Direct Service Tribal Advisory Committee

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Suicide Crisis in AI/AN Communities

- In 2007-2009, AI/AN death rates to 2008 US all races death rates:
  - Suicide – 60 percent greater
- Suicide is the 2nd leading cause of AI/AN deaths for ages 15 to 24 years

IHS' Strategy to Combat Suicide

- National AI/AN Suicide Prevention Strategic Plan
- Zero Suicide
- Suicide Crisis Response
- Methamphetamine and Suicide Prevention Initiative
- FY 2016 Increased Funding
  - MSPI Expansion

National AI/AN Suicide Prevention Strategic Plan

- The National AI/AN Suicide Prevention Strategic Plan was designed to combat suicide in AI/AN communities.
- The AI/AN Suicide Prevention Strategic Plan uses eight comprehensive goals and supporting objectives.
- Define the steps needed to significantly reduce and prevent suicide and suicide-related behaviors in AI/AN communities.
- The strategic plan mirrors the National Strategy for Suicide Prevention.
- Which includes a goal to establish suicide prevention as a core responsibility of health systems.

Zero Suicide

- Goal that every suicide is preventable.
- Focuses on improving the care provided in the healthcare system.
- IHS hosted a Zero Suicide Training Academy for IHS Tribal Healthcare Facilities in December 2015, in partnership with SAMHSA and the Suicide Prevention Resource Center.
- Ten pilot sites began December 2015.
  - Participating site information can be requested by email at dbh@ihs.gov

Suicide Crisis Response

- AI/AN communities experiencing suicide and suicide clusters
  - Response requires a tailored approach provided and suicide prevention and intervention resources.
- Promotes the use and development of evidence-based and practice-based models that represent culturally-appropriate prevention and treatment approaches from a community-driven context.
- IHS is working on suicide crisis response guidelines and hopes to publish those in 2016.

Methamphetamine and Suicide Prevention Initiative

- Nationally-coordinated program started in 2009
  - Pilot demonstration project for 130 IHS, Tribal, and Urban Indian health programs
- Focusing on providing methamphetamine and suicide prevention and intervention resources.
- Promoted the use and development of evidence-based and practice-based models.
- Culturally-appropriate prevention and treatment approaches to methamphetamine abuse and suicide prevention from a community-driven context.

MSPI Accomplishments 2009-2015

- MSPI resulted in over 12,200 individuals entering treatment for methamphetamine abuse.
- More than 16,560 substance use and mental health disorder encounters via telehealth.
- >16,250 professionals and community members trained in suicide crisis response.
- >690,590 encounters with youth provided as part of evidence-based and practice-based prevention activities.

MSPI Cohort I

- September 2015, IHS announced the award of 118 grant totaling $13,237,000 million
  - Purpose Area 1: Community and Organizational Needs Assessment and Strategic Planning
  - Purpose Area 2: Suicide Prevention, Intervention, and Postvention
  - Purpose Area 3: Methamphetamine Prevention, Treatment, and Aftercare
  - Purpose Area 4: Generation Indigenous Initiative Support

MSPI Cohort I

- The goal of the purpose areas:
  - Increase capacity to operate successful methamphetamine prevention, treatment, and aftercare services and suicide prevention, intervention, and postvention services.
  - Identify and address suicide ideations, attempts, and contagions among AI/AN.
  - Promote positive AI/AN youth development and family engagement through the implementation of early intervention strategies to reduce risk factors for suicidal behavior and substance abuse.

