Greetings to our partners! This is your latest update from the NCAI Policy Research Center, which shares recent studies on, and responses to, topics of interest to Native communities. An electronic copy is available to share on our website: www.ncai.org/PRC.

### Reflecting on a Crisis

**Curbing Opioid Abuse in Communities**

Many tribal nations are facing extreme impacts of drug abuse on their citizens, maternal and family health, and the safety of their communities. The Policy Research Center has compiled some of the leading research on how opioid use and abuse are affecting Indian Country and ways in which health care providers and communities can respond.

**What is the historical context of the opioid epidemic?** Health care providers must walk a fine line in adequately treating chronic pain and simultaneously preventing the overuse or over-prescription of opioids. *For more than 20 years*, opioids were liberally prescribed for long-term pain management and marketed as non-addictive—despite the absence of long-term controlled studies of addiction rates among patients. With their demand increasing, opioids (OxyContin, in particular) were readily trafficked alongside heroin—resulting in a **137 percent increase** in drug overdose deaths and **200 percent increase** in overdoses between 2000 and 2014.¹

*Among American Indians and Alaska Natives (AI/ANs) the opioid epidemic has been destructive.* Between 1999-2009, the incidence rate ratio for opioid-related deaths among AI/ANs between 15-64 years old was slightly higher (0.86) than Non-Hispanic Whites, **7.5 times higher** than African Americans, and **13 times higher** than Asian American/Pacific Islanders.² More recent data from the Centers for Disease Control and Prevention (CDC) reveal a similar trend:

![Overdose Deaths by Race in 2014](image)

**Youth are the most likely to abuse prescription drugs.** Over the course of 2014, **more than 1 in 10** (12 percent) 18 to 25 years olds used prescription drugs for nonmedical reasons. According to NIDA, there has been a **4-fold increase** in overdose deaths from prescription drugs (mainly opioid) between 1999 to 2014, equating to nearly 5

---

deaths per day among young adults ages 18-24. The CDC reported that about 1 in 10 AI/ANs age 12 or older used prescription painkillers for nonmedical reasons in 2012, as compared with 1 in 20 Non-Hispanic Whites and 1 in 30 African Americans.4

**There are significant maternal-child impacts.** Across the US, the National Institute on Drug Abuse (NIDA) estimates that every 25 minutes a baby is born suffering from opioid withdrawal, or what is referred to as neonatal abstinence syndrome.5 This represents a 5-fold increase in the syndrome since 2000. There are a range of public health interventions being directed at pregnant mothers whose babies are born drug-affected.

**The role of trauma in opioid abuse is evident.** Opioid addiction rates have been found to be higher among veterans dealing with trauma and chronic pain. In many communities, opioid and prescription drug abuse is placed squarely within a larger historical legacy—but one that will be equally overcome.

"There is common agreement that our community's drug epidemic is rooted in historical and generational trauma. There is also common agreement that, as a tribe, we are strong and resilient and can create support...in order to heal the next generation."6

- Northern Plains tribal member

**There are important connections between opioids and human trafficking.** According to Dr. Hanni Stoklosa, an emergency physician at Brigham and Women’s Hospital in Boston, Massachusetts, over 50 percent of patients who are survivors of trafficking are struggling with opioid addiction. In most cases, opioids either “led them to being trafficked or kept them in this cycle of exploitation.”7

**Tribal nations are responding to the crisis through various means.**

- White Earth Nation has not only successfully engaged law enforcement in decreasing the presence of drugs on the reservation, but they have trained over 100 tribal employees in how to treat overdoses, saving at least 16 lives in the past year. The Nation also has a Maternal Outreach and Mitigation Service, which has already helped 48 mothers, babies, and families with addiction and recovery.
- The Cook Inlet Tribal Council (CITC) Recovery Services department, one of only two detox centers in Alaska, provides treatment to about 850 individuals each year. Services include detox, residential inpatient and outpatient care, screening, assessment, and referral. CITC works with Southcentral Foundation and plans to partner with Knik and Chickaloon tribal organizations and the Mat-Su Health Foundation.
- The Indian Health Council, Inc. in California has implemented a Pill Take Back Project, which is working to promote proper use and disposal of prescription opioids.
- The Mashpee Wampanoag Tribe declared a state of emergency in response to the rise in opioid drug abuse in July 2016 and dedicated its 95th annual powwow to breaking the cycle of addiction, offering fireball ceremonies to heal those struggling with illness.

---


The Lummi Nation’s Healing Spirit Opioid Treatment Program offers medication assisted treatment, counseling, and accountability through drug testing when treating opioid dependence. The Leech Lake Band of Ojibwe operates an Opioid Treatment Program, with a mission “to provide community based, culturally focused substance addiction recovery services that will promote holistic health and a drug free lifestyle for our clients, their families, and our communities.”

**The Indian Health Service is partnering to dispense life-saving medication.** Operating from an agreement formalized in December 2015, the more than 90 IHS clinics began dispensing Naloxone, a medication that can reverse the effects of prescription opioid or heroin overdose, to as many as 500 BIA Office of Justice Service officers. In conjunction, training is offered to the officers as first responders providing emergency treatment. Also, in July 2016, IHS implemented a new policy for Prescription Drug Monitoring Programs (PDMP) that requires clinicians to cross-reference state PDMP databases prior to dispensing any opioid for more than seven days.

**Congress passed the Comprehensive Addiction and Recovery Act (CARA).** On July 13, Congress passed CARA with broad bipartisan support in both chambers. CARA authorizes federal grants to tribal, state, and local governments to test new approaches to preventing and treating opioid addiction. The bill authorizes $181 million in new spending, which Congress must provide by appropriation.

**The federal government has designated new funding to combat the opioid epidemic.** The US Department of Health and Human Services (HHS) announced $53 million in funding to 44 states, four tribes, and the District of Columbia to improve access to treatment for opioid use disorders, reduce opioid-related deaths, and strengthen drug misuse prevention efforts. There are three strategies for these funds—prevention, intervention, and rehabilitation. Of the $53 million, $31 million is directed to prevention and $11 million to treatment. President Obama has asked Congress for an additional $1.1 billion dollars to expand treatment services.

**States are responding to the crisis as well.** At the 2016 Winter Meeting of the National Governors Association (NGA), forty-six governors from across the nation signed the Compact to Fight Opioid Addiction. “This marks the first time in more than 10 years that governors have developed a compact through NGA to spur coordinated action on an urgent national issue.”

“It is important to recognize that we arrived at this place on a path paved with good intentions,” the US Surgeon General Dr. Vivek Murthy wrote in a letter to all physicians this August 2016, acknowledging that “the results have been devastating.” With the launch of www.turnthetiderx.org, he hopes to build a movement among health care providers to end the opioid epidemic through a 3-pronged approach: safer prescribing practices, medication assisted treatment, and overdose prevention.

---