

Help Indian Country Address the Opioids Crisis

Request: In any funding streams Congress offers the states to promote opioids prevention, treatment, and recovery programs, **include Tribes as eligible entities and set aside a percentage of funding for Tribes.** This includes the renewal of the State Targeted Response Grants. **Create a Special Behavioral Health Program** for Indians to provide Tribes with the resources and flexibility they need to truly address the crisis.

Issue: The national opioid epidemic represents one of the great public health challenges of the modern era. Among American Indians and Alaska Natives (AI/ANs), the rate of drug overdose deaths is twice that of the general population, according to the Indian Health Service (IHS). The CDC reported that AI/ANs consistently had the highest drug overdose death rate by race every year from 2008-2015, and the highest percentage increase in drug overdose deaths from 1999-2015 at 519%. In 2016, Congress created the State Targeted Response (STR) grants, giving states the flexible resources they needed to address the opioids crisis. Tribes were left out of the program, and these funds did not reach the Tribal communities where they are most desperately needed. In 2018, the STR grants must be renewed by Congress with a Tribal set aside to ensure that both states and Tribes are able to implement opioids prevention, treatment, and recovery programs.

To address the root cause of the crisis, Indian Country must look at the historical trauma that fosters substance misuse. Tribes implementing behavioral health programs, which address substance misuse, need support from the federal government in fulfillment of the trust responsibility. Congress should build off the success of the Special Diabetes Program for Indians (SDPI) by replicating its funding structure in a new Special Behavioral Health Program for Indians (SBHPI).

TALKING POINTS

S. 2680, the Opioids Crisis Response Act, includes a Tribal set aside in the renewal of STR grant funding.

- This bill should be the basis for the Senate's opioids package.
- The Senate should take up opioids legislation immediately, so Tribes are not left in limbo.
- The House's legislation did not include a Tribal set aside in any significant funding streams.
- Indian Country's allies in Congress should insist that the final opioids bill created in conference committee include Tribes in the STR grants.

S. 2545 would create the Special Behavioral Health Program for Indians with \$150 million a year in mandatory funding.

- This bill should be included as an amendment to the Opioids Crisis Response Act.
- S. 2545 would replicate SDPI's formula funding structure to ensure behavioral health resources go to the Tribal communities with the most need.
- Behavioral health issues, such as Substance Use Disorder, can lead to opioids dependency as people look for short term relief from long term pain.
- Only addressing the substance dependency ignores the longer term health challenges.
- Mandatory funding would ensure the program is not subject to the political Appropriations process year after year.
- This is part of a larger conversation regarding moving the Indian Health Service and Tribal health programs to mandatory spending.