2014 Tribal Consultation
U.S. Department of Health and Human Services
Regions VII and VIII

Prescription Drug Abuse in Indian Country

April 8, 2014

Prescription Drug Abuse: The Problem

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What is Prescription Drug Abuse?

- The *intentional* use of a medication without a prescription of one's own
  - In a way other than as prescribed
  - Or for the experience or feeling the drug causes
- Nonmedical use of psychotherapeutics includes nonmedical use of any prescription-type pain relievers, tranquilizers, stimulants, or sedatives.

Drug Overdose Deaths

- In 2010, 60 percent of drug overdose deaths in the U.S. were related to prescription drugs.
- Of these 75 percent involved opioid pain relievers, and 30 percent involved benzodiazepines (tranquilizers)

Prescription Drug Abuse is a Significant Problem in the United States

- Prescription drugs are the second-most abused category of drugs in the U.S. following marijuana.
- In 2012, an estimated 6.8 million persons aged 12 or older, or 2.6 percent of the population, abused or misused prescription drugs

Most Commonly Abused Prescription Drugs

- Number of estimated prescription drug users aged 12 or older, 2012:
  - Pain relievers/opioids - 4.9 million
  - Tranquilizers - 2.1 million
  - Stimulants - 1.2 million
  - Sedatives - 270,000

Most Commonly Abused Prescription Drugs

- Opioids
  - Pain medication
  - Percocet, Oxycontin, Vicodin
- Tranquilizers
  - Used to treat anxiety and insomnia, and severe mental illness
  - Central nervous system depressants
  - Minor and major tranquilizers
  - Valium, Thorazine

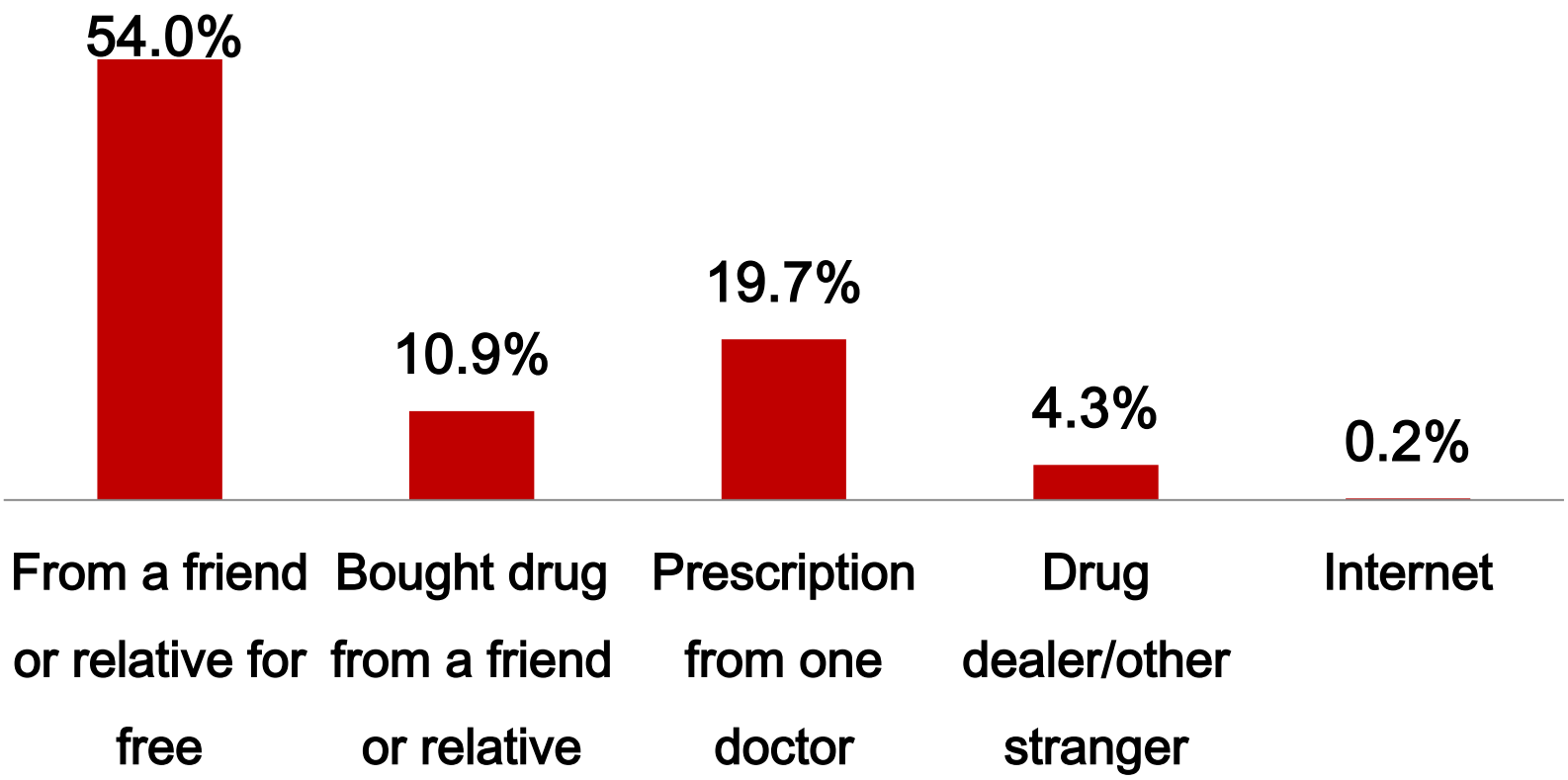
Most Commonly Abused Prescription Drugs

- Stimulants
  - Used to treat ADHD and narcolepsy
  - Ritalin, Adderall
- Sedatives
  - Used to treat anxiety and sleep problems
  - Central nervous system depressants
  - Barbiturates (Seconal) and benzodiazepines (Xanax)

First Time Users

- In 2012, approximately 2.4 million persons aged 12 or older used prescription drugs nonmedically for the first time within the past year
  - Averages to about 6,700 new users per day
- More than 26 percent of all past year first time illicit drug users reported that their first drug was prescription pain relievers
  - Averages to more than 5,000 new users per day

Source of Nonmedical Pain Relievers Among Persons Aged 12 or Older Who Used in the Past 12 Months



Groups at Greatest Risk for Prescription Drug Abuse/Overdose

- Men aged 25-54 have the highest prescription drug overdose rates, although rates for women 25-54 are increasing faster.
- People in rural counties are about two times as likely to overdose on prescription painkillers as people in big cities.
- Teens/young adults
- Soldiers and veterans

Groups at Greatest Risk for Prescription Drug Abuse/Overdose

- Individuals with occupational injuries
- Individuals with mental illness or past substance abuse
- Whites and American Indians or Alaska Natives are more likely to overdose on prescription painkillers.

