



MAY 02 2017

Indian Health Service
Rockville MD 20857

Dear Tribal and Urban Indian Organization Leader:

I am writing to provide an update on efforts by the Indian Health Service (IHS) to combat the opioid epidemic facing American Indian and Alaska Native (AI/AN) communities.

In March 2017, the IHS established the IHS National Committee on Heroin, Opioid, and Pain Efforts (HOPE Committee) through an official charter. The HOPE Committee is comprised of multidisciplinary members with professional backgrounds in pharmacy, medicine, nursing, and behavioral health. The HOPE Committee will work from a framework based on six elements: 1) Establishing IHS policies; 2) Training Health Care Providers; 3) Ensuring Effective Pain Management; 4) Increasing Access to Naloxone; 5) Expanding Medication Assisted Treatment (MAT); and 6) Reducing the Inappropriate Use of Methadone.

Establishment of the HOPE Committee was a recognition of the critical attention needed to address the ongoing threats of the opioid epidemic. The HOPE Committee is an important elevation of the important work being done by the IHS National Prescription Drug Workgroup, established in 2012, tasked with promoting appropriate and effective pain management, reducing prescription pain medication misuse and overdose deaths, focusing efforts on pregnant women with opioid use disorder, and improving access to culturally appropriate treatment.

I would also like to present accomplishments and ongoing work in the six areas noted above that demonstrate the IHS commitment to combatting the opioid epidemic while ensuring effective and optimal pain management.

Our policy work includes updating the Indian Health Manual (IHM) Chapter 30 "Chronic Non-Cancer Pain," implemented in 2013, to align with the Centers for Disease Control and Prevention "Guideline for Prescribing Opioids for Chronic Pain." The purpose of Chapter 30 is to provide guidance for effective assessment, diagnosis, and treatment of chronic non-cancer pain to assist IHS providers. In 2016, IHS implemented IHM Chapter 32 "State Prescription Drug Monitoring Programs" (PDMP), a groundbreaking policy regarding opioid prescribing which requires certain healthcare providers working in IHS federal-government-operated facilities to check PDMP databases prior to prescribing opioids. The policy was one of the first such actions taken by any federal agency involved in direct medical care.

In 2016, the IHS implemented a mandatory training course, entitled “IHS Essential Training on Pain and Addiction.” The purpose of this training is to ensure that providers have the knowledge needed to appropriately and effectively prescribe controlled substance medications. As of December 2016, the IHS trained 96 percent of our providers who are required to attend the training. Many Tribal and Urban Indian providers have also taken advantage of the no-cost training.

To assist providers as they provide effective and optimal pain management, the IHS maintains two Websites on Pain Management (established April 2014), available at <https://www.ihs.gov/painmanagement>, and Opioid Use Disorder Management (established December 2015), available at <https://www.ihs.gov/odm>, which provide resources, current clinical guidelines, and best practices for providers in the Indian health system. The IHS, in an ongoing partnership with the University New Mexico Pain Center, also offers IHS, Tribal, and Urban Indian providers with weekly, real-time consultation with experts in the field of pain management and additional Web-based educational services.

In December 2015, the IHS signed a memorandum of agreement with the Bureau of Indian Affairs (BIA) to increase access to naloxone, a medication that reverses the effects of heroin or prescription opioid overdose and saves lives. The agreement provides BIA law enforcement officers with training and naloxone rescue kits for responding to incidents of opioid overdose. This partnership has put naloxone in the hands of law enforcement officers, who are often the first responders to incidents of opioid overdose in Tribal communities. As of December 2016, the IHS trained and provided emergency naloxone kits for two hundred eighty four BIA law enforcement officers.

The IHS is working to increase access to MAT, the use of medications with counseling and behavioral therapies, to treat opioid use disorders, and also to increase the number of primary care providers who have been trained to prescribe MAT. In 2016, IHS held training in the Bemidji Area and plans to host more training in 2017 and beyond.

Finally, the IHS is actively working to reduce the use of methadone for pain management. Recent guidelines released by the Centers for Disease Control and Prevention pointed to several studies showing that the use of methadone in the treatment of chronic pain was associated with a much high number of overdose deaths compared to other opioid pain relievers. IHS is monitoring the inappropriate use of methadone, educating providers, and ensuring our policy states this medication should be not used as a first line pain management therapy.

Page 3 – Tribal and Urban Indian Organization Leader

Together, we can continue to provide safe and effective pain management and prevent opioid misuse for AI/AN communities. If you have questions about IHS efforts to combat the opioid epidemic, please contact Dr. Beverly Cotton, Director of the Division of Behavioral Health, by e-mail at DBH@ihs.gov or by phone at (301) 443-2038.

Sincerely,

/Chris Buchanan/

RADM Chris Buchanan, R.E.H.S., M.P.H.
Assistant Surgeon General, USPHS
Acting Director