸ Ibid.

²⁹ <https://www.samhsa.gov/data/sites/default/files/sr134-health-insurance-2014/sr134-health-insurance-2014/sr134-health-insurance-2014.htm>

³⁰ https://www.dasis.samhsa.gov/dasis2/teds_pubs/2015_teds_rpt_natl.pdf

³¹ Ibid.

³² Ibid.

³³ Ibid.

According to the 2016 NSDUH, 3.6 percent (55,000) of AI/AN aged 12 and older needed but did not receive treatment for illicit drugs at a specialty facility in the past year (greater than the national average of 2.5 percent).³⁴

American Indians and Alaska Natives 7 Arizona

In AZ, opioid related deaths have tripled since 2012 and more than two people a day died due to opioid related causes. Between June 2017 and April 2018, 1,144 Arizonans have died from a suspected opioid overdose.³⁵ Additionally in the same time period, there were 6,749 suspected opioid overdoses, 4,488 naloxone doses administered (outside of the hospital by emergency personnel, and others), and 640 infants suspected to be born with NAS.³⁶

According to the Arizona Department of Health Services (ADHS) vital statistics, there were approximately 430 AI/AN that had drug related deaths from 2006 to 2016.³⁷ In 2016, 16 of the 50 drug related deaths of AI/AN involved heroin and other opioids (e.g., codeine, morphine, oxycodone).³⁸

The 2016 Arizona Opioid Report found for AI/AN the drug overdose death rate from 2007 to 2016 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.³⁹ The report also determined the most common pre-existing conditions, not race specific, for overdoses due to opioids were (in order of most common): chronic pain, depression, history of substance abuse including alcohol, anxiety, bipolar disorder, suicidal ideation, diabetes, chronic obstructive pulmonary disease (COPD), cancer, and posttraumatic stress disorder (PTSD).

The 2016 Arizona Opioid Report found rural communities face a greater risk of people dying from opioid overdose due to dispersed capacity for emergency response and care⁴⁰ 7 Tribal communities in AZ are located in rural areas.

In 2016, the average rate of opioid prescription dispenses in AZ was 70.2 per 100 people,⁴¹ which is higher than the national average is 66.5 per 100 people.⁴² Nine out of 15 AZ counties

³⁴ <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.htm>

³⁵ Retrieved on April 20, 2018 from <http://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php>

³⁶ Retrieved on April 20, 2018 from <http://www.azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/opioid-report.pdf>

³⁷ Arizona Department of Health Services (2018, March 27). Injury mortality. Drug-related deaths, Arizona, 2006-2016. Retrieved from <https://pub.azdhs.gov/health-stats/report/im/2016/drug-abuse/index.htm>

³⁸ Arizona Department of Health Services (2018, March 27). Table 8-10. Selected substances involved in drug poisoning deaths, Arizona, 2016. Retrieved from <https://pub.azdhs.gov/health-stats/report/im/2016/drug-abuse/pdf/8-10.pdf>

³⁹ <http://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/arizona-opioid-report.pdf>

⁴⁰ Ibid.

had an opioid prescription rate higher than the national average in 2016. The top three AZ counties with the highest opioid prescription rates in 2016 were: Mohave County, Gila County, and Yavapai County. In 2016, Mohave County in AZ dispensed 127.5 opioid prescriptions per 100 residents,⁴³ the highest of any county in AZ. There are three Tribes within the borders of Mohave County: Fort Mojave Indian Tribe, Hualapai Tribe, and Kaibab Band of Paiute Indians. In 2016, Gila County in AZ dispensed 110 opioid prescriptions per 100 residents.⁴⁴ Three Tribes are located within Gila County: San Carlos Apache Tribe, Tonto Apache Tribe, and White Mountain Apache Tribe. In 2016, Yavapai County in AZ dispensed 97.8 opioid prescriptions per 100 residents.⁴⁵ Two Tribes are located within Yavapai County, the Yavapai-Apache Nation and Yavapai-Prescott Indian Tribe.

Access to Treatment

According to the 2016 National Survey of Substance Abuse Treatment Services (N-SSATS) that surveyed 358 substance abuse treatment facilities in AZ, there are 30 facilities with opioid treatment programs. Of all the facilities in AZ, 75 accept IHS/Tribal/Urban (ITU) funds as a payment option.⁴⁶

According to 2017 TEDS admissions, 6.6 percent of all TEDS admissions in AZ were AI/AN aged 12 or older.⁴⁷ In 2017, of all TEDS admissions reporting non-heroin opiates as a primary substance of abuse, 2.3 percent were AI/AN.⁴⁸ In 2017, of all TEDS admissions reporting heroin opiates as a primary substance of abuse, 1.9 percent were AI/AN.⁴⁹

Arizona Department of Health Services

Arizona Opioid Overdose and Neonatal Abstinence Syndrome Surveillance System, Medical Electronic Disease Surveillance Intelligence System, and Arizona Prehospital Information and EMS Registry System Data. According to the Arizona Opioid Overdose and Neonatal Abstinence Syndrome Surveillance System, Medical Electronic Disease Surveillance Intelligence System (MEDSIS), and Arizona Prehospital Information and EMS Registry System (AZ-PIERS) data, between June 15, 2017, and August 23, 2018, there have been 91 AI/AN with a suspected opioid overdose and there were no fatalities. (See Appendix B for methods).

⁴¹ <https://www.cdc.gov/drugoverdose/maps/rxstate2016.html>

⁴² <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>

⁴³ <https://www.cdc.gov/drugoverdose/maps/rxcounty2016.html>

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ https://www.dasis.samhsa.gov/webt/state_data/AZ16.pdf

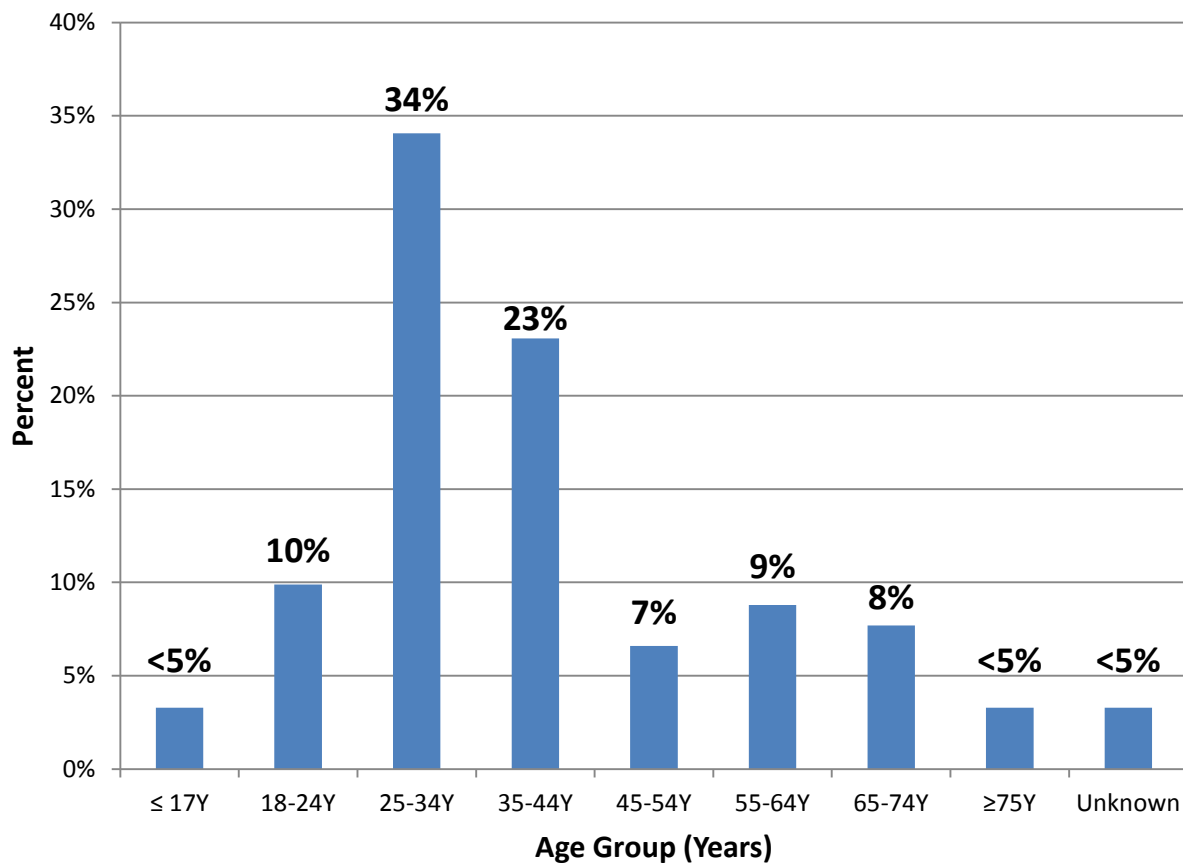
⁴⁷ <https://www.dasis.samhsa.gov/webt/quicklink/AZ17.htm>

⁴⁸ Ibid.

⁴⁹ Ibid.

While the age of AI/AN with a suspected opioid overdose greatly varies, less than 5 percent of them were under the age of 18 years old. More than half of the AI/AN with a suspected opioid overdose were adults between 25-44 years of age (57.14 percent).

Figure 2: Frequency Distribution of AI/AN with a Suspected Opioid Overdose by Age Group: Arizona (June 15, 2017-August 23, 2018)^{ab}

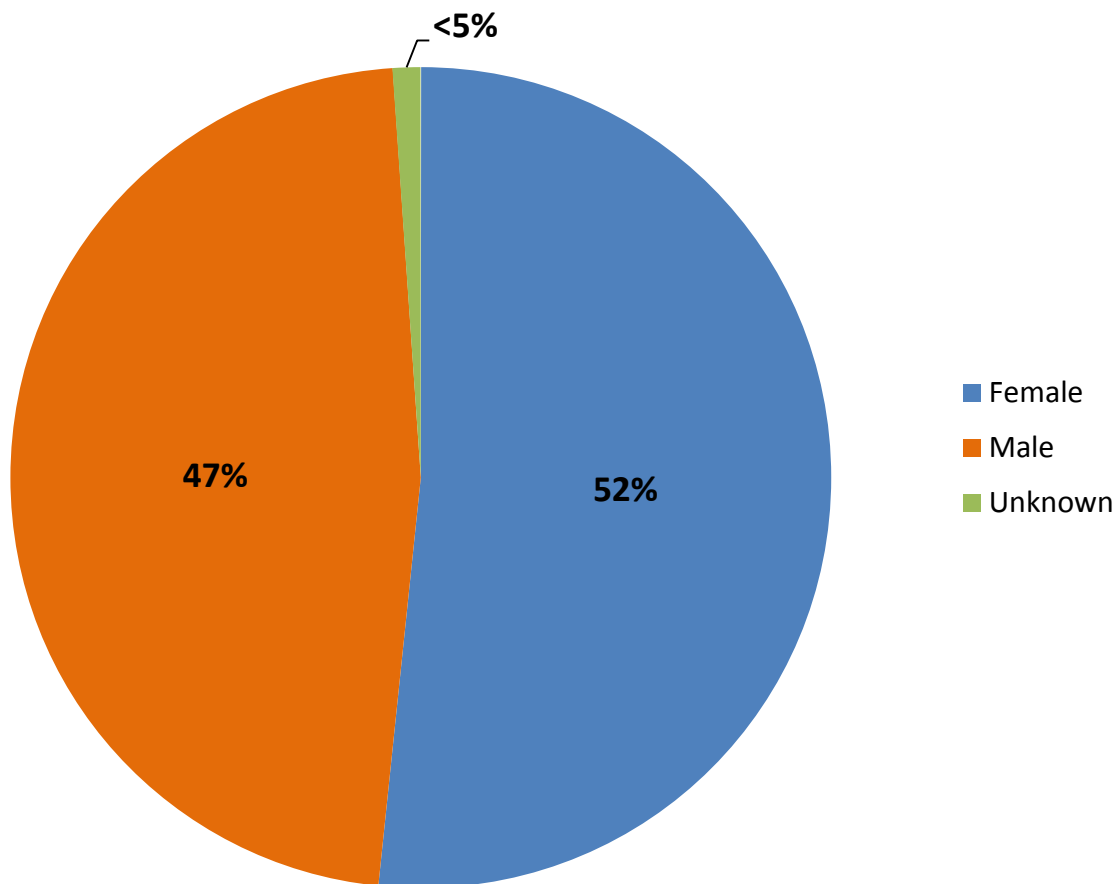


^a n=91

^b Source: Arizona Department of Health Services, Arizona Opioid Overdose and Neonatal Abstinence Syndrome Surveillance System, Medical Electronic Disease Surveillance Intelligence System, and Arizona Prehospital Information and EMS Registry System

Approximately 52 percent of AI/AN with a suspected opioid overdose were female. Between June 15, 2017, and April 23, 2018, there were less than six AI/AN infant births with NAS.

Figure 3: Percent of AI/AN with a Suspected Opioid Overdose by Gender: Arizona (June 15, 2017-August 23, 2018)^{ab}

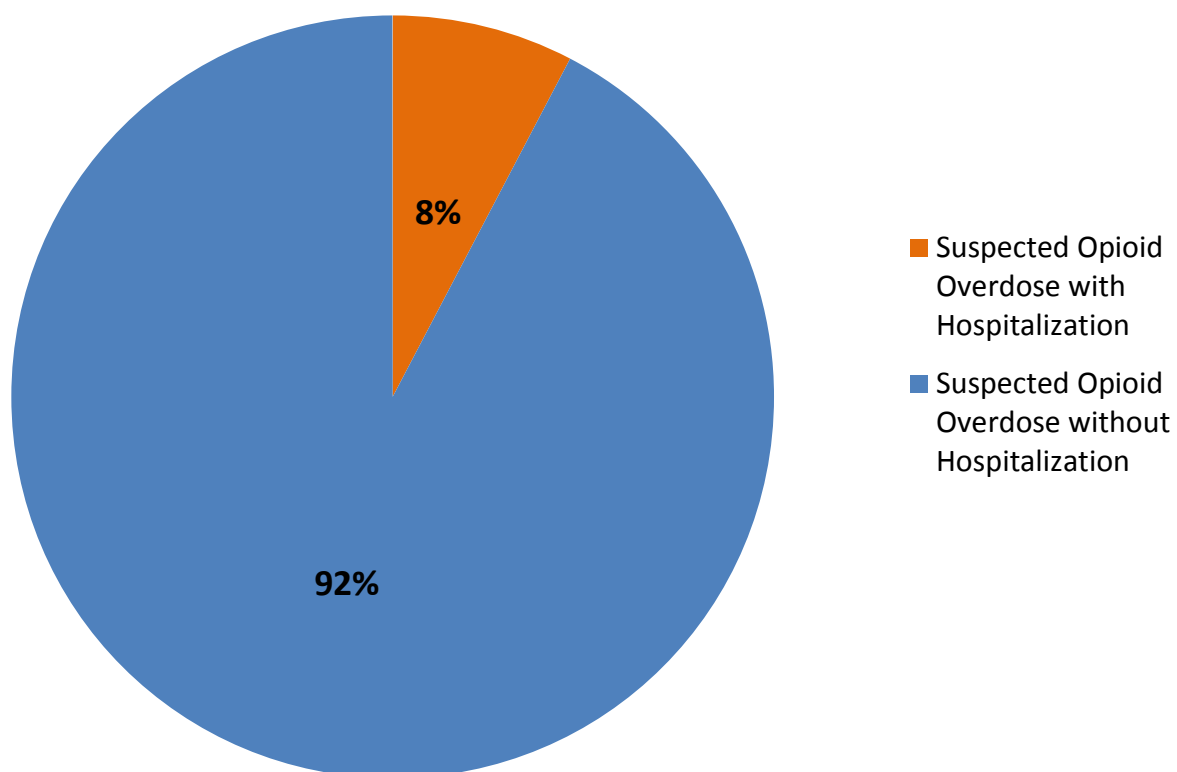


^a n=91

^b Source: Arizona Department of Health Services, Arizona Opioid Overdose and Neonatal Abstinence Syndrome Surveillance System, Medical Electronic Disease Surveillance Intelligence System, and Arizona Prehospital Information and EMS Registry System

Arizona Department of Health Services Hospital Discharge Data 2016. According to the ADHS Hospital Discharge Data 2016, between June 15, 2017, and August 23, 2018, of the 78 AI/AN with a suspected opioid overdose, 8 percent of individuals were hospitalized with an opioid related cause and of those individual(s) their most recent overdose was not fatal. (See Appendix B for methods). Of the 78 AI/AN with a suspected opioid overdose, less than 5 percent were hospitalized due to a heroin related cause.

Figure 4: Percent of AI/AN with a Suspected Opioid Overdose by Hospitalization with an Opioid Related Cause: Arizona (June 15, 2017-August 23, 2018)^{ab}



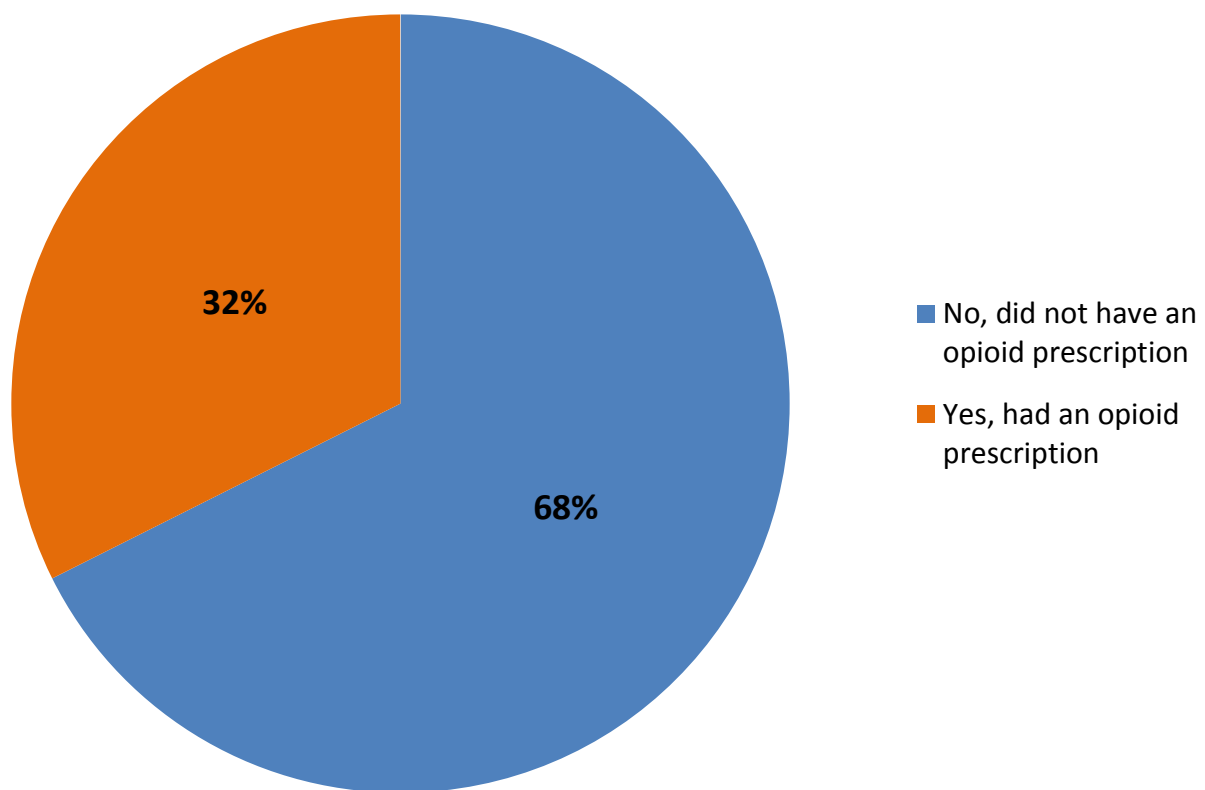
^a n=78

^b Source: Arizona Department of Health Services, Hospital Discharge Data

Arizona Pharmacy Board Controlled Substances Prescription Drug Monitoring Program Data.

According to Arizona Pharmacy Board Controlled Substances Prescription Drug Monitoring Program data, between June 15, 2017, and August 23, 2018, of AI/AN with a suspected opioid overdose (n=71), 32 percent (n=23) had an opioid prescription two months prior to their current overdose, which was non-fatal. However, 68 percent (n=48) of AI/AN with a suspected opioid overdose did not have an opioid prescription two months prior to their current overdose. (See Appendix B for methods).

Figure 5: Percent of AI/AN with a Suspected Opioid Overdose with an Opioid Prescription Two Months Prior to Their Overdose: Arizona (June 15, 2017-August 23, 2018)^{ab}

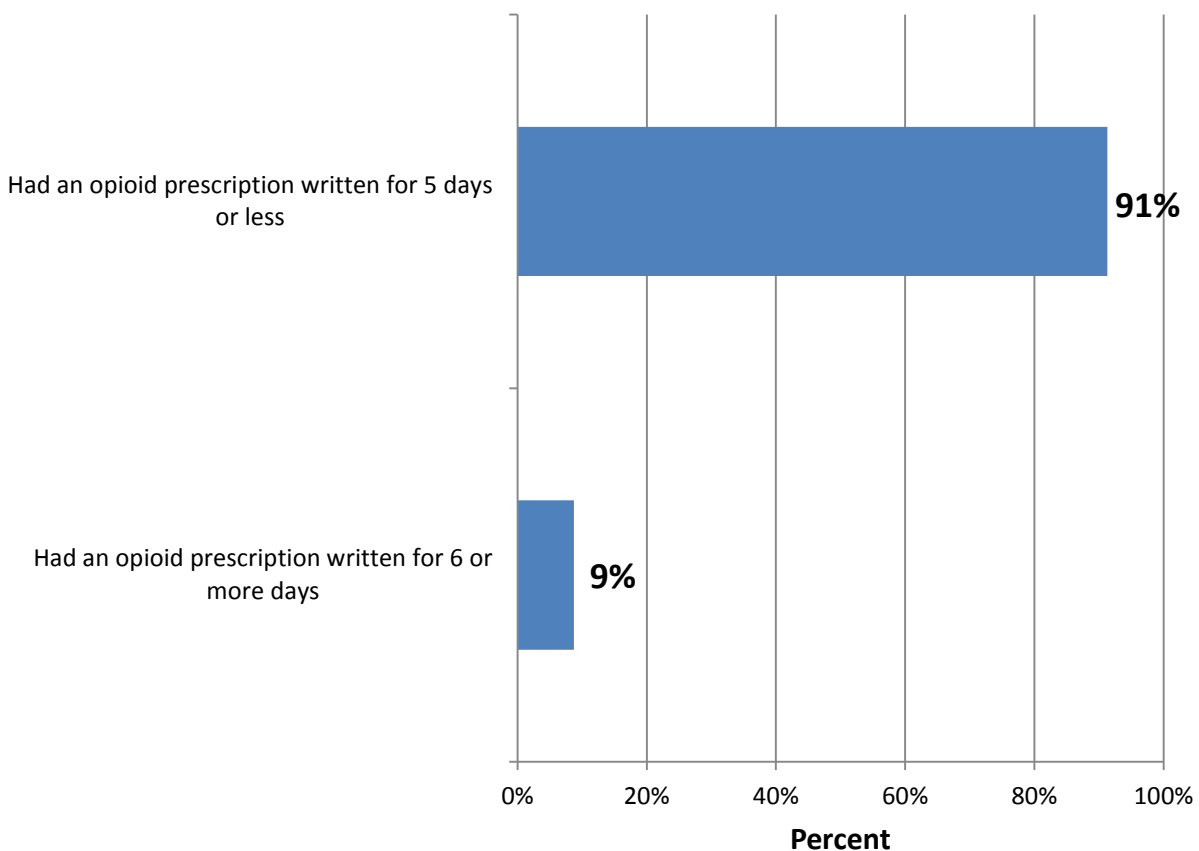


^a n=71

^b Source: Arizona Pharmacy Board Controlled Substances Prescription Drug Monitoring Program Data

Of those AI/AN with a suspected opioid overdose who had an opioid prescription two months prior to their current overdose (n=23), 91 percent of them had an opioid prescription written for five days or less, whereas 9 percent had an opioid prescription written for six or more days.

Figure 6: Percent of AI/AN with a Suspected Opioid Overdose with an Opioid Prescription Two Months Prior to Their Overdose: Arizona (June 15, 2017-August 23, 2018)^{ab}



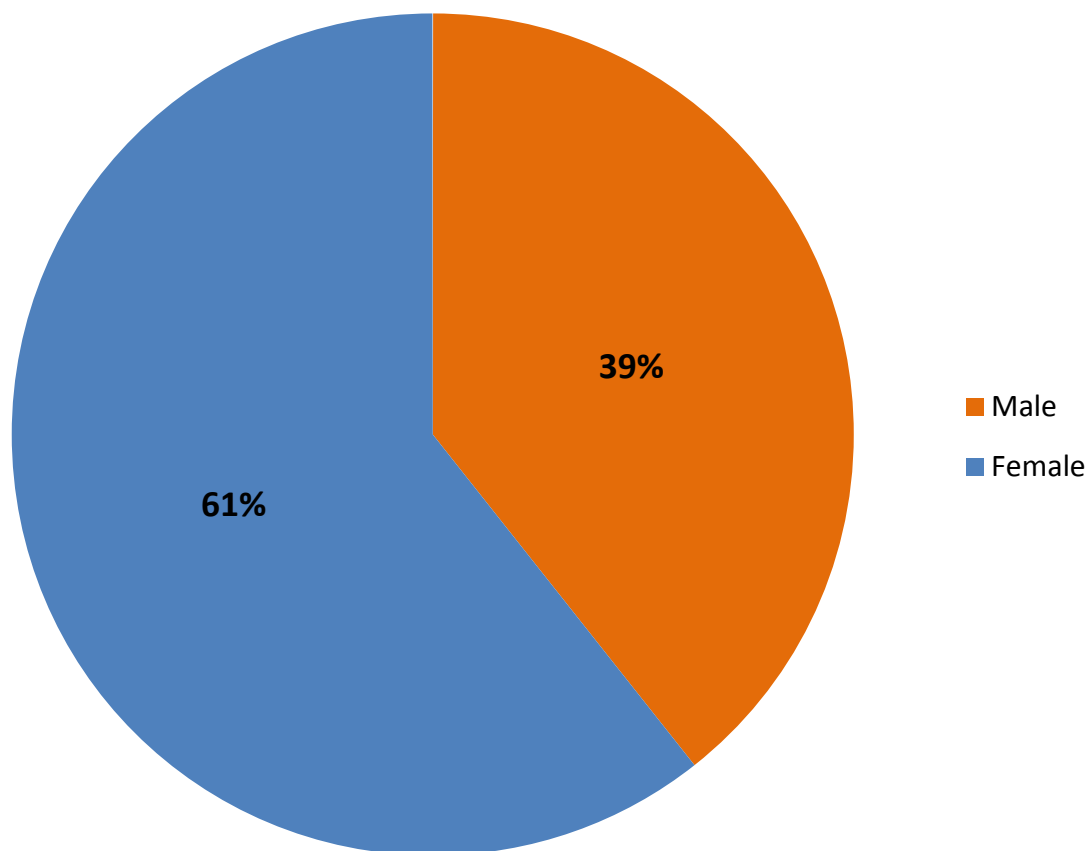
^a n=23

^b Source: Arizona Pharmacy Board Controlled Substances Prescription Drug Monitoring Program Data

Indian Health Service Epidemiology Data Mart

In fiscal year 2017 (FY2017), there were 2,529 opioid related encounters made by AI/AN in AZ Indian Health Service (IHS) facilities. An opioid related encounter is a patient encounter with IHS associated with an identified opioid related diagnosis. (See Appendix B for methods and Appendix C for a detailed method of ICD-9 and ICD-10 codes utilized). These opioid related encounters account for 0.114 percent of the overall number of patient encounters made with AZ IHS facilities (N=2,218,236). Among these encounters, there was a predominance of female patients (61 percent).

