

## Northwest Portland Area Indian Health Board

Behavioral health committee meeting at the July Virtual QBM, July 14, 2020:

**Attendees:** Ali Desautel with Kalispel; Darryl Scott with Warm Springs; Aliza Brown with Quinault; Marilyn Scott with Upper Skagit; Julie Taylor with CTUIR; Vicki Lowe with the State of WA; Sue, Danica, Candice, and Colbie from NPAIHB

- Kalispel is very full with behavioral health and have 2 people on call because it is so busy. North office is full and South office only has a handful of space left. Doing face to face.
- Quinault – using Zoom and Doxy to do telehealth so can now provide services for more hours each day. COVID numbers in the county are more than doubling so will continue with tele-services and trying to improve them and promote the services in the community. Appointments have been steady and the cell phones that HCA sent the Tribe have been very helpful. Will pull data on the appointments and no-show rates.
- Danica updated committee on the Behavioral Health Environmental Scan to lead into an ECHO.
- Marilyn Scott with Upper Skagit – Busy with tribal council meetings to create protocols during this time of COVID. Lots of virtual meetings. Have not been able to get whole advisory group together for CHAP/BHAP but check in's have helped. Behavioral Health Act legislation passed last session which was great to help increase access to care for AI/ANs in the State of WA – recognized the need for Tribal Crisis Response and recognizing tribal court orders when the need is there. The tribal representatives that helped with this Act & Senator McCoy was invaluable and everyone was able to answer questions that other had during the process and it was passed the first time it went through which is great!!
  - National SAMHSA TTAC meeting went well virtually
  - Update: NWIC partnering with BHAC and Danica is working on getting Digwalic information added to the curriculum
- Danica described some courses that she is developing for the BHAC.
- Julie asked if we still have a NPAIHB behavioral health plan and Danica said it probably needs to be updated to also include tele-health because of COVID. **Danica will email committee members the current Behavioral Health Plan.**
- Vicki Lowe wanted everyone to know that the AIHC-WA has COVID-19 resources on their website so check them out! <https://aihc-wa.com/>
- Vicki Lowe wanted to add that they are also looking at the newly approved CHAP policy to see how we can begin implementing BHA's in Washington State in coordination with the Tribal Crisis Coordination hub that we will be standing up in the next few months. Sue will follow up.
- Colbie & Danica announced the CDC Supplemental award the NPAIHB received for "COVID-19: Prevention of suicide, intimate partner violence and adverse childhood events (ACEs) in Indian Country"
  - Requested any contacts folks have of anyone who needs more work right now and has available hours to contract with the Health Board to possibly help us do the work of this 1 year grant that ends in early July 2021.
  - Requested any Tribe that may be interested in a mini-grant to contact the Health Board too
  - We will let everyone know more about this grant in mid-August when we finalize the scope of work for CDC
- Sue shared the passing of IHS Circular 20-06 for CHAP Nationalization



# Tribal Opioid RESPONSE

Healing our Nations Together

National Strategic Agenda

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*Eric Davis, LCSW, shares information about behavioral health counseling with a client at the Siletz Community Health Clinic Medication-Assisted Treatment (MAT) program.*



*All staff meeting at didg<sup>w</sup>álič Wellness Center, a tribal out-patient substance use treatment program that offers individual and group counseling, medication-assisted treatment, primary medical care, acupuncture, and social worker case management all under one roof.*

## Letter from Executive Director

Opioid misuse has deeply impacted American Indian and Alaska Native (AI/AN) people, and in many tribal communities it is impossible to find a single person whose family has been left unscathed. Across Indian Country we have seen opioid addiction challenge our people's ability to do fulfilling work, maintain strong family ties, and participate in important cultural and community activities that bind us to our land, ancestors, and traditions. After witnessing the devastating effects of this epidemic, many of us are ready for a change.

To support tribal communities in healing our relatives and relations, the Northwest Portland Area Indian Health Board (NPAIHB), alongside tribal policymakers, national experts, service providers, and community members, developed this strategic agenda.

What became strikingly clear through these efforts is that turning the tide of the epidemic will likely require a holistic approach in which tribal, regional, state, and federal actors unite to develop a common vision. It is our hope that this agenda will serve as a guide that illuminates a common path forward so that the tragedies that have befallen tribal communities will not burden future generations.

Opioid misuse has caused enough suffering for American Indian and Alaska Native people, and we are ready to heal our communities. By working together to incorporate harm reduction policies, educate our people about the potential harms of opioids, ensure access to medication assisted treatment and naloxone, and provide community-based care that is responsive to the needs of those affected, we can offer support those who are struggling and prevent the loss of more our people to opioids.

Please join us in turning the tide against the tribal opioid epidemic. Together we are stronger, and together we can harness the strength of our sovereign tribal governments to enact cross-cutting policies that can halt the epidemic in its tracks.

In health and healing,

**Laura Platero, JD**  
Executive Director  
Northwest Portland Area Indian Health Board









*Opioids impact us all. We can heal our communities through educating ourselves and others about opioids and taking action to help our relatives and relations recover.*

## Introduction

**The opioid epidemic has had profound effects on tribal communities. Since 1999, deaths due to drugs among American Indian and Alaska Native (AI/AN) people have quadrupled, and in 2017, Native people had the second-highest opioid death rate of any group in America. Across Indian Country, we have seen families torn apart, jobs lost, rising homelessness, the spread of disease, and impacts on community members' ability to participate in aspects of their culture.**

In response, the Northwest Portland Area Indian Health Board (NPAIHB), along with our partner, the National Indian Health Board (NIHB), developed this strategic agenda designed to comprehensively address the tribal opioid epidemic. The recommendations included are based on input from tribal policymakers, service providers, and community members; insights from national and regional experts; and feedback from people living with opioid use disorder (OUD). We want to specifically thank the attendees of the Indian Country roundtable at the 12th National Harm Reduction Conference, White Earth Nation 8th Annual Native Harm Reduction Summit, and the 10th Annual National Tribal Public Health Summit. This National Strategic Agenda would not be possible without input provided from attendees from these meetings.





Recommendations in this agenda span a wide breadth and include calls to action in several key actions areas through which we can all create measurable progress, help our relatives and relations walk the road to recovery, and prevent future opioid-related deaths.

**These key action areas include:**

- 1.** Preventing New Cases of OUD
- 2.** Offering Tribal, Evidence-based, and Practice-based Treatment and Recovery Services
- 3.** Protecting Mothers and Babies Affected by OUD
- 4.** Incorporating Harm Reduction into Tribal Treatment and Recovery Services
- 5.** Utilizing Data to Mount an Effective Community Response
- 6.** Growing the Evidence Base for Effective Tribal Opioid Interventions
- 7.** Cultivating Responsive Communities, Clinics, and Policies



It is our hope that, when appropriate, you are able to adapt the innovative approaches included in this agenda to meet your community's needs through educating our community members about the potential harms of opioids, incorporating harm reduction policies, ensuring access to life saving treatments, and including the recommendations of those affected, we can all begin to walk the path toward healing.

*It takes a community to prevent new cases of opioid use disorder, and medical professionals can play a key role in this effort.*





# ACTION #1:

## Preventing New Cases of Opioid Use Disorder

Preventing new cases of OUD among AI/ANs is essential to ending the tribal opioid epidemic. There are many ways to approach this - through community education, peer outreach, and tapping into centuries of traditional knowledge. Through integrating these approaches to prevention, we can develop community-tailored interventions that incorporate local norms and cultural practices in order to increase knowledge about the potential harmful effects of opioids.

### 1.1 *Harness the Power of Culture and Tradition*

Cultural practices and traditional teachings are powerful tools that can play a central role in ending the tribal opioid epidemic.

We know that:

- For many AI/AN people, participating in cultural practices is healing
- Many of our communities possess healing traditions and practices
- These practices and traditions can be harnessed through community-based prevention campaigns that integrate culture and evidence-based elements

For instance, some of us are taught that all medicines, whether they are provided by a healer, medicine man, mother nature, or a doctor, contain a powerful spirit, as well as a prescription for good use. For communities that have this teaching, including messaging about medicines' power to both harm and heal can be incorporated into prevention campaign materials.

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*"The first step is understanding that opioid use disorder is a chronic but treatable brain disease, and not a moral failing or character flaw. Like many other chronic medical conditions, opioid use disorder is both treatable, and in many cases, preventable."*

**Jerome M. Adams, MD, MPH,** Vice Admiral, U.S. Public Health Service Surgeon General

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## **1.2 Educate Community Members about Opioids**

Education is an essential element in any community response. Ensuring that community members have accurate information and can identify and debunk myths will help to normalize more positive behaviors and counteract more negative behaviors.