Emergency Room Visits

- Emergency room visits for prescription drug abuse more than doubled between 2004 and 2011.
- In 2011, more than 1.4 million emergency room visits were related to prescription drugs.

Treatment

- The rate for non-heroin, opiate-related admissions to substance abuse treatment, for those age 12 or older, was 400 percent higher in 2012 than in 2000

What is Driving This High Prevalence?

- Misperceptions about their safety
  - Because these medications are prescribed by doctors, many assume that they are safe to take under any circumstances. This is not the case. Prescription drugs act directly or indirectly on the same brain systems affected by illicit drugs

What is Driving This High Prevalence?

- Increasing environmental availability
  - Between 1991 and 2010, prescriptions for stimulants increased from 5 million to nearly 45 million and for opioid analgesics from about 75.5 million to 209.5 million
- Varied motivations for their abuse
  - Underlying reasons include: to get high; to counter anxiety, pain, or sleep problems; or to enhance cognition

Opioid Pain Reliever Sales

- The sharp rise in opioid overdose deaths closely parallels an equally sharp increase in the prescribing of these drugs
- Opioid pain reliever sales in the United States quadrupled from 1999 to 2010

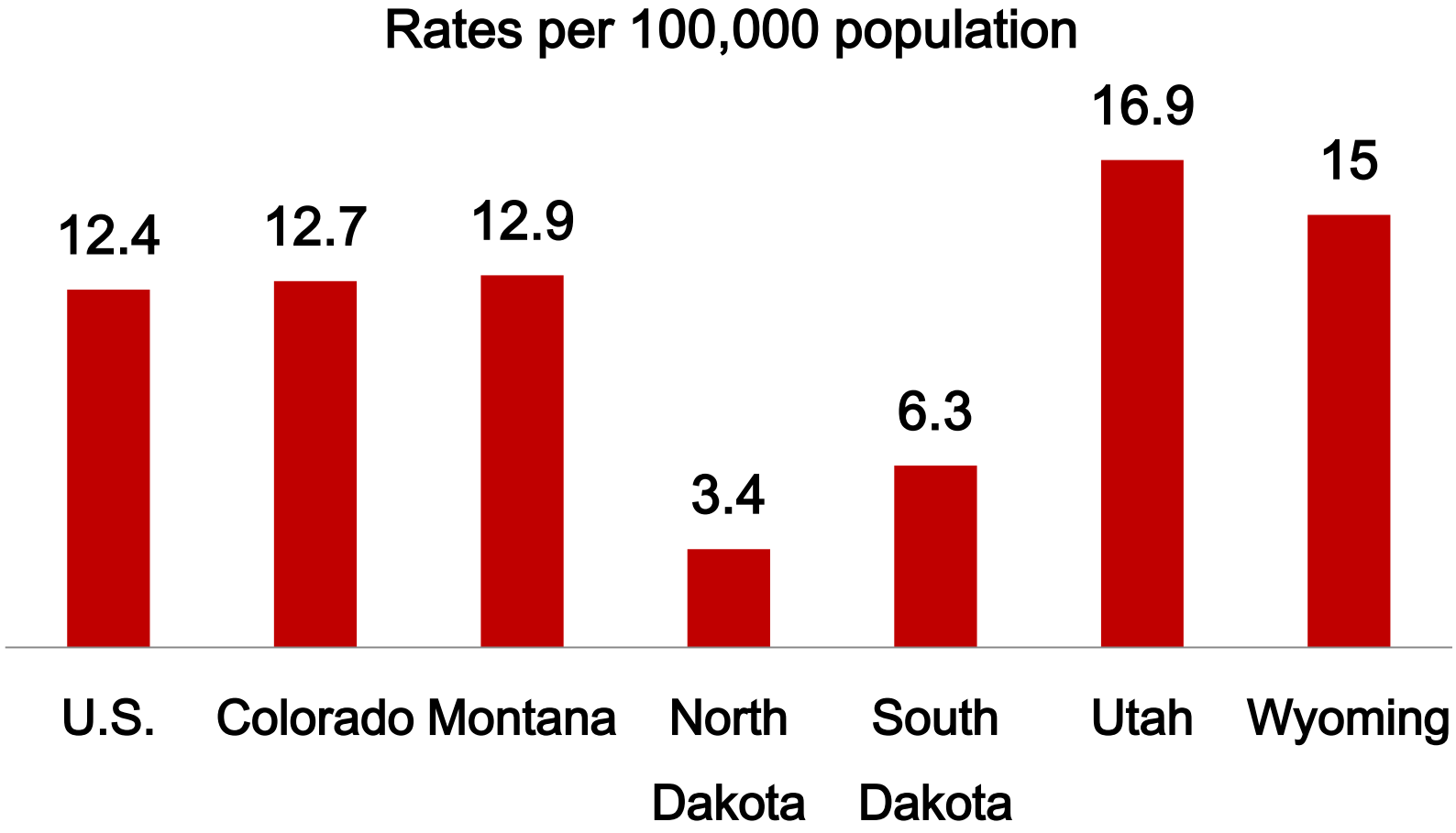
Financial Costs

- In addition to the human costs, the epidemic of prescription drug overdose imposes a major financial toll
- Nonmedical use of opioid pain relievers costs U.S. insurance companies up to $72.5 billion annually in healthcare expenditures

Region VIII States

- The severity of the epidemic varies widely across U.S. states, which is reflected in Region VIII states

Drug Overdose Rates by Region VIII State–2010



Nonmedical Use of Prescription Pain Relievers in the Past Year among Persons Aged 12 or Older, by Region VIII State: 2010-2011

	Nonmedical Use of Prescription Pain Relievers
National	**4.6%**
Colorado	6.0%
Montana	4.8%
Wyoming	4.7%
Utah	4.3%
North Dakota	3.8%
South Dakota	3.7%

Prescription Drug Abuse – American Indians

- Data indicate high usage of illicit drugs by American Indians and outline the need for targeted resources and outreach
- American Indian and Alaskan Native populations show high percentages of:
  - Lifetime abuse (64.8 percent)
  - Past year illicit drug use (27.1 percent)
  - Current non-medical use of prescription drugs (6.2 percent)