MSPI Expansion

- Methamphetamine and Suicide Prevention Initiative
  - 118 total projects
    - 3 Purpose Area #1; 47 Purpose Area #2; 19 Purpose Area #3, & 49 Purpose Area #4
- FY 2016 Increased Funding
  - $10 million to expand MSPI – Purpose Area #4 and provide additional behavioral health providers in AI/AN communities who specialize in children, youth, and families

Substance Use and Medication Assisted Treatment

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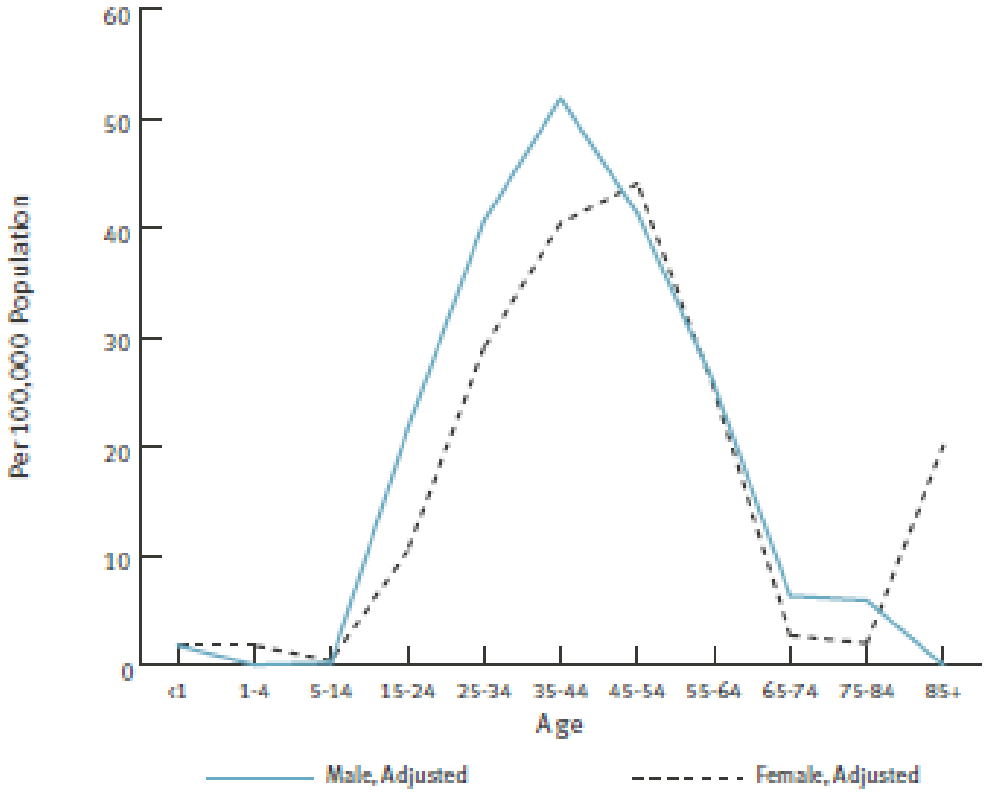
Alarming Statistics for AI/ANs

- In 2007-2009, AI/AN death rates to 2008 US all races death rates:
  - Suicide – 60 percent greater
  - Alcohol-related – 520 percent greater
  - Motor Vehicle Crashes – 207 percent greater
  - Unintentional Injuries – 141 percent greater
  - Homicide – 86 percent greater

Drug-Related Death Rates

Chart 6.2 **Drug-Related Death Rates by Age and Sex**

American Indians and Alaska Natives (2007-2009)