Print and web-based educational campaigns are effective tools that can be used to increase community members' knowledge about opioids and combat stigma.

ODU educational campaigns are more effective when they:

- Address widely held community beliefs, behaviors, and misconceptions
- Incorporate culture and traditional teachings
- Include the voices of people with OUD, youth, and other populations particularly affected by OUD
- Are widely disseminated and visible in the community

For educational materials that you can adapt for your community's needs, visit [npaihb.org/opioid](http://npaihb.org/opioid).

For educational campaigns geared toward AI/AN youth, consider incorporating evidence-based substance use prevention curricula, such as It's Your Game, Keep it Real, and Native STAND. These educational curricula can be found at [healthynativeyouth.org](http://healthynativeyouth.org) and can be used in a variety of settings and adapted to meet the needs of your community's most at-risk youth.

## **1.3 Respect the Power of Medicine**

All medicines contain the power to both harm and heal. When it comes to opioids, medication safety is an important part of prevention.

To prevent medication misuse and diversion:

- Offer medication lock boxes to those prescribed potentially addictive medications
- Provide those who are prescribed addictive medications with knowledge about the potential negative impacts of their prescription
- Offer safe places to dispose of unused or expired medications





Staff meet regularly at didgʷálič Wellness Center to receive training and discuss new admits to the program.

*"I would tell another provider to get their DATA Waiver, because it makes such a difference in your patient's lives... What we're finding is, that if we can treat a patient's withdrawal symptoms [and cravings], allow their brain to heal, get them the services they need with behavioral health and counseling, and decrease barriers to patient success, they have success long term."*

**Lisa Taylor**, FNP, Medical Director, Siletz Community Health Clinic, MAT Program

## **1.4 Educate Your Health Care Providers and Healers**

It takes a community to prevent new cases of OUD, and medical professionals and traditional healers must be considered part of this community as they play a key role in this effort.

Medical providers have the power to reduce the amount of opioid medications available in a community through:

- Following safe opioid prescribing guidelines
- Monitoring prescription drug use





- Explaining to clients the wide spectrum of pain management solutions available to them
- Equipping community members who are prescribed opioids with knowledge that reduces their risk of becoming addicted to their prescription medications, reduces their risk of overdosing on their medications, and prevents their medication from getting into the hands of others who may misuse it

But first, health care providers and healers themselves need to be educated on:

- The proper uses of opioids
- Recognizing the signs of opioid misuse
- Risky drug interactions
- How to talk to community members about the safe use of their prescription medications
- Ways to prevent medication diversion

U.S. Department of Health and Human Services (HHS) offers useful recommendations for promoting the responsible use of opioid medications, safe prescribing resources, and tips for safely disposing of medications at [hhs.gov/opioids/prevention](https://www.hhs.gov/opioids/prevention).

*Oftentimes staff at substance use treatment centers make or break a client's experience. Training your staff to use destigmatizing language and meet clients "where they are at" can be key to successful outcomes.*





## ACTION #2: Offering Tribal, Evidence-based, and Practice-based Treatment and Recovery Services

Because medicines are powerful and opioids can alter an individual's ability to control how and when they use them, it is important to remember that opioid misuse can happen to anyone. Rather than stigmatizing community members with OUD, it is important to support our relatives and relations through providing judgement-free treatment and recovery services that provide a variety of options to meet their needs - including cultural practices, evidence-based and practice-based strategies. It is also key that tribes offer services that are inclusive of all community members, irrespective of gender expression and sexual orientation.

### 2.1 Offer Medication-Assisted Treatment to People with OUD

Medication-assisted treatment (MAT) includes taking certain medications, like buprenorphine, which decrease cravings to take opioids, while also receiving care from a behavioral health counselor. Research demonstrates that MAT is often more successful than either treatment alone. Research also demonstrates that MAT is more successful at helping people with OUD recover than abstinence-based approaches.

For physicians not associated with opioid treatment programs, they must obtain a Drug Addiction Treatment Act (DATA) Waiver in order to be able to prescribe buprenorphine. For more information on securing a DATA Waiver so your providers can prescribe buprenorphine, contact the SAMHSA Center for Substance Abuse Treatment's Buprenorphine Information Center at 866-BUP-CSAT (866-287-2728) or send an email to [infobuprenorphine@samhsa.hhs.gov](mailto:infobuprenorphine@samhsa.hhs.gov).



*Primary care physicians outside of substance use treatment centers can offer medications that can help decrease cravings for opioids. In order to be able to prescribe these important medications, physicians must first secure a DATA Waiver through SAMSHA.*





## 2.2 Remove Barriers to Care

For successful tribal OUD programs, improving access to care often includes:

- Offering free, on-site childcare for patients during the times they attend appointments, classes, and group therapy
- Free transportation to and from appointments, classes, and group therapy
- Transitional housing programs

Accessing these services should be considered a formal part of a treatment plan for a person with OUD. Through removing potential barriers to care – individuals with OUD are better able to:

- Regularly keep clinic appointments
- Meet the goals of their treatment plan
- Successfully participate in treatment and recovery

For many tribal community members, the aforementioned strategies are ways to reduce common barriers to meaningful engagement in treatment and recovery programs. However, each tribal community may face other unique challenges. Therefore, potential barriers to seeking and fully participating in treatment should be regularly assessed.

*For many people with opioid use disorder, insecure housing is one barrier to fully participating in treatment. Offering transitional housing may help your tribal treatment program retain clients.*



## 2.3 Develop an Integrated Treatment Model

Offering an integrated treatment model – where a range of out-patient services are provided under one roof – improves outcomes for patients with OUD.

Research and practice have shown that:

- OUD is often tied to behavioral and mental health issues
- In treating OUD, many individuals benefit from medication assisted treatment (MAT), which requires medical oversight
- Individuals with OUD often benefit from connection to community resources – like food and clothing banks, transportation, job and life skills development, and childcare

As such, providing substance use counseling, along with mental and behavioral health services, primary medical care, and social worker case management under one roof offers individuals with OUD a ‘one stop shop’ for recovery.

Using an integrated model of care:

- Makes it far less likely that individuals with OUD will be lost to follow-up
- Addresses multiple concerns the individual may face – making it easier for them to focus on their recovery
- Provides the opportunity for clinic administrators to formalize team meetings that encourage providers to collaborate across disciplines to support patient successes
- Aids providers in quickly identifying patients who are struggling and providing timely corrective action

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*"In our first year we had a 77% retention rate. Of the 23% who dropped out of treatment, every one of them had one thing in common. That one thing was housing insecurity. Expecting people to maintain consistency in treatment is unreasonable without addressing their housing insecurity."*

**John Stephens**, CEO, didgwálic Wellness Center, Swinomish Indian Tribal Community

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## **2.4 Develop Protocols to Ensure MAT Benefits the Individual and Community**

It is important that tribal clinic administrators and staff develop clear protocols that establish criteria that must be met before patients on MAT are allowed to graduate from receiving daily doses of medications at the clinic to taking ("carrying") medications home. The development of thoughtful carry protocols can stymie medication diversion and misuse in tribal communities offering MAT.

Some effective clinic carry protocols include the requirements that patients must:

- Take a series of educational classes about medication safety
- Demonstrate an understanding of lockbox safety
- Receive a certain number of satisfactory random urinary analyses results, and
- Remain accountable and progressing in their treatment plan for a 60 to 90-day period of daily dosing before they are allowed to take medications home

Creating and consistently applying a medication carry protocol ensures that the medications offered to treat OUD will benefit the health of the individual and the community through decreasing the likelihood of medication diversion and medication misuse.

## **2.5 Develop Comprehensive Recovery Services**

To walk the road to recovery, people with OUD require sufficient discharge coordination and linkages to care after graduating from inpatient treatment facilities or being released from jail.

Needed recovery support for people with OUD often includes:

- Stable housing
- Transportation to/from clinic and court appointments
- Social work services
- Case management
- Medical and behavioral health services
- Food assistance
- Dental health services
- Employment services
- Connections to recovery support services and communities, like Narcotics Anonymous

Because people with OUD are, at times, shamed for participating in community cultural practices, recovery support for some tribal people should also include reintroduction or introduction to cultural healing practices and other ceremonies, like traditional dance, art practices, sweat lodge, and drumming.