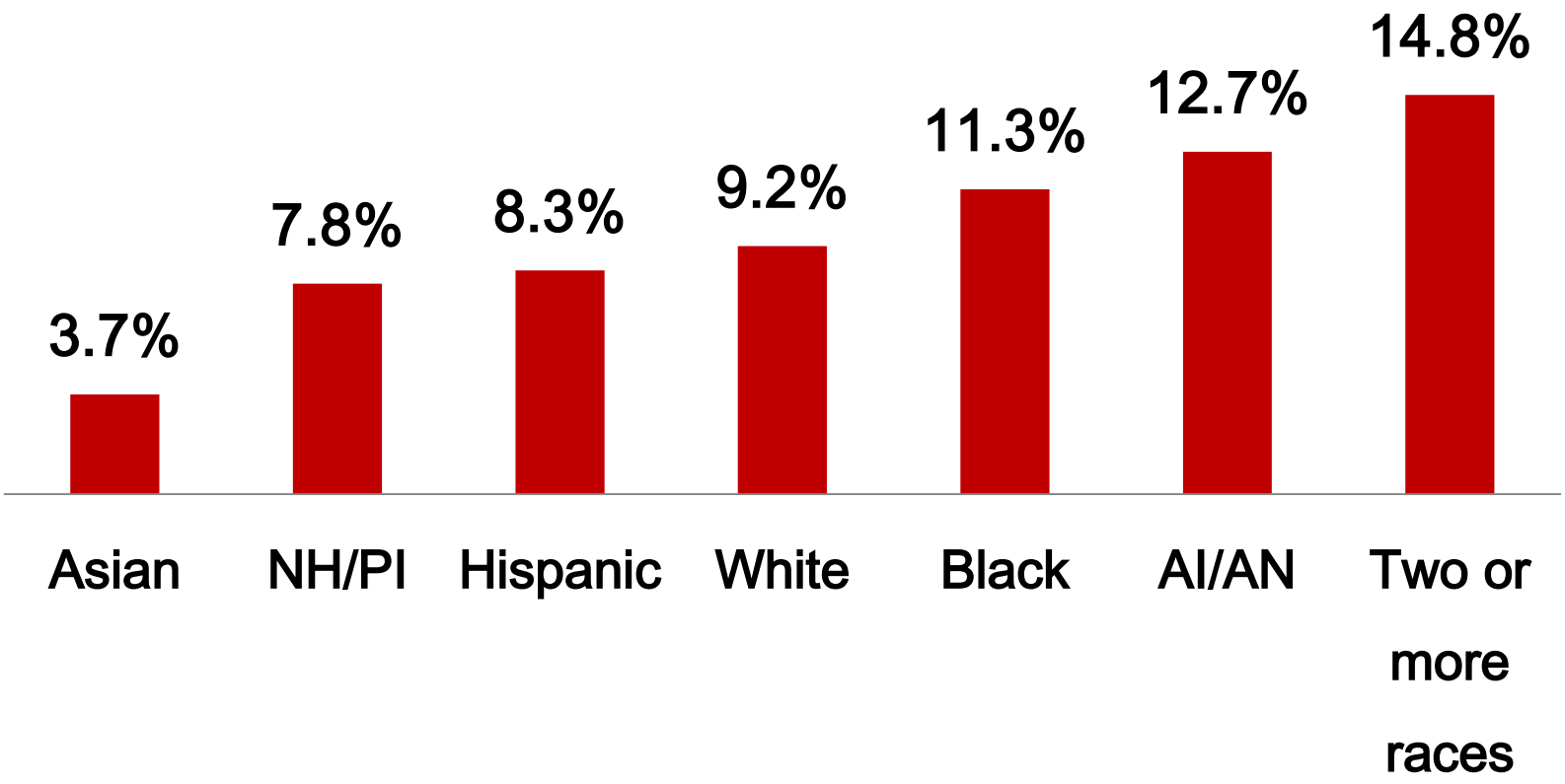
Drug Overdose Death Rates per 100,000 by Ethnicity

	All Drugs	Prescription Drugs	Opioid Pain Relievers	Illicit Drugs
Overall	11.9	6.5	4.8	2.8
Race/Ethnicity				
White	13.2	7.4	5.6	2.8
Hispanic	6.1	3.0	2.1	2.5
Non-Hispanic	14.7	8.4	6.3	2.9
Black	8.3	3.0	1.9	4.0
Asian/Native Hawaiian or PI	1.8	1.0	0.5	0.6
American Indian/ Alaska Native	13.0	8.4	6.2	2.7

American Indians/Alaska Natives

- 12.7 percent of American Indians/Alaskan Natives age 12 or older are current users of illicit drugs

Current Rate of Illicit Drug Use Among Persons Aged 12 or Older by Ethnicity, 2012



Some Good News

- Among youths aged 12 to 17, the rate of current nonmedical use of prescription drugs decreased from 4.0 percent in 2002 to 2.8 percent in 2012
- The rate of nonmedical pain reliever use declined during this period from 3.2 to 2.2 percent among youths

HHS Inter-agency Collaboration on Prescription Drug Abuse

CDR Christina Mead, PharmD
US Public Health Service
HHS/HRSA/ORO
Area/Regional Pharmacy Consultant
Denver Regional Office

What Can HHS do?

- The U.S. Department of Health and Human Services is committed to reducing prescription drug abuse and its negative outcomes
- HHS Operating Divisions are collaborating across agencies to align and implement programs that address prescription drug abuse in Region 8 (CO, WY, ND, SD, UT, WY)

HHS Collaboration

- HHS Region 8 Agencies:
  - Health Resources and Services Administration (HRSA)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Indian Health Service (Great Plains Area Office - formerly Aberdeen Area)

Great Plains Area Indian Health Service

- Leadership from the Area Office formed a Prescription Drug Abuse Task Force consisting of various clinical disciplines and administrators from multiple service units
- Meet on a weekly basis

HHS Collaboration

- HRSA and SAMHSA leadership and subject matter experts partnered with the Great Plains Area Office to assist the Task Force in forming and implementing a strategic plan

Great Plains Strategic Plan

- Strategy Areas
  - Clinical Practice
  - Prescription Drug Monitoring Program
  - Education
  - Disposal Plan

Clinical Practice

- Pain Medication Contract
  - Area-wide standard contract
  - Regular competency training for providers
- Drug and Alcohol Screening
  - Integrated into treatment plan
  - Training for all providers
- Prescribing Guidelines
  - Standard practices

