TRIBAL HEALING

OPIOID RESPONSE

MAY 23, 2018
PGST HEALTH SERVICES

Only Indian Health Care provider in Kitsap County, Washington

Primary Care & Urgent Care, Outpatient

- FT Family Medicine, FT PA, .2 FTE Pediatrician
- 4 RNs, 1 LPN, 5 CHRs, 4 MAs

Dental

- 2+ Dentists, 1 Dental Hygienist, 4 Dental Assistants
- Discussions for DHAT, now and training

User Pop: 1695
PGST WELLNESS

Currently part of Children & Family Services
Substance abuse & mental health counseling
15 FTEs: 5 MH, 4 CD, MA, transport, office manager
Group & individual counseling
Suicide prevention
MAT
Active effort

- 98% Wellness pts are PC
- Tribal Council support
- Qualis PALs – state Medicaid Transformation
  - Joint Business & Finance Office
  - Cross training medical assistants
  - Vision/Strategic planning session
- LCSW in primary care clinic

Opioid work as an example
OVERDOSE DEATHS INVOLVING OPIOIDS, AMERICAN INDIANS BY STATE, 2011-2015

Source: CDC/NCHS National Vital Statistics System, Mortality
Rates of Opioid Overdose Deaths by Race/Ethnicity, WA State 2011-2015

Source: WA DOH Death Certificates
Includes all intent of drug-related deaths with the additional ICD-10 codes of T40.0, T40.1, T40.2, T40.3 or T40.4

20.7 AI/AN vs. 9.4 All Races: CDC Vital Statistics
STATE & REGIONAL DATA

2015 Drug Injector Survey

- 22% overdosed in past 12 months
- 52% witnessed overdose in past 12 months
- 47% said they or someone else had called 911
- 46% carry naloxone
- 50% hooked on rx opiates prior to heroin
- 51% interested in getting help to cut down or quit
  but only 2 people in treatment (in our county)

http://adai.uw.edu/pubs/infobriefs/2015druginjectorhealthsurvey.pdf

1036 Valid Responses Statewide (WA)
QUICK DETOUR
OPIATES OR OPIOIDS?

Opiate refers to natural substances that come from opium.

Opium poppy
- Morphine
- Codeine

Opioids are medicines/drugs that bind to the same receptors as opiates, but do not occur naturally.

Semi-synthetic opioids
- oxycodone & hydrocodone

Synthetic opioids
- fentanyl & methadone
CHEMICAL COUSINS

Opiates

- Morphine
- Codeine
- Thebaine
- Diacetylmorphine (Heroin)
- Hydrocodone (Vicodin)
- Oxycodone (Oxycontin)
- Oxymorphone (Opana)
- Hydromorphone (Dilaudid)
- Tramadol
- Fentanyl
- Methadone

Semi-synthetic opioids

- Hydrocodone
- Oxycodone
- Oxymorphone
- Hydromorphone
- Tramadol
- Fentanyl
- Methadone

Synthetic opioids

- Hydrocodone
- Oxycodone
- Oxymorphone
- Hydromorphone
- Tramadol
- Fentanyl
- Methadone
Opioid: natural, synthetic, or semi-synthetic substances

Opiate: naturally occurring substances within the opioid class
OPIOID SUMMIT

Opioid Summit: 3-County Coordinated Response

January 30, 2016

Discuss results from assessment and planning phase
Move from planning to action

2 Opioid Plans: Review WA State Plan & 3-County

14+ PGST tribal council & staff attended

Continue to be involved

• Olympic Community of Health
• Medicaid Demonstration
• Project plans, weekly calls
## 2017 WASHINGTON STATE INTERAGENCY OPIOID WORKING PLAN

<table>
<thead>
<tr>
<th>Priority Goals</th>
<th>Goal 1: Prevent opioid misuse and abuse</th>
<th>Goal 2: Treat opioid dependence</th>
<th>Goal 3: Prevent deaths from overdose</th>
<th>Goal 4: Use data to monitor and evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority Actions</td>
<td>Improve prescribing practices</td>
<td>Expand access to treatment</td>
<td>Distribute naloxone to people who use heroin</td>
<td>Optimize and expand data sources</td>
</tr>
</tbody>
</table>

[http://www.doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/OpioidMisuseandOverdosePrevention](http://www.doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/OpioidMisuseandOverdosePrevention)
OUR RESPONSE

How to make this meaningful for PGST?
Executive Director called f/u opioid meeting
Tribal council members, police department, wellness staff, chief medical officer, youth workers and more
Reviewed state and county plan and adopted our own Tribal Healing Opioid Response (THOR)
THE PLAN
<table>
<thead>
<tr>
<th>Goal 1: Prevent Opioid Misuse and Abuse</th>
<th>Lead Department</th>
<th>Partner Department</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1A:</strong> Promote best practices for prescribing</td>
<td>Health</td>
<td>Wellness, CHR</td>
</tr>
<tr>
<td><strong>1B:</strong> Raise awareness of risks including overdose; reduce stigma</td>
<td>Wellness</td>
<td>Re-entry, Court, Health</td>
</tr>
<tr>
<td><strong>1C:</strong> Prevent opioid misuse in communities, particularly with youth</td>
<td>Chi-e-chee, Youth, Education</td>
<td>Wellness, Health</td>
</tr>
<tr>
<td><strong>1D:</strong> Promote safe storage and disposal of prescription medicine</td>
<td>Health</td>
<td>Police</td>
</tr>
<tr>
<td><strong>1E:</strong> Decrease the supply of illegal opioids</td>
<td>Police</td>
<td>Court</td>
</tr>
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</table>
### Goal 2: Expand Access to Opioid Use Disorder (OUD) Treatment