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*"As a former family physician, I can tell you it's satisfying seeing people who are complexed with their opioid use disorder who may need something a social worker can provide, and I can say to them 'they are just down the hall.' It's the same with mental health when I can say to a patient 'they're just down the hall.' That type of integration of services is key to keeping people engaged in their treatment and on the path to recovery."*

**Dr. Guilford Traylor**, MD, Medical Director, didgwálic Wellness Center, Swinomish Indian Tribal Community Swinomish Indian Tribal Community

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## 2.6 Offer Ongoing Training to Providers

In order to stay up to date on current treatment protocols, grow their skills to have supportive, effective conversations with patients about problematic opioid use, and implement evidence-based treatments, it is vital for providers (including primary care providers, nurses, psychiatrists, pharmacists, social workers, and others) to:

- Participate in ongoing knowledge and skills-building trainings
- Participate in OUD mentorship programs

The NPAIHB offers free telehealth ECHO trainings for providers on effectively treating complex conditions, like OUD and other substance use disorders (SUDs). To learn how your clinic staff can follow MAT best practices and provide comprehensive care to people with OUD, visit [IndianCountryECHO.org](https://IndianCountryECHO.org).

*Tribal leadership, like tribal citizens, have the purview to act as Indian health policy advocates for policy change on all levels, including federal, state, county, and tribal.*



## 2.7 *Ensure Treatment and Recovery Services are Inclusive*

Many Two Spirit and Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) people have difficulty finding treatment and recovery services where they feel included and accepted. Health care providers can create an affirming environment for Two Spirit and LGBTQ patients by:

- Asking clients how they prefer to be identified
- Adopting policies and practices that affirm clients' identities
- Partnering with Two Spirit and LGBTQ organizations to support prevention, treatment and recovery efforts
- Acknowledging diverse Native concepts of gender and sexual orientation
- Advocating for Two Spirit and LGBTQ people

Two Spirit and LGBTQ patients who feel safe and respected in clinical settings are more likely to access care, communicate openly about their health needs, and build lasting relationships with their health care providers.

Here are some opportunities for health care providers to learn more:

- Further Education:
  - ♦ Fenway Health National LGBT Education Center: [fenwayhealth.org/the-fenway-institute/education/the-national-lgbt-health-education-center](https://fenwayhealth.org/the-fenway-institute/education/the-national-lgbt-health-education-center)
  - ♦ NPAIHB Two Spirit and LGBTQ Resources: [www.npaihb.org/2SLGBTQ](http://www.npaihb.org/2SLGBTQ)
  - ♦ Educational text campaign: Text PROVIDER to 97779
- Collecting Sexual Orientation and Gender Identity Information:
  - ♦ Toolkit for collecting data on sexual orientation and gender identity in clinical settings: [doaskdotell.org](https://doaskdotell.org)
  - ♦ Comprehensive, LGBTQ-Inclusive, Implicit-Bias-Aware, Standardized-Patient-Based Sexual History Taking Curriculum: [www.mededportal.org/publication/10634/](https://www.mededportal.org/publication/10634/)
- Two Spirit Health Resources:
  - ♦ SAMHSA Two Spirit webinars: [www.samhsa.gov/tribal-ttac/webinars/two-spirit](https://www.samhsa.gov/tribal-ttac/webinars/two-spirit)
  - ♦ Indian Health Service (IHS) Two Spirit LGBT resources: [www.ihs.gov/lgbt/health/twospirit](https://www.ihs.gov/lgbt/health/twospirit)
  - ♦ (W)righting Our Relations—Working with and For Two-Spirit Individuals: [www.ymsmlgbt.org/webinars](https://www.ymsmlgbt.org/webinars)
  - ♦ Walking in Good Way—Cultural Considerations when Working with Two-Spirit Individuals: [www.ymsmlgbt.org/nativeamericanresources](https://www.ymsmlgbt.org/nativeamericanresources)



## 2.8 Create New Inroads to Treatment

Creating new pathways to services for community members can improve tribal community members' access to OUD treatment services.

It is recommended that tribes explore:

- Working with local jails and prisons to initiate and/or maintain incarcerated persons on OUD medications
- Collaborating with local hospital emergency rooms to create linkages to treatment for OUD post-discharge

Welcoming individuals into treatment after they have detoxed may decrease their risk of opioid overdose. And opening up a larger spectrum of treatment options available for patients, like naltrexone (which requires a period of abstinence from opioids and alcohol), may make treatment more amenable to a larger number of people.

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*"Our experience is that over 70% of people with opioid use disorder do not have a driver's license. You can build the best program with the best policies and the best personnel, but if the patient can't get there, you are not meeting that patient need."*

**John Stephens**, CEO, didgwálic Wellness Center, Swinomish Indian Tribal Community

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## ACTION #3: Protecting Mothers and Babies Affected by Opioid Use Disorder

Substance use disorder, including OUD, during pregnancy negatively affects a woman's health and the health of her child. There is an urgent need to address the challenges faced by pregnant AI/AN women using opioids, because opioid misuse during pregnancy increases the risk of adverse maternal, perinatal, and neonatal outcomes.

### 3.1 Prevent Neonatal Opioid Withdrawal Syndrome

A lack of upstream interventions for AI/AN maternal opioid misuse results in downstream effects on infants including poor nutrition, inadequate prenatal care, violent environments, sexually transmitted infections, poorer birth outcomes, and neonatal opioid withdrawal syndrome (NOWS).

To effectively address NOWS and maternal OUD, AI/AN mothers and children will benefit from:

- Early identification and intervention of maternal opioid misuse
- Decreased stigma associated with accessing services for OUD
- Knowledgeable health care staff trained in best practices for maternal OUD
- Appropriate healthcare and treatment services, including access to MAT prenatally and postnatally
- Culturally relevant, data-driven treatment options pre- and post-pregnancy
- A continuum of care provided by trusted providers in primary care homes

*"MAT is the standard of care as withdrawal from opioid use can endanger the pregnancy and fetus. The rationale for MAT during pregnancy is to prevent complications of illicit opioid use and narcotic withdrawal, encourage prenatal care and drug treatment, and reduce acquisition of possible infections from drug use."*

**American Academy of Pediatrics,** Recommendations to the Indian Health Service on Neonatal Opioid Withdrawal Syndrome

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*"As many AI/AN women with substance use disorders accessing care have experienced multiple life traumas including adverse childhood experiences (ACES), developmental care of the mother should be organized around empathy for surviving past trauma and understanding the potential impact of trauma on parenting ideas and practices."*