Prescription Drug Monitoring Program

- A PDMP is a ***statewide*** electronic database which collects designated data on substances dispensed in the state
- The PDMP is housed by a specified statewide regulatory, administrative, or law enforcement agency
- The state agency housing the PDMP distributes data to individuals who are authorized under state law to receive this data for purposes of their profession

Source: http://www.deadiversion.usdoj.gov/faq/rx_monitor.htm#1

Education

- Patient and community focus
- Emphasis on prevention
- To enhance partnerships and community collaboration
  - Law enforcement, religious institutions, community centers, community health centers, behavioral health providers funded outside of the Indian Health Service

Disposal Plan

- Develop a strategy to remove unused controlled-substances from homes
- Define and educate an Area-wide prescription drug disposal plan
- Partner with the Drug Enforcement Administration

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SAMHSA

Mission

Reduce the impact of substance abuse and mental illness on America's communities

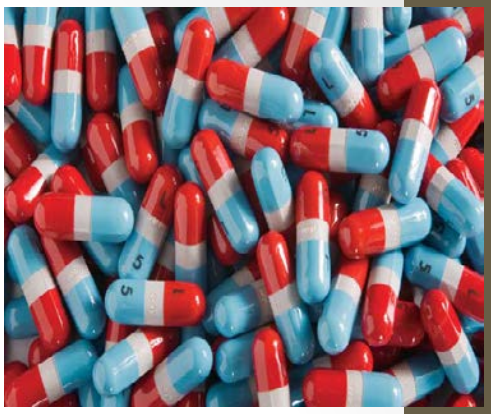
Behavioral Health Is Essential To Health

Prevention Works

Treatment Is Effective

People Recover

Prescription Drugs



- Most Prevalent Illicit Drug Problem After Marijuana
  - 1 in 22 reported misuse/abuse of prescription meds
  - US consumes **99%** of world's hydrocodone
- Emergency Room Visits
  - Non-medical use of ADHD stimulant medications **nearly tripled** from 5,212 to 15,585 visits (2005 – 2010)
- Treatment Admissions
  - **569.7%** increase Benzodiazepine & pain med use (2000-2010)

ONDCP Strategy to Prevent & Reduce Prescription Drug Abuse

- **Education** Parents, youth, patients & prescribers
- **Monitoring** Implement Prescription Drug Monitoring Programs in every state to reduce diversion, enhance ability to share data across states and encourage use by health professionals
- **Proper medical disposal** DEA proposed rules
- **Enforcement** Eliminate improper prescribing practices and stop pill mills

EPIDEMIC: RESPONDING TO AMERICA'S PRESCRIPTION DRUG ABUSE CRISIS , ONDCP 2011

SAMHSA's Strategies for Reducing Prescription Drug Abuse

- Prevention and early intervention
- Prescriber and patient education
- Enhanced treatment access and quality
- Overdose prevention and rapid intervention
- Appropriate regulation

SAMHSA: Prescription Drug Abuse Strategy

Prevention and Early Intervention:

- **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**
  - Screening individuals in primary care settings (e.g., clinics, hospitals, nursing homes) for risk of substance abuse
  - Helping patients accept the need for treatment
  - Helping patients obtain appropriate treatment services.

SAMHSA: Prescription Drug Abuse Strategy

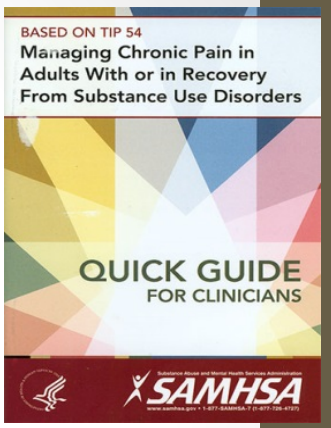
Prescriber and Patient Education:

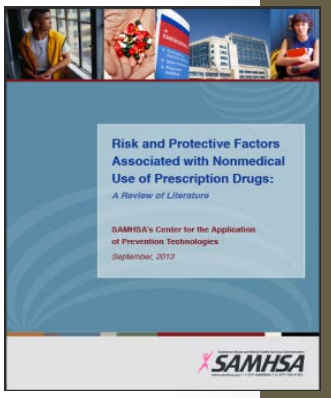
- **Physician Clinical Support System for Opioids (PCSS-O)**
  - Free mentoring for practicing physicians on clinical topics such as prescribing opioids for chronic pain and office-based treatment of opioid-dependent patients www.pcss-o.org
- **Physician Clinical Support System for Buprenorphine (PCSS-B)**
  - Free mentoring for practicing physicians from experts on office-based treatment of opioid addiction with buprenorphine www.pcssb.org.
- SAMHSA has published information for patients and the public on prescription drug abuse and its treatment www.samhsa.gov

SAMHSA: Prescription Drug Abuse Strategy

Enhanced Treatment Access and Quality

- **Treatment Improvement Protocols (TIPs)**
  - Medication Assisted Treatment
  - Managing Chronic Pain
- **Opioid Brief Guide** for primary care physicians on how to use FDA-approved medications to treat opioid addiction in the medical office.





SAMHSA: Prescription Drug Abuse Strategy

Overdose Prevention and Rapid Intervention:

- **Opioid Overdose Toolkit**
  - In practical, plain language, the kit outlines steps to take to prevent and treat opioid overdose (including the use of naloxone)
  - It also identifies important resources for patients, families, prescribers, and communities.