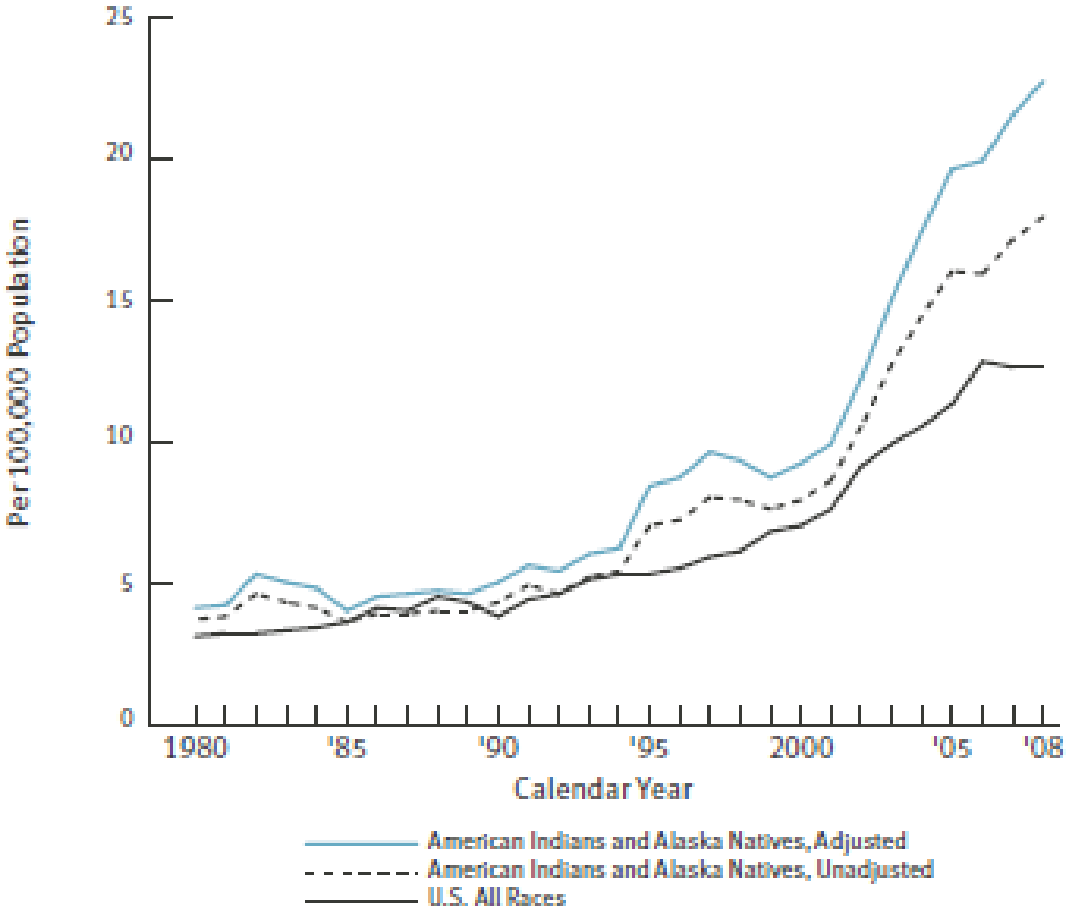


Substance Use Disorders

- Substance use disorders include prescription drug abuse, also called opioid addiction.
- Opioids are a growing problem as more and more people misuse opioids.
- People get a “high” by taking their own prescriptions improperly, stealing medications, going to multiple doctors to get extra, or buying them from drug dealers.

Drug Related Death Rates

Chart 6.1 Age-Adjusted Drug-Related Death Rates



IHS National Prescription Drug Abuse Workgroup 2012

- Patient Care
  - Standardized EHR Documentation
  - Expanded treatment programs through IHS TBHCE
- Policy
  - Chronic non-cancer pain management policy/IHS Pain Management Website
- Monitoring
  - PDMP /Urine Drug Screening Best Practice Guidelines
- Disposal/Storage
- Enforcement
  - Support Tribal Leaders in the development of Wellness Courts
- Education
  - IHS Mandatory training for prescribers

Increasing the Use of Naloxone

- Recognized in 2012 as a Priority by the PDA Workgroup
- IHS partnership with BIA Law Enforcement 2016
  - Targets overdoses
  - Provides BIA Law Enforcement with Opioid Over Dose Toolkit and Training
  - Co-prescribing: IHS has developed a toolkit to provide resources regarding patient home-use of intranasal naloxone

Medication Assisted Treatment

- Recognized in 2012 as a PDA Workgroup Priority
- IHS conducted an inquiry of all IHS Area Chief Medical Officers on the availability of MAT in IHS and Tribal healthcare facilities within their service areas.
  - There are 8 tribal and no federal facilities with MAT programs.
  - There are 19 federal and 6 tribal facilities with Pain Management programs.
  - There are 16 tribal and 12 federal providers with prescription waivers.
  - Six tribal programs have MAT policies and procedures.
  - A total of 15 pain management policies and procedures exist: 11 federal; 4 tribal.