**American Academy of Pediatrics,** Recommendations to the Indian Health Service on Neonatal Opioid Withdrawal Syndrome

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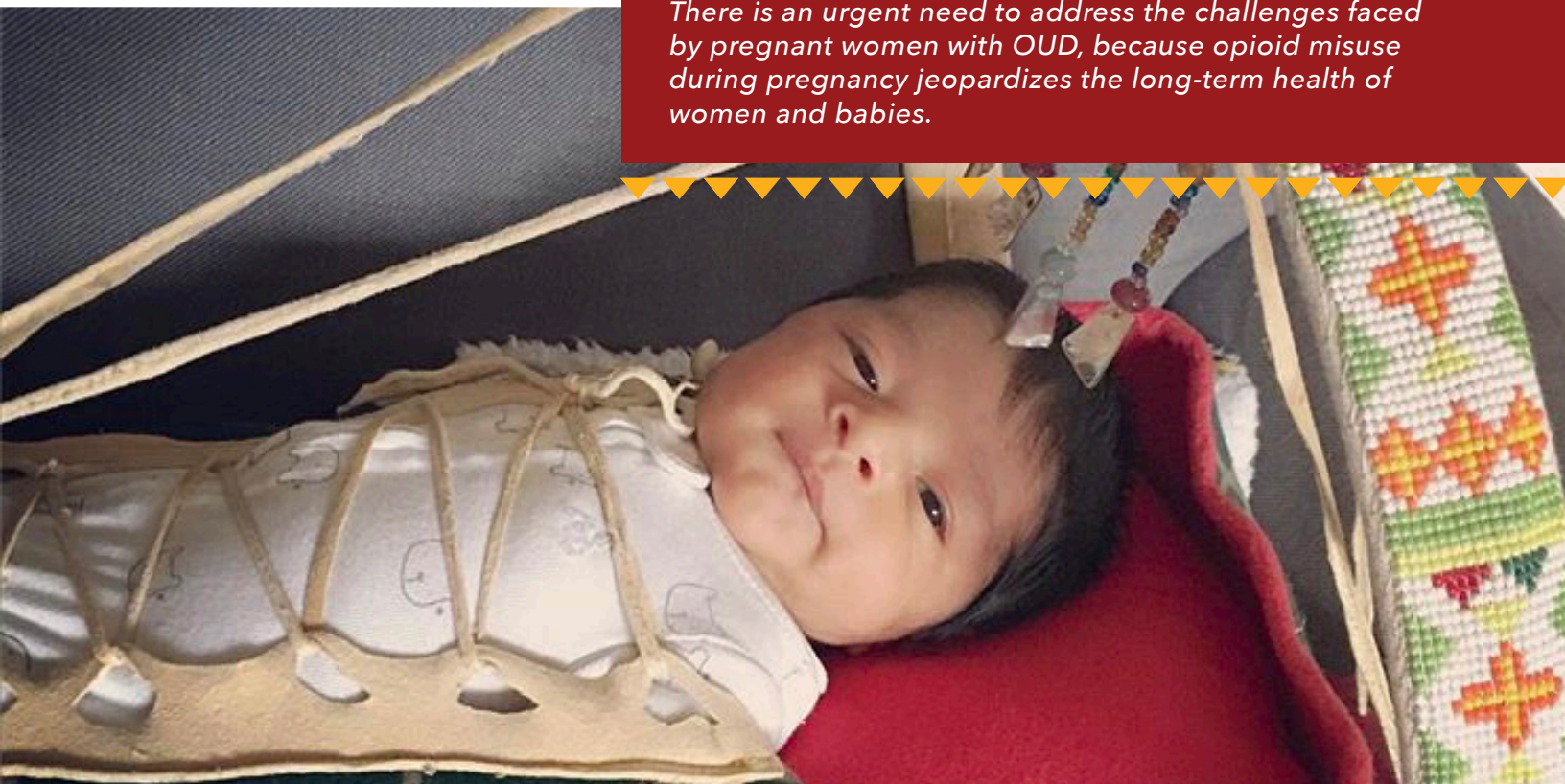
### **3.2 Enhance Care for Neonatal Opioid Withdrawal Syndrome**

For many tribal clinics enhancing care for newborns born with NOWS will, require additional training and reorienting of the service model for expecting mothers. Providing effective care for infants born with NOWS requires a team effort between health care providers and the new mother.

To enhance care for NOWS, it is recommended that clinic administrators:

- Provide staff training about NOWS, clinical best practices, and identifying and treating (or rapidly referring) women with OUD
- Work to reduce stigma among staff

*There is an urgent need to address the challenges faced by pregnant women with OUD, because opioid misuse during pregnancy jeopardizes the long-term health of women and babies.*





*Implementation of programs to foster early universal maternal screening, brief intervention, and referral to treatment of pregnant women with opioid use disorder can improve maternal and infant outcomes.*

- Promote standardized care for expectant mothers with OUD and babies with NOWS
- Meet the needs of the mother “where she is at” through a harm reduction approach
- Provide training for providers on best practices for breastfeeding while on MAT
- Integrate behavioral health, social work, and substance use counseling services in perinatal clinics
- Focus efforts on reducing maternal opioid overdose
- Focus efforts on linking pregnant and post-partum women to services with the goal of keeping mothers and babies together
- Expand wrap around services for pregnant and parenting women that address potential barriers to accessing OUD treatment, including housing, employment, food, security, transportation, and childcare

Utilizing clinical best practices and assuring continuity of care for the supported mother will:

- Decrease the need for medical evacuation
- Promote bonding with family and sustained breastfeeding
- Improve management of infants born with NOWS





## ACTION #4: Incorporating Harm Reduction into Tribal Treatment and Recovery Services

Successful treatment and recovery services for OUD commonly implement a harm reduction approach, where service providers work with individuals with OUD without judgement in order to improve their health, wellbeing, and safety. A harm reduction approach includes working with individuals with OUD to understand their needs, their relationship to opioid use, and their hopes for maintaining their own health – all without requiring that they stop using drugs in order to receive services. It also includes listening to individuals with OUD and making sure that their thoughts, experiences, and recommendations are incorporated into services.

### 4.1 *Train Community Members on Using Naloxone*

Naloxone is a powerful drug that can reverse an opioid overdose within minutes. Naloxone is safe and comes in an easy-to-use nose spray. Training community members on how and when to use it, as well as making naloxone widely available is essential to tackling the tribal opioid epidemic.

It is recommended that:

- People with OUD and their family members, as well as law enforcement, first responders, school staff, and those offering tribal social, medical, and court services be trained on how to recognize a person overdosing from opioids and how to use naloxone nasal spray
- Tribal law enforcement, medical, and social service departments adopt policies that require staff to carry naloxone on their person at all times
- Tribal OUD programs educate the above priority service providers and other community members on how to respectfully and compassionately interact with people with OUD
- Tribal pharmacists are given prescriptive authority over naloxone

*"Unfortunately, stigma has prevented many sufferers and their families from speaking about their struggles and from seeking help. The way we as a society view and address opioid use disorder must change—individual lives and the health of our nation depend on it."*

**Jerome M. Adams, MD, MPH,** Vice Admiral, U.S. Public Health Service Surgeon General



## 4.2 Offer Syringe Service Programs

Syringe service programs (including needle exchange, disposal and dissemination) is one example of a harm reduction strategy that improves the health, safety and wellbeing of people with OUD who inject drugs. Syringe service programs reduce the likelihood of people sharing syringes, and consequently reduce the risk of spreading blood-borne infections (such as HIV or hepatitis C).

It is recommended that tribes develop syringe service programs that:

- Connect people who use drugs with education, counseling, treatment, and resources
- Provide safe syringe disposal, sterile syringes, and naloxone
- Offer testing for certain infectious diseases (like HIV and hepatitis C)
- Reduce the amount of harm individuals with OUD experience until they are ready to seek treatment

## 4.3 Offer Supervised Injection Facilities

Implementing and staffing sites where people with OUD can inject drugs in a medically supervised, safe, and sanitary environment, is another way to reduce the amount of harm people with OUD experience. Typically, at supervised injection facilities, information about drugs and basic health care are offered to those accessing the service, as are treatment referrals, and access to medical staff. Other harm reduction strategies, like needle exchange and disposal, are generally offered at supervised injection facilities. This approach offers a way to connect people who inject drugs with social and medical services. Plus, it protects the safety of people who inject drugs, keeps needles off the streets, decreases the risk of transmission of bloodborne diseases (like HCV and HIV), and decreases the risk of death from opioid overdose.

It is recommended that tribes:

- Explore obtaining tribal support for a tribally run supervised injection facility
- Implement policies that support the development and access to supervised injection facilities
- Provide supervised injection as part of a comprehensive, harm reduction approach to community wellness

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*"It's tough to go get new needles. So... I [use] the same old needle, sharing needles... If there were [syringe exchange programs] where you could go and get a new needle every day... that'd be fantastic."*

**Participant**, National Study of AI/AN Injection Drug Users

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## **4.4 Include People with OUD in the Development and Implementation of Harm Reduction Services**

A harm reduction approach includes listening to individuals with OUD and developing services based on their expressed needs.

It is recommended that tribal opioid programs:

- Include people with OUD on bodies that can inform the development and implementation of community-based services (like community advisory boards)
- Regularly collect data on the current health needs of people with OUD directly from people with OUD
- Use this data to determine critical gaps and unmet needs in current service offerings
- Take action to improve OUD services using an evidence-based approach
- Create opportunities for people in recovery to become a formal part of services offered

## **4.5 Enact Tribal Harm Reduction Policies**

Harm reduction policies are an effective way of addressing the opioid epidemic. Harm reduction policies should be developed and implemented at various levels, including at the health clinic and within social service departments and law enforcement.