SAMHSA: Prescription Drug Abuse Strategy

Prescription Drug Monitoring Programs:

- **PDMP-EHR Integration and Interoperability Expansion Grants** (2012-13):
  - Improve real-time access to PDMP data by integrating PDMPs with existing EHR technologies (hospital ERs, outpatient facilities, retail pharmacies, etc.)
  - Increase the interoperability of PDMPs across state lines
  - 9 states are funded, as well as an evaluation by CDC.
    - North Dakota School of Pharmacy (2013)

SAMHSA's Technical Assistance Centers

- Tribal Training &Technical Assistance Center

  www.samhsa.gov/tribal-ttac

- ATTC Regional Centers www.attcnetwork.org
  - Central Rockies ATTC (University of Utah) – Region VIII
- ATTC National Focus Centers
  - American Indian Alaskan Native (University of Iowa)
  - ATTC-SBIRT (IRETA, University of Pittsburgh)
- Center for the Application of Prevention Technologies (CAPT) www.captus.samhsa.gov
- Suicide Prevention Resource Center www.sprc.org

ONDCP Strategy & Tribal Nations

- Drug Enforcement Agency (DEA) ***National Drug Take-Back Day***
- Office of National Drug Control Policy
  Bureau of Justice Assistance (BJA)
  state-state/state-tribal PDMP linkages/interoperability
- The Alliance of States with Prescription Drug Monitoring Programs (The Alliance), Brandeis University - PMP Center of Excellence and IHS creating ***interoperability between IHS pharmacies and state PDMPs.***
- BJA and National Congress of American Indians (NCAI) ***crime investigation training*** for tribal law enforcement agencies

Thank You

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Substance Abuse and Mental Health Services Administration
SAMHSA
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Tribal Law and Order Act of 2010 and SAMHSA:

an Update from the Office of Indian Alcohol and Substance Abuse

Rod K. Robinson
Director, Office of Indian Alcohol and Substance Abuse
Substance Abuse and Mental Health Services Administration

HHS Tribal Consultation

April 7-8, 2014
Denver, CO.

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Energizing the Tribal Action Planning Process

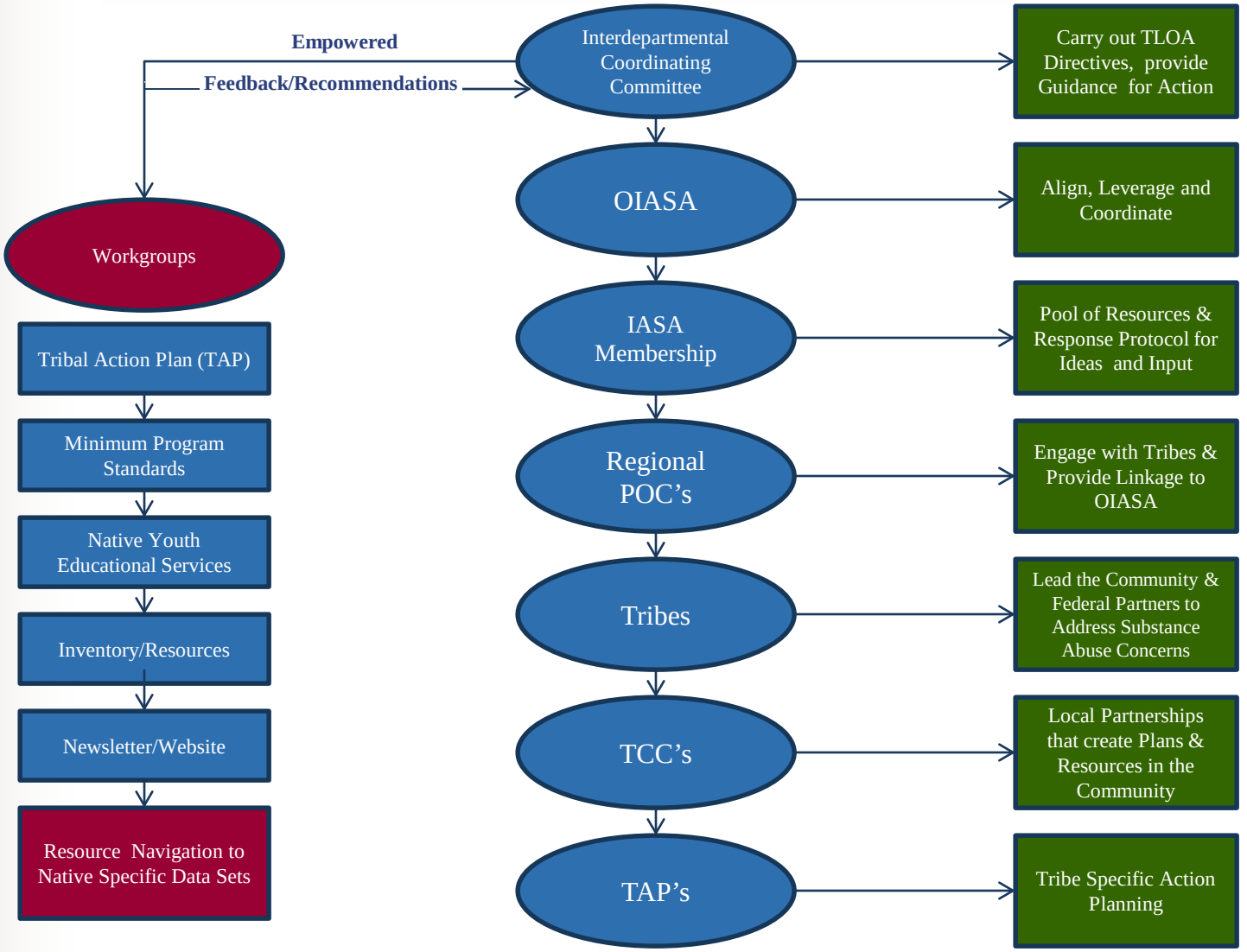
Tribal Law and Order Act of 2010

- Signed into law July 29, 2010
- Reauthorizes and amends:
  Indian Alcohol and Substance Abuse Prevention and Treatment Act (IASA) of 1986

Goals of TLOA

- Determine the scope of the SA problem in AI/AN populations
- Identify the resources and programs of each agency relevant to a coordinated effort addressing SA in AI/AN populations
- Coordinate existing agency programs with those established under the Act
- Continued respect for tribal sovereignty embedded in all TLOA activities

