

Policy Recommendations for the Opioid Crisis on the Hoopa Valley Indian Reservation

Prepared for the National Indian Health Board by
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Purpose

This policy report produced for the National Indian Health Board addresses the Hoopa Valley Indian Reservation's concerns on opioid misuse within the community by providing an up-to-date analysis of the problem, progress made, and further policy recommendations.

Introduction

Hoopa has the largest reservation based opioid affected population in California. The governing board members at K'ima:w Medical Center, the tribes' health care facility, and the Hoopa Community Coalition have been making efforts to address this epidemic. The numbers of those addicted to opioids are reflective of other communities across Indian Country.

The issue originated in the community because of high prescription rates of pain medication by medical providers and street drug sales, some of which were originally dispensed from the local medical facility that were then circulated and illegally sold within the community. These events are not specific to the Hoopa community, but have been seen across other American Indian and Alaska Native (AI/AN) communities and across the country.

Statement of the Problem

According to the National Institute on Drug Abuse, the nationwide opioid epidemic originated in the late 1990s. Pharmaceutical companies reassured the medical community that patients would not become addicted to prescription opioid pain relievers. Subsequently, healthcare providers began to prescribe opioids at greater rates which led to widespread diversion and misuse of these medications. It later became apparent these medications could be highly addictive. In addition to the opioid prescription increase, the epidemic can also be attributed to well-intentioned healthcare providers who prescribed opioids to treat pain in ways that are now classified as high-risk and have been associated with opioid abuse, addiction, and overdose, such as prescribing at high doses and for longer durations.

From 1999 to 2017, almost 218,000 people died in the United States from overdoses related to prescription opioids. Overdose deaths involving prescription opioids were five times higher in 2017 than in 1999. (CDC). During that same year, 47,000 Americans died as a result of opioid overdose, including prescription opioids, heroin, and illicitly manufactured fentanyl, a powerful

synthetic opioid. (NIH). An estimated 1.7 million people in the United States suffered from substance use disorders related to prescription opioid pain relievers in 2017, and 652,000 suffered from a heroin use disorder. (NIH)

Many members of my community suffer from long-term pain and have benefitted from the use of prescribed opioid. However, many have become long-term users and have subsequently become addicted to their prescribed medication. Our community has not been able to gather data making it difficult to quantify the local epidemic.

Statistics

National

- In 2016, over 11 million Americans misused prescription opioids nearly 1 million used heroin, and 2.1 million had an opioid use disorder due to prescription opioids or heroin.
- Opioid overdoses increased 30% between July 2016 and September 2017 in 45 states.
- In the Midwest, opioid overdoses increased 70% between July 2016 and September 2017.
- Opioid overdoses in large cities increased by 54% in 16 states.¹
- The United States has experienced significant increases in rates of neonatal abstinence syndrome (NAS), hepatitis C infections, and opioid-related emergency department visits and hospitalizations over the past decade.
- Since 2000, more than 300,000 Americans have died of opioid overdose. Opioids were involved in 42,249 deaths in 2016, and opioid overdose deaths were five times higher in 2016 than 1999.²

Indian Country

- 5.2% (72,000) AI/ANs aged 18 and older reported misusing a prescription drug in 2016 and 4% (56,000) AI/ANs aged 18 and older reported misusing a prescription pain reliever.
- AI/ANs had the highest drug overdose death rates in 2015.
- AI/ANs had the largest percentage increase in the number of deaths over time from 1999-2015 compared to other racial and ethnic groups.
- In 1999-2015 deaths rose more than 500% among AI/ANs.
- 4% (56,000) of AI/ANs aged 18 and older reported misusing a prescription pain reliever in the past year, compared to national averages of 7.1% and 4.3%.³
- In 2016, a NSDUH study also found that 4.1% (63,000) of AI/ANs aged 12 and older reported opioid misuse in the past year while the national average is 4.4%.
- In 2016, a NSDUH study found that 1.1% (16,000) of AI/ANs aged 12 and older reported having an opioid use disorder in the past year.⁴