Policies can be developed that:

- Terminate drug-related banishment – Our people who are suffering from OUD and other SUDs often require medical attention and behavioral health services to get well. Banning those with OUD from cultural practices, healing ceremonies, and the support of the community is unkind and harmful to their health and recovery.
- Support the development of and access to syringe exchange programs
- Support the development of and access to supervised injection facilities
- Make trainings on recognizing an opioid overdose and administering naloxone mandatory for all law enforcement, first responders, school staff, and those offering tribal social, medical, and court services
- Require tribal law enforcement, medical staff, and social service staff to carry naloxone on their person
- Protect an individual from prosecution who seeks emergency services for themselves or someone else experiencing an overdose (Good Samaritan laws)
- Divert people with OUD from the criminal justice system to treatment and recovery services
- Support people in recovery in their efforts to obtain jobs and housing, regardless of their past criminal involvement





## ACTION #5: Collecting Data to Mount an Effective Community Response

Data is helpful in planning an effective public health response. Collecting and analyzing tribal-level data about OUD is important for understanding the scope of the epidemic in your community. It can help tribes consider where to spend resources to combat the epidemic by describing who is most impacted and how prevention and treatment efforts can be harnessed to help them. Additionally, data can help tribes evaluate the success of community interventions. It can also show where changes could be made in order to better meet people's needs.

It may be helpful to consult with your area Tribal Epidemiology Center (TEC), which may be able to support you in identifying community-, state-, and national-level sources of opioid data, deciding what data you'd like to collect, and developing an opioid data surveillance plan. You can find contact information for your area's Tribal Epidemiology Center by visiting [tribalepicenters.org](http://tribalepicenters.org).

### **5.1** *Find Out What Opioid Data is Available*

In order to understand the landscape of the opioid epidemic in your community, health information and data should be continuously collected and analyzed at regular intervals. This data can be either 'numbers data' (quantitative data collected through efforts like surveys, for example) or 'talking data' (qualitative data collected through efforts like interviews or talking circles, for example). This kind of regular health data surveillance helps tribes plan, implement, and continuously evaluate and improve their community interventions.

In order to perform opioid data surveillance, you can start by creating a list of different sources of opioid data that are available to your tribe. Then you can explore how to get access to this data.

Some common sources of opioid data include:

- Community-level opioid data sources
  - ♦ Tribal clinic electronic health records (EHR) or the IHS Resource and Patient Management System (RPMS)
  - ♦ Tribal/county police (for data on illicit drug seizure data on/near tribal lands)
  - ♦ Tribal/county data (on drug incarcerations)
  - ♦ Community syringe exchange and naloxone programs
  - ♦ Tribal drug treatment programs, including inpatient, MAT programs, and opioid treatment programs
  - ♦ Community or tribal health assessments



- State-level opioid data sources
  - ◊ State Prescription Drug Monitoring Programs (PDMPs)
  - ◊ State death certificates
  - ◊ State hospitalization/hospital discharge records
  - ◊ State emergency department visit/Syndromic Surveillance/ ESSENCE systems
  - ◊ State emergency medical services (EMS) systems
  - ◊ Enhanced State Opioid Overdose Surveillance (ESOOS)
  - ◊ State Unintentional Drug Overdose Report System (SUDORS)
  - ◊ State Healthy Youth/Teen Surveys
  - ◊ State Medicaid Data
- National-level opioid data sources
  - ◊ The Centers for Disease Control and Prevention (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS)
  - ◊ CDC Wide-ranging Online Data for Epidemiologic Research (WONDER)
  - ◊ National Violent Death Reporting System (NVDRS)
  - ◊ Fatality Analysis Reporting System (FARS)
  - ◊ CDC Youth Risk Behavior Surveillance System (YRBSS)
  - ◊ Behavioral Risk Factor Surveillance System (BRFSS)
  - ◊ Epi Data Mart (IHS National Data Warehouse)
  - ◊ Pregnancy Risk Assessment Monitoring System (PRAMS)
  - ◊ Overdose tracking resources (such as Overdose Detection Mapping Application Program (ODMAP) or other overdose reporting systems)

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*"We need good data about the impacts of opioid use in our communities in order to know where we are and how best to respond in ways that help support addiction treatment and recovery."*

**Dr. Thomas Weiser**, MD, MPH, Medical Epidemiologist, Northwest Tribal Epidemiology Center

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## **5.2** *Decide What Opioid Data is Important for Your Tribe to Collect*

After identifying the community, state, and national sources of opioid data available to you, investigate these data sources and consider the types of important information you'd like to track in your community.

At times, it is helpful for a tribe or clinic to collect the same kind of data that is collected by the state or federal government (for example: collecting the number of fatal opioid overdoses in your tribe), so you can compare your tribal data to the general population in your state and/or the entire country.

The data you would like to track in your community might include:

- Prevalence of youth and adult opioid use disorder
- Number of fatal opioid overdoses
- Number of non-fatal opioid overdoses
- Prevalence of substance use in pregnancy
- Number of naloxone kits disseminated/used
- Syringe exchange program evaluation information, such as number of participants served, syringes distributed, and returned syringes
- Harm reduction program evaluation information, such as the number of naloxone kits distributed, number of infectious disease screenings, and referrals and linkages to health care and social services

## **5.3** *Create a Plan for Collecting and Analyzing Opioid Data*

After you decide what opioid data is available to you (5.1), as well as what specific types of information you'd like to track in your community (5.2), the next step is developing a sustainable plan for ongoing, regular collection of opioid data. This kind of data surveillance may seem like a lot of work, but it is key to making informed decisions about your approach to ending the opioid epidemic in your community.

It is recommended that tribes:

- Develop a written plan that includes data collection, instruments, intervals, partners, responsible parties, and analysis methods
- Explore which division or department within the tribe will manage data collection and storage
- Collaborate with external partners (like your tribal epidemiology center, tribal colleges and universities, nearby non-tribal colleges or universities, consulting firms) if internal tribal capacity does not permit data collection and storage to take place
- Invest in staff capacity building and development to build up internal abilities to manage surveillance operations within the tribe



## 5.4 Share Your Opioid Data with Key Tribal Staff and Partners

In order to develop (and evaluate) tribal opioid prevention, treatment, and recovery interventions, the data you collect should be effectively communicated to the appropriate staff, community members, and leaders who are working on opioid programs and intervention efforts.

It is also helpful to develop a plan for disseminating opioid data findings.

Some communities find it useful to share data through:

- Posting data to online overdose/opioid data dashboards for on-demand regional and/or tribal use
- Occasional webinars for tribal staff and partners
- Reports for tribal community members and leadership on intervention efforts and impact
- Reports to tribal, local, state, or national partners to promote evidence-based policymaking and service planning

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*"When we think about data, and how it's been gathered. It was never gathered to help or serve us. It was primarily done to show the deficits in our communities, to show where there are gaps. Decolonizing data means that the community itself is the one determining what is the information they want us to gather. Decolonizing data is about controlling our own story and making decisions based on what is best for our people... I always think about the data as story, and each person who contributed to that data as storytellers... And as indigenous peoples, we have always been gatherers of data, of information."*

**Abigail Echohawk**, MA, Director, Urban Indian Health Institute, Chief Research Officer, Seattle Indian Health Board

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## ACTION #6: Growing the Evidence Base for Effective Tribal Opioid Interventions

It is essential to invest in garnering a better understanding of the opioid epidemic in Indian Country. Specifically, additional research and understanding is needed to develop successful prevention, treatment, and recovery interventions that incorporate traditional knowledge, wellness, and cultural inclusivity.

### **6.1** *Grow Tribal Best Practices for Addressing OUD*

Tribal best practices are cultural and traditional teachings that are considered effective in preventing OUD.

Tribal best practice interventions for addressing OUD are based on:

- Oral traditions
- Ceremonies
- Healing Practices
- Histories
- Teachings
- Observations

Different communities have different ways of deeming whether or not a practice is effective. For example, some communities may ask that elders approve of an intervention, while others determine effectiveness of a practice through ensuring that the practice is based on the history and teachings of the tribe.

When tribes develop and implement tribal based practices for addressing OUD stemming from their history, values, teachings, cultural practices, traditions, and observations, this is a valid approach to addressing OUD. Also, when tribes adapt or indigenize an existing evidence-based intervention or create their own evidence-based intervention, these are equally valid. Examples of tribal based practices for addressing SUD include sweats, traditional teachings, singing, talking circles, art, drum group, healing foods, education by tribal elders, and medicines.

Incorporating traditional indigenous knowledge, practices, teachings, history, and ceremonies into the development of new or existing OUD interventions, along with relevant cultural practices, is invaluable for tribal communities. Furthermore, it is critical to broaden the reach and collective knowledge of effective OUD practices by disseminating models and frameworks used by tribes to develop, plan, budget, promote, and advocate for these practices.



