Opioids in Indian Country Policy Recommendations

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Issue

In New York State, the Centers for Disease Control (CDC) states that there was a higher rate of opioid related deaths in 2016 than 2015. According to the Erie County Medical Examiner’s Office, in Erie County, New York, where many Seneca Nation citizens reside, there has been a steady increase of opioid overdose deaths since 2012. Opioid related incidents are far too common in communities like the Seneca Nation, where the whole population is affected. Whether it is grieving the sudden loss of a loved one(s) or having family members bearing the responsibility of assuming care of children whose parents have been consumed by this crisis its toll on everyone especially in a small community.

Current Policies and Strategies

The Substance Abuse and Mental Health Services Administration (SAMHSA) has been key in collaborating with tribes to fight the opioid crisis, but there is more work that needs to be done. The following are ways in which the US federal government has been combating the opioid crisis:

**Training Law Enforcement Officers in Naloxone** - in December 2015, the Indian Health Service (IHS) and Bureau of Indian Affairs (BIA), entered into a memorandum of understanding where BIA Police Officers will be supplied with naloxone and be provided tutelage on its administration to possible opioid overdose patients by the IHS.

**Creation of the National Committee on Heroin, Opioids, and Pain Efforts (HOPE)** – This Committee was formed by the HIS in March 2017 with a purpose of promoting appropriate and effective pain management, reduce overdose deaths from heroin and prescription opioid misuse, and improve

LOCAL IMPACT STORY: First Responder Perspective from a Seneca Nation Youth

“"The Opioid Crisis is an issue that has gained momentum within the last few years, and unfortunately it has hit Indian Country hard. As a young first responder on a reservation, I have seen first-hand the devastation of this crisis. First responders often see friends, family, neighbors at their worst, but we find it in our hearts to respond day in and day out. After responding to overdose call after overdose call on my reservation, it started to take its toll on me. I couldn’t take the heartbreak this was causing on our families, and I wanted to do something about it. I knew that if we don’t act, this only perpetuates the cycle.

As someone on the frontlines of this crisis and as a youth advocate, I felt it was an obligation to act. There have been many factors that have made this an issue of high importance. Tribes and tribal citizens have reported that there has been a shortfall in healthcare in the form of physicians overprescribing opioids for pain management and an increase in illicit drug use.”

–Rory Wheeler, Seneca Nation of Indians
access to culturally appropriate treatment.

**Publishing of IHM Part 3, Chapter 30 of Chronic Non-Cancer Pain Management** - In June 2014, these policies were revamped to provide best practice guidelines for medical providers in treating non-cancer pain.

Overall, President Trump and his administration have made the opioid crisis a key issue to combat. The President has declared the crisis a nationwide Public Health Emergency and created the President’s Commission on Combating Drug Addiction and the Opioid Crisis. In March 2018, the Trump Administration announced the launch of CrisisNextDoor.gov, where Americans can share their stories on how the crisis has impacted them.

**Alternative Solutions**

Although the Trump Administration is making strides to fight the Opioid Crisis, there is still so much that still needs to be done in Indian Country on this issue. Although the President’s Commission on Combating Drug Addiction and the Opioid Crisis made mention to tribal governments, there was not one member of the commission to solely advocate for tribes and tribal citizens. American Indians and Alaska Natives (AI/AN) face opioid related fatalities at three times the rate for Blacks and Hispanic Whites, therefore there is a need for Indian Country have a voice on all future platforms like the Commission.

Tribes have lost members, resources, etc. because of this crisis. Now, Tribes are suing the opioid manufacturers. Many Tribes claim that these manufacturers misled healthcare providers that opioids are a safe method of pain management, and their failure to control the quantity of opioids that were distributed to the tribes. There is precedent with this litigation which was with the Tobacco Master Settlement Agreement of 1998 between major tobacco companies and forty-six state attorneys general. Tribes want the opioid manufacturers held accountable for their public health failures in our communities.

**Policy Recommendations**

- **Tribes need a direct funding stream from the federal government for implementing effective, culturally appropriate methods on treating opioid addition, recovery and prevention.** Specialized programing needs to fit the needs of Indian Country. The Special Diabetes Program for Indians (SDPI) has been a model program for treating and preventing diabetes in Indian Country. A program of similar characteristics which promotes the self-determination and tribal sovereignty needs to be implemented to fight the opioid crisis.

- **Improved Tribal Action Plan (TAP) implementation in Indian Country.** TAPs have been a method for tribes to evaluate their services, programs, and resources to see how they can play a role in reducing alcohol and substance abuse. Tribes need to take advantage of TAP to make sure they are using already established resources to their full potential. This includes guided implementation procedures, assistance with analyzing data and promoting awareness on TAPs within the community.
➢ **Support for first responders in Indian Country.** Tribal emergency service professionals bear a monumental weight when combating this crisis. In many cases, those professionals live in the community, they serve therefore bear an extra emotional weight when having to care for friends, family and fellow community members. Tribal emergency service professionals need enhanced stress-debriefing training and emotional support mechanisms in place to care for their well-being during difficult situations. First responders, including police officers, firefighters, are likelier to die from suicide than in the line of duty according to the Ruderman Family Foundation. The Ruderman Family Foundation conducted a study in 2017 that found at least 103 firefighters and 140 police officers took their own lives compared to the 93 firefighters and 129 police officers who died in the line of duty.

➢ **Improved mental health awareness and trauma informed care in alternative settings.** Medical and community service providers need to be able to have the tools they need to ensure that care for and appropriately help those struggling with mental illness while ending stigmas related to mental illness. Providers need to be able to address patient well-being.

**Tribal Strategies**
President Todd Gates, of the Seneca Nation of Indians, recalls a memorial service where a bell was rung for every opioid related fatality to plague his nation and surrounding communities. At the service, lanterns were flown by community mourners and lit the sky. Gates recalls “That bell would not stop ringing”. The Seneca Nation of Indians have made the opioid crisis an issue of importance as it has impacted our whole community. Key services and programs have been implemented such as:

➢ Organization of community training such as Applied Suicide Intervention Skills Training
➢ Working with the New York State Office of Alcoholism and Substance Abuse Services (ASAS) on implementation of the Native American Public Awareness Campaign. The campaign will be produced on television, radio and through billboards. The Nation is working with the ASAS regarding placement of the billboards for maximum effectiveness.
➢ Collaboration with local hospitals to closely coordinate discharge follow up for individuals who have been hospitalized for substance abuse and/or self-injury and suicidal behaviors
to ensure they are linked to care appropriately.
➢ Integration of Peer Recovery to assist clients in having support systems within the community.
➢ Cross-training with emergency medical services and the Seneca Nation Marshal’s Office to detect and treat a suspected opioid overdose.
➢ Community partnerships with local law enforcement for prescription drug drop boxes

LOCAL IMPACT STORY: First Responder Perspective from a Seneca Nation Youth

“As a young advocate on the frontlines of this epidemic, I don’t have all the answers. But, I will not give up on fighting to end this monstrosity. As young Native people, we have an obligation to carry on the foundation that our ancestors have laid for us. We need to use our voices to advocate for the change which is desperately needed to end this crisis. If our ancestors let issues flow by without intervention, we would not be here today. We must be the ones our next generations will be thankful for.”

–Rory Wheeler, Seneca Nation of Indians, Emergency Medical Technician

References


Strategies addressing the opioid crisis in Tribal Communities [PDF]. (2017, August 30). Substance Abuse and Mental Health Services Administration.