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Research Policy Update

Responding to the Opioid Crisis: An Update for Tribal Leaders

Key Points

- The opioid crisis impacts American Indians and Alaska Natives more than other groups
- Tribes need multifaceted, collaborative approaches to address this complex problem

ISSUE – *The opioid crisis severely impacts tribes*

Since 2000, drug overdose death rates increased 137 percent in the U.S., and in 2014, 61 percent involved an opioid (Rudd et al., 2016a). Opioids include prescribed pain medications (e.g. oxycodone, hydrocodone, morphine, methadone, fentanyl), as well as illegal drugs (e.g. heroin, illicitly manufactured fentanyl).

The impact of this crisis on American Indians and Alaska Natives (AI/ANs) is severe. While opioid data are limited for AI/ANs, from 2006 to 2012, 77 percent of AI/AN drug overdose deaths across Idaho, Oregon, and Washington were from prescription opioids (SAMHSA, 2016). In a national study using 2008-2009 data, death rates involving opioid pain relievers were three times higher in AI/ANs and non-Hispanic whites compared to rates in blacks and Hispanic whites (Paulozzi et al., 2011).

Youth and maternal-child impacts among AI/ANs are critical. In the Great Lakes region, data from 10 tribal nations showed that 31 percent of youth reported intentional misuse of prescription medication (SAMHSA, 2016). In 2009-2012, data from the American Drug and Alcohol Survey revealed annual heroin and oxycontin use by American Indian students was two to three time higher than national averages (Stanley et al., 2014). Further, hospital discharge data in Wisconsin reveal AI/AN rates of newborn opioid withdrawal (neonatal abstinence syndrome) to be the highest among other racial and ethnic groups studied (Atwell et al., 2016).

CONTEXT – *Supply, demand, and trauma got us here, but resilience wins*

Over-prescription and misuse add to the crisis. Despite a lack of long-term studies, opioids were liberally prescribed for pain management and marketed as non-addictive in the U.S. for over 20 years (Meldrum, 2016). Now, providers walk a fine line to treat chronic pain and prevent opioid over-prescription and misuse. AI/AN communities are doubly impacted when opioids are overprescribed in place of appropriate healthcare. Access to substance abuse prevention, treatment, and recovery services is also lacking.



Trauma also has a role. Data show higher rates of opioid prescriptions and adverse outcomes for veterans facing trauma and chronic pain (Seal et al., 2012). While tribes often link opioid misuse to historical trauma, they also frame it as feasible to 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." – Tribal member (RMTEC, 2016)

OPTIONS – Tribes and others are responding to the crisis

Federal agencies recommend actions to reduce supply and increase treatment access. Effective responses to curb the supply of opioids include stronger prescribing guidelines, prescription drug monitoring programs, and law enforcement programs. Strategies that can increase access to treatment include naloxone distribution, education on harm reduction approaches, and expanded treatment capacity and linkages (Rudd et al., 2016b).

Tribal responses often have culture and sovereignty at their core. The Mashpee Wampanoag Tribe dedicated its annual powwow to the issue and hosted an educational event with speakers from federal health agencies, treatment facilities, law enforcement, and the community (Houghton, 2016; Lindahl, 2017). The Cherokee Nation recently filed a lawsuit in tribal court accusing drug distributors and pharmacies of oversupplying communities with addictive opioids (Higham & Bernstein, 2017).

State and federal partnerships are critical too. Governors across the nation signed a Compact to Fight Opioid Addiction in 2016 (NGA, 2016). The Indian Health Service also implemented a drug-monitoring program and joined the Bureau of Indian Affairs to dispense naloxone for overdose response (HHS, 2016; IHS, 2015). The Substance Abuse and Mental Health Services Administration also announced over \$75 million in treatment and recovery grants (HHS, 2017) and released the National Tribal Behavioral Health Agenda, which was based on tribal input and developed to serve as a blueprint for improved tribal-federal collaboration to address behavioral health issues such as the opioid crisis in tribal communities (SAMHSA, 2016).

RECOMMENDATION – Collaborative approaches are needed

Tribal action is needed to address this growing crisis. Tribal leader responses should be multifaceted and facilitate collaboration across sectors. Tribal leaders can take steps to assess existing local prevention and intervention capacity and engage federal and state partners to advocate for added funding and support. Recent efforts to reduce federal and state funding and reform healthcare access and coverage have the potential to intensify this growing crisis if programs and services are reduced.

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