

NPAIHB Tribal  
Opioid  
Response –  
*Taking care of  
each other*

Jessica Leston, Tsimshian  
Colbie Caughlan  
Heidi Lovejoy




---

---

---

---

---

---

---

Overview



What is a Tribal Opioid  
Response?



What is the  
community telling us?



How are we  
responding?

---

---

---

---

---

---

---

What is a  
Tribal Opioid  
Response?

*"Honestly, at this time, we are not certain."*

*"Housing is a problem in our community especially for people with substance use issues and poor rental and legal history. A good plan moving forward would be to implement a pathway to affordable/subsidized/transitional housing for those in treatment."*

*"Low rate of new opiate prescriptions for pain to reduce risks related to unintentionally starting new addictions, CD support through the tribe..."*

*"Successful participation in our MAT program and the community embracing a Harm Reduction way!"*

*"Our plan would include lots of education/prevention to the tribal community in terms they could understand. We desperately need follow up services/housing for clients to return to. We need community buy in to provide a healthier drug free atmosphere."*

---

---

---

---

---

---

---

# What is a Tribal Opioid Response?

*"An outline of strategies to be implemented in pursuit of the tribe's ultimate goals to: 1) Prevent opioid misuse and abuse 2) Identify and treat opioid use disorder 3) reduce morbidity and mortality from opioids."*

*"Having access to treatment services up to and including OTP (Opiate Treatment Program) and MAT (Medication Assisted Treatment)"*

*"The whole community receives quality services"*

*"Community Awareness-Harm reduction Primary Care support -Medical Assistance SUD-BH counseling Community Support - Peer Counselors Overdose prevention - Narcan"*

*"Prevention! And, perhaps, a Chemical Dependency Professional."*

*"Treatment of the whole person, mind, body, spirit. Understanding this is a disease, that a person should not be shamed about it but supported to heal"*

---

---

---

---

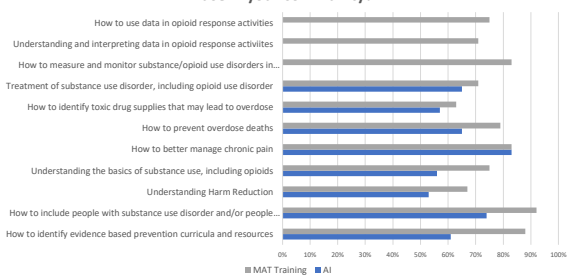
---

---

---

---

## What support do you need to address opioid and substance use in your community?




---

---

---

---

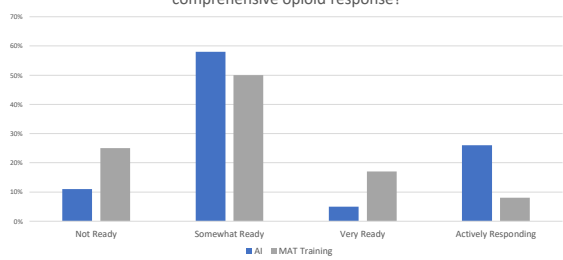
---

---

---

---

## Who would you describe your Tribe's readiness for a comprehensive opioid response?




---

---

---

---

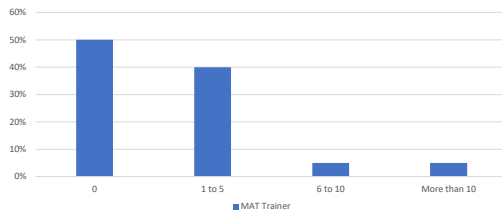
---

---

---

---

How many providers at your site have received a DATA 2000 Waiver



## The Right to Health



- Health is a Human Right
- Access to essential medications is a Human Right
- Access to Rights is a Human Right
- People who use drugs are People first, and foremost
- Universal, People-friendly systems are the most equitable ones
- Cost is reality, Price is choice
- No elimination without decriminalization
- Advocacy is repeating the same truth, over and over again.

My life has been an on going struggle. Before suboxone I was using drugs to survive and it ruined my life. Drugs took my family from me, my home, my future. But, and then I was introduced to suboxone and it changed my life! I now can pass drug test and I no longer have to chase a high. I can live a normal life. Happy and free from addiction. And I am getting my kids back they will be home for good next month. I can now hold down a job. Without suboxone I would still be lost. I hope this proves to you all how much this program has changed my life.



## Harm Reduction Conference - Roundtable

- What are your ideas for policies that can support harm reduction at the national and Tribal levels?
- What are your suggestions for improving harm reduction skills and capacity?
- What are two things you would like to see done to advance harm reduction nationally and in Indian Country?