¹ Data from “Opioid Overdose Crisis.” National Institute on Drug Abuse

² Data from SAMHSA’s National Survey on Drug Use and Health

³ Data from IHS

⁴ Jones

California

California experienced 2,194 deaths due to all opioid-related overdoses in 2017, the most recent calendar year of data available. The annual crude mortality rate during that period was 5.6 per 100,000 residents, representing a 12% increase from 2015. (CDPH)

Hoopa Valley Indian Reservation resides in Humboldt County, in Figure 1 it is the northernmost red county in the west and has a rate of about 20 opioid overdoses per 100,000 people.

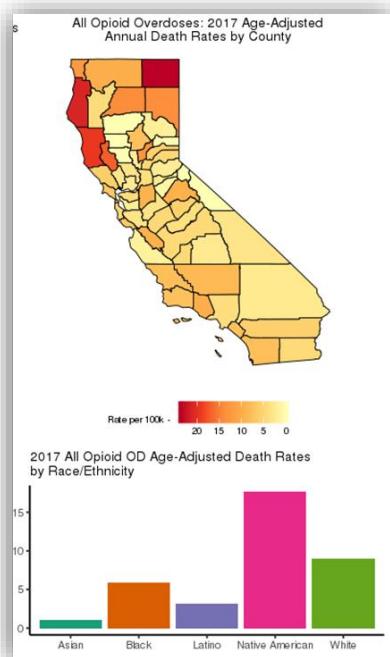


Figure 1: 2017 Opioid Overdoses in California

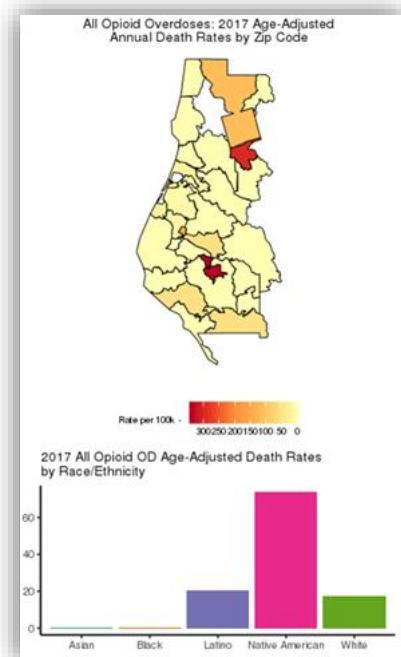


Figure 2: 2017 Opioid Overdoses in Humboldt County

Humboldt County

In 2017, 49 deaths of a total 272 unintended deaths were attributed to alcohol or other drugs. According to the Humboldt County Sheriff's Office, 21% were caused by opioids. (Cresswell). Humboldt experienced 28 deaths due to all opioid-related overdoses in 2017. The annual crude mortality rate during that same year was 16 per 100,000 residents. This represents a 34% decrease from 2015. (CDPH). Figure 2 is a map of Humboldt County. Hoopa is the orange square in the northern region and has a rate of about 150 opioid overdoses per 100,000 people. Figure 2 depicts AI/ANs experiencing higher rates of opioid overdose than any other race in Humboldt County.

Methods

This topic was chosen after meeting with several members within the Hoopa Valley Indian Reservation community who all voiced similar concerns about drug use in our community. I spoke with former Tribal Chairman Ryan Jackson, Council member Viveena Orcutt, K'ima:w Medical Center Medical Director Dr. Eva Smith, elders, tribal youth, and other young adults in the

community. Most of the community members that I spoke with did not feel that anything was being done to address the issue.

After identifying a topic to address, I spoke more in depth with Dr. Smith who was able to provide me more information on research that has been done on the topic and progress that has been made by the medical facility to combat the growing opioid epidemic. I wanted this paper to act as an informational tool for the community to gain a better sense of the opioid epidemic as a national issue that goes beyond our community. I also want my tribal community to learn that progress has been made to address the issue. I will also use this paper as a platform to suggest further policy recommendations.