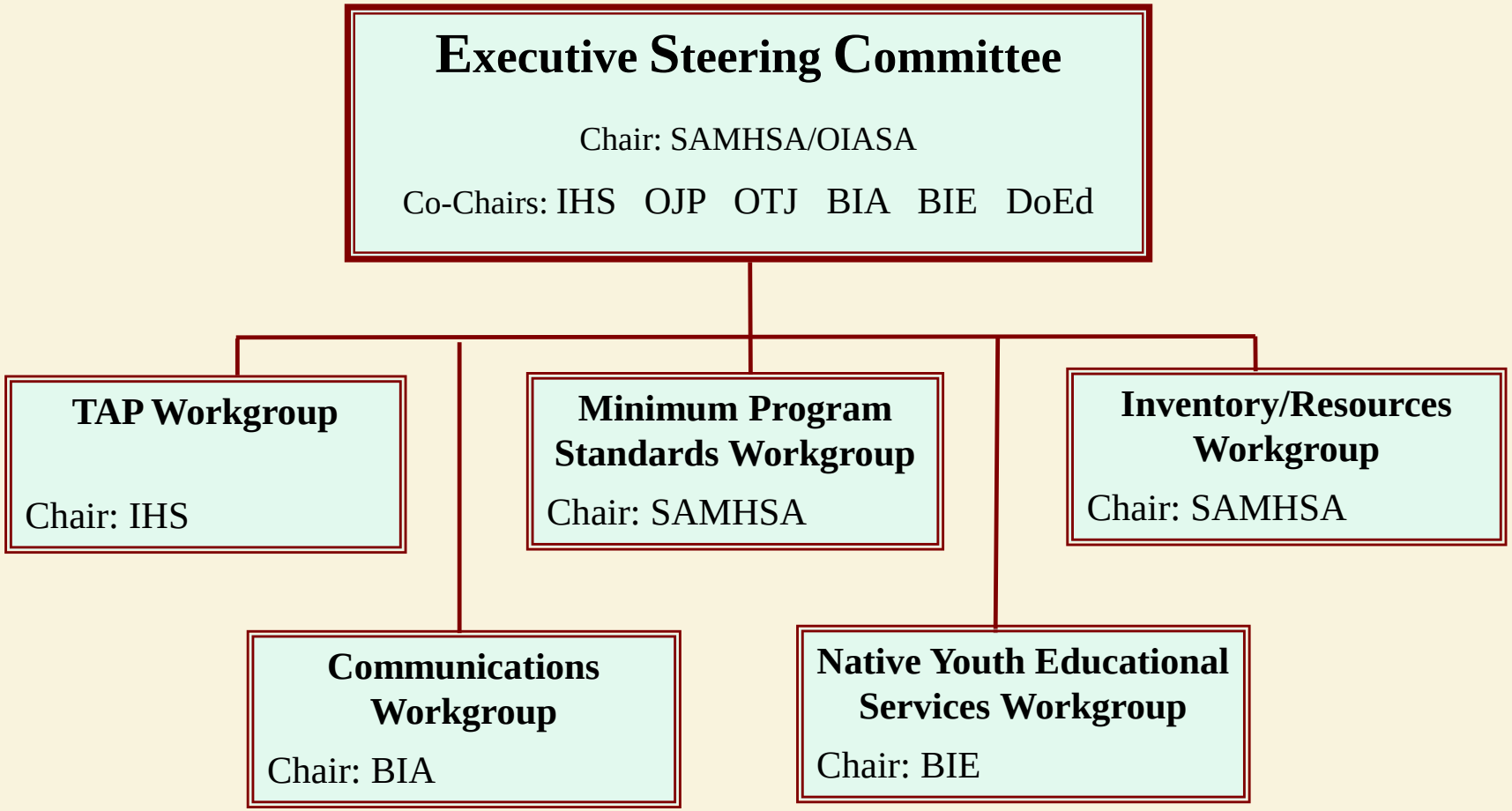
SAMSHA and Federal partners carrying out the Intent of TLOA



TLOA Responsibilities

- Scope of the problem, HHS, IHS, DOJ
- Identification of programs, HHS, IHS DOJ
- Minimum program standards, HHS, HIS, DOJ
- Assessment of resources, HHS, HIS, DOJ
- TAP development, IHS, BIA, OJP
- Newsletter, DOI
- Law enforcement and judicial training, BIA, DOJ
- Emergency medical assistance, BIA
- Emergency shelters, BIA
- Child abuse and neglect, BIA
- Juvenile detention centers, HHS, DOI, DOJ
- Model juvenile code, DOI, DOJ

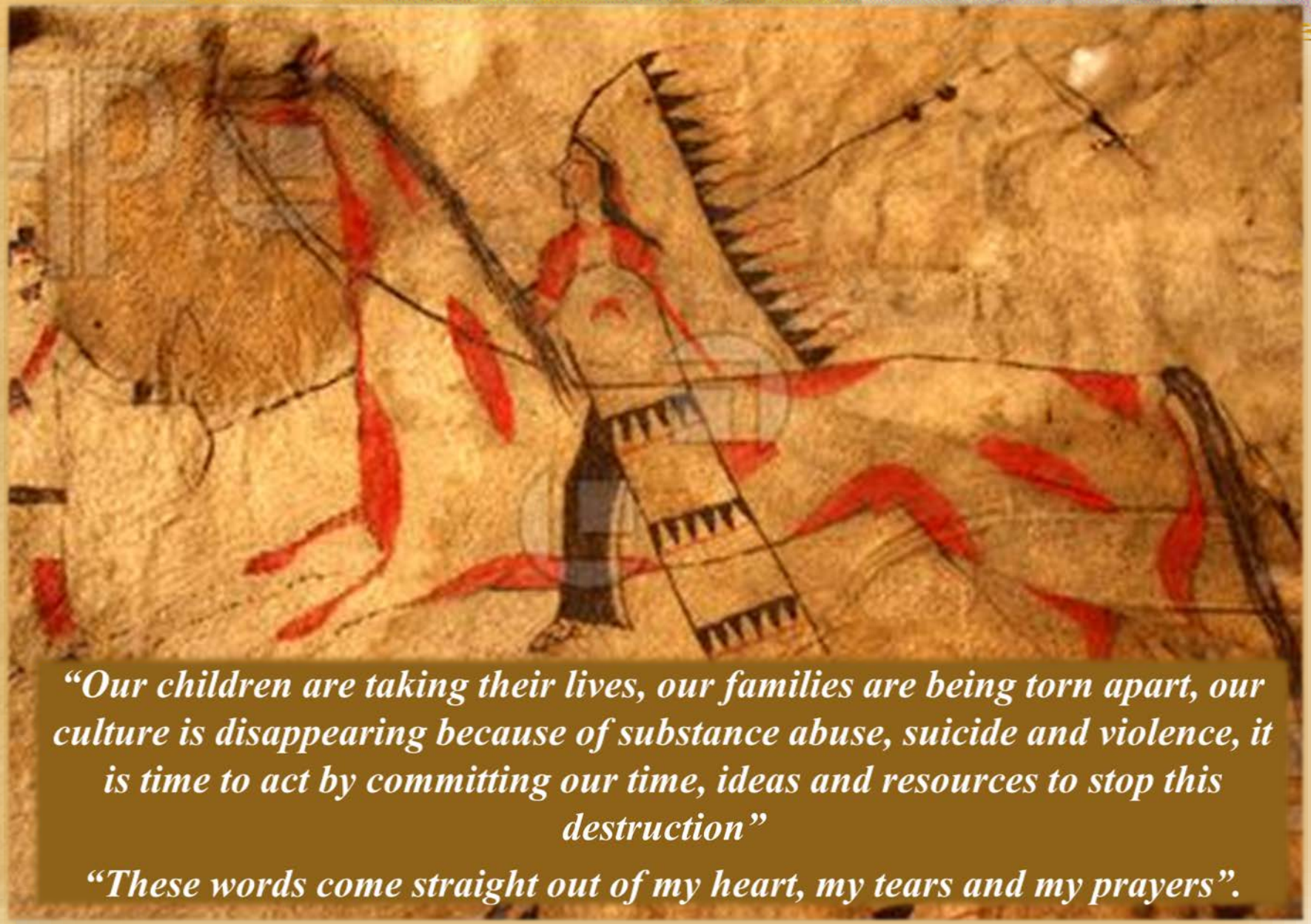
IASA Inter-departmental Coordinating Committee