Figure 7: Percent of Opioid Related Encounters by Gender Among AI/AN IHS Users in Arizona IHS Facilities (2017)^{ab}

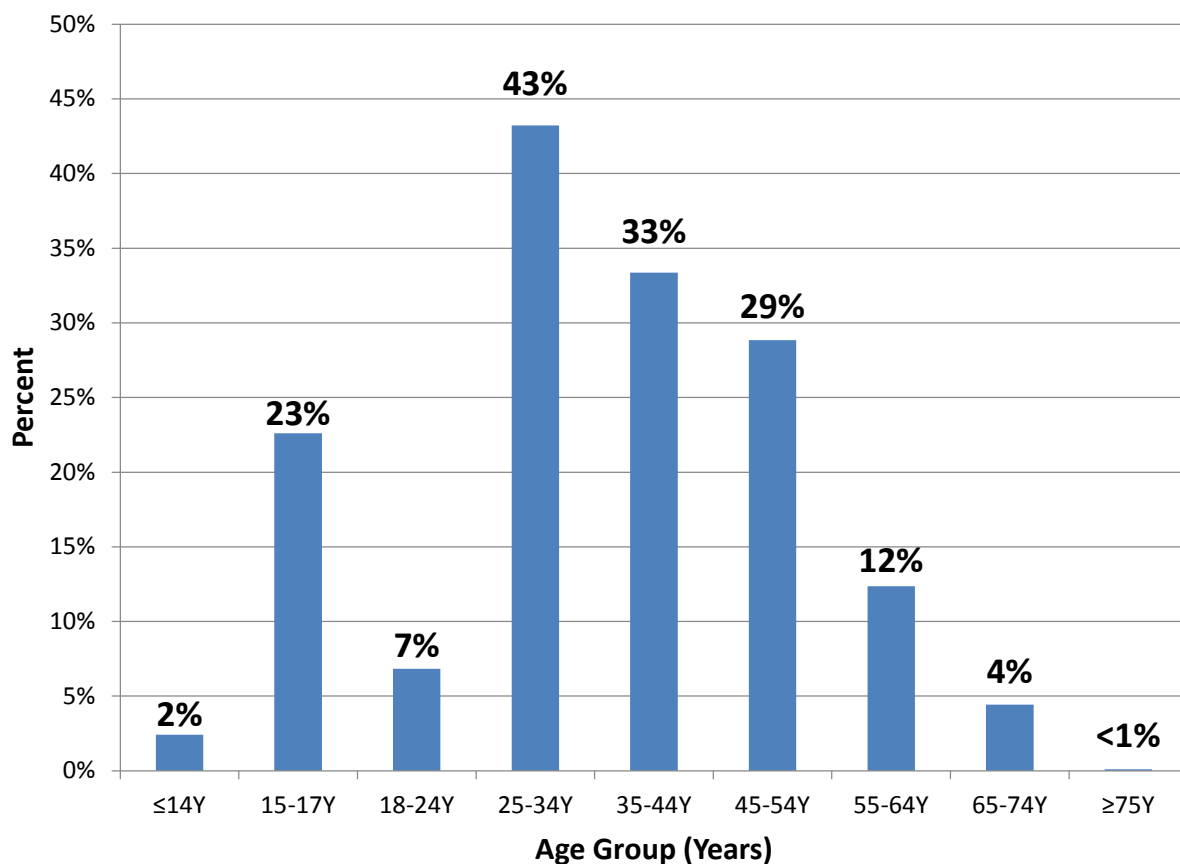


^a n=2,529

^b Source: Indian Health Service Epidemiology Data Mart

Regardless of gender, opioid related encounters were identified most frequently in the age group containing those aged 25 to 34 years. The age distributions of the two gender groups were largely similar. Both exhibited an initial peak in the group including those aged 15-17 years before decreasing in the group containing those aged 18-24 years and increasing again to the highest level in the age group containing those aged 25-34 years. Subsequently, both genders decreased, reaching their lowest levels in those aged 75 years and up.

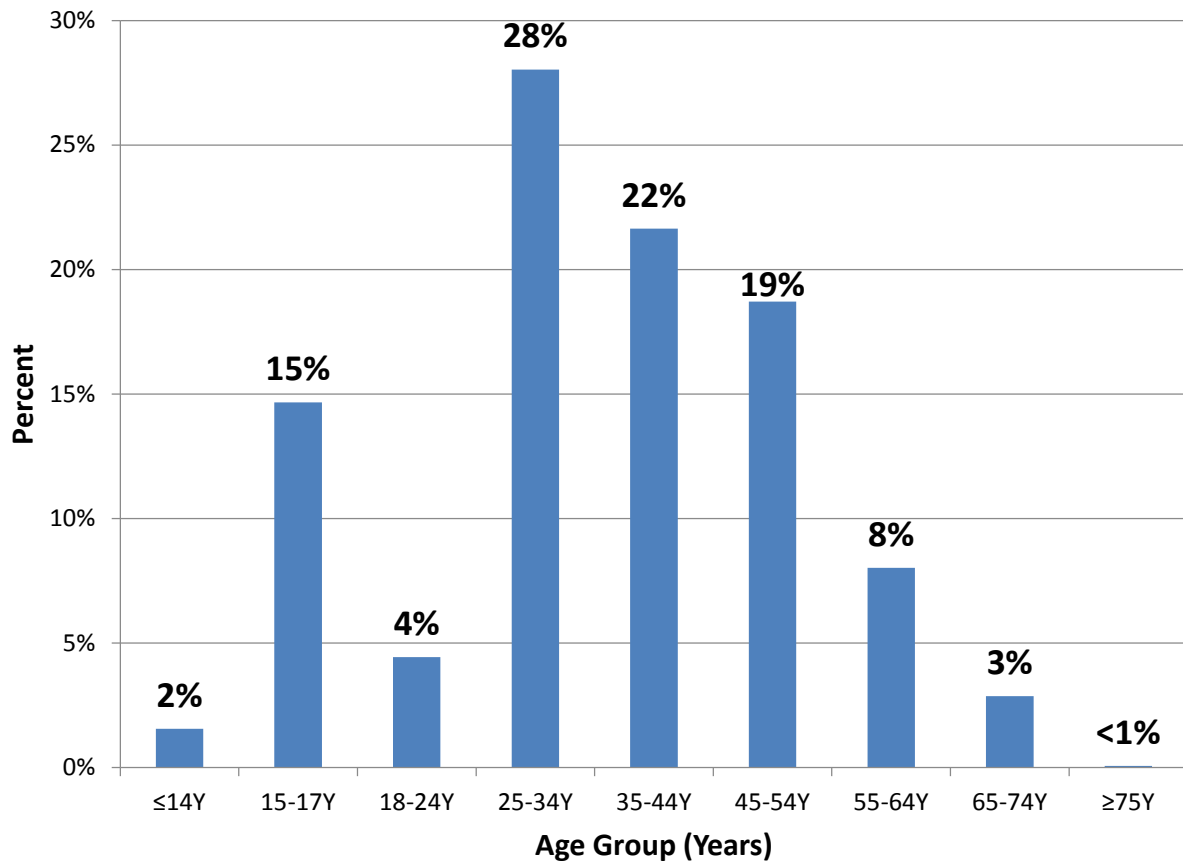
Figure 8: Frequency Distribution of Opioid Related Encounters Among Males by Age Group Among IHS Users in Arizona Facilities (2017)^{ab}



^a n=995

^b Source: Indian Health Service Epidemiology Data Mart

Figure 9: Frequency Distribution of Opioid Related Encounters Among Females by Age Group Among IHS Users in Arizona Facilities (2017) ^{ab}

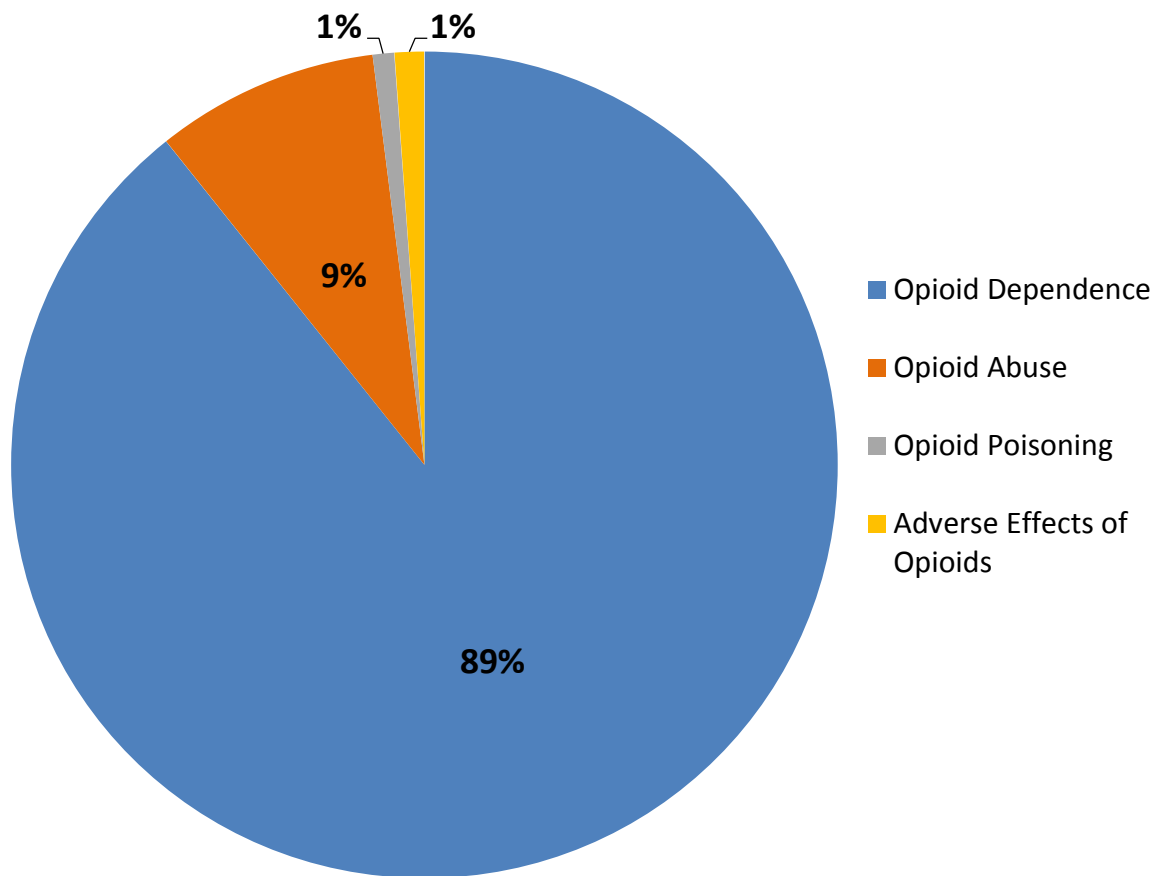


^a n=1,534

^b Source: Indian Health Service Epidemiology Data Mart

The results of the analysis of encounters among AI/AN IHS users in AZ by type of diagnosis shows the majority of visits were for opioid dependence (89 percent), followed by opioid abuse (9 percent), adverse effects of opioids (1 percent), and opioid poisoning (1 percent).

Figure 10: Percent of Opioid Related Encounters by Type of Diagnosis Among AI/AN IHS Users in Arizona Facilities (2017)^{ab}



^a n=2,581

^b Source: Indian Health Service Epidemiology Data Mart

The results of the analysis of opioid related encounters by type of clinic (See Appendix D for a glossary of IHS clinic type definitions) suggested that the identified 2,529 opioid related encounters occurred in a variety of types of clinics. The majority of the visits occurred at alcohol and substance abuse clinics (36.9 percent), followed by family practice clinics (12.8 percent), general clinics (9.0 percent), emergency medicine clinics (9.0 percent), behavioral health clinics (6.7 percent), and pain management clinics (5.4 percent). The type of setting in which the encounter occurred also varied. While the majority of visits occurred in person there were encounters involving chart reviews/record modifications (1.1 percent) and telephone calls (0.6 percent).

Table 1: Types of Clinics Where Opioid Related Encounters Occurred Among AI/AN IHS Users Visiting Arizona Facilities (2017)^{ab}

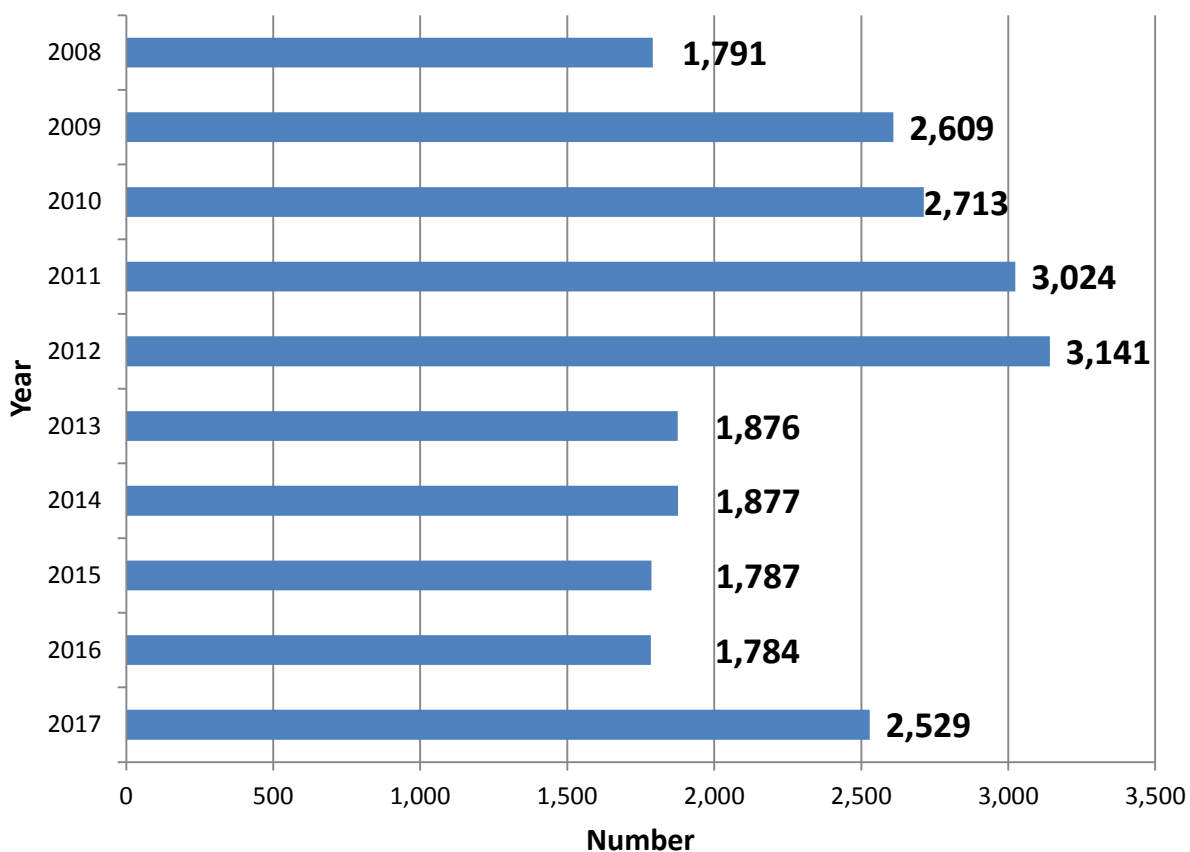
Type of Clinic	Number	Percent
Alcohol and Substance Abuse	903	36.9
Family Practice	313	12.8
General	220	9.0
Emergency Medicine	217	9.0
Behavioral Health	164	6.7
Pain Management	132	5.4
Rehabilitation	110	4.5
Laboratory Services	76	3.1
Pharmacy	42	1.7
Mental Health	39	1.6
Internal Medicine	28	1.1
Chart Review/Record Modification	27	1.1
Obstetrics	23	1.0
Labor and Delivery	20	0.8
High Risk	15	0.6
STD	15	0.6
Telephone Call	14	0.6
Observation	13	0.5
Other	11	0.5
Urgent Care	11	0.5
^a Counts below 10 are censored		
^b Source: Indian Health Service Epidemiology Data Mart		

From 2008 and 2017, the proportion of visits with opioid related encounters ranged between 0.081 percent in 2016 and 0.188 percent in 2011. A steady increase was observed in the proportions between 2008 and 2011, followed by decreases between 2013 and 2016, but there is a notable increase in 2017. Similarly, the number of opioid related encounters increased between 2008 and 2012, followed by a decrease between 2012 and 2016 and an increase between 2016 and 2017. The number of opioid related encounters ranged from a lower number at 1,784 in 2016 and the highest number of encounters at 3,141 in 2012.

Table 2: Number of Opioid Related Encounters Compared to Number of Overall Encounters Among AI/AN IHS Users in Arizona Facilities (2008-2017) ^a

American Indian and Alaska Native IHS Users in Arizona Facilities			
	Opioid Related Encounters	Overall Encounters	Proportion of Opioid Related Encounters to Overall Encounters
Year	Number	Number	Percent
2008	1,791	1,337,108	0.134%
2009	2,609	1,414,743	0.184%
2010	2,713	1,518,978	0.179%
2011	3,024	1,609,628	0.188%
2012	3,141	1,717,047	0.183%
2013	1,876	1,937,046	0.097%
2014	1,877	2,086,262	0.090%
2015	1,787	2,113,648	0.085%
2016	1,784	2,198,390	0.081%
2017	2,529	2,218,236	0.114%
^a Source: Indian Health Service Epidemiology Data Mart			

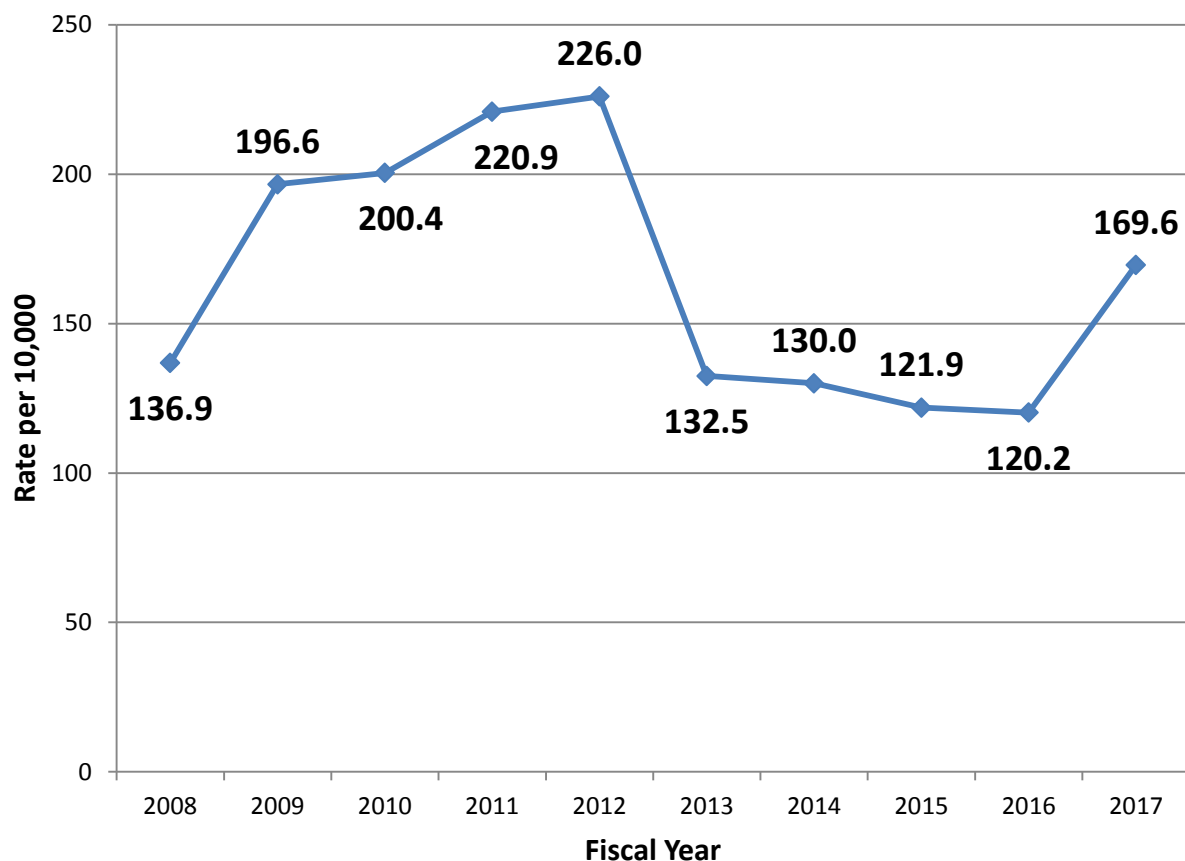
Figure 11: Number of Opioid Related Encounters Among AI/AN IHS Users in Arizona Facilities (2008-2017) ^a



^a Source: Indian Health Service Epidemiology Data Mart

A steady increase was observed in the rate of opioid related encounters per 10,000 visits between 2008 and 2012. Between 2013 and 2016 the rates of opioid related encounters per 10,000 visits slowly decreased. Although the rate increased from 2016 to 2017, the 2017 rate of 169.6 opioid related encounters per 10,000 visits is still less than the rate of 226.0 per 10,000 visits when it was at the highest in 2012.

Figure 12: Rate of Opioid Related Encounters per 10,000 Visits Among AI/AN IHS Users in Arizona Facilities (2008-2017)^a



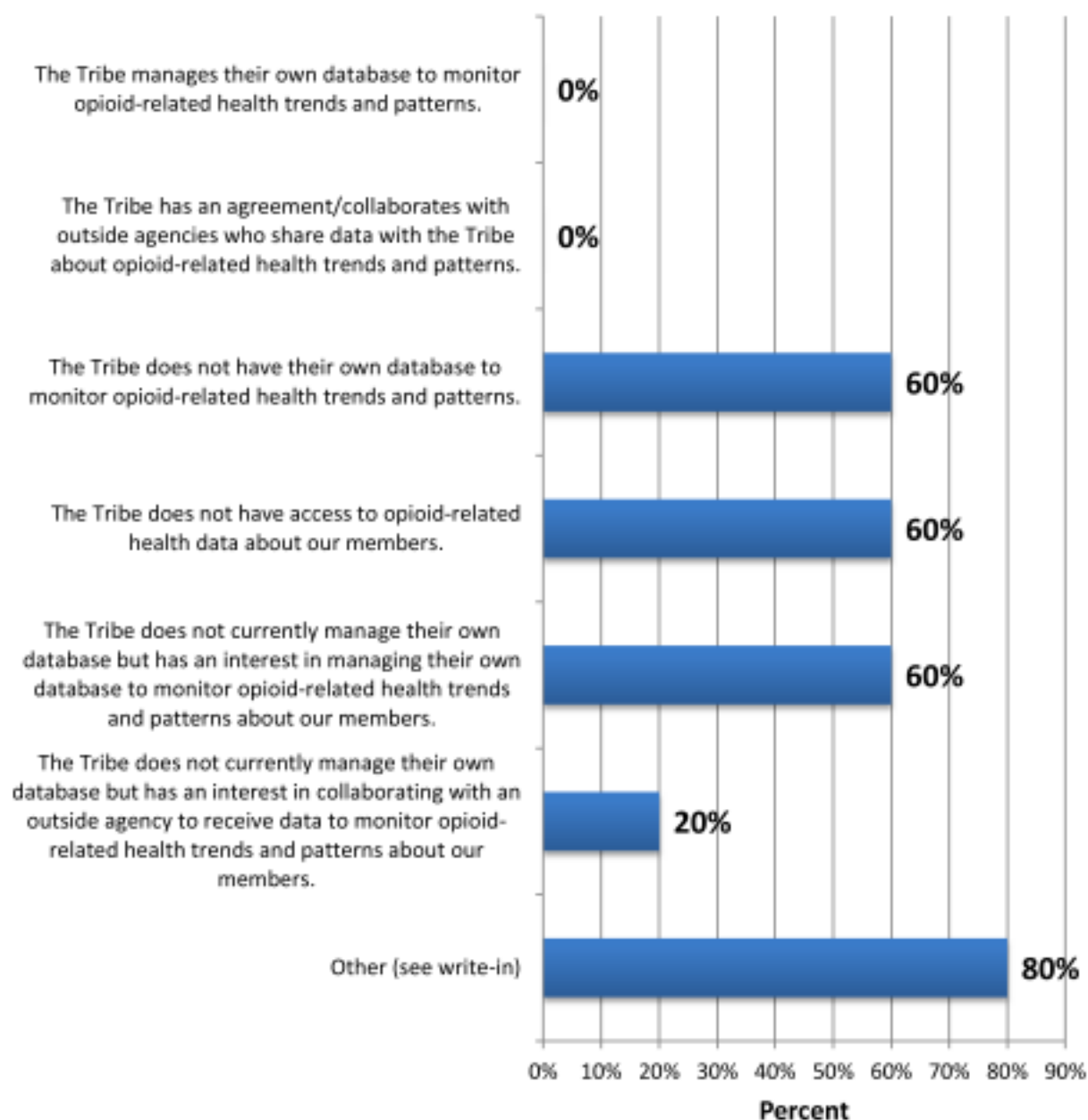
^a Source: Indian Health Service Epidemiology Data Mart

Tribal Health Director Surveys

Tribal Health Directors among ITCA Member Tribes were inquired as to their Tribe's: access to resources such as access to opioid related health data to monitor trends and patterns pertaining to their members; access to prescription drug drop-off resources; capability to treat opioid use disorder; and limitations to opioid treatment. (See Appendix B for methods and Appendix J for administered survey). Five Tribal Health Directors responded representing five Tribes in AZ. A total of 11 different Tribes were represented across Tribal Health Directors respondents and Tribal Chiefs of Police/Directors respondents.

Tribal Health Directors indicated their Tribe has limited access to opioid related health data to monitor trends and patterns pertaining to their members. Types of opioid related health data may include opioid overdose deaths, opioid overdoses, opioid use disorder, infants born with NAS, and opioid prescriptions dispensed. One Tribal Health Director indicated they do not currently have an agreement adopted by their Council but they are collaborating with ADHS to implement a database to monitor opioid related health data. While Tribal Health Directors indicate they have little to no data on their members they do express interest to gaining access to data.

Figure 13: Types of Access to Opioid Related Health Data, Tribal Health Directors in AZ (2018)^{abc}



^a Mark all that apply.