Topics to be explored that can grow the evidence-based and/or tribal practice base include:

- Community-based interventions to prevent/mitigate the effects of adverse childhood experiences (ACEs), which can increase an individual's risk for later substance use
- Community-based interventions to prevent/mitigate the effects of intergenerational and historical trauma, which impacts the emotional, physical, spiritual, and psychological health and wellness of AI/AN
- Ways to identify and address barriers for tribal people seeking access to OUD prevention, treatment, and recovery services
- Strength-based cultural practices that enhance health and wellness and are protective against the development of OUD
- The design and evaluation of adapted or indigenized MAT programs in tribal communities
- The design and evaluation of tribal harm reduction programs, including syringe exchange services
- Assessing the impact of community- and provider-level stigma/bias on the prevention, treatment, and recovery of OUD

## 6.2 Grow the Evidence and Practice Base on AI/AN Substance Use During Pregnancy

Topics you may want to explore to grow the evidence base and tribal practice base in this area include:

- Prevalence of OUD among expectant mothers in your community
- Prevalence of NOWS among babies born in your community
- Risks and protective factors for OUD in pregnant mothers living on and off tribal lands



*In order to support mothers and babies, it is essential to listen to women affected by the opioid crisis—speak with them versus at them, learn how to leverage their strengths, and understand their priorities, barriers to care, and needs.*





*To create buy-in, address fears, and harness the full extent of tribal resources, John Stephens, CEO of didgʷálic Wellness Center, along with other health advocates at Swinomish Indian Tribal Community, held community-wide listening sessions and coordinated planning meetings with key partners, such as tribal law enforcement, prior to opening the Center. In just one year, didgʷálic has helped reduce the number of overdose deaths in their community by 50%.*

- Community-based interventions to prevent/mitigate the effects of adverse childhood experiences (ACEs) for children born to mothers with SUD
- Community-based interventions which address the emotional, physical, spiritual, and psychological health and wellness of expectant mothers with SUD
- Interventions adapted/ indigenized to educate expectant mothers about OUD and SUD
- The design and evaluation of tribal programs for expectant mothers with OUD and their babies
- How to best share findings and results so as to allow other communities to benefit from local success

*"If trauma impacts the epigenetic transfer of trauma, culture and connection can mitigate these affects. If we want to prevent substance misuse we need to focus more on stress, trauma, and poverty while providing intervention options that are grounded on traditional indigenous knowledge."*

**Dr. Danica Love Brown**, MSW, PhD, Behavioral Health Manager, Northwest Portland Area Indian Health Board





## ACTION #7: Cultivating Responsive Communities, Clinics, and Policies

An effective response to the tribal opioid crisis requires the cultivation of and investment in leaders who are knowledgeable about OUD, harm reduction, and responsive to their community's needs. It also requires that tribal leadership at all levels work within their purview to develop every person's skills in accordance with the tribal opioid response strategy.

### 7.1 *Cultivate Responsive Leadership*

Strong leaders are fundamental for their vision, as well as their ability to carve a path forward while upholding cultural values and community needs. It is powerful and effective when tribal leadership exercise their sovereignty through developing community-based policies and programs that address tribal members' needs.

It is recommended that, in order to effectively respond to the opioid crisis, tribal leadership support comprehensive strategies, including the enactment of tribal policies that:

- Destigmatize and decriminalize people with OUD
- Promote harm reduction strategies
- Support comprehensive and community-based approaches
- Ensure access to MAT and naloxone
- Remove insurance coverage limitations
- Harness diversified sources of funding, such that a comprehensive body of services can be offered to people with OUD under one roof, including syringe exchange, case management, primary medical care, infectious disease screening, overdose prevention education, and the provision of naloxone
- Remove barriers to accessing care
- Rely on drug courts that sentence people with OUD to treatment instead of jail
- Decriminalize maternal and prenatal opioid use and work to keep mothers and their children together
- Promote knowledge sharing between tribes and local, regional, and national organizations







*Our mission is to improve outcomes with quality  
health care solutions by removing barriers to treatment*

*Effective response to the tribal opioid crisis requires investment in developing every person's skills in accordance with the tribal opioid response strategy and creating a common vision for moving forward.*

- Rely on evidence-based strategies that are data-informed
- Rely on traditional indigenous knowledge and community and cultural practices
- Include youth voices and other priority populations' voices in decision-making processes
- Decriminalize and legalize all manners of syringe service programs and supervised injection facilities
- Move away from abstinence-only approaches to treatment of OUD
- End the practice of banning people with OUD from their tribal community

*"It is critical that tribal cultural and traditional healing practices - which have been effective since time immemorial in our communities - not be subject to rigid evaluation by external entities. Up until just over 40 years ago, the U.S. federal government prohibited these practices. Doing so had a hugely detrimental impact on AI/AN communities. From my perspective, meaningfully addressing this trauma and healing the relationship between the federal government and tribal nations requires that the U.S. Department of Health and Human Service support the inclusion of funding for our time-tested cultural and traditional healing practices across all of their programmatic areas."*

**Laura Platero, JD**, Executive Director, Northwest Portland Area Indian Health Board





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*"As a probation officer [in a drug court] it's the best thing I've ever done. We have a highly structured probation program... with a whole team of people who get together... mental health counselors, healthcare providers, a judge, and sometimes community members, and we're all working to help our clients [get better]. We try to be creative in our sanctions, but we also give incentives for just doing well... The circle gets bigger as we go."*

**Probation Officer** working with AI clients in a Tribal Drug Court in the Great Plains region

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## **7.2 Develop Strong Partnerships**

Building strong partnerships is essential to working better together – not just in words but in action. In order to implement a coordinated tribal opioid response strategy, it is vital that tribal leadership:

- Seek out meaningful relationships with local, state, and federal partners

Develop working relationships with tribal epidemiology centers, area health boards, IHS, national organizations serving AI/ANs, and non-traditional partnerships

- Engage and/or strengthen collaborations with law enforcement, first responders, jails, prisons and drug courts, dental clinics, hospitals, emergency rooms, and victim assistance programs
- Work with the Bureau of Indian Affairs to incorporate the Tiwahe Initiative into health care and behavioral health services

(This powerful initiative encourages service coordination between programs within tribal communities so that critical services more effectively and efficiently reach Native families)

## **7.3 Invest in Workforce Development and Retention**

Providing for the health and wellbeing of tribal citizens doesn't solely rely on simply bringing more doctors and other health professionals to Indian Country. Creating educational and employment pathways that improve a community member's likelihood of entering a health-related field can help to reinforce a community-driven response. Thus, responding to the opioid crisis in tribal communities holistically requires an upstream approach, which includes workforce development, supporting educational pathways and training opportunities, and creating community-based, professional wage-earning jobs.



Workforce development challenges facing tribal governments and Native organizations are multifaceted, but there are feasible ways to overcome these hurdles. In fact, a growing number of tribal nations are constructing effective solutions to overcome them by developing responses that include the following:

- **Grow Knowledge**
  - ◊ Create comprehensive addiction and safe pain management education for current and training physicians, advanced practice nurses, pharmacists, behavioral health, physical therapists, and other health care providers
  - ◊ Train health care providers and program support staff on the information and skills appropriate to their professional role in responding to and preventing OUD
  - ◊ Provide ongoing professional development, educational opportunities, and mentorship programs pertaining to OUD for staff and providers
  - ◊ Provide cultural competency training—including information on traditional practices, language, values, and worldviews—to staff working directly with AI/AN community members
- **Improve Staffing**
  - ◊ Seek additional funding and/or restructure staffing profiles to increase staffing levels and ensure adequate workforce to implement an effective opioid response
  - ◊ Implement technology-based strategies to address staffing shortages (including the use of telehealth and teleECHO) to complement existing workforce and expertise at tribal health clinics and health programs
  - ◊ Recruit existing staff and potential applicants who are interested in providing OUD care
  - ◊ Provide access to new or upgraded OUD-related skills training
  - ◊ Consider applicants' opioid response experience and/or willingness to work with persons with OUD as a part of hiring, onboarding, and new staff training
  - ◊ Recruit job candidates with lived experience regarding OUD, including those in recovery, people with a history of OUD/SUD, and those with past criminal justice involvement due to OUD
- **Think Innovatively**
  - ◊ Provide staff with designated time for wellness/stress management to promote retention and avoid burnout
  - ◊ Encourage AI/AN youth to pursue careers in health care, behavioral health, and public health by providing opportunities for shadowing, observations, internships, and educational scholarships
  - ◊ Raise awareness of tribal and tribal epidemiology center career



opportunities for new graduates

- ♦ Develop substance use treatment internships for tribal youth and those formally incarcerated for OUD-related offenses
- ♦ Create a network of indigenous harm reduction champions
- ♦ Adopt the community health and behavioral health aid model for OUD/SUDs

## **7.4 Enact Effective OUD Policy and Advocate for High-Impact Issues**

The development of thoughtful and responsive health policy is essential for improving the health and wellbeing of AI/AN people. As a whole Indian health policy comprises a complex patchwork of federal, state, and tribal statutes, executive orders, court decisions, and federal and state agency policies that have largely been informed by the work of Indian health advocates.