Presidential Memorandum -- Addressing Prescription Drug Abuse and Heroin Use

- Recognized in 2012 as a PDA Workgroup Priority
- October 2015 in response to the epidemic of prescription pain medication and heroin deaths -- especially opioid pain medications.
  - Ensure that medical professionals receive adequate training on appropriate pain medication prescribing practices
  - Increase access to Medication Assisted Treatment

What is Medication-Assisted Treatment?

- Medication-assisted treatment is treatment for addiction that includes:
  - The use of medicine
  - Counseling
  - Support systems
- Treatment that includes medication is often the best choice for opioid addiction.
- If a person is addicted, medication allows him or her to regain a normal state of mind, free of drug-induced highs and lows.

MAT Care Team

- Prescribing Health Care Provider
- Counseling or Behavior Therapy
- Support Staff
- Community/Support Services

Prescribing Health Care Provider

- Provide MAT Prescription
- Monitors and adjusts to Ensure Therapeutic Dosing
- Meets with Clients Routinely
- Meets with MAT Regularly to Discuss Patient Progress

Counseling or Behavior Therapy

- Provides Substance Use Disorder Therapy
- May Use clinical Tools to Monitor Compliance
- Provides Insight to the MAT Care Team
- Meets on a More Frequent Basis to Discuss Patient Progress

Clinical Support Staff

- Provides Non-Judgement Care to Clients
- Utilizes Trauma-Informed Care Practices
- Works with Client to Schedule Appointments to ensure Care is Patient Centered
- May Help Coordinate Between the Prescriber and Counselor to Promote Integration of Care

Community/Support Services

- Provides Wrap Around Services to Clients
- Ensure Patient Needs are Met While Client Engages Treatment
- Provides a Safe Place or Support Network with Others in Recovery

Opioid Addiction is a Chronic Disease

- Taking medication for opioid addiction is like taking medication to control heart disease or diabetes.
- It is NOT the same as substituting one addictive drug for another.
- Used properly, the medication does NOT create a new addiction.
- It helps people manage their addiction so that the benefits of recovery can be maintained.

Three Choices for Medication

- Methadone
- Buprenorphine
  - Methadone and buprenorphine trick the brain into thinking it is still getting the problem opioid.
  - The person feels normal, not high, and withdrawal does not occur.
  - Reduces cravings.
- Naltrexone
  - Overcomes addiction in a different way.
  - Blocks the effect of opioid drugs.
  - Takes away the feeling of getting high if the problem drug is used again.
  - Good choice to prevent relapse.

Prescribing MAT

- Methadone – dispensed only at a specially licensed treatment center
  - Access is an issue for rural AI/AN communities
- Buprenorphine and naltrexone – dispensed at treatment centers or prescribed by doctors with special training and approval to prescribe MAT

Is MAT safe?

- People can safely take treatment medication as long as needed – for months, a year, several years, even for life.
- Methadone and buprenorphine must be stopped gradually.
- Naltrexone does not cause withdrawal.

Increasing Access to MAT in AI/AN Communities

- IHS is seeking opportunities to increase the number of primary care physicians with training and certification to prescribe MAT.
- Pharmacies are participating in prescription drug monitoring programs.
- Increasing access to behavioral health integration for therapy and counseling.

Next Steps

- Train IHS, Tribal, and Urban (I/T/U) Indian providers on appropriate opioid prescribing
- Increase the number of physicians who are able to prescribe MAT
- Train BIA law enforcement officers to administer naloxone to reverse opioid and heroin overdoses

Thank You

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