---

---

---

---

---

---

---

---

## National Policy Suggestions - Involving our people in policy change

### Funding

- Mandatory HCV treatment funding to Tribes
- **Reconciliation – restorative justice**
- Funding for trainings for behavioral health providers
- Mandatory HCV education funding to Tribes
- **Improve resources/policies for telemedicine and mobile services**

### Legal

- Decriminalizing maternal substance use laws
- **Support sovereignty**
- **Decriminalization**
- National legalization of safe injection facilities

### Allocation of existing resources

- **Federal support to buy syringes**
- Use of federal funds to purchase needles
- Change reimbursement policies for medication-assisted treatments (MAT) and remove limits to prescribe them

### Indigenizing Programs

- **Programs run by Tribes – not federal government**
- Decolonize funding access – federal government needs to take more chances on programs that don't fit narrow requirements
- **Prioritizing indigenous-driven and culturally focused projects**
- Tribes make their own policies as sovereign nations
- End genocide – systems that intersect through colonization, capitalism, criminalization of drug users, destruction of environment

---

---

---

---

---

---

---

---

## Tribal Policy Suggestions - Nothing about us without us approach

### Programming

- **Development and distribution of indigenous-focused harm reduction**
- HIV/HCV education and materials
- **Tribal level data**

### Legal

- Fewer requirements to start harm reduction programs
- **Decriminalize use of substance on reservations**
- Decriminalize maternal substance use
- **Syringe exchange could be made easier**

- Change laws for syringe programs

### Leadership considerations

- **Getting Tribal leaders engaged in grassroots issues**
- **Mandate harm reduction policies**
- **Move away from abstinence only**
- **Issues are not just opioids**
- **Move away from abstinence**

---

---

---

---

---

---

---

---

## Suggestions for Skills/Capacities Development

### - Understand what harm reduction truly is

#### Clinical education

- Healthcare providers working in native communities need training in harm reduction and substance use treatment

#### Practitioner and all health care workers training in harm reduction

#### Collaboration

- Buy-in from the community
- Respect for those with lived experiences
- Navigating and creatively utilizing funding streams

#### Systems education

- Policies and practices to destigmatize substance use

- Rid of shame-based for people less successful – move away from abstinence only

- Accept something different – people are living lives with harm reduction

- Trauma-informed care

- Advocacy, education, culturally sensitive harm reduction

## Things we would like to see changed -

#### Education

- Space beyond abstinence conversation – teaching regarding impacts of colonization and substance use
- Train the trainers by and for indigenous harm reduction champions as well as other folks working in communities
- More education/knowledge-sharing

- Education about harm reduction

#### Legal

- Reform drug laws with attention to rural realities
- Drug-related banishment must end (perpetuates isolation)

#### Discuss decriminalization

#### Stigma change

- Non-judgmental care and holistic approaches – acknowledging that folks live full lives while using substances
- Acceptance for harm reduction
- Reduce stigma

#### Culture

- An indigenous harm reduction network – to share, support, and organize
- Bringing ceremony to folks who are excluded due to substance use – low barrier cultural activities

- Developing culturally responsive trainings for all providers

#### Access

- Opiate options for our people – suboxone access

- Narcotics availability and behavioral health services

- Universal access to buprenorphine and IHS and Tribal run facilities beyond borders
- Connections among physicians working with indigenous communities to network and share

- 24 hour access to drop-in services (safe consumption, safer injection supplies, naloxone, etc.)

- Syringe service programs (SSPs) and universal screening everywhere

- Connect with existing services to share knowledge and get services to isolated communities

## How are we responding?



"We choose to go to the Moon! We choose to go to the Moon in this decade and do the other things, not because they are easy, but because they are hard; because that goal will serve to organize and measure the best of our energies and skills, because that challenge is one that we are willing to accept, one we are unwilling to postpone, and one we intend to win, and the others, too."

---

---

---

---

---

---

---

---

#### NPAIHB Opioid Projects

- Tribal Opioid Response (TOR) – SAMHSA
  - Consortium of 22 Tribes (35 Total)
  - *Capacity Building*
- Strategic Planning (CDC)
  - Regional and National Work
  - Comprehensive
- Opioid Overdose Data and Surveillance (CDC)
  - Improve accuracy and access to data on drug and opioid overdoses for Northwest Tribes
- Indian Country Substance Use Disorder ECHO clinic (SAMHSA + OMH)
  - Integrating Medications for Addictions Treatment in Primary Care
  - *Clinical Focus*




---

---

---

---

---

---

---

---

#### NPAIHB Tribal Opioid Response Consortium

The overarching goal of the NPAIHB TOR Consortium is to develop a comprehensive and strategic approach to assist Tribes in developing capacity to address the complex factors associated with a comprehensive opioid response. This includes:

- Developing a framework for a NW Opioid Response strategic plan,
- Increasing awareness of opioid use disorder,
- Preventing opioid use disorder,
- Increasing access to treatment and recovery services and overdose reversal capacity
- Reducing the health consequences of opioid use disorder in tribal communities.