^b Answered: 5, Skipped: 0

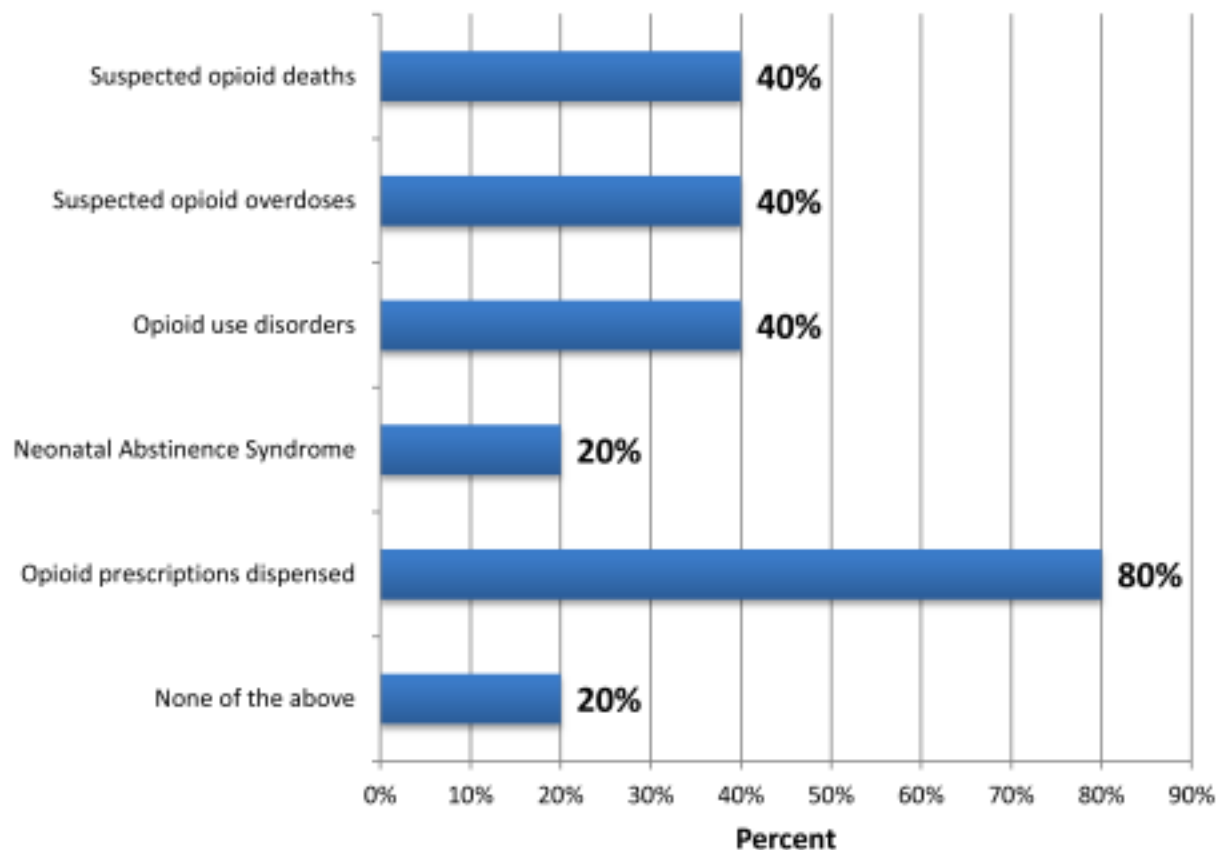
^c Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Health Directors

Table 3: Write-in Response: Types of Access to Opioid Related Health Data, Tribal Health Directors in AZ (2018) ^a

Write-in Response: Types of Access to Opioid Related Health Data
Any information on opioid use is supplied by the hospital, which also has limited data.
We have bits and pieces of Opioid information; however we do not have data from AHCCCS which have ½ of our members.
Currently the tribe has access to certain tribal members if we pay for it, other than that we do not have access. If we could receive data it would help us to educate the tribal members on the dangers of opioids use and to help monitor the abuse of the medication.
The department has implemented a database with the assistance of ADHS, but is in the process of developing the agreement for the use Community wide that will be adopted by the Council.
^a Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Health Directors

Despite having limited access to or management of their own databases, Tribal Health Director respondents indicated they do have access to some types of opioid related health data but mostly on opioid prescriptions dispensed. One Tribal Health Director indicated they have no access to any of the types of opioid related health data.

Figure 14: Types of Opioid Related Health Data Tribe Can Access, Tribal Health Directors in AZ (2018)^{abc}



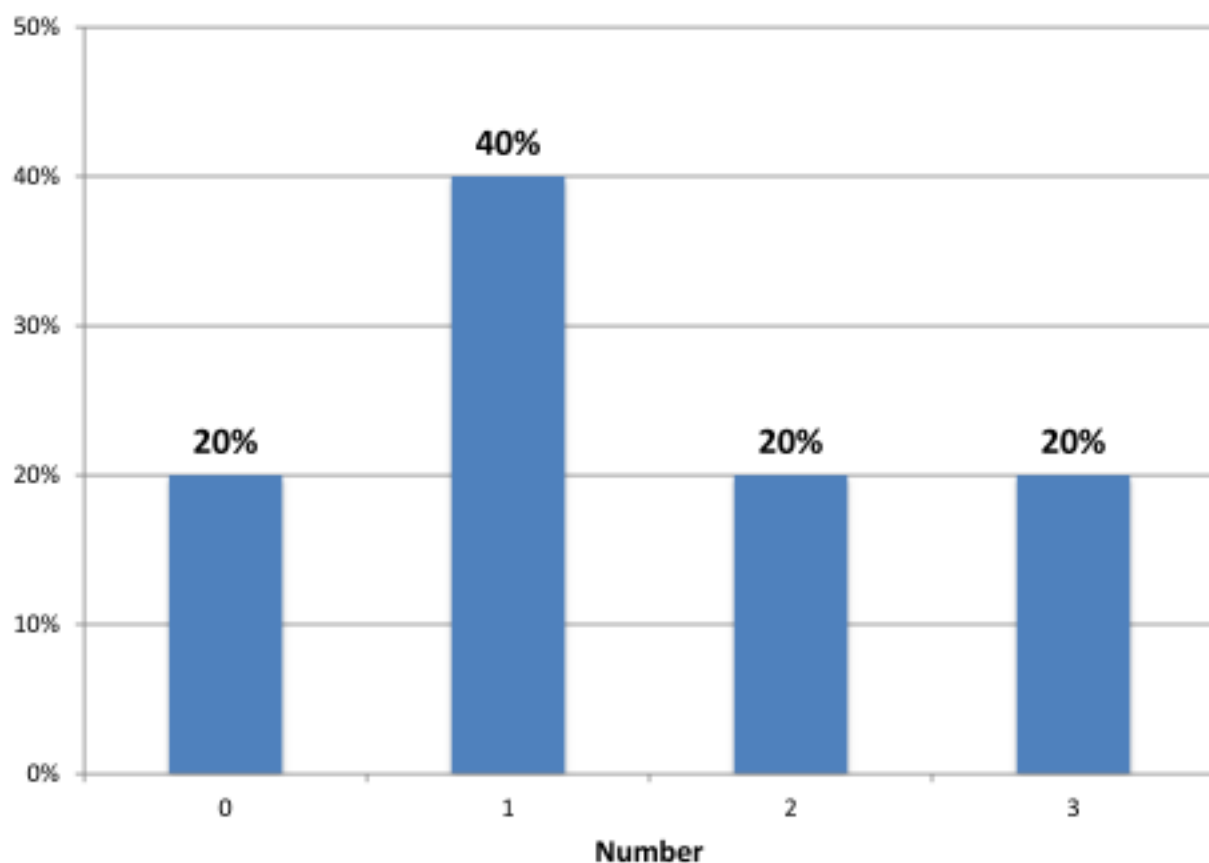
^a Mark all that apply.

^b Answered: 5, Skipped: 0

^c Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Health Directors

Permanent prescription drug drop-off locations and drug take back events aim to reduce and prevent medication misuse and diversion of opioids by removing unused prescription drugs out of the home. Four Tribal Health Directors indicated having at least one prescription drug drop-off location within their Tribe's boundaries; one Tribal Health Director indicated their Tribe does not have a prescription drug drop-off location. In addition, only one Tribe indicated their agency and/or office is a prescription drug drop-off location.

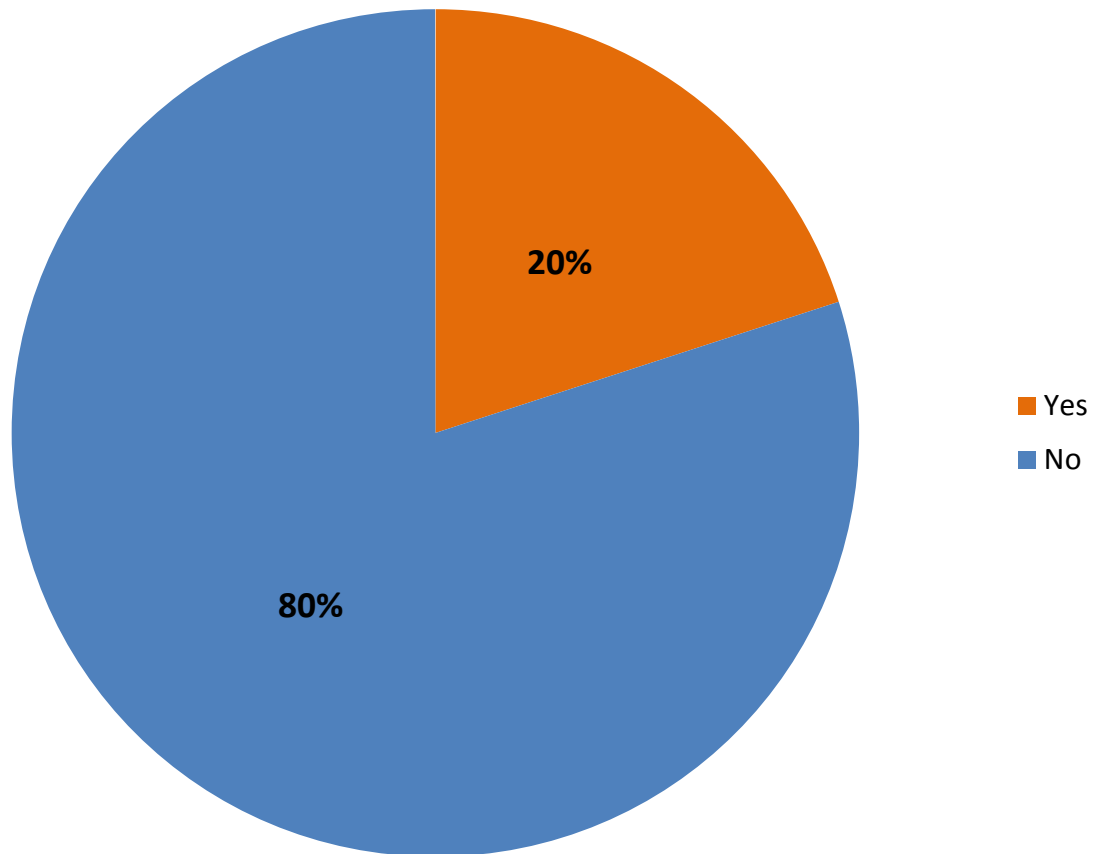
Figure 15: Number of Prescription Drug Drop-off Locations Within Tribe's Boundaries, Tribal Health Directors in AZ (2018)^{ab}



^a Answered: 5, Skipped: 0

^b Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Health Directors

Figure 16: Is Your Agency a Prescription Drug Drop-off Location?, Tribal Health Directors in AZ (2018)^{ab}

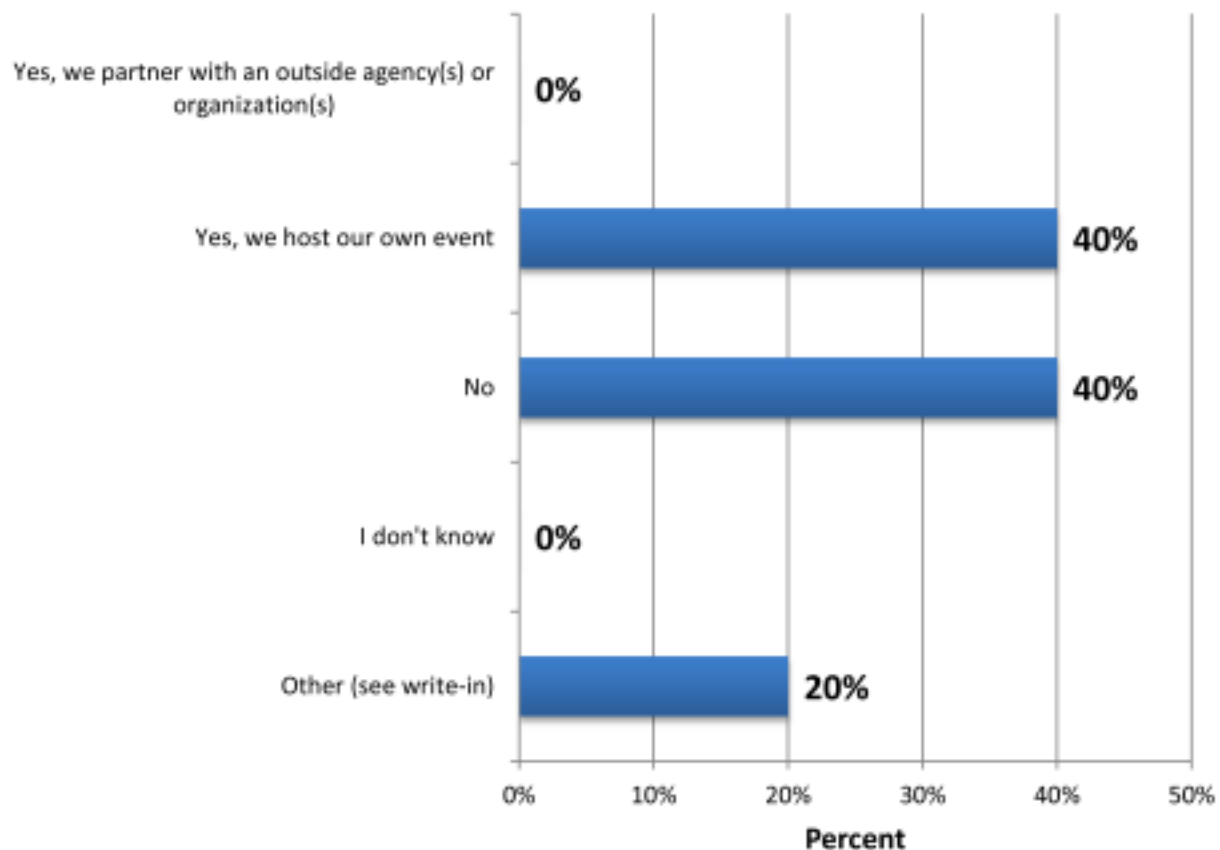


^a Answered: 5, Skipped: 0

^b Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Health Directors

Two Tribal Health Directors indicated their agency hosts a community drug take back event(s). Two Tribal Health Directors indicated their agency does not host an event and one Tribal Health Director indicated their Tribe's law enforcement organizes this event and is a prescription drug drop-off location.

Figure 17: Does Your Agency Host Community Drug Take Back Event(s)?, Tribal Health Directors in AZ (2018)^{ab}



^a Answered: 5, Skipped: 0

^b Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Health Directors

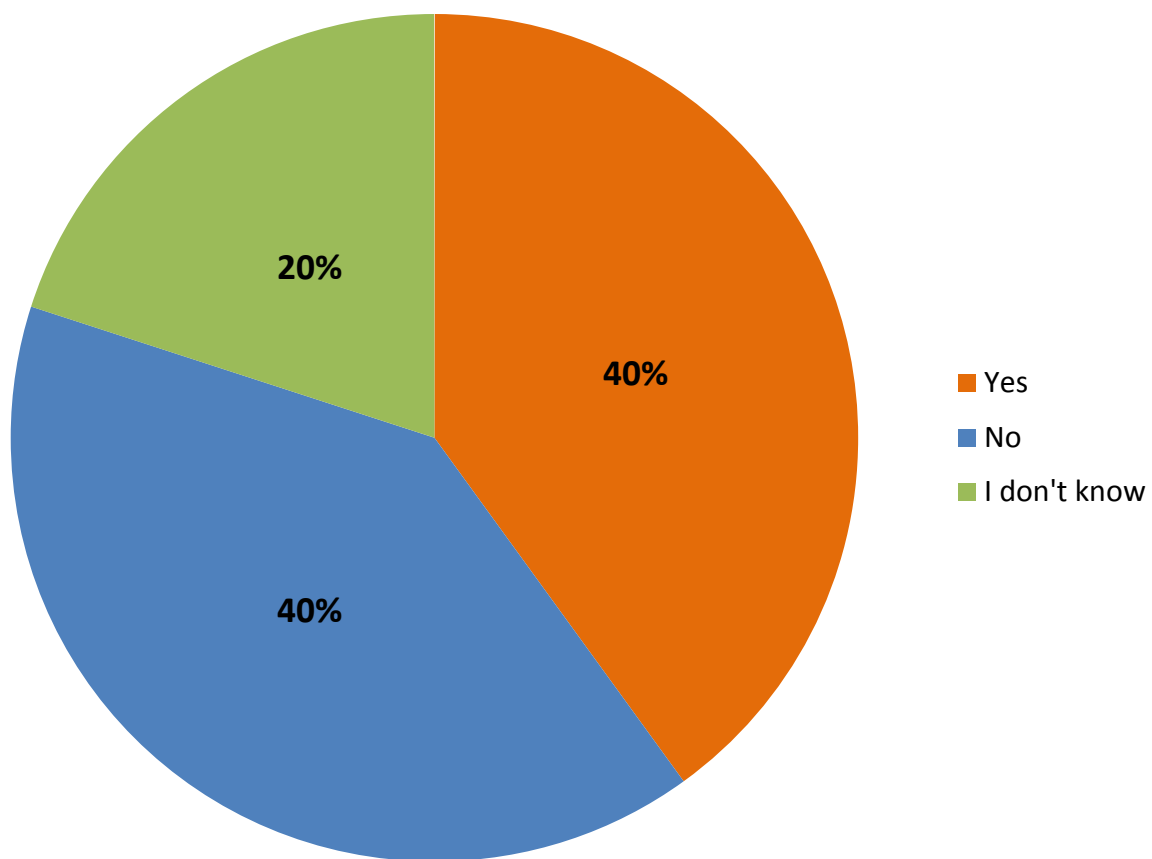
Tribal Health Directors described their agency's capability to treat individuals with opioid use disorder, each indicating some level of treatment ranging from an in-house provider, residential treatment center, Assisted Medicine Clinic, and Substance Abuse Program. One Tribal Health Director states, "We have outpatient treatment which would likely not be sufficient."

Table 4: Description of Agency's Capability to Treat Individuals with Opioid Use Disorder, Tribal Health Directors in AZ (2018)^a

Description of Agency's Capability to Treat Individuals with Opioid Use Disorder
We have outpatient treatment which would likely not be sufficient
The hospital has in house provider who treats patients, also refer to the wellness center
We are a TRBHA, with a Assisted Medicine Clinic
The tribe has a Substance Abuse Program and Mental Health Counselors are also available for tribal members
Residential Treatment Center
^a Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Health Directors

However, when asked specifically if their agency offers Medication Assisted Treatment (MAT), a form of treatment that combines medication and behavioral therapies to treat substance use disorders, two Tribal Health Directors indicated yes, two indicated no, and one indicated they did not know whether their agency offers MAT. Furthermore, when asked which types of medication is offered to treat opioid use disorder (e.g., methadone, buprenorphine, naltrexone), three Tribal Health Directors indicated they offer none. One Tribal Health Director indicated their agency does offer traditional healing to treat opioid use disorder.

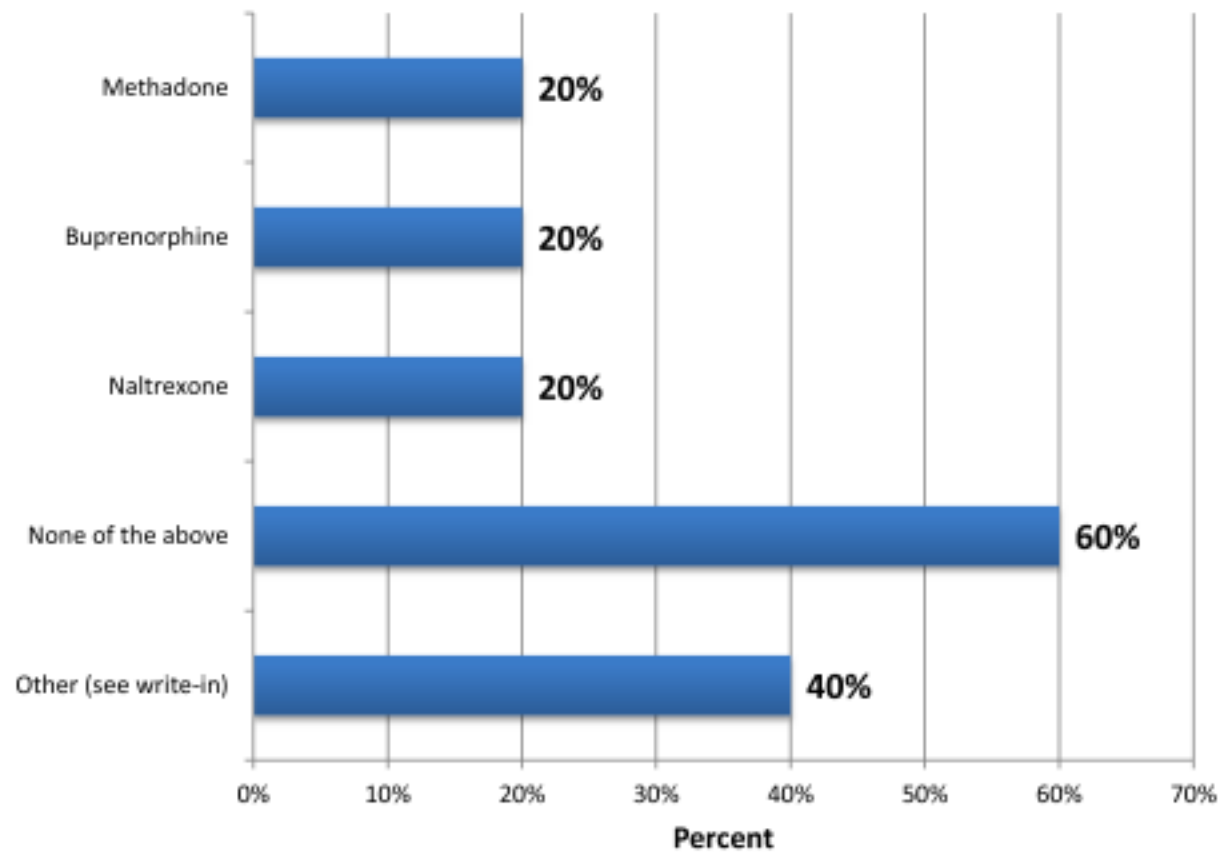
Figure 18: Does Your Agency Offer Medication Assisted Treatment to Treat Opioid Use Disorder?, Tribal Health Directors in AZ (2018)^{ab}



^a Answered: 5, Skipped: 0

^b Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Health Directors

Figure 19: Does Your Agency Offer Any of the Following Medication(s) to Treat Opioid Use Disorder?, Tribal Health Directors in AZ (2018)^{abc}



^a Mark all that apply.

^b Answered: 5, Skipped: 0

^c Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Health Directors

Table 5: Write-in Response: Does Your Agency Offer Any of the Following Medication(s) to Treat Opioid Use Disorder?, Tribal Health Directors in AZ (2018) ^a

Write-in Response: Does Your Agency Offer Any of the Following Medication(s) to Treat Opioid Use Disorder?
Not sure
Traditional Healing
^a Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Health Directors

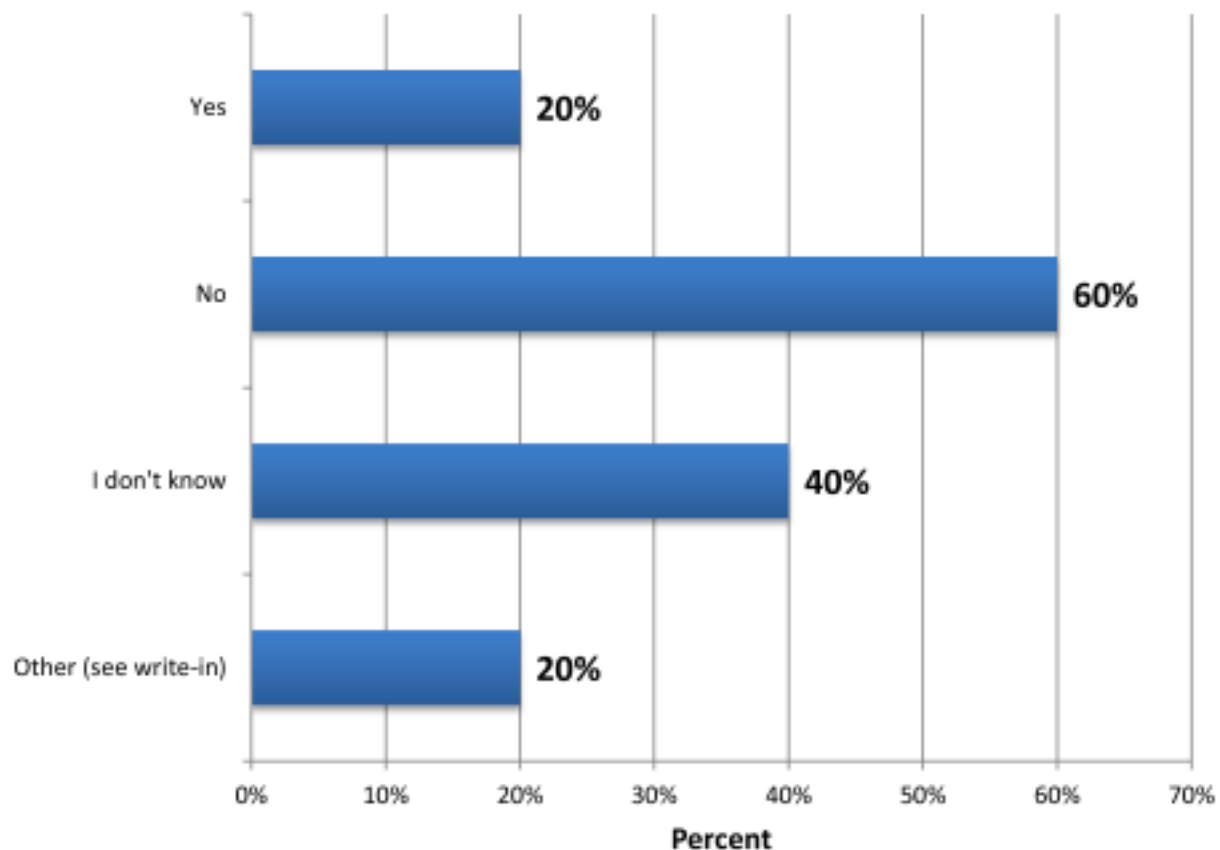
When asked to describe any limitations to accessing opioid treatment, Tribal Health Directors provided a variety of limitations including staffing, lack of providers, and funding to meet the demand. One Tribal Health Director states, “We lack all resources to address this issue.”

Table 6: Description of Tribe's Limitations to Access Opioid Treatment, Tribal Health Directors in AZ (2018) ^a

Description of Tribe's Limitations to Access Opioid Treatment
We lack all resources to address this issue
Staffing
Not enough providers for our Tribal Members in the Phx area.
If funding is available thru Indian Health Service and facility is able to take tribal members on demand versus planning and waiting for an available bed.
^a Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Health Directors

Tribal Health Directors were asked if they believe the Tribe has access to adequate and sufficient resources to address opioid abuse, to treat opioid overdoses, and to prevent opioid overdose deaths in the community. The majority indicated they did not believe their tribe has adequate and sufficient resources. One Tribal Health Director states, *We have resources, but we need assistance from outside organizations to provide data about our Tribal members, ie AHCCCS.*^a

Figure 20: Do You Believe the Tribe Has Access to Adequate and Sufficient Resources to Address Opioid Abuse, to Treat Opioid Overdoses, and to Prevent Opioid Overdose Deaths in the Community?, Tribal Health Directors in AZ (2018)^{abc}



^a Mark all that apply.