<table>
<thead>
<tr>
<th>Objective</th>
<th>Lead Department</th>
<th>Partner Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A: Expand capacity of health providers to recognize signs of opioid misuse</td>
<td>Health, Wellness</td>
<td>Police</td>
</tr>
<tr>
<td>2B: Increase access to &amp; utilization of best practices OUD treatment in communities</td>
<td>Wellness</td>
<td>Health, Reentry</td>
</tr>
<tr>
<td>2C: Increase access to &amp; utilization of best practices OUD treatment in the criminal justice system</td>
<td>Reentry</td>
<td>Wellness, Police</td>
</tr>
<tr>
<td>2D: Increase capacity of syringe exchange programs to provide overdose prevention training including naloxone and to engage clients in supportive services</td>
<td>Health</td>
<td>Wellness</td>
</tr>
<tr>
<td>2E: Reduce withdrawal symptoms in newborns</td>
<td>Children &amp; Family</td>
<td>Health, Wellness, ECE, Chi-e-chee</td>
</tr>
</tbody>
</table>
Goal 3: Prevent deaths from overdose

<table>
<thead>
<tr>
<th>3A: Educate community to know how to recognize and respond appropriately to an overdose</th>
<th>Lead Department</th>
<th>Partner Department</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chi-e-chee</td>
<td>Human Resources, Wellness, Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3B: Increase availability of overdose reversal medication naloxone</th>
<th>Health</th>
<th>Police, Wellness, Natural Resources</th>
</tr>
</thead>
</table>
THE WORK
COMMUNITY ENGAGEMENT

Opioid Town Hall
• December 2016

General Council
• March 2017

Opioid Town Hall
• October 2017
PREVENTING DIVERSION

Drug take back

- Secure box in lobby of tribal government building
- Police pick up

Medication lock box

- In coordination with health services
MEDICATION ASSISTED TREATMENT

Staffing: 2 MDs, 1 ARNP, supported by MA

Suboxone & Vivitrol

Program Structure

• Counseling, individual and group
• Random call backs
Opioids don’t work

- Tachyphylaxis: rapidly diminishing response
- Hyperalgesia: abnormally heightened sensitivity to pain

Opioid Pain Agreement

Patients think opioids work, already dependent

Education, leadership, patients, THOR…

Dramatic decrease in opioid rx

- 18% decrease one year, 75% seven years
- Multiple reasons, further evaluation needed
HARM REDUCTION

Narcan

- Tribal Code: Good Samaritan provision
- Police, NR, patients, every home
- Standing Orders, Policy
- Unexpected delay – account set up

Needle Exchange

- Successful
- Message: exchange, not supply
SUCCESS

Examples abound

• Transition to MAT
• Non-opioid treatment only
  • Exercise, mental health, non-opioid meds, etc.
• PRN opioids only
• Decreased dosage

Prevention is better

• Surgeon General’s Report on Alcohol, Drugs, and Health
Youth Services
Serves K-12 grades and young adults
Monday-Saturday
6 staff
Support groups, culture, recreation, leadership, outings, mentoring, etc.
YOUTH PREVENTION ACTIVITIES

Tae Kwon Do
Fitness Initiatives
Hiking
Basketball
T-ball
Skate Camps
Prevention weekend
Red ribbon week
Youth Prevention Summit
Youth Leadership Group
Youth Annual Honoring
Youth Employment workshop
College trips

Thrive conference
Youth & Elder Socials
Cultural classes;
Beading
Cedar/wool weaving
Cooking traditional fish
Archery
Regalia making
Canoe journey
Pow-wow’s
Autism Acceptance Walk
Child abuse Prevention Walk
Places of Importance
COMMUNITY PREVENTION

CHI-E-CHEE
(Klallam word for “the workers”)

Vision
Committed to working together to provide a safe, healthy Tribal community with bright futures for our youth and future generations.

Mission
The mission of the Port Gamble S'Klallam Tribe’s Chi-e-chee is to promote healthy families through the elimination of alcohol, tobacco and other drug abuse in the Port Gamble S'Klallam community, in accordance with the Tribe’s culture, values, and traditions.

Executive Director suggested Chi-e-chee as lead group for THOR
ONGOING PROCESS

Monthly Tribal wide meetings
Review progress, update plan

1. Discuss what are we doing
2. What do we want to do?
3. How much does it cost?
4. Who is on point?

Appointed a lead staff person to THOR

THOR Logo

Next: community engagement, town hall, funding
FUNDING & COLLABORATION

Right thing to do
Significant cost & commitment
Leadership

Collaborations with other departments
TRIBAL SPECIFIC DATA & EVALUATION

Tribal Specific Data Pull

• Needle exchange, opioid dependence, rx

Requested technical assistance

• NPAIHB Epi Center
• Kitsap County
• Olympic Community of Health

Evaluation

• How will we know it is working?
• What do we measure?
Port Gamble S’Klallam Tribe
Artist & Designer
jeffreyveregge@gmail.com
www.jeffreyveregge.com
360-516-0406
AVAILABLE RESOURCES & LINKS

1. THOR plan
2. THOR Community Handout (July 2017)
3. Opioid Pain Agreement (latest draft)
4. Narcan Standing Orders
5. Narcan Training Guide
6. PGST Good Samaritan code
7. Helpful Links:
   - https://aims.uw.edu/
THANK YOU!

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360-620-4378
karold@pgst.nsn.us