---

---

---

---

---

---

---

---

## Indian Country Strategy Process

The overarching aim of this project will address *regional* and *national* level strategy planning for addressing opioid overdose by using the SOAR (Strengths, Opportunities, Aspirations and Results) framework. Goals include:

- Increased awareness about regional and national opioid response in AI/AN communities.
- Developed understanding of the strengths and opportunities related to the Opioid Response in Indian Country.
- Increased tribal capacity to deliver Opioid Response services in Indian Country.
- Innovated and disseminated Regional and National Strategy to address Opioid Use in Indian Country.

---

---

---

---

---

---

---

---

## Opioid Overdose Data and Surveillance



The overarching goal of the project is to improve drug & opioid surveillance among Northwest tribes and improve tribal access to drug/opioid data.

Goals include:

- Create advisory group to assess tribal opioid data needs
- Address AI/AN racial misclassification in state data systems
- Use corrected data to create accurate opioid reports for Northwest AI/AN
- Provide a substance use/opioid epidemiology workshop and other opioid data technical assistance for tribes
- Work with states to improve collection of race, tribal affiliation, and overdose cause of death information
- Explore gaining access to additional opioid/overdose data systems

---

---

---

---

---

---

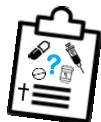
---

---

## Opioid Overdose Data and Surveillance

Opioid and overdose data challenges:

- Racial misclassification
  - Many AI/AN are not classified as AI/AN in state data systems
    - = **underrepresentation** of burden on AI/AN
- Limited access to behavioral health/treatment data
  - Takes time to develop data-sharing agreements
- Difficulty obtaining tribe-level data
  - Can only provide regional data
- Inconsistency in overdose cause of death reporting
  - What drug(s) actually involved?




---

---

---

---

---

---

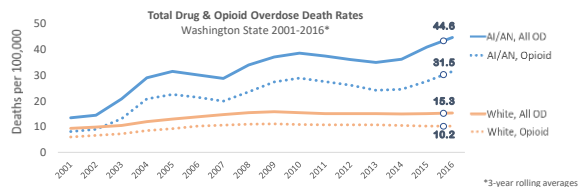
---

---



## Among American Indian/Alaska Natives in Washington

- Overdose death rates increased 20% in the last 5 years
- AI/AN had 3 times the death rate of whites in 2014-2016
- 40-54 year olds have the most overdose deaths
- 70% of drug overdoses involved opioids




---

---

---

---

---

---

---

---

## Indian Country Substance Use Disorder ECHO

The overarching aim of the Indian Country SUD ECHO is to prevent opioid use disorder, increase access to treatment and recovery services and overdose reversal capacity (focusing on MAT services for persons with an opioid use disorder), and reduce the health consequences of opioid use disorder in tribal communities using evidence-based interventions.

- In-person trainings with DATA Waiver
- Telehealth sessions
- Options for telemedicine options

---

---

---

---

---

---

---

---

## Limited Uptake of Buprenorphine



Only one third of addiction treatment programs offer medications for treatment of OUD<sup>1</sup>



43% of U.S. counties have no waived buprenorphine prescriber<sup>2</sup>

Many waived providers don't prescribe



Barriers to adoption include:<sup>3</sup>

- Lack of belief in agonist treatment
- Lack of time for new patients
- Belief that reimbursement rates insufficient

1 Knudsen HK, J Addict Med 2011; 2 Stein BD, Milbank Quarterly 2015; 3 Huhn AS, JSAT 2017

---

---

---

---

---

---

---

---



[illegible]

## Indian Country Opioid Project ECHO Curriculum Design and Learning Objectives

Each teleECHO clinic will offer learners the opportunity to benefit from didactics presented by experts in the field supported by references and will contain at least three main learning objectives. The didactic curriculum will be inter-professional in scope and will provide:

- Current practice guidelines pertaining to opioid use disorders, addiction and MAT management
- Foundations of opioid use disorders to provide a baseline understanding of the topic, and will include epidemiology, diagnosis, and treatment/management approaches
- Topics based on organizational, local and national trends in Indian Country, new findings in peer-reviewed medical literature, as well as participant feedback of interest

---

---

---

---

---

---

---

### DATA 2000 Waiver Training + ECHO Onboarding



#### Upcoming Trainings:

Grand Ronde, OR – Feb 28<sup>th</sup>  
Pendleton, OR – March 5-6<sup>th</sup>  
Green Bay, WI – May 1-2<sup>nd</sup>



#### Possible Trainings:

Tulsa, OK – May 10<sup>th</sup> or 17<sup>th</sup>  
MT – June?  
Rapid City, SD – Fall 2019?

---

---

---

---

---

---

---



---

---

---

---

---

---

---