^b Answered: 5, Skipped: 0

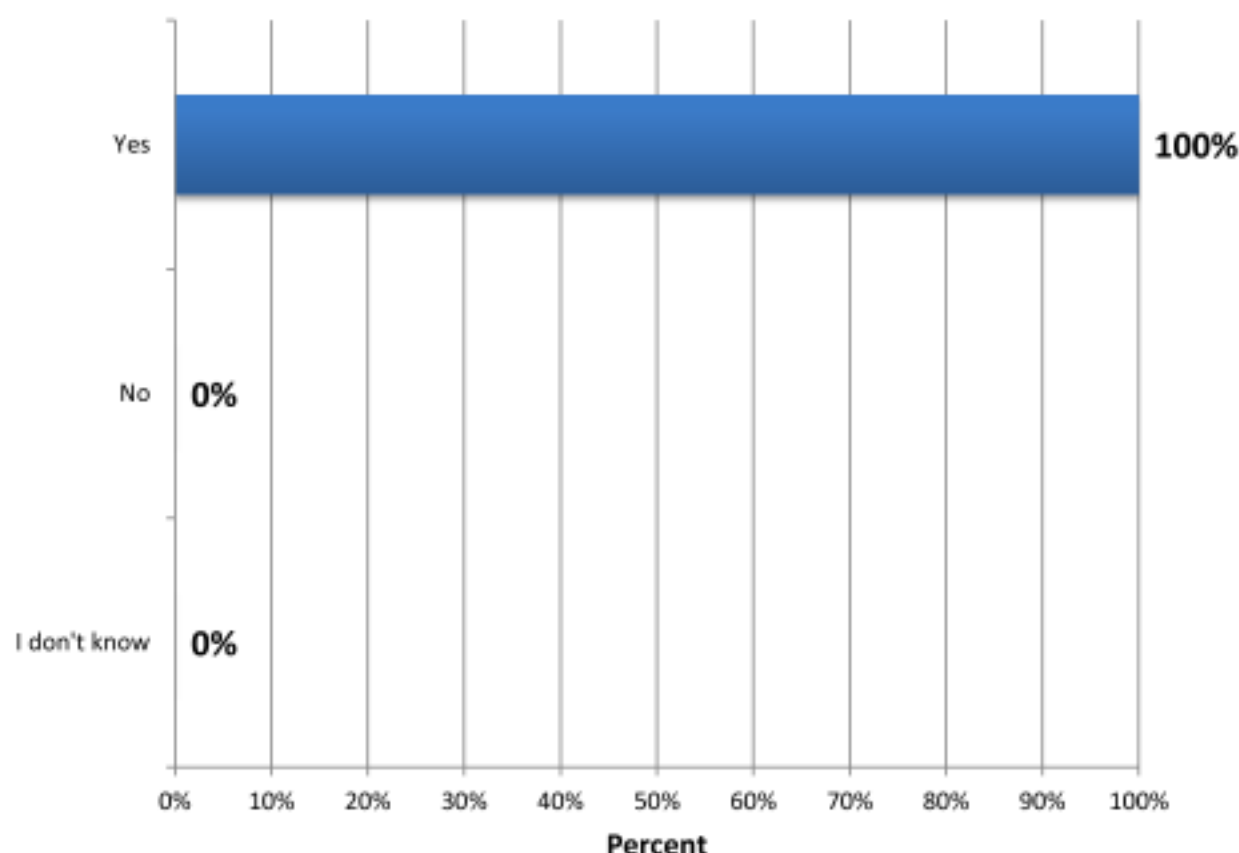
^c Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Health Directors

Tribal Chief of Police/Director Surveys

Tribal Chiefs of Police/Directors among ITCA Member Tribes were inquired as to their Tribe's: access and barriers to receiving naloxone administration training and naloxone kits; access to prescription drug drop-off resources; tribal code on ancillary law enforcement's ability to administer naloxone; tribal code on Good Samaritans; and a system for referring individuals to available resources. (See Appendix B for methods and Appendix K for administered survey). Six Tribal Chiefs of Police/Directors responded representing six Tribes in AZ. A total of 11 different Tribes were represented across Tribal Health Directors respondents and Tribal Chiefs of Police/Directors respondents.

Naloxone is an opioid antagonist medication that is designed to reverse an opioid overdose if administered in a timely manner. Naloxone administration training can include information on recognizing the signs of an opioid overdose and how to administer naloxone in response. All six Tribal Chiefs of Police/Directors indicated their agency has received naloxone administration training; training dates ranged from February 2017 to January 2018. One Tribal Chief of Police/Director states they experienced the following barriers, "Lack of local training, no funds to travel for training." Another Tribal Chief of Police/Director states, "Only some of [our] staff is trained."

Figure 21: Has Your Agency Received Naloxone Training?, Tribal Chiefs of Police/Directors in AZ (2018)^{ab}



^a Answered: 6, Skipped: 0

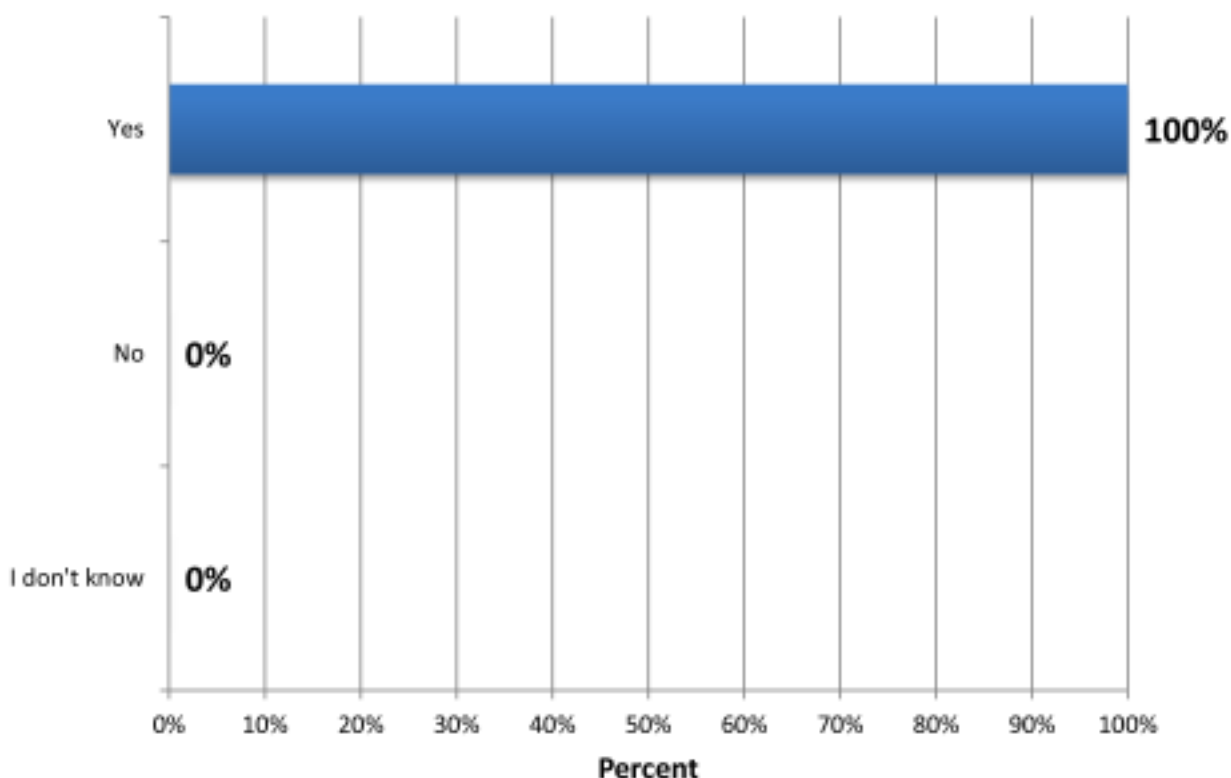
^b Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Chiefs of Police/Directors

Table 7: Description of Barriers Agency Experienced to Receiving Naloxone Training, Tribal Chiefs of Police/Directors in AZ (2018)^a

Description of Barriers Agency Experienced to Receiving Naloxone Training
Only some of [our] staff is trained.
Sonoran Prevention Works was a great organization to work with. They provided the training and the Naloxone.
Lack of local training, no funds to travel for training.
^a Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Chiefs of Police/Directors

Naloxone kits include the naloxone medication and it is a critical tool to reducing opioid overdose deaths. All six Tribal Chiefs of Police/Directors indicated their agency has received naloxone kits. Four of the Tribal Chiefs of Police/Directors states their agency received naloxone kits from ADHS, one agency received naloxone kits from Sonoran Prevention Works, and another received naloxone kits from their Tribe's Health Care program. One Tribal Chief of Police/Director states they experienced the following barriers when receiving naloxone kits, "Had to resend request, was a long delay."

Figure 22: Has Your Agency Received Naloxone Kits?, Tribal Chiefs of Police/Directors in AZ (2018)^{ab}



^a Answered: 6, Skipped: 0

^b Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Chiefs of Police/Directors

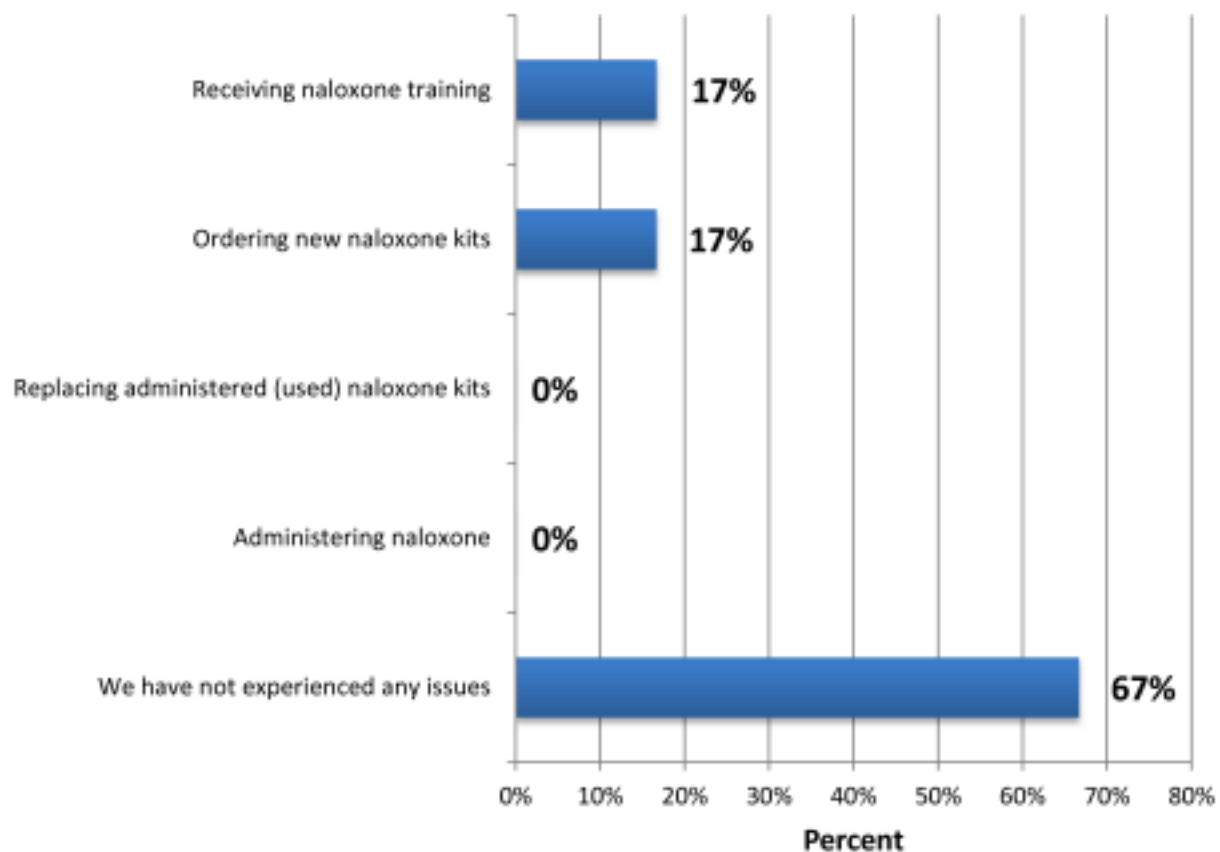
Table 8: Who Did Your Agency Receive Naloxone Kits From?, Tribal Chiefs of Police/Directors in AZ (2018)^a

Who Did Your Agency Receive Naloxone Kits From?
State of Arizona Department of Health
Arizona Department of Health Services
Arizona State Health Services
[Tribe] Health Care
Sonoran Prevention Works
Arizona Department of Health

^a Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Chiefs of Police/Directors

The majority of Tribal Chiefs of Police/Directors indicated their agency has not experienced any issues in the past six months related to naloxone training, naloxone kits, or in administering naloxone.

Figure 23: Issues Your Agency Has Experienced in Past 6 Months, Tribal Chiefs of Police/Directors in AZ (2018)^{abc}



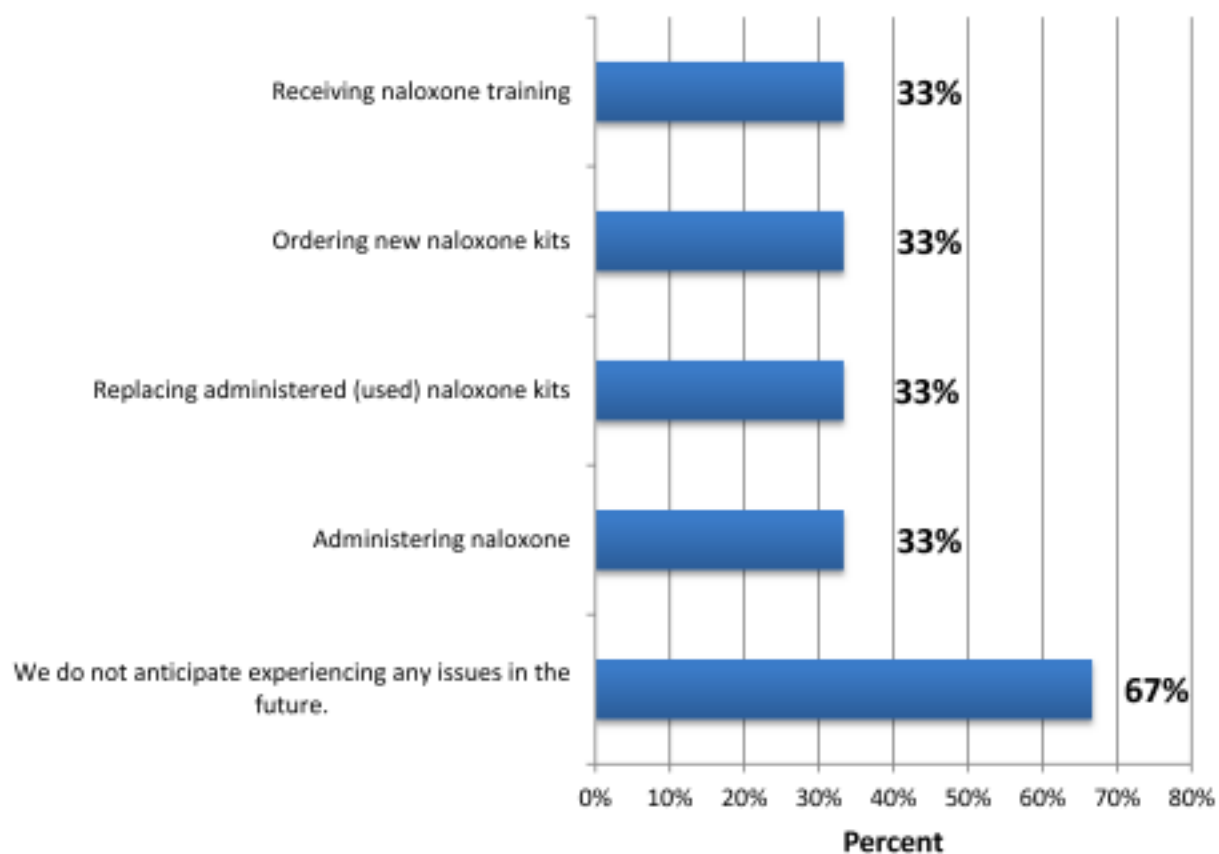
^a Mark all that apply.

^b Answered: 6, Skipped: 0

^c Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Chiefs of Police/Directors

However, when asked if they anticipate their agency having any issues in the future, at least two Tribal Chiefs of Police/Directors indicated anticipating issues with receiving naloxone training, ordering new naloxone kits, replacing administered (used) naloxone kits, and administering naloxone. All six Tribal Chiefs of Police/Directors indicated their agency has a method to document administered naloxone.

Figure 24: Issues Your Agency Anticipates Having in The Future, Tribal Chiefs of Police/Directors in AZ (2018)^{abc}

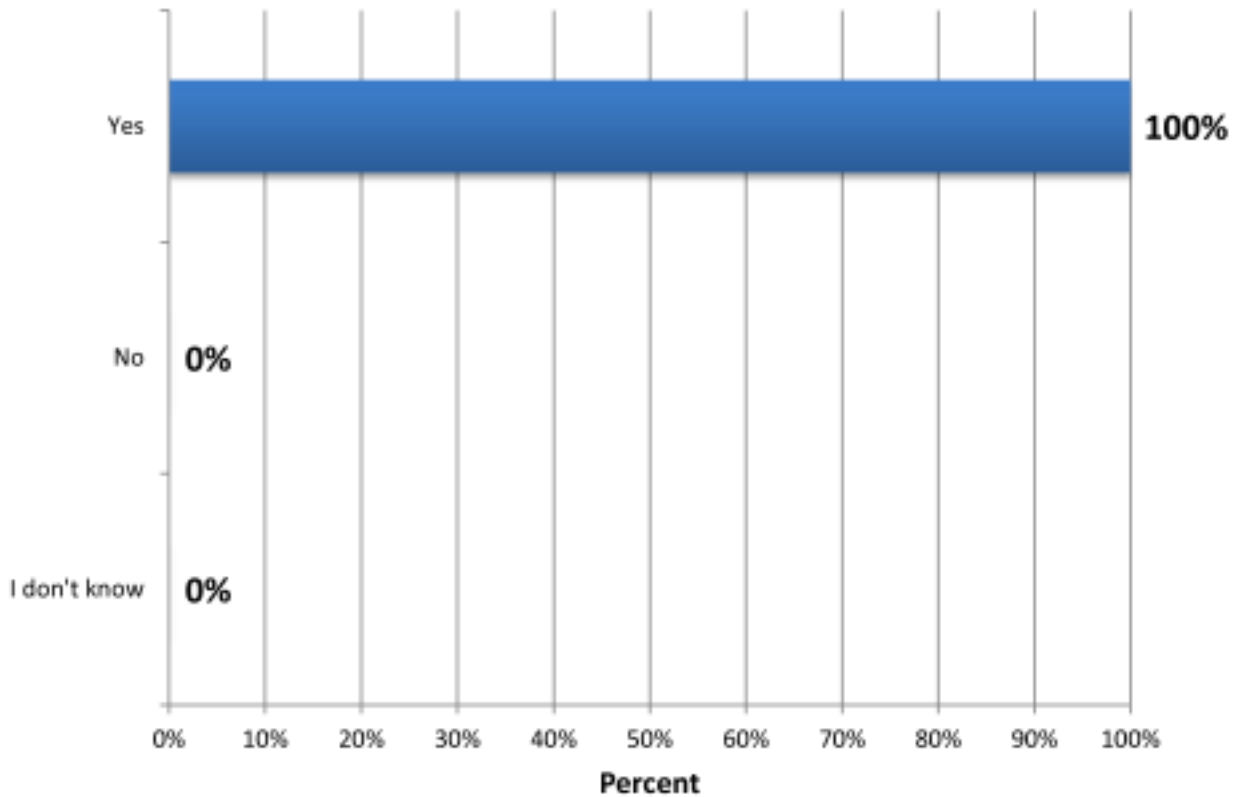


^a Mark all that apply.

^b Answered: 6, Skipped: 0

^c Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Chiefs of Police/Directors

Figure 25: Does Your Agency Have a Method to Document Administered Naloxone?, Tribal Chiefs of Police/Directors in AZ (2018)^{ab}

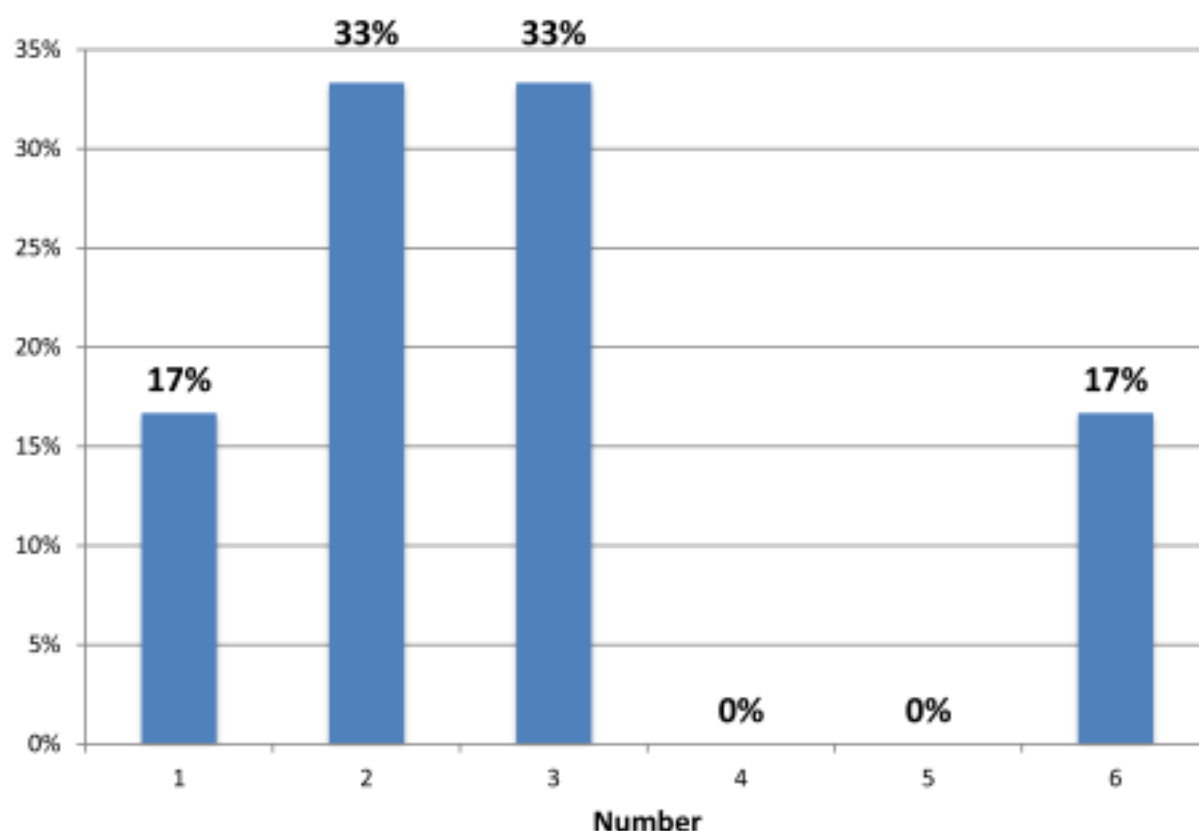


^a Answered: 6, Skipped: 0

^b Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Chiefs of Police/Directors

Five Tribal Chiefs of Police/Directors indicated having at least one prescription drug drop-off location within their Tribe's boundaries; one Tribal Chief of Police/Director indicated their Tribe does not have a prescription drug drop-off location. In addition, five Tribal Chiefs of Police/Directors indicated their agency and/or office is a prescription drug drop-off location.