Tribal consultation—an important activity in the exercise of the government-to-government relationship between tribal governments and the U.S. federal government—is required by law across federal agencies. Numerous federal agencies have cultivated robust tribal advisory bodies of Indian health advocates from across Indian Country who contribute important community insights, perspectives, and policy analyses and proposals that inform the development of federal agency policies and regulations impacting AI/AN people.

As sovereign entities, tribes possess the ability to govern, protect, and enhance the health, safety, and welfare of tribal citizens within their territory. As such, tribal governments have immense latitude to legislate on important health and safety issues that impact their people. In addition, tribal leadership have the opportunity to act as Indian health policy advocates for policy change on all levels, including federal, state, county, and tribal.

The following are contributions by public health and policy experts regarding high-impact policy changes that if enacted have the potential to stymie the opioid crisis and save lives:

- Fully fund the IHS (per recommended by the National Tribal Budget Formulation Workgroup) to ensure that health care needs of AI/AN people are adequately addressed
- Enact advance appropriations for the IHS to guarantee that lapses in federal funding do not result in a loss of health care services and death for AI/AN people
- Enact legislation that destigmatizes OUD and shifts away from non-evidence-based approaches, including abstinence-only treatment models for OUD



- Create non-competitive, formula-based federal funding set asides for tribal communities for prevention, treatment, and recovery programs for OUD, where funding is flexible enough that it can be used to meet the unique needs of each community (i.e., similar to Special Diabetes Program for Indians funding)
- Enact legislation that provides sustainable funding for transitional housing, transportation, childcare, and other services for AI/AN people with OUD to eliminate barriers to accessing care
- Fund federal programs that expand the use of traditional medicines and cultural practices to prevent and treat SUDs, including OUD
- Enact laws that recognize traditional medicine as a reimbursable form of treatment for OUD
- Enact legislation that offers funding for educational and workforce development opportunities for people with OUD, independent of past criminal activity
- Enact legislation that expands the breadth of health care providers who are able to prescribe MAT on tribal land
- Enact Medicaid reinstatement policies that ensure offenders immediate access to benefits upon release (such as “suspension of benefits,” rather than “termination” upon incarceration)
- Increase federal funding for tuition waivers and loan repayment for behavioral health, medical providers, and other health care providers in AI/AN communities
- Ensure those working in behavioral health fields (including harm reduction) earn a competitive living wage
- Enact legislation that improves the tribal-federal consultation processes, such that the contributions of tribal representatives result in high-impact federal policy and regulatory change that benefits the health and wellness of Native people and their families suffering from OUD

The following are high-impact recommendations for those working collaboratively with tribal governments:

- Work with national Indian organizations (such as the National Indian Health Board and the National Congress of American Indians) to provide your tribal leadership with talking points and educational information on OUD
- Work with national Indian organizations’ policy departments (such as the National Indian Health Board and the National Congress of American Indians) to share stories and recommendations directly with tribal leaders seated on federal tribal advisory committees (like those of SAMSHA, CDC, IHS, Office of Minority Health, and HHS). This will assist leadership in developing a more unified strategy for providing high-impact insights, recommendations, and responses to proposed policy/regulations regarding OUD







*We can heal our communities through culture, connection, and developing interventions and policies that are grounded in traditional indigenous knowledge, tribal best practices, and evidence-based practice.*

- Actively participate in national and regional tribal consultations on health and health-related matters
- Encourage tribal leadership to permit tribal participation in state PDMPs, by integrating PDMPs into your EHR system
- Advocate for enhanced communication between state w programs and tribes with borders spanning multiple states
- Support tribal efforts to address pharmaceutical companies' role in the opioid crisis

*"I've been in law enforcement for over 30 years now. We cannot arrest ourselves out of this problem. If we did, I don't know if we'd accomplish a lot. We can arrest [people with opioid use disorder] again and again and again, but they don't get better until they get the help they need, which is certainly not provided by the courts and law enforcement. Sometimes courts and law enforcement do steer people to the things they need, so we do play a role, but our tribal clinic has had MAT treatment now for years, and our cases of success have tended to go through that program."*

**Mike Lasnier**, Chief of Police, Suquamish Tribe

# Glossary

## A

**Abstinence-only approach:** an outdated approach that is not in line with evidence-based practice for the treatment of OUD. Abstinence-only approaches withhold the range of medications used to treat OUD, placing patients with OUD at unacceptably high risk for relapse and overdose.

**Advance appropriations (federal):** when federal funding is provided in advance for certain activities that will take place the following year (or years). For example, if the Fiscal Year (FY) 2020 advance appropriations for the IHS were included in the FY 2019 appropriations bills, IHS would have funding available in 2019 that it plans on using in 2020. If IHS were to receive advance appropriations, it would not be subject to government shutdowns because its funding for the next year would already be in place.

**AI/AN:** American Indian and Alaska Native

## B

**Barriers to Care:** limitations that prevent people from receiving adequate health care (e.g., transportation).

**BIA:** Bureau of Indian Affairs

**Buprenorphine:** a prescription medication used to treat people with OUD that acts by relieving the symptoms of opiate withdrawal. Buprenorphine is sold under the brand name of Subutex and, in combination with naloxone, as Suboxone.

## C

**CDC:** Centers for Disease Control and Prevention

## D

**Daily dosing:** a dose of a medication received daily. In most settings daily dosing of MAT takes place at the clinic observed by a staff member.

**DATA waiver:** a practitioner waiver to prescribe or dispense buprenorphine medications under the Drug Addiction Treatment Act of 2000 (DATA 2000). To receive a waiver to practice opioid dependency treatment with approved buprenorphine medications, a practitioner must apply through the SAMHSA Center for Substance Abuse Treatment.

**Data surveillance:** continuous, systematic collection, analysis and interpretation of data. Surveillance of health data helps tribes plan, implement, and continuously evaluate and improve their community interventions.



**Detox:** a process or period of time in which one abstains from drugs or other substances (like alcohol).

**Drug Court:** problem-solving courts that take a public health approach in which the judiciary, law enforcement, mental health, social service, and treatment communities work together to help offenders transition into substance use treatment.

## E

**Extension for Community Healthcare Outcomes (ECHO) Model:** designed to extend specialty care to rural patients using video conferencing for area providers that offer: support from specialists to primary care providers (PCPs) on patient cases, training for PCPs through shared case-based learning and mentorship, assistance with patient treatment plan development and monitoring, and opportunities to participate in research.

**Electronic Health Record (EHR):** a digital version of a patient's medical chart.

**EMS:** Emergency Medical Services

**EMT:** Emergency Medical Technician, commonly known as first responders.

## F

**Fentanyl:** a powerful synthetic opioid that is 50 to 100 times more potent than morphine. Synthetic opioids, including fentanyl, are now the most common drugs involved in drug overdose deaths in the United States.

## G

**Good Samaritan Overdose Laws:** offer legal protection to people who give reasonable assistance to those who are, or are believed to be injured, ill, in peril, or otherwise incapacitated.

**Gender expression:** A person's external presentation of gender through clothes, hair, voice, posture, and mannerisms. This may or may not match a person's gender identity.

**Gender identity:** a person's internal sense of gender. If this matches your gender assigned at birth, you are cisgender. If it doesn't, you may identify as transgender or genderqueer.

**Gender-neutral bathrooms:** public toilets that are not separated by gender or sex. Such toilet facilities can benefit transgender populations and people outside of the gender binary.



## H

**HCV:** hepatitis C virus; hepatitis C.

**Harm reduction:** the goal of harm reduction activities is to reduce the amount of harm individuals with OUD experience until they are ready to seek treatment. Harm reduction services meet an individual with OUD 'where they are at' without forcing them to stop taking drugs in order to receive services.

**HIV:** human immunodeficiency virus

**Human immunodeficiency virus (HIV):** the virus that can lead to acquired immunodeficiency syndrome or AIDS if not treated. HIV attacks the body's immune system, which helps the body fight off infections.

