

An Environmental Scan of Tribal¹Opioid Overdose Prevention Responses: Community-Based Strategies and Public Health Data Infrastructure

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¹"Tribal" in this report includes American Indian and Alaska Native communities on reservations, Alaskan villages and urban areas.

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2019 EXECUTIVE SUMMARY

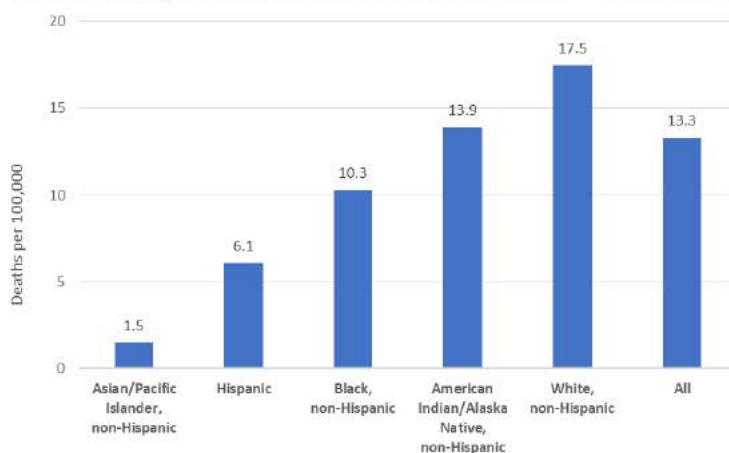


An Environmental Scan of “Tribal Opioid Overdose Prevention Responses: Community-Based Strategies and Public Health Data Infrastructure”

This document is written for community members, tribal and organizational leaders, and healthcare professionals at the forefront of the opioid epidemic - to better inform the development and application of culturally-relevant opioid prevention and treatment practices. It is the first document to consider the American Indian and Alaska Native (AI/AN) population at the national level.

This report presents the findings from the first stage of our environmental scan. Our research has included scientific literature and publicly available web-based information on the topic. Our research has found many innovative responses as well as shared challenges: racial misclassification of AI/AN in surveillance and mortality data, data collection and capacity, and clinical-community care coordination. We hope that this environmental scan will help to better support knowledge sharing among the communities of practice addressing the opioid epidemic in AI/AN communities.

Annual Age-Adjusted Opioid Overdose by Race, 2016
[graph 1]



Key Takeaways

- AI/AN people living on reservations and in urban areas are experiencing the second highest fatality rate from opioid overdose with 13.9 deaths per 100,000 people [see graph 1].
- Issues of racial misclassification are on-going challenges to accurate reporting.
- Many localized efforts are often carried out in coordination with federal partners, including SAMHSA, NIDA, CDC, and IHS. Information about these partnerships, however, is not easily available.
- Comprehensive efforts to address the opioid epidemic in AI/AN communities rely on strong partnerships between tribal governments and local, state, and federal entities.
- Additional community-based surveillance, treatment, and prevention efforts to respond to the epidemic across diverse tribal and urban AI/AN communities is critically needed.
- TECs, IHS clinics, I.T. departments of various institutions, and tribal health departments and organizations conduct surveillance specific to opioid-related outcomes and focus on public health impacts – but that information is not readily available.
- Data dashboards and other tools and technologies could provide accessible platforms to disseminate strategies and promising practices being implemented to address opioid misuse across AI/AN communities.

Funding for this project has been provided by the National Network of Public Health Institutes (NNPHI) through Cooperative Agreement No. 1 NU38OT000303-01-00, CFDA 93.421 with the Centers for Disease Control and Prevention (CDC). The contents of this document are solely the responsibility of the authors and do not necessarily reflect the official views of NNPHI or the CDC.

2019 EXECUTIVE SUMMARY



Significant Events

1986

Indian Alcohol and Substance Abuse Prevention Act is passed into law, providing prevention and treatment for use-disorders

1990

Amendment to the 1986 Act, authorizing appropriations to establish Tribal Action Plans and expand capacity for prevention and treatment

1991

First wave of the opioid epidemic occurs in response to increased prescriptions of opioids for pain

2010

Second wave of the opioid crisis is seen. From 2002-2013 deaths from heroin-related overdose increase by 286%

2010

Tribal Law and Order Act is signed into law by President Obama – expanding punitive abilities of tribal courts

2011

Leech Lake Band of Chippewa Indians, Red Lake Nation & White Earth Nation announce state of emergency declarations regarding the opioid epidemic – six years before the national state of emergency regarding the opioid epidemic is announced

2013

Third wave of opioid overdoses occurs from synthetic opioids

2013

Lummi Nation establishes the first tribal MAT program on reservation with capacity to serve up to 500 clients