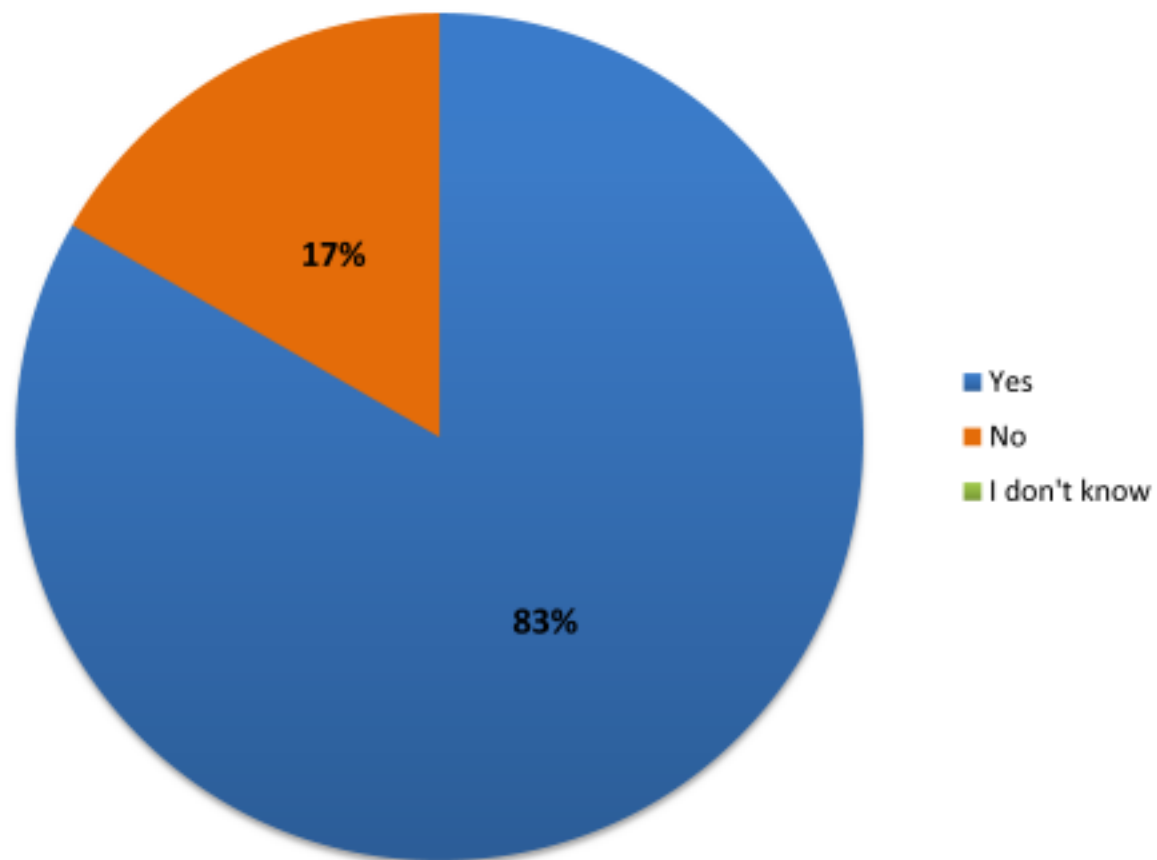
Figure 26: Number of Prescription Drug Drop-off Locations Within Tribe's Boundaries, Tribal Chiefs of Police/Directors in AZ (2018)^{ab}



^a Answered: 6, Skipped: 0

^b Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Chiefs of Police/Directors

Figure 27: Is Your Agency a Prescription Drug Drop-off Location?, Tribal Chiefs of Police/Directors in AZ (2018)^{ab}

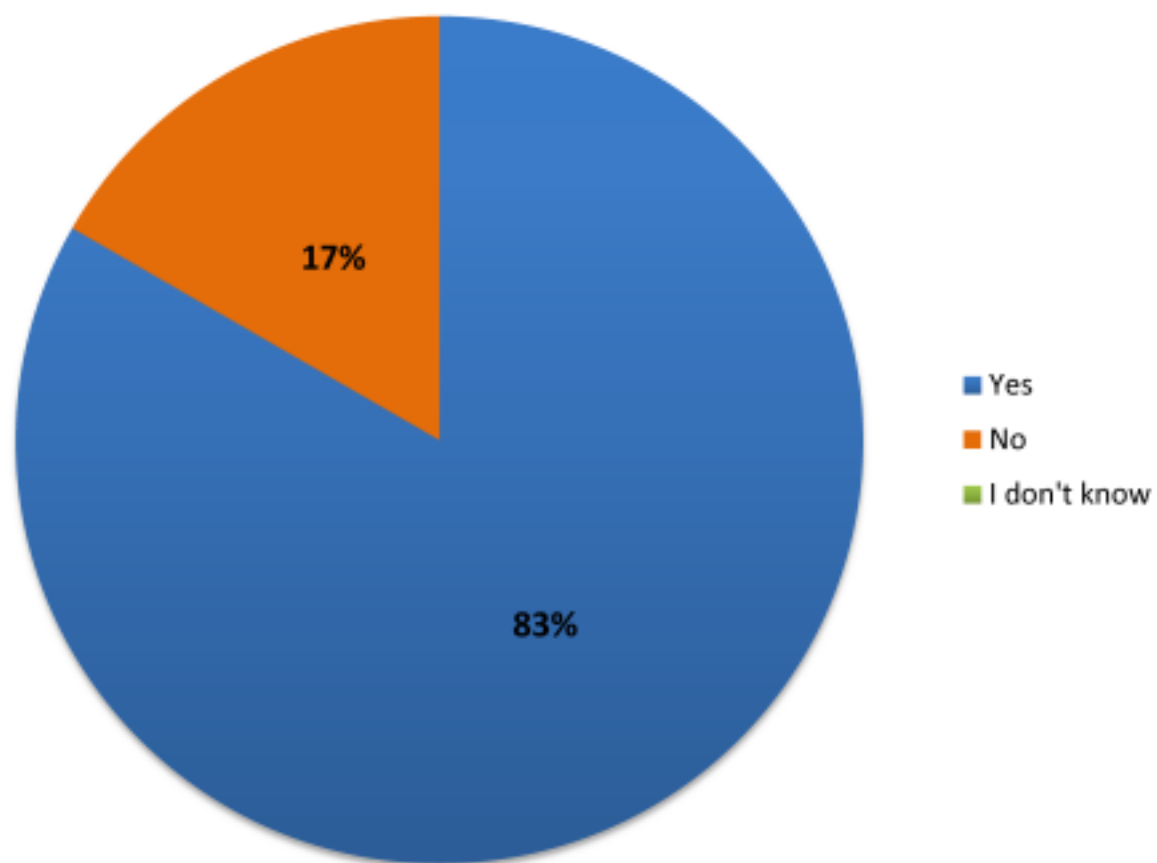


^a Answered: 6, Skipped: 0

^b Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Chiefs of Police/Directors

Five Tribal Chiefs of Police/Directors indicated their agency currently partners with an outside agency or organization to provide a community drug take back event(s). These outside agencies and organizations include: Indian Health Service, the Bureau of Indian Affairs, and the Drug Enforcement Agency.

Figure 28: Does Your Agency Currently Partner With an Outside Agency(s) or Organization(s) to Provide a Community Drug Take Back Event(s)?, Tribal Chiefs of Police/Directors in AZ (2018)^{ab}



^a Answered: 6, Skipped: 0

^b Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Chiefs of Police/Directors

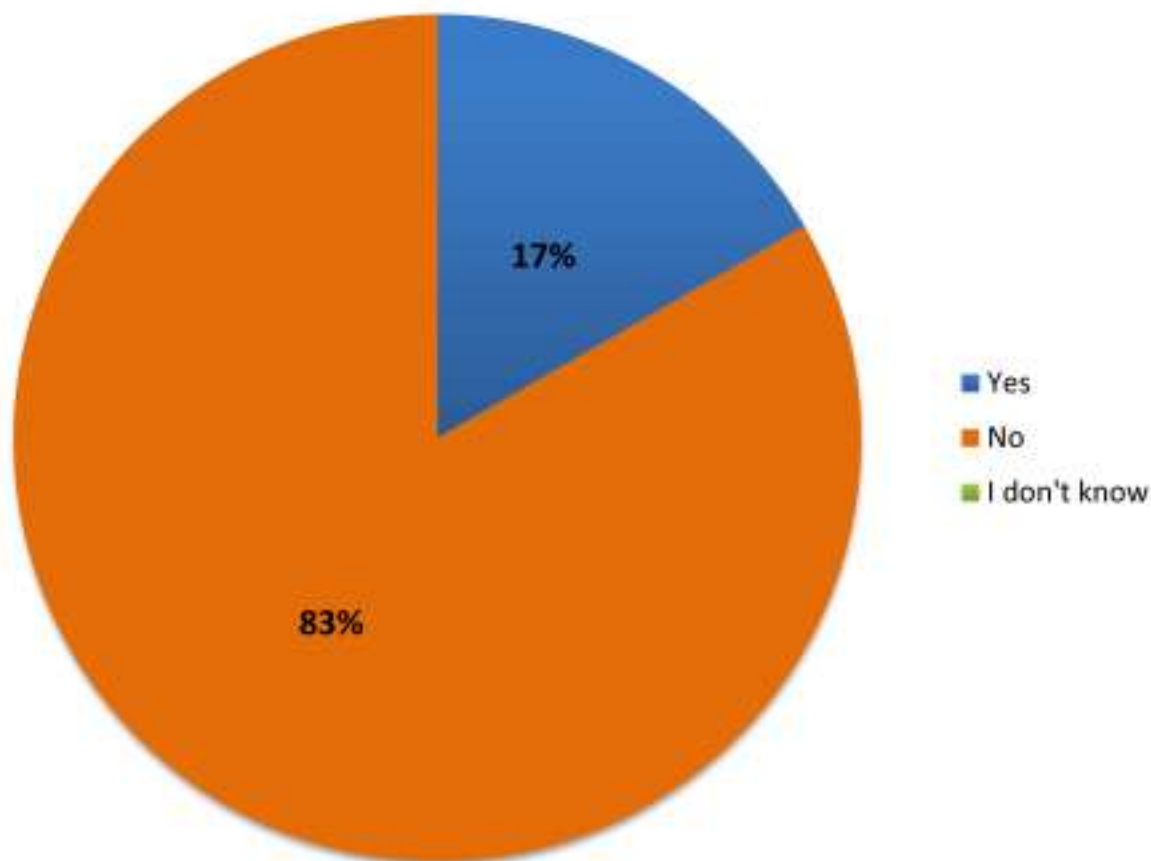
Table 9: What Agencies or Organizations Do You Partner With to Provide a Community Drug Take Back Event(s)?, Tribal Chiefs of Police/Directors in AZ (2018) ^a

What Agencies or Organizations Do You Partner With to Provide a Community Drug Take Back Event(s)?
Indian Health Services
Bureau of Indian Affairs/ Drug Enforcement Agency
Bureau of Indian Affairs Division of Drug Enforcement, Drug Enforcement Administration
Bureau of Indian Affairs Law Enforcement and Fountain Hills
Drug Enforcement Administration
^a Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Chiefs of Police/Directors

Good Samaritan, or 911 Drug Immunity, is a law that provides some form of immunity from arrest or prosecution (for certain controlled substance possession and paraphernalia offenses) when a person who is either experiencing or observing an opiate-related overdose calls 911-emergency or seeks medical attention. These types of policies remove barriers that may keep a bystander from seeking emergency assistance for the overdose victim especially in situations where the bystander is also a drug user.

All six of the Tribal Chiefs of Police/Directors indicated their Tribe has not enacted a Good Samaritan or 911 Drug immunity ordinance. One Tribal Chief of Police/Director indicated their Tribe has enacted an ordinance which allows ancillary law enforcement (e.g. probation officers, detention officers, police aides, corrections employees) to administer naloxone and to release them from civil liability.

Figure 29: Has the Tribe Enacted an Ordinance That Allows Ancillary Law Enforcement to Administer Naloxone and to Release Them From Civil Liability?, Tribal Chiefs of Police/Directors in AZ (2018)^{ab}



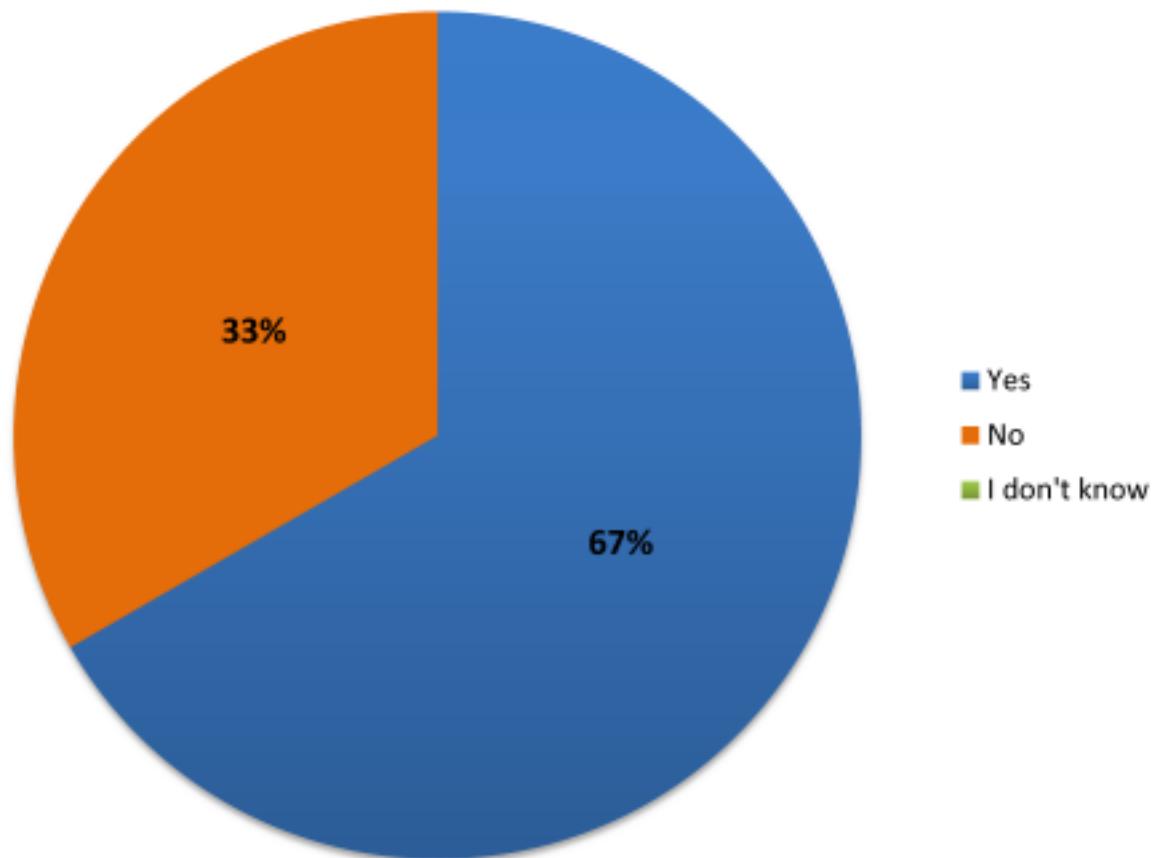
^a Answered: 6, Skipped: 0

^b Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Chiefs of Police/Directors

Four Tribal Chiefs of Police/Directors indicated their agency has a policy or protocol in place to refer individuals who were administered naloxone, or persons with a suspected opioid overdose, to available resources. Two Tribal Chiefs of Police/Directors indicated they did not have such a policy or protocol in place.

One Tribal Chief of Police/Director added an additional comment; **“We have also teamed up with the Bureau of Indian Affairs to provide Opioid Awareness to our community as well.”**

Figure 30: Does Your Agency Have a Policy/Protocol in Place to Refer Individuals Who Were Administered Naloxone to Available Resources?, Tribal Chiefs of Police/Directors in AZ (2018)^{ab}



^a Answered: 6, Skipped: 0

^b Source: ITCA Survey, Tribal Resources to Address the Opioid Epidemic, Tribal Chiefs of Police/Directors

Section 2: Discussion of Policy-Related Solutions & Legislative Recommendations

The state of the opioid crisis among AI/AN in AZ point to a greater need for resources for Tribes to access lifesaving reversal drugs (i.e. naloxone), substance abuse treatment and wrap around services, culturally appropriate prevention and education programs, and opioid related health data at the Tribal level.

There are current national and state level efforts to reduce opioid addiction and related deaths. However, these initiatives fail to consider the unique sovereign status of Tribes and created gaps in the ability for Tribes to address the opioid crisis.

Tribes have voiced these concerns, so in the 115th U.S. Congress, ten bills have been introduced that specifically include Tribes and Tribal organizations in grant opportunities to address the opioid crisis through emergency response, prescription drug monitoring, and funding for education, prevention, and treatment. Five opioid grant related bills were introduced in the U.S. Senate and five opioid related bills were introduced in the U.S. House of Representatives. The bills vary in their approach from including Tribes as grantees under the 21st Century Cures Act Opioid State Targeted Response (Opioid STR) grant program, to including Tribal set asides for grant programs, to establishing a Special Behavioral Health Program for Indians (similar to the Special Diabetes Program for Indians) through the Indian Health Service. Six of the bills have tribal set aside funding.

Which bills ultimately receive the most support and are acted upon is influenced by fluid and changing priorities as well as the congressional calendar. As of October 4, 2018, the amended bill H.R.6, the SUPPORT for Patients and Communities Act of 2018, was passed by both the U.S. Senate (on October 3, 2018) and the U.S. House of Representatives (on September 28, 2018); the bill will be presented to President Donald Trump. H.R.6 extends Opioid STR grant funding and includes a 5 percent Tribal set aside of \$50 million per year and includes other provisions that would benefit Tribes.

Table 10 summarizes the ten bills and specifies whether or not the legislation includes Tribal set aside language. (See Appendix B for methods and Appendix H for a supplemental matrix of pending opioid legislation with detailed information about sponsors, committee(s), and bill status).

Table 10: Summary of Federal Opioid Legislation in 115th U.S. Congress That Provide Resources for Tribes

Bill Number ^a Name	Summary	Tribal Set Aside
U.S. Senate:		
S.2270 ^a Mitigating METH Act	Amends 21st Century Cures Act Opioid Grant Program and increases funding from \$500 million to \$525 million. Tribes and Tribal organizations eligible as grantees but no Tribal set aside. Allows grants to address opioids and other substances if determined by State or Tribe to have a public health impact.	No
S.2437 ^a Opioid Response Enhancement Act	Reauthorizes 21st Century Cures Act Opioid Grant Program. Allocates 50% of each fiscal year funding to 10 states and Tribes of greatest need. Includes a Tribal set aside of 10% of each fiscal year of funding.	Yes
S.2545 ^a Native Behavioral Health Access Improvement Act of 2018	Establishes an IHS Special Behavioral Health Program for Indians (similar to Special Diabetes Program for Indians) through the Indian Health Service. Addresses mental and behavioral health needs and substance use disorders in Tribal communities.	Yes
S.2680 ^a Opioid Crisis Response Act of 2018	Reauthorizes the 21 st Century Cures Act Opioid Grant Program from 2019-2021. Authorizes \$500 million. Includes Tribal set aside of 5% of each fiscal year.	Yes
S.2700 ^a Comprehensive Addiction Resources Emergency Act of 2018	Establishes a grant program under the Office of the National Drug Control Policy to provide financial assistance to States, territories, Tribal nations, and local areas affected by the opioid epidemic. Grants may be used by States, territories, Tribal nations (10% set aside), and public or private nonprofit entities to provide for the development, organization, coordination, and operation of more effective and cost efficient systems for the delivery of detox, inpatient treatment and harm reduction to individuals with opioid use disorder and their families.	Yes
U.S. House of Representatives:		
H.R. 6^a - SUPPORT for Patients and Communities Act of 2018	Establishes a demonstration project to increase substance abuse provider capacity under the Medicaid program. The amended bill: extends the Opioid State Targeted Response Grants and includes a 5% Tribal set aside (\$50 million per year); includes a Tribal set aside up to 3% to address maternal and child health issues resulting from opioids; and designates Tribes eligible for federal funds for comprehensive opioid recovery centers, youth prevention and recovery programs, and technical assistance to Tribes to address surveillance needs.	Yes ^b

H.R.4899 [?] Access to Substance Abuse Treatment Act of 2018	Establishes a Substance Abuse and Mental Health Services Administration grant program for treatment of heroin, opioids, cocaine, method, ecstasy, and PCP. Funds can be used to build and expand treatment facilities and services to underserved populations. Tribal governments eligible as grantees but no Tribal set aside.	No
H.R.5124/S.2636 [?] Community Action Opioid Response Act of 2018	Establishes a grant program through the Department of Health and Human Services, Office of Community Services for Community Action Agencies to address the opioid epidemic for low-income families and individuals in crisis. Authorizes \$50 million. Set aside of 7% of each fiscal year of funding for Tribes and Tribal organizations that receive direct payments under section 677 of Community Services Block Grant Act.	Yes
H.R.5140 [?] Tribal Addiction and Recovery Act of 2018	Amends 21st Century Cures Act Opioid Grant Program and increases funding from \$500 million to \$525 million. Amends the State Response to the Opioid Abuse Crisis to improve health of American Indians and Alaska Natives. Act addresses prescription drug abuse, use of other addictive substances, and includes mental health services. Tribes and Tribal organizations eligible as grantees, but there's no Tribal set aside.	No
H.R.5797 ^a - Individuals in Medicaid Deserve Care that is Appropriate and Responsible in its Execution Act or the IMD CARE Act	Temporarily allows states to apply to the Center for Medicare and Medicaid Services to receive federal Medicaid payment for services provided in institutions for mental diseases and for other medically necessary services for enrollees (ages 21 to 64) with opioid use disorders. Services may be covered for a total of up to 30 days in a 12-month period for an eligible enrollee.	No
^a H.R.6 and H.R.5797 propose processes that may be pursued by state Medicaid agencies to the Centers for Medicare and Medicaid Services.		
^b H.R.6 was amended to include Tribal set aside language.		

21st Century Cures Act

The 21st Century Cures Act, enacted in December 2016, provided block grant funding to states through Fiscal Year 2018 (FY2018) for the Opioid State Targeted Response (Opioid STR) grant program administered through the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. The Opioid STR grant program expands access for state populations to evidence-based prevention, treatment, and recovery support services, addresses treatment needs, and seeks to prevent opioid overdose deaths.

The Opioid STR grant program initially excluded Tribes as eligible grantees and did not allocate Tribal set aside funding – further straining Tribal healthcare resources to address the opioid problem in their communities. While the Opioid STR grant required states to assess and include the needs of their Tribal communities in the state’s strategic plan, there was no mandate that funds be passed through to Tribes. As noted in the list of legislation in Table 10, five bills would extend the Opioid STR grants but only three bills include a Tribal set aside: S.2437, S.2680, and H.R.6.

The Consolidated Appropriations Act of 2018, also known as the 2018 Omnibus, was signed into law by President Trump on March 23, 2018, and funds the government through September 30, 2018. It amended the Cures Act to include a \$50 million set aside for Tribes and Tribal organizations for the Tribal Opioid Response (TOR) grant program administered by SAMHSA. In addition, the FY2018 SAMHSA budget includes a \$5 million set aside for Tribes and Tribal organizations for the Medication-Assisted Treatment for Prescription Drug and Opioid Addiction Program.

Legislative Recommendations. In the 115th U.S. Congress, four bills were introduced in the U.S. Senate and the U.S. House of Representatives pertaining to the 21st Century Cures Act that specifically provide a funding mechanism for Tribes and Tribal organizations. Although similar in purpose, the bills differ in funding levels and whether Tribes are included as eligible grantees only or if there is a Tribal set aside. S.2270 and H.R.5140 include Tribes as eligible grantees in a national competitive process and S.2437 and S.2680 ensure a Tribal set aside for the grants. It is important to note that S.2270 and H.R.5140 allow flexibility in allowing grants to address substances other than opioids. Direct funding is seen by Tribes as a more equitable approach and ensures funding to address opioids reaches all Tribes.

The bill, H.R.6, the SUPPORT for Patients and Communities Act of 2018, was recently amended and passed by Congress to extend Opioid STR grant funding and includes a 5 percent Tribal set aside of \$50 million per year. Other provisions include a Tribal set aside up to 3 percent, under the Plans of Safe Care program, for maternal and child health issues resulting from opioids; Tribes will be eligible grantees for federal funds for comprehensive opioid recovery centers, continuation of care for opioid overdose patients, youth prevention and recovery programs, and efforts to improve surveillance; and technical assistance to Tribes for surveillance needs. The amended bill H.R.6 was passed by the U.S. Senate on October 3, 2018 and the U.S. House of Representatives on September 28, 2018; the bill will be presented to President Trump.

Other Policy Solutions

The 21st Century Cures Act’s Opioid STR grant program is one approach to address the opioid overdose crisis. The burden of the opioid crisis is far reaching and impacts individuals and their families dealing with opioid use disorder.

Initiatives at the community level are an integral component of a multifaceted approach to addressing the burden of opioids and extend beyond the current health care system. Tribes in rural areas lack access to residential treatment facilities within their boundaries. Policy solutions that incorporate treatment for opioids and other substances is needed as individuals who had an opioid overdose might have pre-existing conditions related to chronic pain or other co-occurring substance use disorders. Furthermore, as access to prescription opioids decreases due to providers following opioid prescribing guidelines and using prescription drug monitoring programs, there is an increased risk of individuals seeking opioids or other substances illegally.

Legislative Recommendations. In the 115th U.S. Congress, three bills were introduced that provide a funding mechanism for Tribes and Tribal organizations outside of the 21st Century Cures Act and does not include IHS. These grants vary in approach but focus on community level efforts to address the wide impact of opioids on individuals and families by providing wrap-around services. S.2700 and H.R.5124, and the same bill introduced as S.2636 in the Senate, ensure Tribal set asides for the grants and H.R.4899 includes Tribes as eligible grantees. H.R.4899, is unique, because it would fund the building and expansion of treatment facilities. Funding treatment of opioid use disorder should not be at the expense of addressing other pressing substance abuse disorders; wrap-around services are important.

Indian Health Service Initiatives

The 2018 Omnibus budget provided a total of \$5.5 billion for the IHS of which \$3.9 billion is for services and includes an \$8 million increase to the Alcohol and Substance Abuse program. It funds the Generation Indigenous Initiative, a youth pilot project and detoxification services. The Fiscal Year 2019 IHS Budget Request has not been approved as of this writing; however, IHS is seeking an \$18.4 million increase to the Alcohol and Substance Abuse line item above the current fiscal year. These resources primarily ensure the ability of the Federal and Tribal programs to maintain their current level of services by funding pay increases and inflationary costs. It will also provide staff positions at six IHS and Tribal facilities in Arizona, California, Alaska and Oklahoma.

Indian Health Service's H.O.P.E. Committee

IHS continues to address drug control by implementing administrative policy requirements, clinical guidelines, treatment protocols and training. These efforts have been spearheaded by the IHS National Committee on Heroin, Opioids, and Pain Efforts (HOPE Committee). The committee was created in March 2017 and evolved out of the Prescription Drug Abuse Workgroup. The HOPE Committee aims to promote appropriate and effective pain management, reduce overdose deaths from heroin and prescription opioid misuse, and improve access to culturally appropriate treatment. More specifically the HOPE Committee, a team of multidisciplinary healthcare professionals across IHS, reviews and updates IHS policies

to: align with national guidelines pertaining to Prescription Drug Monitoring Programs (PDMP); expand access to Medication-Assisted Treatment (MAT) and to provide training on MAT for opioid use disorder; expand availability of opioid reversal drugs, such as naloxone, to Tribal law enforcement; and offer continuing education and consultation on pain and addiction to primary care clinicians.

The efforts of IHS through the HOPE Committee should be applauded. However, while one area of the Committee's efforts is to provide better data, it is unknown to what extent Tribes have access to IHS data and whether Tribes have the resources to analyze and use the data in a meaningful way.

While not directly tied to the IHS HOPE Committee's work, it is imperative that funding for opioid treatment and recovery for AI/AN be directed to Tribes and the IHS ² as they are the primary providers of AI/AN health care services.

Legislative Recommendation. In the 115th U.S. Congress, there is one bill introduced in the U.S. Senate that would fund IHS for substance abuse treatment services. The bill is not attached to the 21st Century Cures Act but would provide treatment for opioids as well as other substances. The bill, S.2545, Native Behavioral Health Access Improvement Act of 2018, establishes a Special Behavioral Health Program for Indians (SBHPI) through IHS. The SBHPI would address mental and behavioral health needs and substance use disorders in Tribal communities by offering services at or through an Indian Health Service facility, an Indian health program operated by a Tribe or Tribal organization, or an urban Indian health program. This bill is unique and widely supported by Tribes because the model is replicated on the Special Diabetes Program for Indians established in 1997 that features successful prevention, education and maintenance of care efforts so that the AI/AN population has seen a drop in diabetes related illnesses and complications.

Arizona Efforts

In AZ, Governor Doug Ducey declared a statewide public health emergency in June 2017 to address the rise in opioid overdoses and death.⁵⁰ As part of the AZ emergency declaration, Governor Ducey mandated enhanced surveillance of specific health conditions related to suspected opioid overdoses, suspected opioid deaths, naloxone doses administered and dispensed, and cases of NAS.⁵¹ The ADHS maintains a "Real Time Opioid Data" dashboard at www.azdhs.gov/opioid. While the mandated reporting excludes Tribes, the ADHS has offered to assist Tribes who want to setup and monitor their own opioid related health database with no obligation to share data with ADHS; ADHS reports three Tribes have indicated interest (as of

⁵⁰ https://azgovernor.gov/sites/default/files/opioidepidemicactweb_0.pdf

⁵¹ <https://www.azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/governor-executive-order-opioid-esa.pdf>

4/25/18). In addition, ADHS provides trainings to local law enforcement agencies on proper protocols for administering naloxone in overdose situations and expanded access to naloxone⁵²; ADHS has provided 392 naloxone kits to nine Tribal agencies representing eight Tribes in AZ (as of 4/18/18).

In September 2017, the ADHS issued the Opioid Action Plan⁵³, which included recommendations to reduce opioid deaths, increase patient and public awareness and prevent opioid use disorder, improve prescribing and dispensing practices⁵⁴, reduce illicit acquisition and diversion of opioids, and improve access to treatment.