Progress

Efforts have been made by the local medical facility to be compliant with all current CDC guidelines for prescribing opioids. A community coalition group was also created to elicit more community member involvement. The CDC guidelines have been implemented by the clinic, but many patients are left with an addiction to opioids due to their long-term use. Patients suffering from opioid addiction can now benefit from the Medication Assistance Program the clinic offers. Since 2016, K’ima:w Medical Center has had 77 patients participate in the Medication Assistance Program for long-term recovery. Additionally, there have been efforts made by the clinic and the community coalition to disperse Naloxone, an opioid antagonist used for the complete or partial reversal of opioid overdose, throughout the community.

Current Policy

The Hoopa Valley Tribe does not have their own tribal policies in place to address the opioid epidemic. Further, the tribe does not have any tribal code language addressing anything health related. The current policies used on the reservation for prescription guidelines are those outlined by the CDC. The CDC guidelines provide recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. (CDC). The guidelines address when to initiate or continue opioids for chronic pain; opioid selection, dosage, duration, follow-up, and discontinuation; and assessing risk and addressing harms of opioid use. These recommendations aim to lower the amount of prescription pills from being administered to patients who are considered to be at high risk of opioid abuse and to reduce patients from using opioids for long term treatment.

Prescription guidelines and healthcare policies are necessary in advancing the practice of pain management to enable access to high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms. Following the recommended guidelines that are based on scientific research as well as culturally driven treatment plans will result in the increase of quality of life for those living with chronic pain in the community.

Policy Recommendations:

- Require prescribers to explore alternative solutions for pain management before prescribing narcotics.
- Track patients on prescription medication to ensure they are decreasing the amount of medication over time.

- Mandate that prescribers on tribal land follow CDC guidelines strictly.
- Secure resources to increase capacity for the pain management program.
- Create provider/patient pain management contracts stating that there will be a plan in place for the end of use before prescription is issued.
- Require monthly narcotic reports monitoring all patients of prescribers.

Implementation Strategy

To track progress, K'ima:w Medical Center must have the capacity to do more data tracking. Having an efficient tracking method would enable to see where the clinic could be improving. Additionally, they should be strictly following all medical guidelines for dispensing opioid prescription. K'ima:w Medical Center should do more community outreach and education on opioid abuse as well as distributing more information on the services available for people seeking help for addiction. As an entity of the tribe, K'ima:w Medical Center should work more closely with the tribal health board and tribal council to promote healthier communication, as well as, to create culturally specific health policy to generate action and change. Lastly, K'ima:w should implement a better program for retrieving and receiving unused medications. Doing so would decrease access to for others to abuse prescription medication.

Although a community coalition has been created to address community concerns about the opioid epidemic in Hoopa Valley, the coalition struggles with effective community engagement. Doing more community outreach will help the community to have a better sense of what is being done to address the issue. The coalition could also aim to sponsor recurring cultural activities within the community and design activities for youth engagement and education, creating a positive environment and creating more opportunities for personal growth and financial security to help future generations to feel a sense of purpose and foster healthy living environments.

Lastly, I believe the implementation of a traditional medicine pain group would also be beneficial for the community. It creates another option for those looking to stop prescription painkillers as well as those looking for an alternative treatment.

Summary and Conclusion

The Hoopa Valley Tribe should create additional policies that integrate community and traditional beliefs around healing and wellbeing to help the opioid epidemic affecting our community.

I am thankful that I had this opportunity to work with my tribe, local medical facility, and the National Indian Health Board. Through this fellowship I was able to share the work that my community has done, as well as work, informing others about my ideas for change at the 2019 UNITY conference. I have also had the chance to share the work that I've done with my tribal council and with my own community.

References

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