Both challenge and opportunity.

The challenge today is to capture the opportunity, via TLOA, to form a more active and committed partnership that demonstrates how Federal Partners and Tribes can strengthen work relations. This approach will embrace the value of native culture and practices, while strengthening the need for mutual respect and accountability.

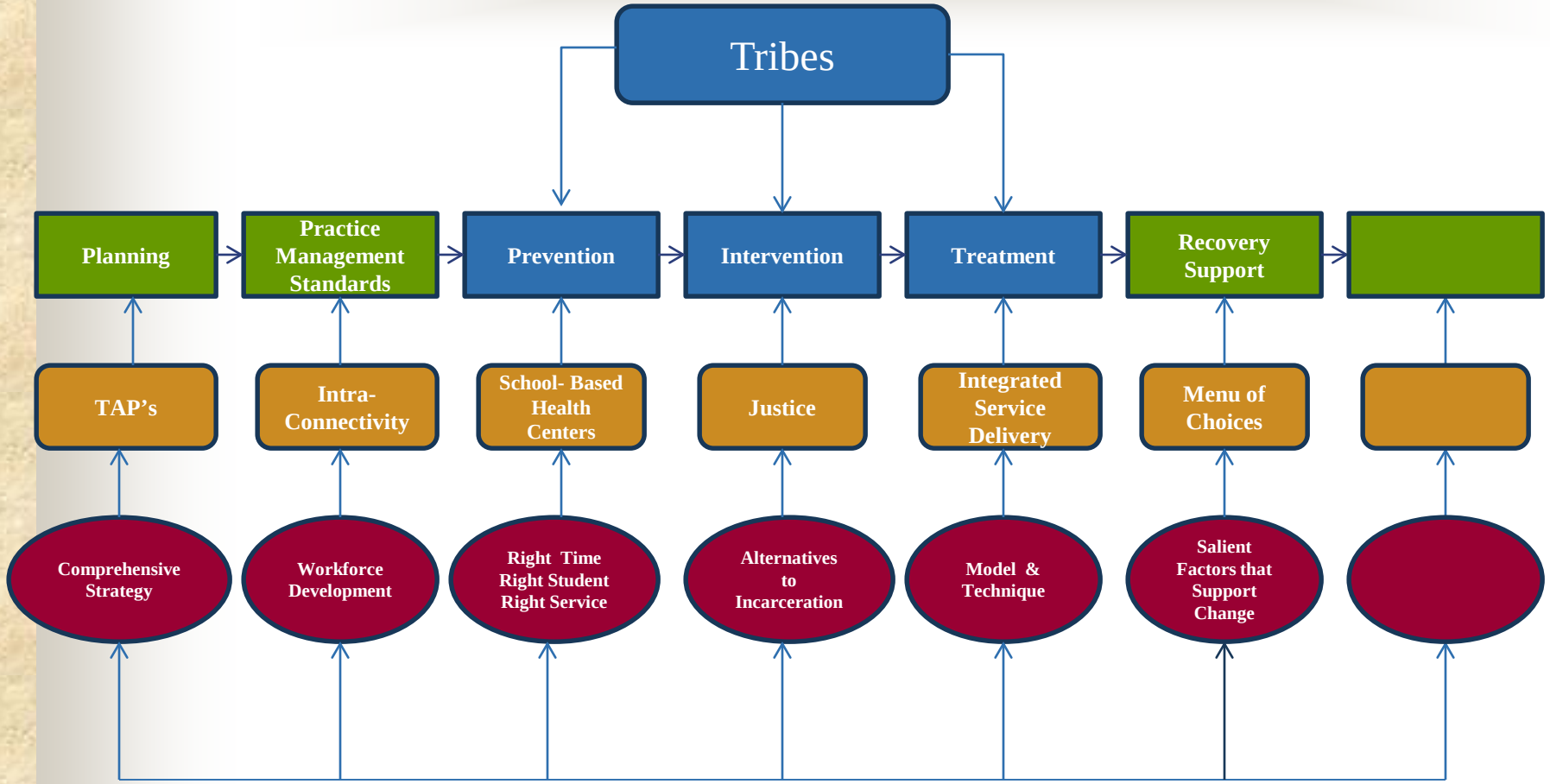
Why do we need to do this?



"Our children are taking their lives, our families are being torn apart, our culture is disappearing because of substance abuse, suicide and violence, it is time to act by committing our time, ideas and resources to stop this destruction"

"These words come straight out of my heart, my tears and my prayers".