In January 2018, Governor Ducey signed the Arizona Opioid Epidemic Act⁵⁵, which provides funding for treatment, improves oversight enforcement tools, and extends lifesaving resources to law enforcement and first responders. The Arizona Opioid Epidemic Act appropriates \$10 million in funding for treatment of uninsured and underinsured Arizonans in need of Opioid Use Disorder treatment; authorizes ancillary law enforcement and county health departments to administer naloxone; appropriates funding to the Attorney General for community grants for opioid education and prevention efforts; enacts criminal penalties to hold manufacturers accountable for fraudulent activity; enacts a Good Samaritan law; expands access to the Angel Initiative, which allows citizens to turn in their drugs and request treatment without fear of prosecution; requires opioid related medication education for doctors and medical students; places stricter policy limits on opioid prescription dosages and supply; and establishes opioid diversion efforts.

While Arizona's approach meets the needs of Arizonans, it has limited capacity to meet the unique needs of Tribes in AZ. Tribes have a unique sovereign status and a direct government-to-government relationship with the United States. In turn, Arizona's mandates are not applicable to Tribes as Tribes are not under state jurisdiction, i.e., mandated reporting excludes Tribes; the Good Samaritan law and Angel Initiative do not alter Tribal ordinances or Tribal law enforcement practices⁵⁶; and the state's immunity clause for trained law enforcement officer or

⁵² Arizona Department of Health Services, Naloxone Request Form for first responder agencies (i.e., law enforcement/corrections, fire/EMS): <https://www.azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/order-naloxone.pdf>

⁵³ <https://www.azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/opioid-action-plan.pdf>

⁵⁴ The second edition of the *Arizona Opioid Prescribing Guidelines* was released in 2018: <https://azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf>

⁵⁵ https://azgovernor.gov/sites/default/files/opioidepidemicactweb_0.pdf

⁵⁶ In 2014, the Tulip Tribes enacted the Lois Luella Jones Law, a Good Samaritan law, into Tribal code that states people cannot be arrested for drug crimes or non-violent misdemeanors if they call police to report an overdose. The law was introduced to the Tulip Board of Directors by Rico Jones-Fernandez, son of Lois Luella Jones. Authorities believed Lois Luella Jones death may have been circumvented if bystanders called for emergency medical

EMT who administer naloxone may not apply to Tribes. While the Standing Order for naloxone expands access for individuals to obtain naloxone from an AZ pharmacy, it is unknown the extent to which this applies to Indian Health Service facilities and tribally operated health programs.

The Arizona Opioid Epidemic Act appropriated \$10 million in funding for direct treatment of individuals with Opioid Use Disorder who are uninsured or underinsured. At a March 2018 Arizona Health Care Cost Containment System (AHCCCS) Special Tribal Consultation Meeting, AHCCCS sought input from Tribal leaders, Tribal members, IHS, Tribal and urban Indian health programs as to the unmet treatment needs for individuals with Opioid Use Disorder who are uninsured or underinsured in Tribal communities.

It is unknown the extent to which the Arizona Opioid Epidemic Act's funding for prevention campaigns will be made available to Tribes – especially to the three Tribes, Hualapai Indian Tribe, Fort Mojave Indian Tribe, and Kaibab Band of Paiute Indians, located within Mohave County where the opioid prescribing rate of 127.5 prescriptions per 100 residents far exceeds Arizona's rate of 70.2 prescriptions per 100 people and the national average of 66.4 prescriptions per 100 people. Tribes all over the state are in need of direct funding to develop culturally appropriate prevention and awareness efforts.

The ADHS has limited data pertaining to American Indians and Alaska Natives. If decision-making and funding for Tribes is based solely or in part by their access to the same data the department provided for this White Paper, then those decisions would be ill informed. For example, ADHS data indicates there have been 91 opioid overdoses by AI/AN from June 2017 to August 2018, whereas, the findings from the IHS Epidemiology Data Mart indicate there have been more than 2,500 opioid related encounters made by AI/AN in AZ IHS facilities during FY2017. This dataset does not include all of the tribally operated health programs, pointing to a potentially larger problem than ADHS may not be aware of.

Legislative Recommendations. State focused efforts that do not provide direct funding to Tribes in AZ are not sustainable in the long-term. For instance, while ADHS has assisted some Tribes to setup their own opioid related health databases, where will resources and support for IT and data analysis for future years come from? Without new funding Tribes are further straining their already limited resources. Direct funding from the federal government for data infrastructure for Tribes and Tribal Epidemiology Centers places Tribes in control of their own data and can provide resources for them to utilize the data in a meaningful way.

assistance. Retrieved from <http://www.tulalipnews.com/wp/2017/09/06/a-step-in-the-right-direction/> and <http://www.tulalipnews.com/wp/2014/06/17/tulalip-adopts-good-samaritan-law-with-lois-luella-jones-law/>

Section 3: Discussion of Litigation Against Pharmaceutical Distributors & Manufacturers of Opioids

Litigation against opioid makers, distributors, and pharmacies has been raised as one possible avenue to finding redress from the harm and impact of opioids in Indian Country.

The Cherokee Nation was one of the first Tribes to file a lawsuit against pharmaceutical manufacturers and distributors of opioids. On April 20, 2017, The Cherokee Nation filed a lawsuit against McKesson Corp., Cardinal Health, Inc., AmerisourceBergen, CVS Health, Walgreens Boots Alliance, Inc., Wal-Mart Stores, Inc., in tribal court.⁵⁷ However, United States District Judge Terence Kern granted a preliminary injunction stating the Tribe lacks jurisdiction. On January 19, 2018, The Cherokee Nation filed a lawsuit in the U.S. District Court of Sequoyah County State of Oklahoma. Since then multiple Tribes are following the lead and are pursuing litigation against opioid makers, distributors, and pharmacies.

From December 6, 2017, and July 9, 2018, 44 lawsuits were filed by 51 Tribes and Tribal organizations against opioid makers, distributors, and pharmacies. The majority of lawsuits list one Tribe as the sole plaintiff, but four lawsuits list 2-3 plaintiffs each. Each lawsuit is filed against multiple defendants; however, all of the lawsuits list the “Big Three” drug distributors, Amerisource Bergen, Cardinal Health, and McKesson Corporation as defendants.⁵⁸ (See Appendix B for methods and Appendix I for a supplemental matrix of Tribal lawsuits with case information on case number, file date, court, and nature of case).

The natures of suits filed by Tribes vary but include deceptive trade practices, racketeering, and negligent conduct to comply with federal prescription drug laws among other claims. Tribes are seeking damages and injunctive relief, which would help fund opioid treatment and prevention/education programs.

For the majority of Tribes who have filed lawsuits, their lawsuit was being considered for inclusion in the National Prescription Opiate Multi-District Litigation (MDL). As of June 4, 2018, Judge Dan Aaron Polster, the federal judge overseeing the National Prescription Opiate Litigation, ordered Tribes to have a separate MDL track.⁵⁹

⁵⁷ Background and case materials pertaining to the Cherokee Nation’s opioid lawsuit are available online: <https://www.theopioidcrisis.com/>

⁵⁸ The “Big Three” refers to the three largest pharmaceutical distributors, AmerisourceBergen, Cardinal Health, and McKesson Corporation

⁵⁹ <http://www.ohnd.uscourts.gov/sites/ohnd/files/549.pdf>

Historically in the United States, litigation has been used as a mechanism to hold manufacturers of consumer products accountable for health risks, unsafe products⁶⁰, and as a policy tool to achieve public health goals.⁶¹ American Indian Tribes have inherent sovereignty within their territories and a duty to protect the health, safety, and welfare of their citizens. Tribes should conduct a thorough analysis of the burden of opioid related damages across Tribal systems and weigh the costs of engaging in litigation against potential benefits. Determination should be quick as to not miss an opportunity to participate in the MDL⁶² as Judge Polster overseeing the National Prescription Opiate Litigation has expressed, “So my objective is to do something meaningful to abate this crisis and to do it in 2018.”⁶³

Litigation Recommendations. In deciding whether or not a Tribe should participate in litigation, a Tribe should first determine if there are substantial damage claims by assessing the burden of opioid related consequences on healthcare (e.g. number of opioid overdoses, number of opioid overdose deaths, emergency room encounters, healthcare costs due to opioid related visits, number of patients receiving opioid prescriptions), social services (e.g. number of child welfare cases involving opioid use by parent or child, number of children in care due to opioid use disorder, costs of managing those cases), and law enforcement (e.g. percent of time dealing with opioid related incidents, number of opioid related crime). Assessing substantial damages may be beneficial if there is a settlement fund resulting from the National Prescription Opiate Litigation.

If pursuing litigation, there are additional considerations. Tribes should consider whether they want their lawsuit to stay in their state court or join the MDL; The Cherokee Nation is the only Tribe, known to date, that is pursuing a lawsuit in state court. Further, while the majority of the lawsuits filed by Tribes as sole plaintiffs, there is a growing number of lawsuits that are filed by multiple Tribes and Tribal organizations. Other points to consider include determining who to file a lawsuit against and the allegations of such a lawsuit.

⁶⁰ Vernick, J.S., Rutkow, L., & Salmon, D.A. (2007). Availability of litigation as a public health tool for firearm injury prevention: Comparison of guns, vaccines, and motor vehicles. *Am J Public Health*, 97(11), 1991-1997.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2040374/>

⁶¹ Jacobson, P.D. & Warner K.E. (1999). Litigation and public health policy making: the case of tobacco control. *J Health Polit Policy Law*, 24(4), 769-804. <https://www.ncbi.nlm.nih.gov/pubmed/10503158>

⁶² On June 2, 1999, 20 American Indian Tribes filed a class action lawsuit in federal district court for the Northern District of California that alleged tobacco manufactures violated Tribal Sovereignty, equal protection, due process and civil rights when a \$200 billion settlement was negotiated with states and territories that unlawfully excluded Tribes and resulted in increases in cigarette prices to individual Indian smokers. The District Court dismissed the action to which the Tribes appealed. On July 16, 2001 the United States Court of Appeals, Ninth Circuit affirmed the District Court’s dismissal of the action. *Table Bluff Reservation Wiyot Tribe v. Philip Morris Inc.*, 256 F.3d 879, 885 (9th Cir. 2001). <https://caselaw.findlaw.com/us-9th-circuit/1014914.html>

⁶³ https://www.cleveland.com/court-justice/index.ssf/2018/01/heres_why_a_federal_judge_pres.html ; <https://assets.documentcloud.org/documents/4345753/MDL-1-9-18.pdf>

For instance, The Cherokee Nation first filed their lawsuit against McKesson Corp., Cardinal Health, Inc., AmerisourceBergen, CVS Health, Walgreens Boots Alliance, Inc., Wal-Mart Stores, Inc., in tribal court but due to lack of jurisdiction filed a new lawsuit in Oklahoma state court. The Cherokee Nation also filed a new lawsuit against Purdue Pharama, the manufacturer of the prescription opioid drug, OxyContin.⁶⁴ The Cherokee Nation is adamant their case be heard in Oklahoma state court rather than join the National Prescription Opiate Litigation, claiming the Oklahoma State Court is the proper venue due to the claims occurring within the State of Oklahoma.⁶⁵

⁶⁴

<https://static1.squarespace.com/static/5919b9439de4bb3c019a61f8/t/5b29346903ce644dab11fb5b/1529427107129/2018-06-19+-+Petition+%28Filed%29.pdf>

⁶⁵

<https://static1.squarespace.com/static/5919b9439de4bb3c019a61f8/t/5a65ec8dc83025655baaa2e2/1516629142963/2018-01-19+-+Petition+%28Filed%29.pdf>

Conclusion

There is a growing and serious opioid crisis impacting AI/AN in Arizona. Opioid related encounters among AI/AN IHS users in AZ are on the rise, opioid related overdoses are a concern, and opioid use is impacting AI/AN infants, youth, and the elderly. Pending bills in the 115th U.S. Congress that direct new funding opportunities to Tribes may assist in removing barriers and bridge service gaps so Tribes can access lifesaving medications, provide substance abuse treatment and wrap around services to individuals and families impacted by opioid use disorder, and develop culturally appropriate prevention and education programs. Litigation against opioid pharmaceutical manufacturers and distributors may benefit Tribes seeking to recover damages from the opioid crisis and to help fund efforts to prevent future addictions. Time is of the essence to get lifesaving medications into homes, to get individuals into treatment, to support families impacted by opioid use disorders, to stop the diversion of opioid prescriptions, and to decide on participation in opioid litigation.

APPENDICES

APPENDIX A: Definitions

Drug poisoning (overdose) deaths: Death caused by drug poisoning and includes unintentional and intentional poisonings. Commonly known as a drug overdose. (National Center for Health Statistics, 2017, <https://www.cdc.gov/nchs/products/databriefs/db294.htm>)

Medication Assisted Treatment: A treatment for Substance Use Disorders that combines medication with counseling and behavioral therapies. (SAMHSA-HRSA Center for Integrated Health Solutions, nd, <https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview>)

Misuse of Psychotherapeutics (includes opioid pain relievers): Misuse of prescription drugs is identified as use in any way not directed by a doctor. This can include use of prescription drugs that are not one's own and taking larger dosages than prescribed. (Center for Behavioral Health Statistics and Quality, 2017, <https://www.samhsa.gov/data/report/2016-national-survey-drug-use-and-health-methodological-summary-and-definitions>)

Naloxone: A medication designed to reverse and block the effects of an opioid overdose. (National Institute on Drug Abuse, April 2018, <https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio>)

Natural and semisynthetic opioids: Type of opioid that include drugs such as morphine, codeine, hydrocodone, and oxycodone. (National Center for Health Statistics, 2017, <https://www.cdc.gov/nchs/products/databriefs/db294.htm>)

Neonatal Abstinence Syndrome (NAS): Neonatal abstinence syndrome describes a group of conditions infants experience when exposed to a variety of substances, including opioids, in utero. (Wiles, J.R., Isemann, B., Ward, L.P., Vinks, A.A., & Akinbi, H. (2014). Current management of Neonatal Abstinence Syndrome secondary to intrauterine opioid exposure. *The Journal of Pediatrics*, 165(3), 440-446. [https://www.jpeds.com/article/S0022-3476\(14\)00429-6/](https://www.jpeds.com/article/S0022-3476(14)00429-6/))

Opioid Use Disorder: A class of a Substance Use Disorder diagnosis, specific for opioid drugs, determined as meeting the *Diagnostic and Statistical Manual of Mental Disorders* 5th edition threshold for criteria for a substance use disorder defined as mild, moderate, or severe (DSM-5; American Psychiatric Association, 2013, https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Substance-Use-Disorder.pdf). It is important to note that depending on the data source and/or year the definition of Opioid Use Disorder varies to match either the DSM-IV or DSM-5 criteria. For example, the 2016 National Survey of Drug Use and Health utilized the criteria in the DSM-

IV. (Center for Behavioral Health Statistics and Quality, 2017, <https://www.samhsa.gov/data/report/2016-national-survey-drug-use-and-health-methodological-summary-and-definitions>) (See Substance Use Disorder)

Substance Use Disorder: Substance Use Disorder is a diagnosis determined as meeting the *Diagnostic and Statistical Manual of Mental Disorders* 5th edition threshold for criteria to describe a wide variety of problems that arise from use of intoxicating substances. The diagnosis of Substance Use Disorder replaces prior diagnosis of substance abuse and substance dependence by combining these disorders into a single disorder measured on a continuum from mild to severe. Degree of severity of a Substance Use Disorder depends on the number of symptoms manifesting out of 11 criteria, occurring within a 12-month period. (DSM-5; American Psychiatric Association, 2013, https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Substance-Use-Disorder.pdf)

Synthetic opioids other than methadone: Type of opioid that include drugs such as fentanyl, fentanyl analogs, and tramadol. (National Center for Health Statistics, 2017, <https://www.cdc.gov/nchs/products/databriefs/db294.htm>)

Trauma-Informed Approach: An approach that recognizes the implications of trauma on clients and their recovery but also considers the impact of trauma within the organizational system and incorporates an organizational culture that recognizes and addresses trauma. (SAMHSA, 2018, <https://www.samhsa.gov/nctic/trauma-interventions>)

APPENDIX B: Methods

This White Paper utilized a mixed-methods approach to gain insight on the impact of opioids among American Indians and Alaska Natives (AI/AN) in Arizona (AZ) and the gaps in resources that impact Tribes. These methods consisted of reviewing available research and data on the opioid crisis as it pertains to Indian Country and Tribes in AZ; secondary data analysis of data from the Arizona Opioid Overdose and Neonatal Abstinence Syndrome Surveillance System, Medical Electronic Disease Surveillance Intelligence System (MEDSIS), Arizona Prehospital Information and EMS Registry System (AS-PIERS), Arizona Department of Health Services Hospital Discharge Data 2016, Arizona Pharmacy Board Controlled Substances Prescription Drug Monitoring Program; Indian Health Service Epidemiology Data Mart; and primary data analysis of surveys with Tribal Health Directors and Chiefs of Police/Directors among ITCA Member Tribes. In addition, relevant bills introduced in Congress were reviewed to assess and prioritize applicability to Tribes. Lastly, public case information pertaining to Tribal lawsuits against opioid makers, distributors, and pharmacies were collected. The method for each data source is described in this section.

Arizona Department of Health Services

The Arizona Department of Health Services (ADHS) provided AI/AN only data from Arizona Opioid Overdose and Neonatal Abstinence Syndrome Surveillance System, MEDSIS, and AZ-PIERS; Arizona Department of Health Services Hospital Discharge Data 2016; and the Arizona Pharmacy Board, Controlled Substances Prescription Drug Monitoring Program between June 15, 2017 and August 23, 2018.

According to ADHS, between June 15, 2017 and March 29, 2018, there were 6,894 suspected opioid overdoses reported of which 58 percent of cases were missing race/ethnicity information⁶⁶. For this White Paper, the demographic characteristics only for AI/AN were examined. Analysis included opioid related overdoses by age and gender, opioid related morbidity, infant births with NAS, opioid related hospitalizations, and opioid related overdoses where the patient had an opioid prescription.

Indian Health Service Epidemiology Data Mart

Patient encounter data for 2008-2017 were obtained from the Indian Health Service (IHS) Epidemiology Data Mart. Patient encounters with opioid related ICD-9 or ICD-10 codes as a diagnosis were identified (See Appendix C for a list of ICD-9 and ICD-10 codes utilized). Data were subset to include only American Indian and Alaska Native users and only visits to IHS facilities located in Arizona. The demographic characteristics of the population with opioid

⁶⁶ Arizona Department of Health Services. (2018, April 19). *Addressing a Public Health Emergency: Update on Addressing Arizona's Opioid Crisis*.

related diagnoses were examined, including age, gender, type of opioid diagnosis, and type of clinical setting (See Appendix D for a glossary of IHS clinic type definitions), and frequency distributions were evaluated. Opioid diagnosis types were defined as opioid dependence, opioid abuse, adverse effects of opioids, and opioid poisoning. Annual overall counts of opioid related encounters, proportions of overall encounters that were opioid related, and rates of opioid encounters per 10,000 Arizona countable active Indian registrants were calculated for the ten-year period between 2008 and 2017 and plotted. All analyses were completed using SAS version 9.4.

Tribal Health Directors

Tribal Health Directors among ITCA Member Tribes were asked to complete a survey about Tribal resources and efforts to address the opioid epidemic in their communities (See Appendix J for the survey). Questions for Tribal Health Directors inquired as to their Tribe's: access to resources such as access to opioid related health data to monitor trends and patterns pertaining to their members; access to prescription drug drop-off resources; capability to treat opioid use disorder; and limitations to opioid treatment. The survey was uploaded to SurveyMonkey, a web application, and utilized skip logic. A description about the purpose of the survey and a link to SurveyMonkey was emailed to a listserv of Tribal Health Directors among ITCA Member Tribes. Due to bounced emails, additional contacts were added to the original list. Overall, 29 individuals were emailed the web survey link of which five completed surveys were received.

Tribal Chiefs of Police/Directors

Tribal Chiefs of Police/Directors among ITCA Member Tribes were asked to complete a questionnaire about Tribal resources and efforts to address the opioid epidemic in their communities (See Appendix K for the survey). Questions for Tribal Chiefs of Police/Directors inquired as to their Tribe's: access and barriers to receiving naloxone training and naloxone kits; access to prescription drug drop-off resources; tribal code on ancillary law enforcement's ability to administer naloxone; tribal code on Good Samaritans; and a system for referring individuals to available resources. The survey was uploaded to SurveyMonkey, a web application, and utilized skip logic. A description about the purpose of the survey and a link to SurveyMonkey was emailed to a listserv of Tribal Chiefs of Police/Directors among ITCA Member Tribes. Overall, 23 individuals were emailed the web survey link of which six completed surveys were received.

Federal Legislation

Relevant bills introduced in Congress were identified through a database search query of Congress.gov, the official source of federal legislative information. The search query utilized a combination of keywords located in the bill title, summary, and/or text; logical operators to

focus and refine search results; and limited relevant bills to those introduced in the 115th U.S. Congress. Keywords included the following words and their variants: opioid, prescription drug abuse, heroin, fentanyl, substance use disorder, opioid use disorder, American Indian, Alaska Native, Tribe, Village, Tribal organization, Indian Health Service, and substance abuse treatment. Bills were assessed for relevancy and the extent to which it included Tribes or Tribal organizations as grantees for grant programs or create Tribal set asides for grants.

Litigation

Lawsuits filed by American Indian Tribes against opioid makers, distributors, and pharmacies were identified through a database search query of Justia.com's Federal District Court Case Filings and Dockets search. Justia.com is a portal website with legal information on numerous legal topics and jurisdictions. The search query utilized a combination of keywords to identify relevant case filings, and limited the search to cases filed between December 2017 and July 9, 2018. Keywords included the following words and their variants, Tribe, Nation, Village, Indian, and include the three major pharmaceutical companies⁶⁷ (and their subsidiaries) named in national opioid litigation, AmerisourceBergen Drug Corporation, Cardinal Health, McKesson Corporation, and other companies such as Purdue Pharma, CVS, Walgreens, and Wal-Mart. Public case filing information included plaintiffs, defendants, case number, filed date, court filed in, and nature of suit.

⁶⁷ <http://www.jpml.uscourts.gov/sites/jpml/files/MDL-2804-Initial-Transfer-11-17.pdf>

APPENDIX C: Detailed Methods, Indian Health Service Epidemiology Data Mart

Patient encounters with opioid related diagnosis were identified. In order to identify these types of visits, we used the following ICD-9 and ICD-10 codes:

Table C-1: Opioid Related Encounters and Associated ICD-9 and ICD-10 Codes

Type of Opioid Related Encounter	ICD-9 and ICD-10 codes
Opioid Dependence	304.00, 304.01, 304.019, 304.02, 304.70, 304.71, 304.72, F11.2, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.25, F11.250, F11.251, F11.259, F11.28, F11.281, F11.282, F11.288, F11.29, F11.9, F11.90, F11.92, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.95, F11.950, F11.951, F11.959, F11.98, F11.981, F11.982, F11.988, F11.99
Opioid Abuse	F11.1, F11.10, F11.12, F11.120, F11.121, F11.122, F11.129, F11.14, F11.15, F11.150, F11.151, F11.159, F11.18, F11.181, F11.182, F11.188, F11.19, 305.5, 305.50, 305.51, 305.52
Opioid Poisoning	965.0, 965.00, 965.01, 965.02, 965.09, 970.1, E85.0, E85.1, E85.2 T40.0X1A, T40.0X1D, T40.0X1S, T40.0X4A, T40.0X4D, T40.0X4S, T40.1X1A, T40.1X1D, T40.1X1S, T40.1X4A, T40.1X4D, T40.1X4S, T40.2X1A, T40.2X1D, T40.2X1S, T40.2X4A, T40.2X4D, T40.2X4S, T40.3X1A, T40.3X1D, T40.3X1S, T40.3X4A, T40.3X4D, T40.3X4S, T40.4X1A, T40.4X1D, T40.4X1S, T40.4X4A, T40.4X4D, T40.4X4S, T40.601A, T40.601D, T40.601S, T40.604A, T40.604D, T40.604S, T40.691A, T40.691D, T40.691S, T40.694A, T40.694D, T40.694S
Adverse Effects of Opioids	E935.0, E935.1, E935.2, E940.1, T40.0X5A, T40.0X5D, T40.0X5S, T40.2X5A, T40.2X5D, T40.2X5S, T40.3X5A, T40.3X5D, T40.3X5S, T40.4X5A, T40.4X5D, T40.4X5S, T40.605A, T40.605D, T40.605S, T40.695A, T40.695D, T40.695S

APPENDIX D: Indian Health Services Glossary of Clinic Type Definitions*

Alcohol and Substance Abuse: An organized clinic providing assessment, counseling, treatment planning, and treatment follow-up for patients with alcohol and/or chemical abuse/dependency.

Ambulance: Healthcare services provided to patients by ambulance providers who meet state licensure requirements.

Behavioral Health: An organized clinic that focuses on behavioral health services such as mental health, alcohol and substance abuse, and social services to children, adolescents, adults and their families. Services include assessment, group or individual therapy and where needed, medication management.

Chart Review/Record Modification: Review of the medical record, resulting in documentation of a medically significant condition; absent a direct patient visit.

Emergency Medicine: A service provided to outpatients who require immediate care to sustain life or prevent critical consequences.

Family Practice: An organized clinic providing family medical services through family practice-trained providers.

General: An organized clinic that provides acute, chronic and preventive medical care to all age groups on an appointment or walk-in basis.

Gynecology: An organized clinic providing care to women by a GYN specialist.

High Risk: An organized clinic that provides care and treatment to high risk pregnant women.

Internal Medicine: An organized clinic that provides services to patients with internal medicine conditions, diseases, and disorders.

Labor and Delivery: When a pregnant patient presents directly to the OB Inpatient Unit for outpatient services, i.e., fetal monitoring, non-stress test, contraction stress tests, biophysical profiles, amniotic fluid assessment, and ultrasound.

Laboratory Services: Pathology and clinical laboratory services.

Mental Health: An organized clinic that provides care to patients with mental conditions, diseases, and disorders.

Nurse Clinic: An organized clinic staffed by licensed nursing staff (RNs & LPNs) who provide treatment and procedures that do not require a licensed independent provider evaluation on that day.

Observation: Services furnished by a hospital on the hospitals premises, including use of a bed and periodic monitoring by nursing or other staff, which are reasonable and necessary to evaluate an outpatients condition or to determine the need for a possible admission as an inpatient.

Obstetrics: An organized clinic that provides care to women during pregnancy.

Other: Any specialty organized clinic not otherwise identified

Pain Management: An organized clinic 'primarily for the purpose of' pain management.

Pharmacy: The service of filling and dispensing medications for medical refills or outside prescription orders.

Rehabilitation: An organized clinic that provides services to improve function following disease, illness, or injury.

STD: A prescheduled organized clinic that provides for the diagnoses, assessment, and treatment of patients with sexually transmitted diseases.

Telebehavioral Health: The provision of behavioral health services via videoconferencing and/or other recognized forms of telemedicine (e.g. store-and-forward software). Services include assessment, individual/couples/family/group therapy, medical management, clinical case consultation, and case management. Conventional telephone consultation alone does not constitute telebehavioral health.

Telephone Call: Contacts with individuals over the telephone for a medically significant intervention.

Urgent Care: A clinic or freestanding multi-specialty doctors office that provides extended hours for the care of walk-ins and non-emergency and non-life threatening care.

*Definitions retrieved from <https://www.ihs.gov/SCB/index.cfm>

APPENDIX E: Supplemental Notes on Data Sovereignty

This White Paper relies on a snapshot of data from a combination of sources to describe the opioid epidemic in Indian Country and in Arizona (AZ) and it is important to keep in mind the limitations of data and the implications for policy-solutions. Some of those limitations include: sampling and data collection, misclassification of race and ethnicity, and changes over time in how persons self-report race and ethnicity. It is important to acknowledge this snapshot does not provide a full extensive picture of the impact of opioids on Tribal communities.