**HHS:** U.S. Department of Health and Human Services

## I

**IHS:** Indian Health Services

**Integrated treatment model:** a treatment model for OUD that offers a range of services. An example of an integrated treatment model for people with OUD is one that offers substance use counseling, along with mental and behavioral health services, primary medical care, and social worker case management under one roof as a "one-stop shop" for treatment.

## J

## K

## L

**LGBTQ:** lesbian, gay, bisexual, transgender, queer, or questioning. LGBTQ patients who feel safe and respected in clinical settings are more likely to access care, communicate openly about their health needs, and build lasting relationships with their health care providers.

## M

**Medication-Assisted Treatment (MAT):** is the use of medications in combination with counseling and behavioral therapies for the treatment of SUDs. A combination of medication and behavioral therapies is effective in the treatment of SUDs and can help some people to sustain recovery.

**Medication diversion:** the unlawful channeling of regulated pharmaceuticals from legal sources to the illicit marketplace.





**Medication lockbox:** a secure and locked container to store your medications. This helps to ensure your medications are only accessible to you by keeping your medications safe from use by others and keeps others safe from the unintended effects of your medication.

**Medication carry protocol:** established criteria that must be met before patients are allowed to move from receiving daily doses of medications (observed at the clinic) to taking medications home.

## N

**Naloxone (Narcan):** is a safe medication that can quickly reverse an opioid overdose. It can be injected into the muscle or sprayed into the nose of a person who is overdosing. Training your community on its use and making naloxone widely available is essential to tackling the tribal opioid epidemic.

**Narcotics Anonymous (NA):** an organization that provides support and assistance to people who want to stop using drugs, and to those recovering from an SUD who are not actively using drugs and want to stay drug-free.

**Needle exchange services (Syringe exchange services):** is a social service that allows injecting drug users to obtain needles at little or no cost.

**Neonatal:** relating to newborn children.

**Neonatal Opioid Withdrawal Syndrome (NOWS):** a withdrawal syndrome of infants after birth caused by in-utero exposure to drugs of dependence. There are two types: prenatal and postnatal. Prenatal is caused by discontinuation of drugs taken by the pregnant mother, while postnatal is caused by the discontinuation of drugs directly for the infant.

## O

**Opioids:** drugs that block pain signals from reaching our brain. They can also change our mental state, making us feel happy, relaxed, sleepy, or confused.

**Opioid misuse:** is when someone uses an opioid pain medicine (like oxycodone and morphine) for a reason it was not intended for or in a way that was not prescribed.

**Opioid overdose:** occurs when the amount of opioids taken slows or stops our breathing. There is a medicine called naloxone that can reverse an opioid overdose.

**Opioid Use Disorder (OUD):** a chronic health condition that people can recover from. It occurs when opioid misuse causes health issues or problems at work, school, or home.



## P

**Prescription Drug Monitoring Program (PDMP):** an electronic database that tracks controlled substance prescriptions in a state. PDMPs can provide health authorities timely information about prescribing and patient behaviors that contribute to the epidemic and help facilitate a more targeted response.

**Perinatal:** relating to the time immediately before and after birth.

**Prenatal care:** refers to the regular medical and nursing care recommended for women during pregnancy.

**Priority populations:** segments of a community who are particularly impacted by a specific medical condition or conditions.

## Q

**Queer:** describes sexual and gender identities other than straight and cisgender. Lesbian, gay, bisexual, and transgender people may all identify with the word queer. Queer is sometimes used to express that sexuality and gender can be complicated, change over time, and might not fit neatly into either/or identities, like male or female, gay or straight.

## R

**Recovery:** a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery-oriented care and recovery support systems help people with OUD manage their condition successfully.

## S

**SAMHSA:** Substance Abuse and Mental Health Services Administration

**SDPI:** Special Diabetes Program for Indians

**Sexual orientation:** the genders of people someone is sexually attracted to. This may or may not match someone's emotional attraction and may or may not correlate with sexual behavior.

**Stigma:** a set of negative beliefs that a group or society holds about a topic, behavior, or group of people.

**Substance misuse:** when someone uses a substance (like painkillers, alcohol, meth, or cocaine) for a reason it was not intended for or in a way that was not prescribed.



**Substance Use Disorder (SUD):** a chronic health condition that people can recover from. It occurs when substance misuse causes health issues or problems at work, school, or home.

**Supervised injection sites (SIS)** or facilities: safe locations where drug use is medically supervised and sanitary to reduce the amount of harm people with OUD experience. Typically, at supervised injection sites, information about drugs and basic health care are offered to those accessing this service, as are treatment referrals, and access to medical staff. (Also commonly referred to as supervised injection facilities.)

**Safe Use Site (SUS):** see supervised injection sites.

**Syringe Service Program (SSP):** community-based prevention programs that can provide a range of services, including linkage to SUD treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious diseases.

## T

**TEC:** Tribal Epidemiology Center

**Tiwahe Initiative:** a BIA initiative that encourages service coordination between programs within tribal communities so that critical services more effectively and efficiently reach AI/AN families.

**Transitional housing:** housing and appropriate supportive services to homeless persons to facilitate movement to independent living.

**Two Spirit:** someone who is indigenous and expresses their gender identity and/or spiritual identity in indigenous, non-Western ways. This term can only be applied to a person who is Indigenous. A Two Spirit person has specific traditional roles and responsibilities within their tribe. Not all AI/AN LGBTQ people identify as Two Spirit.

## U

## V

## W

**Wrap-around services:** community-based services that 'wrap around' the individual and their family in their home, school, and community in an effort to help meet their needs.

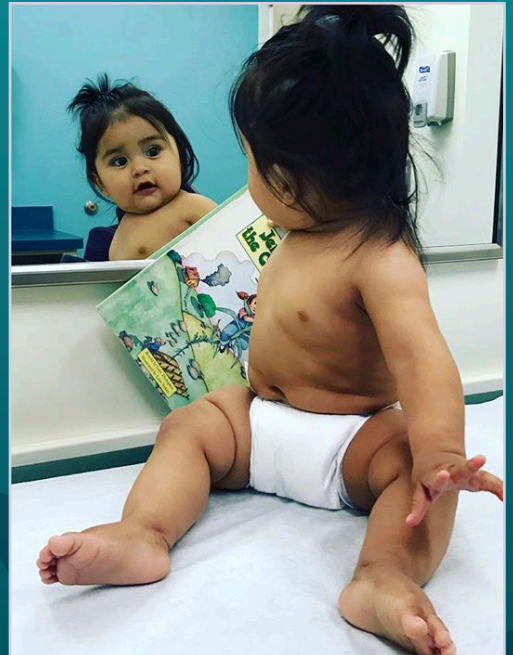
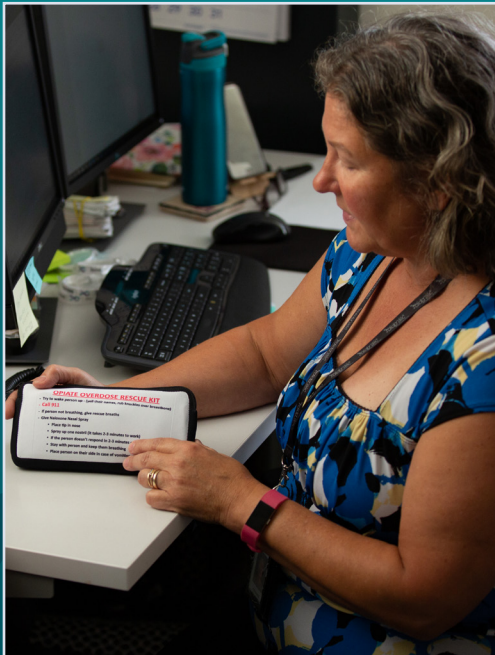
## X

## Y


## Z





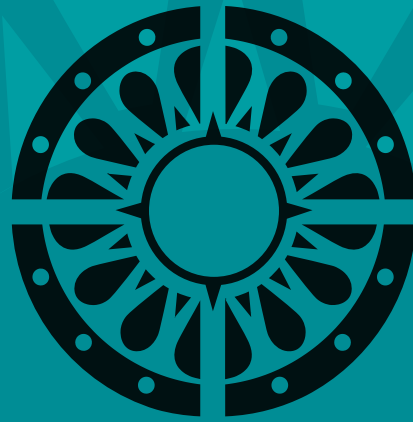






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# Tribal Opioid RESPONSE

Healing our Nations Together

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