Establishing the Continuum of Need/Care



Infra-structure Needed to Support this Continuum

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Start with A Plan

… and work your plan

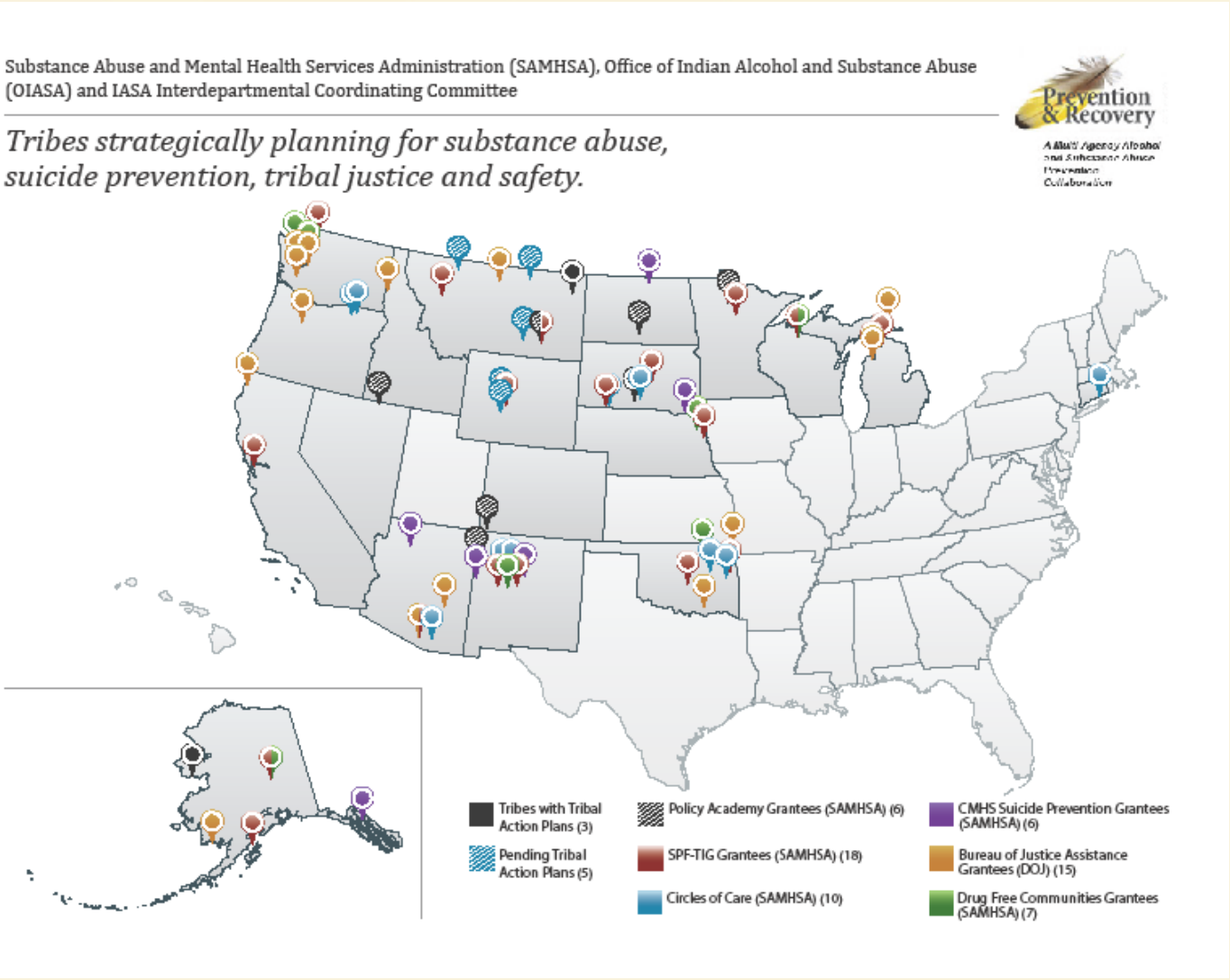
Tribal Action Plans (TAP's)

The TAP Workgroup is assigned via MOA by the IASA Interdepartmental Coordinating Committee.

Responsibilities:

1. Establish operating framework and provide guidelines for Tribes consistent with requirements of available Federal resources.
2. Develop inventory of current proven strategies (practice-based models).
3. Manage overall coordination of Tribal requests for assistance in development of TAPs.
4. Coordinate assistance to Tribes as deemed feasible.
5. Collaborate with the Inventory Workgroup in developing appropriate responses back to Tribal entities seeking assistance.

Current Status



What is different with this TAP

- It is a Strategic Public Health and Safety planning process.
- It focuses on Substance Abuse, as the number one contributing factor to poor health, suicide, violence and hopelessness within Native Nations.

Value of Tribal Action Planning?

- Draws the community together for a critical purpose
- It becomes a guided community process for determining the continuum of need that is matched with necessary resources
- Builds or strengthens service infrastructure
- Helps the tribe to gain optimal position in the shifting funding environments i.e. ACA

Improved Outcomes

- Increased collaboration vs. silos/gaps in services results in Holistic Healing and strengthened community partnerships
- Increases access to integrated services
- Improves Community mental health and wellness
- Decreases chances for provider burn out
- Creates more efficient practice protocols, which translates to cost effective care
- Increases chances for program and fiscal sustainability

A Tribal Action Planning Process

TLOA/TAP

- Acknowledge The Importance And Positive Influence
- Impact For Grants, Funding, & Congressional Requests

STORY

- Realistic Dilemma Within Indian Country
- Gap in Services With A Desire To Improve Wellness

POSITIVE RESOURCES

- Current Champions Within The Community
- Desire to Improve Wellness Using Holistic Approaches

A Tribal Action Planning Process

5 STEPS TO TAKE

- Technical Assistance
- Learning Communities

HANDOUT MATERIAL

- Successful Execution
- Illustration Of Obtainable & Realistic Goals

PAYOUTS

- Increased Access To Effective Services/Improved Wellness
- Sustainability, Cost Effective, Partnerships

Tribal Action Planning Guidelines

- Tribal leadership passes and submits a resolution, along with
- Request for technical assistance to conduct strategic planning consultation
- OIASA will connect Tribe(s) to TA resources
- OIASA will track the plan to ensure that TA action is taken
- Tribes may submit their Tribal Action/Strategic Plan to OIASA, who will maintain a record of all plans submitted.

A gracious example offered by;

- The Northwest Portland Area Indian Health Board, has generously given permission to the IASA Interdepartmental Coordinating Committee and SAMHSA to use their tribal action planning process as a working example intended to benefit other tribes who are on the same journey of creating their own destiny.

NPAIHB -Action Planning Process

1. Review Epidemiology: Rates, Demographics, Risk and Protective Factors
2. Gather Information about Causal Factors and Regional Capacity
3. Determine Region's Readiness Level
4. Align Action Plan activities to the region's Capacity/Readiness using the Socioecological Model
5. Implement and Evaluate Strategies to Create Community Change

Community Readiness

1. Community Efforts
2. Community Knowledge of the Efforts
3. Leadership
4. Community Climate
5. Community Knowledge about the Issue
6. Resources Related to the Issue

A&D Prevention: Goals

Increase Tribal Capacity

Increase Knowledge& Awareness

Improve Intertribal & Interagency Communication

Improve Tribal Policies

THANK YOU

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