The quality and accuracy of data is extremely important when it comes to adequately describing the consequences of opioids on American Indians and Alaska Natives (AI/AN), and their Tribal communities. Data dependency is when a community relies on external entities to access data about their own community. This results in inadequate data that is inconsistent across systems; inaccurate due to sampling, data collection, or data reporting; and a limited data infrastructure for Tribes to collect the types of data that fit their needs and have access to it when they need it.⁶⁸

One implication of data dependency is the misclassification of race and ethnicity on death certificates as it applies to AI/AN. Arias, Heron, and Hakes (2016) found that race and ethnicity misclassification on death certificates (proxy reported) compared to the census (self-reported) continued to remain high for AI/AN, which has the negative consequence of large differences to age-specific and age-adjusted death rates.⁶⁹ Essentially, the mortality rates for AI/AN may be even greater than what is reported. Furthermore, a change to the 2000 Census and ability for individuals to self-report multiple races resulted in variability and an influx of self-identifying AI/AN.⁷⁰ The recent growth of self-identifying AI/AN may be related to the high misclassification and unascertained race of AI/AN at death.

These limitations are important to consider when assessing the opioid impact on AI/AN in AZ – the full extent of the impact is greatly underreported. The Arizona Department of Health Service (ADHS) reported that 58 percent of the cases of suspected opioid overdoses in AZ from June 2017 to March 2018 were missing race and ethnicity classification.⁷¹ Also, data from Indian

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https://nni.arizona.edu/application/files/1715/1579/8037/Policy_Brief_Indigenous_Data_Sovereignty_in_the_United_States.pdf

⁶⁹ Arias, E., Heron, M., & Hakes, J.K. (2016). The validity of race and Hispanic-origin reporting on death certificates in the United States: An update. National Center for Health Statistics. Vital Health Stat, 2(172). Retrieved from https://www.cdc.gov/nchs/data/series/sr_02/sr02_172.pdf

⁷⁰ Liebler CA, Bhaskar R, Porter Née Rastogi SR. Joining, leaving, and staying in the American Indian/Alaska Native race category between 2000 and 2010. Demography 53(2):507–40. 2016. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26988712>

⁷¹ Arizona Department of Health Services. (2018, April 19). *Addressing a Public Health Emergency: Update on Addressing Arizona's Opioid Crisis*.

Health Service (IHS) facilities in AZ excludes data from Tribes who operate P.L. 93-638 Health Programs who chose to opt-out from the IHS Epidemiology Data Mart. In AZ, there are 19 Tribally operated 638 Programs and 24 Indian Health Services programs operated in Tribal and urban areas.⁷² In Tribal communities there is often a lack of data and the data is not timely. For instance, in this report, some national data on opioid use is from 2011 and 2015, and in AZ, data is not sequestered by Tribe.

Financial support of Tribal data infrastructures could allow Tribes to monitor trends and patterns of opioid overdoses, opioid overdose deaths, emergency room encounters, and encounters with other systems at the local level and determine how to allocate resources where they are needed most. As Tribes govern the collection, ownership, and application of its own data⁷³ ultimately this reduces data dependency and allows Tribes to assert data sovereignty.

⁷² <https://www.azahcccs.gov/AmericanIndians/AmericanIndianHealthFacilities/ITUsList.html>

⁷³ https://nni.arizona.edu/application/files/1715/1579/8037/Policy_Brief_Indigenous_Data_Sovereignty_in_the_United_States.pdf

APPENDIX F: Toolkits

Toolkit 7 Prescription Drug Abuse in Tribal Communities: A Call to Protect our Elders, Children and Nations from an Epidemic⁷⁴

- Created in partnership with the Arizona High Intensity Drug Trafficking Area (Arizona HIDTA), Indian Country Intelligence Network, the Inter Tribal Council of Arizona, Inc., and Arizona Peace Officer Standards and Training Board (AZ POST), the toolkit is a research based program that can be shared with community members to learn how prescription drug abuse impacts American Indian and Alaska Native communities.

Toolkit 8 Opioid Overdose Prevention Toolkit⁷⁵

- Offered by the Substance Abuse and Mental Health Services Administration (SAMHSA), the toolkit offers information to first responders and health care providers, community members, and local governments for developing practices and policies to help prevent opioid related overdoses and deaths.

⁷⁴ http://itcaonline.com/?page_id=3762

⁷⁵ Substance Abuse and Mental Health Services Administration. (2018, June). *Opioid Overdose Prevention Toolkit* (SAMHSA Publication No. SMA18-4742). Washington, DC: U.S. Government Printing Office. Retrieved from <https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>

APPENDIX G: Additional Table

Table G-1: National Survey on Drug Use and Health, Drug Use and Illicit Drug Treatment in Past Year and Past Month among American Indians and Alaska Natives Aged 12 or Older Compared to National Population (2016) ^a

	Percent of Total AI/AN, Aged 12+	Number of AI/AN, Aged 12+	Percent of Total Population, Aged 12+
Illicit drug use in the past year	23.6	362,000	18.0
Illicit drug use in the past month	15.7	240,000	10.6
Misuse of pain relievers in the past year	3.9	60,000	4.3
Misuse of pain relievers in the past month	1.2	18,000	1.2
Misuse of opioids in the past year	4.1	63,000	4.4
Misuse of opioids in the past month	1.4	22,000	1.4
Did receive treatment for illicit drugs at a specialty facility in the past year	0.9	14,000	0.5
Did not receive treatment for illicit drugs at a specialty facility in the past year	3.6	55,000	2.5
^a Source: Substance Abuse and Mental Health Services Administration, 2017. Retrieved from https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2016-NSDUH			

APPENDIX H: Detailed Legislative Matrix

PENDING TRIBAL OPIOID LEGISLATION 115TH U.S. CONGRESS (2017-2018)

As of October 4, 2018

U.S. Senate								
	Bill Number: Name	Summary	Tribal Set Aside?	Status	Sponsor	Co-Sponsors	Committee(s)	Committee(s) Chair
1	S.2270 2 Mitigating METH Act	Amends 21st Century Cures Act Opioid Grant Program and increases funding from \$500 million to \$525 million. Tribes and Tribal organizations eligible as grantees but no Tribal set-aside. Allows grants to address opioids and/or other substances if determined by State or Tribe to have a substance public health impact.	No	12/21/2017 Introduced and referred to Committee on Health, Education, Labor, and Pensions	Sen. Daines, Steve [R-MT]	Sen. Harris, Kamala D. [D-CA] Sen. Merkley, Jeff [D-OR] Sen. Klobuchar, Amy [D-MN] Sen. Murkowski, Lisa [R-AK] Sen. Baldwin, Tammy [D-WI] Sen. Warren, Elizabeth [D-MA] Sen. McCain, John [R-AZ] Sen. Rounds, Mike [R-SD]	Senate Committee on Health, Education, Labor, and Pensions	Sen. Alexander, Lamar [R-TN]
2	S.2437 2 Opioid Response Enhancement Act*	Reauthorizes 21 st Century Cures Act Opioid Grant Program. Allocates 50% of each FY funding to 10 states and Tribes of greatest need. Includes Tribal set-aside of 10% of each FY funding.	Yes	2/15/2018 Introduced and referred to Committee on Health, Education, Labor, and Pensions	Sen. Baldwin, Tammy [D-WI]	Sen. Shaheen, Jeanne [D-NH] Sen. Smith, Tina [D-MN] Sen. Heitkamp, Heidi [D-ND] Sen. Brown, Sherrod [D-OH] Sen. Hassan, Margaret Wood [D-NH] Sen. Manchin, Joe, III [D-WV] Sen. Warren, Elizabeth [D-MA] Sen. Klobuchar, Amy [D-MN] Sen. Stabenow, Debbie [D-MI] Sen. Nelson, Bill [D-FL] Sen. King, Angus S., Jr. [I-ME] Sen. Cardin, Benjamin L. [D-MD] Sen. Tester, Jon [D-MT] Sen. Kaine, Tim [D-VA] Sen. Udall, Tom [D-NM]	Senate Committee on Health, Education, Labor, and Pensions	Sen. Alexander, Lamar [R-TN]

PENDING TRIBAL OPIOID LEGISLATION ☐ 115TH U.S. CONGRESS (2017-2018)

As of October 4, 2018

U.S. Senate								
	Bill Number: Name	Summary	Tribal Set Aside?	Status	Sponsor	Co-Sponsors	Committee(s)	Committee(s) Chair
3	S.2545 ☐ Native Behavioral Health Access Improvement Act of 2018*	Establishes a Special Behavioral Health Program for Indians (similar to Special Diabetes Program for Indians) through the Indian Health Service. Addresses mental and behavioral health needs and substance use disorders of eligible beneficiaries served by IHS, Tribal and Urban Indian programs.	Yes (IHS)	3/14/2018 Introduced and referred to Senate Committee of Indian Affairs	Sen. Tina Smith[D-MN]	Sen. Udall, Tom [D-NM] Sen. Tester, Jon [D-MT] Sen. Cortez Masto, Catherine [D-NV] Sen. Warren, Elizabeth [D-MA] Sen. Heitkamp, Heidi [D-ND]	SCIA	Sen. Hoeven, John [R-ND]
4	S.2680 ☐ Opioid Crises Response Act of 2018*	Reauthorizes and amends the 21 st Century Cures Act to address state and Indian tribes' responses to the opioid abuse crisis. It addresses FDA regulations on addictive/ non-addictive pain products and OUD treatment and recovery, and prevention. The Secretary will consult with Tribes on the appropriate mechanism for reporting information to the Congress as required by states. The SAMHSA Tribal Training and Technical Center shall assist Tribes. \$500 million is authorized to be appropriated for each of fiscal years 2019 -2021. The Tribal set-aside is 5% per year.	Yes	4/16/18 Introduced and referred to the Senate Committee on Health, Education, Labor, and Pensions 5/07/2018 Placed on Senate Legislative Calendar under General Orders	Sen. Lamar Alexander (R-TN)	Sen. Murray, Patty [D-WA]* Sen. Isakson, Johnny [R-GA] Sen. Cassidy, Bill [R-LA] Sen. Heller, Dean [R-NV] Sen. Manchin, Joe, III [D-WV] Sen. Baldwin, Tammy [D-WI] Sen. Kaine, Tim [D-VA] Sen. Heitkamp, Heidi [D-ND] Sen. Capito, Shelley Moore [R-WV] Sen. Jones, Doug [D-AL] Sen. Murkowski, Lisa [R-AK] Sen. Hatch, Orrin G. [R-UT] Sen. Smith, Tina [D-MN] Sen. Collins, Susan M. [R-ME] Sen. Rubio, Marco [R-FL] Sen. Casey, Robert P., Jr. [D-PA] Sen. McCaskill, Claire [D-MO]		Sen. Lamar Alexander (R-TN)

PENDING TRIBAL OPIOID LEGISLATION 115TH U.S. CONGRESS (2017-2018)

As of October 4, 2018

U.S. Senate								
	Bill Number: Name	Summary	Tribal Set Aside?	Status	Sponsor	Co-Sponsors	Committee(s)	Committee(s) Chair
5	S. 2700 2 Comprehensive Addiction Resources Emergency Act of 2018*	To provide funding through the Office of National Drug Control Policy to States, territories, Tribal nations (10% set-aside), and local areas affected by the opioid epidemic. Governmental and public or private nonprofit entities may provide for the development, organization, coordination, and operation of more effective and cost efficient systems for the delivery of essential services ranging from detox, inpatient treatment and harm reduction to individuals with opioid use disorder.	Yes	4/18/18 Introduced and referred to the Senate Committee on Health, Education, Labor, and Pensions	Sen. Elizabeth Warren (D-MA)	(Co-sponsors not listed)	Senate Committee on Health, Education, Labor, and Pensions	Sen. Alexander, Lamar [R-TN]

PENDING TRIBAL OPIOID LEGISLATION ☐ 115TH U.S. CONGRESS (2017-2018)

As of October 4, 2018

U.S. House of Representatives								
	Bill Number: Name	Summary	Tribal Set Aside?	Status	Sponsor	Co-Sponsors	Committee(s)	Committee(s) Chair
6	H.R. 6 ☐ Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act or SUPPORT for Patients and Communities Act	<p>Establishes a demonstration project to increase substance abuse provider capacity under the Medicaid program. Activities include addressing the needs of individuals with neonatal abstinence syndrome, pregnant women, infants, adolescents and AIAN Medicaid enrollees. A Drug Management Program for At-Risk Beneficiaries will be established on January 1, 2020 to involve selected health care providers and pharmacies.</p> <p>The amended bill: extends the Opioid State Targeted Response Grants and includes a 5% Tribal set aside (\$50 million per year); includes a Tribal set aside up to 3% to address maternal and child health issues resulting from opioids; and designates Tribes eligible for federal funds for opioid recovery centers, youth prevention and recovery programs, and technical assistance to Tribes to address surveillance needs. Further, the CDC pursuant to a written request may assist Tribes to collect and report data.</p>	Yes	<p>House Energy and Commerce 06/13/2018</p> <p>House Ways and Means 06/13/2018</p> <p>House Judiciary 06/13/2018</p> <p>The bill passed the House of Representatives by a vote of 396-14, on 6/22/18.</p> <p>The amended bill passed the House of Representatives by a vote of 393-8, on 9/28/18. It heads to the Senate for a final vote.</p> <p>The amended bill passed the Senate by a vote of 98-1, on 10/3/18. It now heads to the President.</p>	Rep. Greg Walden (R-OR-2)	<p>Rep. Pallone, Frank, Jr. [D-NJ-6]*</p> <p>Rep. Brady, Kevin [R-TX-8]*</p> <p>Rep. Neal, Richard E. [D-MA-1]*</p> <p>Rep. Roe, David P. [R-TN-1]*</p> <p>Rep. Shuster, Bill [R-PA-9]*</p> <p>Rep. Foxx, Virginia [R-NC-5]*</p> <p>Rep. Goodlatte, Bob [R-VA-6]*</p> <p>Rep. Walz, Timothy J. [D-MN-1]*</p> <p>Rep. DeFazio, Peter A. [D-OR-4]*</p> <p>Rep. Burgess, Michael C. [R-TX-26]*</p> <p>Rep. Kuster, Ann M. [D-NH-2]</p> <p>Rep. Sessions, Pete [R-TX-32]</p> <p>Rep. Guthrie, Brett [R-KY-2]</p> <p>Rep. Sinema, Kyrsten [D-AZ-9]</p> <p>Rep. MacArthur, Thomas [R-NJ-3]</p>		<p>Rep. Greg Walden (R-OR2)</p> <p>Rep. Kevin Brady (R-TX-8)</p> <p>Rep. Bob Goodlatte (R-VA-6)</p>

PENDING TRIBAL OPIOID LEGISLATION ☐ 115TH U.S. CONGRESS (2017-2018)

As of October 4, 2018

U.S. House of Representatives								
	Bill Number: Name	Summary	Tribal Set Aside?	Status	Sponsor	Co-Sponsors	Committee(s)	Committee(s) Chair
7	H.R.4899 ☐ Access to Substance Abuse Treatment Act of 2018	Establishes SAMHSA grant program for treatment of heroin, opioids, cocaine, method, ecstasy, PCP. Funds can be used for increase of treatment facilities and services to underserved populations. Tribal governments eligible as grantees but no Tribal set-aside.	No	1/30/2018 Introduced and referred to Committee on Energy and Commerce; 2/2/2018 Referred to Subcommittee on Health	Rep. Matt Cartwright [D-PA-17]	Rep. Payne, Donald M. Jr [D-NJ-10] Rep. Norton, Eleanor Holmes [D-DC-At Large] Rep. Lujan Ben Ray [D-NM-3] Rep. Shea-Porter, Carol [D-NH-1] Rep. Hastings, Alcee L. [D-FL-20] Rep. Ryan, Tim [D-OH-13]	House Committee on Energy and Commerce (E&C) ---- E&C Subcommittee on Health	Rep. Greg Walden [R-OR-02] ---- Rep. Burgess, Michael [R-TX-26]
8	H.R.5124/S.2636 ☐ Community Action Opioid Response Act of 2018*	Establishes a grant program under the HHS Office of Community Services for Community Action Agencies to address the opioid epidemic for low-income families and individuals in crisis. Authorizes \$50 million. Set-aside of 7% of each FY funding for Tribes and Tribal organization that receive direct payments under section 677 of Community Services Block Grant Act	Yes	2/27/2018 Introduced and referred to House Committee on Education and the Workforce 4/10/18 Introduced and referred to the Senate Committee on Health, Education, Labor, and Pensions	H.R. 5124 - Rep. Betty McCollum [D-MN-4] S.2636 ☐ Sen. Susan Collins (R-ME)	Rep. Smucker, Lloyd [R-PA-16] Rep. Tenney, Claudia [R-NY-22] Sen. Amy Klobuchar (D-MN)	House Committee on Education and the Workforce --- Senate Committee on Health, Education, Labor, and Pensions	Rep. Fox, Virginia [R-NC-5] --- Sen. Alexander, Lamar [R-TN]
9	H.R.5140 ☐ Tribal Addiction and Recovery Act of 2018	Amends 21 st Century Cures Act Opioid Grant Program. Increases funding from \$500 million to \$525 million. Amends the State Response to the Opioid Abuse Crisis to improve AI/AN health. Tribes and Tribal organizations eligible as grantees, but no Tribal set-aside. Act addresses prescription drug abuse, use of other addictive substances and includes mental health services.	No	3/1/2018 Introduced and referred to Committee on Energy and Commerce; 3/2/2018 Referred to Subcommittee on Health	Rep. Markwayne Mullin [R-OK-2]	Rep. Gianforte, Greg [R-MT-At Large] Rep. Cole, Tom [R-OK-4]	House Committee on Energy and Commerce (E&C) ---- E&C Subcommittee on Health	Rep. Greg Walden [R-OR-02] ---- Rep. Burgess, Michael [R-TX-26]

PENDING TRIBAL OPIOID LEGISLATION 115TH U.S. CONGRESS (2017-2018)

As of October 4, 2018

U.S. House of Representatives								
	Bill Number: Name	Summary	Tribal Set Aside?	Status	Sponsor	Co-Sponsors	Committee(s)	Committee(s) Chair
10	H.R.5797 Individuals in Medicaid Deserve Care that is Appropriate and Responsible in its Execution Act or the IMD CARE Act	Temporarily allows states to apply to CMS to receive federal Medicaid payment for services provided in institutions for mental diseases (IMDs) and for other medically necessary services for enrollees (ages 21 to 64) with opioid use disorders. Services may be covered for a total of up to 30 days in a 12-month period for an eligible enrollee. Current law generally prohibits federal payment under Medicaid for services provided in IMDs for individuals under the age of 65 (although states may receive payment through certain mechanisms, such as through a Medicaid demonstration waiver).	No	5/15/2018 Introduced and referred to the House Energy and Commerce Committee and the Senate Finance Committee 6/12/2018 Adopted by the House Energy and Commerce Committee The bill passed the House of Representatives on 6/20/18 by a vote of 261-155.	Rep. Mimi Walters (R-CA-45)	Rep. Knight, Stephen [R-CA-25]* Rep. Guthrie, Brett [R-KY-2]* Rep. Blackburn, Marsha [R-TN-7] Rep. Walden, Greg [R-OR-2] Rep. Hill, J. French [R-AR-2]	House Energy and Commerce (E&C) Committee ----- Senate Finance Committee	Rep. Greg Walden [R-OR-02] Sen. Orrin Hatch (R-UT)

PENDING TRIBAL OPIOID LEGISLATION 115TH U.S. CONGRESS (2017-2018)

As of October 4, 2018

DETAILED DESCRIPTION OF OPIOID LEGISLATION - 115TH U.S. CONGRESS (2017-2018)

U.S. Senate:

S.2437 21st Century Cures Act Opioid Response Enhancement Act

- Reauthorizes the 21st Century Cures Act Opioid Grant Program from 2019 through 2023 and decreases funding from \$500,000,000 annually to \$400,000,000.
- Includes Tribal entities as eligible grantees of the Opioid Grants Program to carry out public health related activities such as: improving state prescription drug monitoring programs; implementing prevention activities, and evaluating such activities to identify effective strategies to prevent opioid abuse; training for health care practitioners, such as best practices for prescribing opioids, pain management, recognizing potential cases of substance abuse, referral of patients to treatment programs, and overdose prevention; supporting access to health care services, including those provided by a Federally certified opioid treatment programs or other appropriate health care providers to treat substance use disorders; or other public health-related activities, as the state or Tribal entity determines appropriate to addressing the opioid abuse crisis within the state or Tribal entity.
- Allocates 50 percent of the annual funds in each fiscal year to award Targeted Response Enhancement Grants to at least 10 States and Tribal entities, of greatest need as indicated by higher mortality rates associated with opioid overdoses, to expand and enhance prevention, treatment, and recovery support efforts in States and Tribal entities hardest hit by the opioid epidemic. Sets aside funding each fiscal year of not less than 10% of funding to be provided to Tribal entities of the Opioid Grant Program.

S.2545 Native Behavioral Health Access Improvement Act of 2018

- Establishes a Special Behavioral Health Program for Indians (SBHPI) to address mental and behavioral health needs and substance use disorders in Tribal communities by offering services through Indian Health Facilities (i.e. Indian Health Services, an Indian health program operated by a Tribe or Tribal organization, or an urban Indian health program)
- Authorizes \$150,000,000 annually for each fiscal year starting 2018 through 2022.
- SBHPI would be modeled after the Special Diabetes Program for Indians and would allow Tribes to develop solutions that incorporate traditional and cultural practices into evidence-based prevention, treatment, and recovery programs. Requires grant reporting standards be developed in consultation with Tribes and provides Tribes with technical assistance needed to develop programs and meet grant requirements.
- In 2017, the National Indian Health Board recommended the establishment of a SBHPI that parallels the structure of the Special Diabetes Program for Indians to address substance abuse prevention, intervention, and other needed behavioral health needs for Tribal communities.

S.2270 Mitigating METH Act (Mitigating the Methamphetamine Epidemic and Promoting Tribal Health Act)

- Amends the 21st Century Cures Act Opioid Grant Program by increasing funding from \$500,000,000 to \$525,000,000 and is inclusive of Indian Tribes and Tribal Organizations.
- Permits grants to be used for the prevention and treatment of other substances such as methamphetamine, if the substance is determined by the State or Tribe to have a substantial public health impact.
- Fails to reauthorize the program past 2018 and fails to set aside Tribal specific funding.

PENDING TRIBAL OPIOID LEGISLATION 115TH U.S. CONGRESS (2017-2018)

As of October 4, 2018

S.2680- Opioid Crises Response Act of 2018

- Reauthorizes and amends the 21st Century Cures Act to address state and Indian tribes' responses to the opioid abuse crisis.
- It addresses FDA regulations on addictive/ non-addictive pain products and OUD treatment and recovery, and prevention.
- The Secretary will consult with Tribes on the appropriate mechanism for reporting information to the Congress as required by states.
- The SAMHSA Tribal Training and Technical Center shall assist Tribes.
- \$500 million is authorized to be appropriated for each of fiscal years 2019 -2021. The Tribal set-aside is 5% per year.

S.2700 - Comprehensive Addiction Resources Emergency Act of 2018

- Awards grants to eligible counties that can demonstrate that the rate of drug overdose deaths per 100,000 individuals residing in the county during the most recent 3-year period for which such data are available was not less than the rate of such deaths for the county that ranked at the 67th percentile of all counties, as determined by the Secretary.
- An eligible local area shall establish or designate a substance use disorder treatment and services planning council to guide the delivery of the program that may offer recovery and support services, harm reduction services, affordable health insurance coverage, harm reduction services and includes that substance use disorder treatment services may be provided to incarcerated individuals.
- The Secretary, acting through the Indian Health Service shall use 10 percent of the amount available for each fiscal year to provide formula grants to Indian tribes disproportionately affected by substance use in an amount determined pursuant to a formula and eligibility criteria developed by the Secretary in consultation with Indian tribes.

U.S. House of Representatives:

H.R.6 21st Century Cures Act to Promote Opioid Recovery and Treatment for Patients and Communities Act or SUPPORT for Patients and Communities Act

- Modifies provisions related to coverage for juvenile inmates and former foster care youth.
- Establishes a demonstration project to increase provider treatment capacity for substance use disorders.
- Requires the establishment of drug management programs for at-risk beneficiaries.
- Establishes drug review and utilization requirements.
- Extends the enhanced federal matching rate for expenditures regarding substance use disorder health home services.
- Temporarily requires coverage of medication-assisted treatment.
- Establishes a Drug Management Program for At-Risk Beneficiaries on January 1, 2020 to involve selected health care providers and pharmacies.
- Includes Medicare provisions to encourage the use of non-opioid analgesics for post-surgical pain, the inclusion of a review of opioid prescriptions in the 21st Welcome to Medicare Initial Exam and a requirement of e-prescribing for coverage of Part D controlled substances.

H.R.4899 21st Century Cures Act to Promote Opioid Recovery and Treatment for Patients and Communities Act

- Establishes a grant program for treatment of heroin, opioids, cocaine, methamphetamine, 3,4-methylenedioxymethamphetamine (ecstasy), and phencyclidine (PCP). Funds may be used for activities such as: increase the availability of treatment facilities; provide treatment services to underserved populations; and provide wrap around services to affected individuals.
- Prioritizes grant distribution for programs that serve communities with high substance abuse addiction.
- Includes Tribal governments as eligible grantees but fails to set aside Tribal specific funding.

PENDING TRIBAL OPIOID LEGISLATION ☐ 115TH U.S. CONGRESS (2017-2018)

As of October 4, 2018

H.R.5124/S.2636 ☐ Community Action Opioid Response Act of 2018 (S.2636, a companion bill introduced in the Senate)

- Establishes a grant program that enables Community Action Agencies to respond to the needs of communities and low-income families and individuals in crisis resulting from opioid addiction epidemic. Funds may be used for activities such as: public education campaigns; outreach and referral; direct services for prevention, treatment, and recovery; stabilization services for effected individuals and their families; and services to address and mitigate the impact of opioid addiction on children in the household.
- Authorizes \$50,000,000 annually for each fiscal year starting 2018 through 2022.
- Sets aside funding each fiscal year, not more than 7 percent of funding each fiscal year, for grants to Tribes or Tribal organizations that receive direct payments under section 677 of the Community Services Block Grant Act.

H.R.5140☐ Tribal Addiction and Recovery Act of 2018

- Amends the 21st Century Cures Act☐ Opioid Grant Program by increasing funding from \$500,000,000 to \$525,000,000 and is inclusive of Indian Tribes and Tribal Organizations.
- Permits grants to be used for the prevention and treatment of prescription drug abuse and the use of other addictive substances (e.g. alcohol, heroin, methamphetamine), including mental health services.
- Fails to reauthorize the program past 2018 and fails to set aside Tribal specific funding.

H.R.5797 - Individuals in Medicaid Deserve Care that is Appropriate and Responsible in its Execution Act or the IMD CARE Act

- Amends 1960☐ era law, known as the "IMD exclusion," that prohibits Medicaid from paying for inpatient treatment at facilities with more than 16 beds that was intended to discourage institutionalization.
- Current regulations allow some exceptions that may be approved by the Center for Medicare and Medicaid Services (CMS) through a Medicaid demonstration waiver.
- Allows states to apply to receive federal Medicaid payment for services provided in institutions for mental diseases (IMDs) and for other medically necessary services for enrollees (aged 21 to 64) with opioid use disorders.
- Services may be covered for a total of up to 30 days in a 12-month period for an eligible enrollee.

**S.2437, S.2636, S.268, S.2700, H.R.6 and H.R.5124 contain Tribal Set-Aside language. S.2545 provides direct funding to Indian Health Service.*

Inter Tribal Council of Arizona

08/08/18

APPENDIX I: Detailed Litigation Matrix

TRIBAL OPIOID LITIGATION (DECEMBER 6, 2017-JULY 9, 2018)

As of July 9, 2018

	Plaintiffs	Primary Defendant	Case Number	Date Filed	Court Filed In	Nature of Suit
1	Big Sandy Rancheria of Western Mono Indians	McKesson Corporation	3:2018cv02537	4/27/2018	California Northern District Court	Personal Injury: Health Care
	Big Sandy Rancheria of Western Mono Indians	McKesson Corporation	CAN/3:18-cv-02537	5/1/2018	Judicial Panel on Multidistrict Litigation	Other
2	Big Valley Band of Pomo Indians of the Big Valley Rancheria	McKesson Corporation	3:2018cv02536	4/27/2018	California Northern District Court	Personal Injury: Health Care
	Big Valley Band of Pomo Indians of the Big Valley Rancheria	McKesson Corporation	CAN/3:18-cv-02536	5/1/2018	Judicial Panel on Multidistrict Litigation	Other
3	Blackfeet Tribe of the Blackfeet Indian Reservation	AmerisourceBergen Drug Corporation	1:2018op45749	6/26/2018	Ohio Northern District Court	Racketeer Influenced and Corrupt Organizations
4	Cherokee Nation, The	McKesson Corporation	CJ-2018-11	1/19/2018		
	Cherokee Nation, The	McKesson Corporation	6:2018cv00056	2/26/2018	Oklahoma Eastern District Court	Personal Injury: Health Care
	Cherokee Nation, The	McKesson Corporation	OKE/6:18-cv-00056	2/27/2018	Judicial Panel on Multidistrict Litigation	Other
	Cherokee Nation, The	McKesson Corporation	1:2018op45695	6/11/2018	Ohio Northern District Court	Personal Injury: Health Care
5	Confederated Tribes of the Umatilla Indian Reservation	Actavis LLC	2:2018cv00674	4/19/2018	Oregon District Court	Civil (RICO) Racketeer/Corrupt Organization
	Confederated Tribes of the Umatilla Indian Reservation	Purdue Pharma L.P.	1:2018op45541	5/8/2018	Ohio Northern District Court	Racketeer Influenced and Corrupt Organizations
6	Consolidated Tribal Health Project, Inc.	McKesson Corporation	3:2018cv02534	4/27/2018	California Northern District Court	Personal Injury: Health Care
7	Cow Creek Band of Umpqua Tribe of Indians	Actavis LLC	6:2018cv00535	3/28/2018	Oregon District Court	Civil (RICO) Racketeer/Corrupt Organization
	Cow Creek Band of Umpqua Tribe of Indians	Purdue Pharma L.P.	1:2018op45417	4/12/2018	Ohio Northern District Court	Racketeer/Corrupt Organization
8	Coyote Valley Band of Pomo Indians	McKesson Corporation	3:2018cv02533	4/27/2018	California Northern District Court	Personal Injury: Health Care
	Coyote Valley Band of Pomo Indians	McKesson Corporation	CAN/3:18-cv-02533	5/1/2018	Judicial Panel on Multidistrict Litigation	Other
9	Eastern Band of Cherokee Indians	AmerisourceBergen Drug Corporation	1:2018cv00004	1/4/2018	North Carolina Western District Court	Racketeer Influenced and Corrupt Organizations
	Eastern Band of Cherokee Indians	AmerisourceBergen Drug Corporation	NCW/1:18-cv-00004	1/5/2018	Judicial Panel on Multidistrict Litigation	Other
	Eastern Band of Cherokee Indians	AmerisourceBergen Drug Corporation	1:2018op45098	1/25/2018	Ohio Northern District Court	Racketeer Influenced and Corrupt Organizations

TRIBAL OPIOID LITIGATION (DECEMBER 6, 2017-JULY 9, 2018)

As of July 9, 2018

	Plaintiffs	Primary Defendant	Case Number	Date Filed	Court Filed In	Nature of Suit
10	Flandreau Santee Sioux Tribe, Rosebud Sioux Tribe and Sisseton-Wahpeton Oyate	Purdue Pharma L.P.	4:2018cv04003	1/8/2018	South Dakota District Court	Racketeer Influenced and Corrupt Organizations
	Flandreau Santee Sioux Tribe, Rosebud Sioux Tribe and Sisseton-Wahpeton Oyate	Purdue Pharma L.P.	SD/4:18-cv-04003	1/9/2018	Judicial Panel on Multidistrict Litigation	Other
	Flandreau Santee Sioux Tribe, Rosebud Sioux Tribe and Sisseton-Wahpeton Oyate	Purdue Pharma L.P.	1:2018op45095	1/25/2018	Ohio Northern District Court	Racketeer Influenced and Corrupt Organizations
11	Hopland Band of Pomo Indians	McKesson Corporation	3:2018cv02528	4/27/2018	California Northern District Court	Personal Injury: Health Care
	Hopland Band of Pomo Indians	McKesson Corporation	CAN/3:18-cv-02528	5/1/2018	Judicial Panel on Multidistrict Litigation	Other
12	Lac Courte Oreilles Band Of Lake Superior Chippewa Indians	McKesson Corporation	3:2018cv00286	4/19/2018	Wisconsin Western District Court	Personal Injury: Health Care
13	Lac du Flambeau Band of Chippewa Indians	McKesson Corporation	3:2018cv00228	3/30/2018	Wisconsin Western District Court	Racketeer Influenced and Corrupt Organizations
	Lac du Flambeau Band of Chippewa Indians	McKesson Corporation	1:2018op45502	4/30/2018	Ohio Northern District Court	Racketeer Influenced and Corrupt Organizations
14	Leech Lake Band of Ojibwe, The	Purdue Pharma L.P.	1:2018op45052	1/17/2018	Ohio Northern District Court	Other Fraud
15	Menominee Indian Tribe of Wisconsin, The	Purdue Pharma L.P.	1:2018cv00414	3/15/2018	Wisconsin Eastern District Court	Racketeer Influenced and Corrupt Organizations
	Menominee Indian Tribe of Wisconsin, The	Purdue Pharma L.P.	WIE/1:18-cv-00414	3/16/2018	Judicial Panel on Multidistrict Litigation	Other
	Menominee Indian Tribe of Wisconsin, The	Purdue Pharma L.P.	1:2018op45426	4/13/2018	Ohio Northern District Court	Racketeer/Corrupt Organization
16	Muscogee (Creek) Nation, The	Purdue Pharma L.P.	4:2018cv00180	4/3/2018	Oklahoma Northern District Court	Personal Injury: Health Care/Pharmaceutical Personal Injury Product Liability
	Muscogee (Creek) Nation, The	Purdue Pharma L.P.	OKN/4:18-cv-00180	4/4/2018	Judicial Panel on Multidistrict Litigation	Other
	Muscogee (Creek) Nation, The	Purdue Pharma L.P.	1:2018op45459	4/26/2018	Ohio Northern District Court	Personal Injury: Health Care/Pharmaceutical Personal Injury Product Liability

TRIBAL OPIOID LITIGATION (DECEMBER 6, 2017-JULY 9, 2018)

As of July 9, 2018

	Plaintiffs	Primary Defendant	Case Number	Date Filed	Court Filed In	Nature of Suit
17	Navajo Nation, The	Purdue Pharma L.P.	1:2018cv00338	4/11/2018	New Mexico District Court	Personal Injury: Health Care
	Navajo Nation, The	Purdue Pharma L.P.	1:2018op45496	4/27/2018	Ohio Northern District Court	Personal Injury: Health Care/Pharmaceutical Personal Injury Product Liability
18	Nez Perce Tribe	Purdue Pharma L.P.	3:2018cv00222	5/18/2018	Idaho District Court	Racketeer Influenced and Corrupt Organizations
	Nez Perce Tribe	Purdue Pharma L.P.	ID/3:18-cv-00222	5/22/2018	Judicial Panel on Multidistrict Litigation	Other
	Nez Perce Tribe	Purdue Pharma L.P.	1:2018op45730	6/14/2018	Ohio Northern District Court	Racketeer/Corrupt Organization
19	Nisqually Indian Tribe, The	Purdue Pharma L.P.	3:2018cv05247	3/28/2018	Washington Western District Court	Racketeer Influenced and Corrupt Organizations
	Nisqually Indian Tribe, The	Purdue Pharma L.P.	1:2018op45412	4/12/2018	Ohio Northern District Court	Racketeer/Corrupt Organization
20	Northern Arapaho Tribe	Purdue Pharma L.P.	2:2018cv00057	4/2/2018	Wyoming District Court	Racketeer Influenced and Corrupt Organizations
	Northern Arapaho Tribe	Purdue Pharma L.P.	1:2018op45438	4/18/2018	Ohio Northern District Court	Racketeer/Corrupt Organization
21	Oglala Lakota Sioux Tribe	Purdue Pharma L.P.	5:2018cv05021	3/19/2018	South Dakota District Court	Racketeer Influenced and Corrupt Organizations
	Oglala Lakota Sioux Tribe	Purdue Pharma L.P.	SD/5:18-cv-05021	3/20/2018	Judicial Panel on Multidistrict Litigation	Other
	Oglala Lakota Sioux Tribe	Purdue Pharma L.P.	1:2018op45353	4/5/2018	Ohio Northern District Court	Racketeer/Corrupt Organization
22	Omaha Tribe of Nebraska, Santee Sioux Tribe of the Sioux Nation of the State of Nebraska and Winnebago Tribe of Nebraska	Actavis LLC	8:2018cv00203	5/8/2018	Nebraska District Court	Other Fraud
	Winnebago Tribe of Nebraska, Santee Sioux Tribe of the Sioux Nation of the State of Nebraska and Omaha Tribe of Nebraska	McKesson Corporation	NE/8:18-cv-00203	5/11/2018	Judicial Panel on Multidistrict Litigation	Other
	Winnebago Tribe of Nebraska, Santee Sioux Tribe of the Sioux Nation of the State of Nebraska and Omaha Tribe of Nebraska	McKesson Corporation	1:2018op45621	5/31/2018	Ohio Northern District Court	Other Fraud
23	Paiute-Shoshone Tribe of the Fallon Reservation and Colony	McKesson Corporation	1:2018op45697	6/8/2018	Ohio Northern District Court	Racketeer Influenced and Corrupt Organizations

TRIBAL OPIOID LITIGATION (DECEMBER 6, 2017-JULY 9, 2018)

As of July 9, 2018

	Plaintiffs	Primary Defendant	Case Number	Date Filed	Court Filed In	Nature of Suit
24	Ponca Tribe of Indians of Oklahoma	Purdue Pharma L.P.	OKW/5:18-cv-00221	3/13/2018	Judicial Panel on Multidistrict Litigation	Other
	Ponca Tribe of Indians of Oklahoma	Purdue Pharma L.P.	5:2018cv00221	3/13/2018	Oklahoma Western District Court	Personal Injury: Health Care
	Ponca Tribe of Indians of Oklahoma	Purdue Pharma L.P.	1:2018op45327	3/30/2018	Ohio Northern District Court	Personal Injury: Health Care
25	Ponca Tribe of Nebraska	Actavis LLC	8:2018cv00180	4/25/2018	Nebraska District Court	Racketeer/Corrupt Organization
	Ponca Tribe of Nebraska	McKesson Corporation	1:2018op45557	5/11/2018	Ohio Northern District Court	Racketeer Influenced and Corrupt Organizations
26	Port Gamble S'Klallam Tribe, Suquamish Tribe and Jamestown S'Klallam Tribe	Purdue Pharma L.P.	3:2018cv05173	3/5/2018	Washington Western District Court	Racketeer Influenced and Corrupt Organizations
	Port Gamble S'Klallam Tribe, Suquamish Tribe and Jamestown S'Klallam Tribe	Purdue Pharma L.P.	WAW/3:18-cv-05173	3/8/2018	Judicial Panel on Multidistrict Litigation	Other
	Port Gamble S'Klallam Tribe, Suquamish Tribe and Jamestown S'Klallam Tribe	Purdue Pharma L.P.	1:2018op45271	3/24/2018	Ohio Northern District Court	Racketeer Influenced and Corrupt Organizations
27	Pyramid Lake Paiute Tribe of the Pyramid Lake Reservation	McKesson Corporation	1:2018op45696	6/8/2018	Ohio Northern District Court	Racketeer Influenced and Corrupt Organizations
28	Red Cliff Band of Lake Superior Chippewa Indians	McKesson Corporation	3:2018cv00380	5/18/2018	Wisconsin Western District Court	Personal Injury: Health Care
	Red Cliff Band of Lake Superior Chippewa Indians	McKesson Corporation	WIW/3:18-cv-00380	5/22/2018	Judicial Panel on Multidistrict Litigation	Other
29	Redwood Valley or Little River Band of Pomo Indians of the Redwood Valley Rancheria	McKesson Corporation	3:2018cv02531	4/27/2018	California Northern District Court	Personal Injury: Health Care
	Redwood Valley or Little River Band of Pomo Indians of the Redwood Valley Rancheria	McKesson Corporation	CAN/3:18-cv-02531	5/1/2018	Judicial Panel on Multidistrict Litigation	Other
30	Reno-Sparks Indian Colony	McKesson Corporation	1:2018op45699	6/8/2018	Ohio Northern District Court	Racketeer Influenced and Corrupt Organizations
31	Round Valley Indian Tribes and Round Valley Indian Health Center	McKesson Corporation	3:2018cv02530	4/27/2018	California Northern District Court	Personal Injury: Health Care
	Round Valley Indian Tribes and Round Valley Indian Health Center, Inc.	McKesson Corporation	CAN/3:18-cv-02530	5/1/2018	Judicial Panel on Multidistrict Litigation	Other
32	Scotts Valley Band of Pomo Indians	McKesson Corporation	3:2018cv02529	4/27/2018	California Northern District Court	Personal Injury: Health Care
	Scotts Valley Band of Pomo Indians	McKesson Corporation	CAN/3:18-cv-02529	5/1/2018	Judicial Panel on Multidistrict Litigation	Other
33	Seattle Indian Health Board	McKesson Corporation	1:2018op45745	7/9/2018	Ohio Northern District Court	P.I.: Other

TRIBAL OPIOID LITIGATION (DECEMBER 6, 2017-JULY 9, 2018)

As of July 9, 2018

	Plaintiffs	Primary Defendant	Case Number	Date Filed	Court Filed In	Nature of Suit
34	Seneca Nation of Indians	AmerisourceBergen Drug Corporation	1:2018cv00620	5/31/2018	New York Western District Court	Racketeer Influenced and Corrupt Organizations
	Seneca Nation of Indians	AmerisourceBergen Drug Corporation	1:2018op45746	6/21/2018	Ohio Northern District Court	Racketeer/Corrupt Organization
35	Spirit Lake Tribe	Purdue Pharma L.P.	1:2018op45520	5/3/2018	Ohio Northern District Court	Racketeer Influenced and Corrupt Organizations
36	Squaxin Island Indian Tribe	Purdue Pharma L.P.	1:2018op45531	5/4/2018	Ohio Northern District Court	Racketeer Influenced and Corrupt Organizations
37	St. Croix Chippewa Indians of Wisconsin	McKesson Corporation	1:2018op45367	4/6/2018	Ohio Northern District Court	Personal Injury: Health Care
38	Standing Rock Sioux Tribe	Purdue Pharma L.P.	1:2018cv00027	2/12/2018	North Dakota District Court	Racketeer Influenced and Corrupt Organizations
	Standing Rock Sioux Tribe	Purdue Pharma L.P.	1:2018op45220	2/28/2018	Ohio Northern District Court	Racketeer/Corrupt Organization
39	Swinomish Tribe	Purdue Pharma L.P.	2:2018cv00980	7/2/2018	Washington Western District Court	Racketeer/Corrupt Organization
40	The Blackfeet Tribe of the Blackfeet Indian Reservation	AmerisourceBergen Drug Corporation	4:2018cv00089	6/22/2018	Montana District Court	Racketeer Influenced and Corrupt Organizations
41	Tulalip Tribes	Purdue Pharma L.P.	2:2018cv00617	4/27/2018	Washington Western District Court	Racketeer Influenced and Corrupt Organizations
	Tulalip Tribes	Purdue Pharma L.P.	WAW/2:18-cv-00617	5/1/2018	Judicial Panel on Multidistrict Litigation	Other
	Tulalip Tribes	Purdue Pharma L.P.	1:2018op45589	5/17/2018	Ohio Northern District Court	Racketeer Influenced and Corrupt Organizations
42	Turtle Mountain Band of Chippewa Indians	Purdue Pharma L.P.	1:2018op45521	5/3/2018	Ohio Northern District Court	Racketeer Influenced and Corrupt Organizations
43	Walker River Paiute Tribe of The Walker River Reservation	McKesson Corporation	1:2018op45698	6/8/2018	Ohio Northern District Court	Racketeer Influenced and Corrupt Organizations
44	Yurok Tribe	Purdue Pharma L.P.	3:2018cv01566	3/12/2018	California Northern District Court	Racketeer Influenced and Corrupt Organizations
	Yurok Tribe	Purdue Pharma L.P.	CAN/3:18-cv-01566	3/14/2018	Judicial Panel on Multidistrict Litigation	Other
	Yurok Tribe	Purdue Pharma L.P.	1:2018op45311	3/30/2018	Ohio Northern District Court	Racketeer Influenced and Corrupt Organizations

APPENDIX J: Survey, Tribal Resources to Address the Opioid Epidemic 7 Health & Behavioral Health

APPENDIX K: Survey, Tribal Resources to Address the Opioid Epidemic ? Law Enforcement

On June 5, 2017, Governor Doug Ducey declared a public health emergency, due to the alarming number of opioid-related overdoses and deaths, and called for a statewide effort to reduce opioid deaths in Arizona.

The Inter Tribal Council of Arizona, Inc. is assessing Tribal access to resources to address the opioid epidemic in their communities.

Inquiries about this questionnaire can be directed to Nicholet Deschine Parkhurst, Public Health Emergency Preparedness Policy Analyst, at Nicholet.DeschineParkhurst@itcaonline.com.

Thank you.

* 1. Respondent Information

Name

Title

Tribe

Agency, Division, or
Organization Name

City/Town

State

Email Address

Phone Number

* 2. Which of the following statements best describes the Tribe's access to opioid-related health data to monitor trends and patterns pertaining to their members?

Types of opioid-related health data *may* include opioid overdose deaths, opioid overdoses, opioid use disorder, neonatal abstinence syndrome, opioid prescriptions dispensed, etc.

(Mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> The Tribe manages their own database to monitor opioid-related health trends and patterns. | <input type="checkbox"/> The Tribe <i>does not</i> have access to opioid-related health data about our members. |
| <input type="checkbox"/> The Tribe has an agreement/collaborates with outside agencies who share data with the Tribe about opioid-related health trends and patterns. | <input type="checkbox"/> The Tribe <i>does not</i> currently manage their own database but has an interest in managing their own database to monitor opioid-related health trends and patterns about our members. |
| <input type="checkbox"/> The Tribe does not have their own database to monitor opioid-related health trends and patterns. | <input type="checkbox"/> The Tribe <i>does not</i> currently manage their own database but has an interest in collaborating with an outside agency to receive data to monitor opioid-related health trends and patterns about our members. |
- ☐ Please use this space to share any additional information about the Tribe's current access or lack of access to opioid-related health data as it pertains to the Tribe's members.

* 3. What types of opioid-related health data, pertaining to their members, does the Tribe have access to?
(Mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Suspected opioid deaths | <input type="checkbox"/> Neonatal Abstinence Syndrome |
| <input type="checkbox"/> Suspected opioid overdoses | <input type="checkbox"/> Opioid prescriptions dispensed |
| <input type="checkbox"/> Opioid use disorders | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other (please specify) | |

4. Please name the agency(s), if any, the Tribe has an agreement/collaborates with to receive Tribal specific opioid-related health data.

Tribal Resources To Address The Opioid Epidemic - Health & Behavioral Health

* 5. How many prescription drug drop-off locations are located within the Tribe's boundaries? If there are no locations, enter 0, otherwise enter a full number.

* 6. Is your agency/office a prescription drug drop-off location?

- ☐ Yes
- ☐ No
- ☐ I don't know

* 7. Does your agency currently host their own community drug take back event(s) or partner with an outside agency(s) or organization(s) to provide a community drug take back event(s)?

- ☐ Yes, we partner with an outside agency(s) or organization(s) (please specify in the comment box the agencies/organizations you have partnered with)
- ☐ Yes, we host our own event
- ☐ No
- ☐ I don't know
- ☐ Other (please specify)

Tribal Resources To Address The Opioid Epidemic - Health & Behavioral Health

* 8. Please describe your agency's capability to treat individuals with Opioid Use Disorder in the community (within Tribal boundaries) or if an individual has to receive treatment elsewhere.

* 9. Does your agency offer Medication Assisted Treatment to treat individuals with opioid use disorder?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ Other (please specify)

* 10. Does your agency offer any of the following medication(s) to treat individuals with opioid use disorder?
(Mark all that apply)

- ☐ Methadone
- ☐ Buprenorphine
- ☐ Naltrexone
- ☐ None of the above
- ☐ Other (please specify)

* 11. Please briefly describe any limitations to access opioid treatment (e.g. staffing, age restrictions, limited Medication Assisted Treatment (MAT) options, transportation).

* 12. Do you believe the Tribe has access to adequate and sufficient resources to address opioid abuse, to treat opioid overdoses, and to prevent opioid overdose deaths in their community?

- ☐ Yes
- ☐ No (please specify in comment box the resources you believe the Tribe needs)
- ☐ I don't know
- ☐ Other (please specify)

* 13. Would you like to discuss, more in depth, how opioids have impacted the Tribe and the Tribe's access to or lack of resources to address the opioid crisis?

☐ Yes, I may be interested.

☐ No, thank you.

14. Additional Comments:

Thank you for your time.

If you have inquiries about this questionnaire or would like to share your agency's involvement and efforts addressing opioids in the Tribe's community please reach out to us:

Nicholet Deschine Parkhurst
Public Health Emergency Preparedness Policy Analyst
Nicholet.DeschineParkhurst@itcaonline.com

Thank you.

On June 5, 2017, Governor Doug Ducey declared a public health emergency, due to the alarming number of opioid-related overdoses and deaths, and called for a statewide effort to reduce opioid deaths in Arizona.

The Inter Tribal Council of Arizona, Inc. is assessing Tribal access to resources to address the opioid epidemic in their communities.

Inquiries about this questionnaire can be directed to Nicholet Deschine Parkhurst, Public Health Emergency Preparedness Policy Analyst, at Nicholet.DeschineParkhurst@itcaonline.com or Nathan Nixon, Emergency Preparedness Coordinator and Public Safety Programs Director, at Nathan.Nixon@itcaonline.com.

Thank you.

* 1. Respondent Information

Name

Title

Tribe

Agency, Division, or
Organization Name

City/Town

State

Email Address

Phone Number

* 2. Has your agency received naloxone training?

☐ Yes

☐ No

☐ I don't know

* 3. Which agency or organization delivered the naloxone training?

* 4. When did your agency last receive naloxone training? Please enter a date.

Tribal Resources To Address The Opioid Epidemic - Law Enforcement

* 5. What are the barriers (if any) your agency has experienced to receiving naloxone training?
(e.g. not aware of where to receive training, not eligible for training, scheduling conflicts, funding issues, we don't need training, only some of our staff were trained, other)

Tribal Resources To Address The Opioid Epidemic - Law Enforcement

* 6. Has your agency received naloxone kits?

☐ Yes

☐ No

☐ I don't know

Tribal Resources To Address The Opioid Epidemic - Law Enforcement

* 7. Who did your agency receive naloxone kits from?

Please list agency(s), organization(s), or if your agency purchased kits on their own.

Tribal Resources To Address The Opioid Epidemic - Law Enforcement

* 8. What are the barriers (if any) your agency has experienced to receiving naloxone kits?

(e.g. not aware of where to receive naloxone kits from, funding issues, we don't need naloxone kits, other)

Tribal Resources To Address The Opioid Epidemic - Law Enforcement

* 9. Has your agency experienced any of these issues in the past 6 months? (Mark all that apply)

- ☐ Receiving naloxone training.
- ☐ Ordering new naloxone kits.
- ☐ Replacing administered (used) naloxone kits.
- ☐ Administering naloxone.
- ☐ We have not experienced any issues.
- ☐ Other (please specify)

* 10. Does your agency anticipate having any of these issues in the future? (Mark all that apply)

- ☐ Receiving naloxone training.
- ☐ Ordering new naloxone kits.
- ☐ Replacing administered (used) naloxone kits.
- ☐ Administering naloxone.
- ☐ We do not anticipate experiencing any issues in the future.
- ☐ Other (please specify)

* 11. Does your agency have a method to document administered naloxone?

- ☐ Yes
- ☐ No
- ☐ I don't know

Tribal Resources To Address The Opioid Epidemic - Law Enforcement

* 12. How many prescription drug drop-off locations are located within the Tribe's boundaries? If there are no locations, enter 0, otherwise enter a full number.

* 13. Is your agency/office a prescription drug drop-off location?

- ☐ Yes
- ☐ No
- ☐ I don't know

* 14. Does your agency currently partner with an outside agency(s) or organization(s) to provide a community drug take back event(s)?

- ☐ Yes
- ☐ No
- ☐ I don't know

Tribal Resources To Address The Opioid Epidemic - Law Enforcement

* 15. Which agencies or organizations do you partner with to provide a community drug take back event(s)?

Tribal Resources To Address The Opioid Epidemic - Law Enforcement

* 16. Has the Tribe enacted a law (e.g. Good Samaritan, 911 Drug Immunity) that provides some form of immunity from arrest, charge, or prosecution for certain controlled substance possession and paraphernalia offenses when a person who is either experiencing an opiate-related overdose or observing one calls 911-emergency or seeks medical attention?

- ☐ Yes
- ☐ No
- ☐ I don't know

* 17. Has the Tribe enacted a law that allows ancillary law enforcement (e.g. probation officers, detention officers, police aides, corrections employees) to administer naloxone and to release them from civil liability?

- ☐ Yes
- ☐ No
- ☐ I don't know

* 18. Does your agency have a policy/protocol in place to refer individuals who were administered naloxone or persons with a suspected opioid overdose to available resources?

- ☐ Yes
- ☐ No
- ☐ I don't know

* 19. Would you like to discuss, more in depth, how opioids have impacted the Tribe and the Tribe's access to or lack of resources to address the opioid crisis?

- ☐ Yes, I am interested.
- ☐ I may be interested.
- ☐ No, thank you.

20. Additional Comments:

Thank you for your time.

If you have inquiries about this questionnaire or would like to share your agency's involvement and efforts addressing opioids in the Tribe's community please reach out to us:

Nicholet Deschine Parkhurst
Public Health Emergency Preparedness Policy Analyst
Nicholet.DeschineParkhurst@itcaonline.com

Nathan Nixon
Emergency Preparedness Coordinator
Public Safety Programs Director
Nathan.Nixon@itcaonline.com

Thank you.