2014

Massachusetts is the first state to declare an opioid public health state of emergency

2015

Indian Health Services becomes the first federal agency to require training on opioid use disorder and pain management for all prescribing providers and clinics

2016

Comprehensive Addiction and Recovery Act (CARA) is signed into law, increasing efforts for a coordinated response to substance-use prevention and treatment

2017

A Federal Opioid Public Health State of Emergency is declared

2017

Tribal Nations Opioid Summit with 11 tribal government is hosted by the White Earth Band of Chippewa Indians in Minnesota, to develop a Tribal Action Plan

2018

SUPPORT Act is signed into law with the intention of making medical treatment for opioid use disorder more accessible.

2019

First lawsuit goes to trial in efforts to hold pharmaceutical companies accountable for damages

Community-Based Program Spotlights

Lummi Nation, WA

In 2013 the Healing Spirit Clinic became the first available medically assisted treatment (MAT), on a reservation – and has the capacity to serve 500 clients from federally-recognized tribes.

Oglala Lakota Nation, SD

The Oglala Sioux Tribe offers clinical services, support groups, and culturally specific treatments such as the I-ni-pi ceremony or sweat lodge to treat substance use disorders.

Southcentral Foundation, AK

Southcentral Foundation has implemented a comprehensive approach to handling opioids and opioid-use, based on its systems of relationship-based care and integrated behavioral health.

Swinomish Indian Tribal Community, WA

Participating in the Native Transformation Opiate Project, the Swinomish community will use history interviews to educate community members in substance-use prevention.

Wabanaki Health and Wellness, ME

In partnership with the state of Maine, Wabanaki Pathway to Hope and Healing has reduced the prescription of opioids through the adoption of a Diversion Alert Program for providers that's been adopted statewide.

White Earth Nation, MN

Among many innovative and community supported programs such as a syringe exchange and transportation services is Womanbriety, an inpatient program open to women and their children 11 years of age or younger.

I. Introduction

The purpose of this three-stage environmental scan is to provide the current and emerging tribal opioid epidemic responses across American Indian and Alaska Native (AI/AN) communities in the United States and best inform strategies in supporting tribal-specific programs and services addressing the opioid epidemic. The four overarching goals of the environmental scan are:

Goal 1: To identify best practices among AI/AN tribal and urban communities and AI/AN-serving organizations addressing opioid overdose prevention, treatment, recovery, and care coordination.

Goal 2: To identify best practices of collecting, monitoring, and analyzing opioid-related data of tribal and urban programs serving AI/AN communities, and identify data shortcomings, needs, and opportunities.

Goal 3: To identify tools and resources currently available or emerging for AI/AN communities and partner organizations working towards reducing opioid overdose deaths by means of programming, medical access, data dashboard, technological tools, and technical assistance.

Goal 4: To inform, refine, or develop CDC's tribal and urban Indian opioid overdose prevention Technical Assistance curriculum and tools.

To achieve these goals, we plan the following three stages to ensure a comprehensive and informative environmental scan:

Stage 1: Environmental scan of relevant scientific literature and publicly available web-based information.

Stage 2: A systematic set of qualitative interviews of key stakeholders, tribes, and AI/AN-serving tribal and urban organizations with highly regarded, community-based best practices, including CDC's tribal opioid overdose prevention grantees.

Stage 3: A quantitative survey of key informants at the national, regional, state, tribal, and community levels.

This report presents the findings from Stage I of the environmental scan conducted between February and April 2019. Seven Directions recently formed the Tribal Opioid Technical Advisory Group (OTAG) to provide guidance and input on the processes of conducting the environmental scan and further inquiry through qualitative interviews and a quantitative survey, and the output content. These environmental scan findings will inform strategies for supporting a community-of-practice around tribal and urban opioid overdose prevention, data infrastructure, and capacity programs.

II. Methods: Stage I Environmental Scan

Five information gathering activities from diverse sources in this first stage of the environmental scan were employed: (1) review of existing peer-reviewed literature, grey literature, and web-based, publicly available information; (2) review of federal funding grants awarded between 2014 and 2019 aiming to address the opioid overdose epidemic in AI/AN populations; (3) key informant interviews with select individuals knowledgeable about tribal opioid overdose prevention activities and data; (4) participation at the Tribal Opioid Conference in April 2019, held in Phoenix, AZ; and (5) participation in roundtable sessions with the CDC's Center for State, Tribal, Local, and Territorial Support (CSTLTS) tribal recipients (CDC-RFA-OT18-1803) in April 2019, held in Atlanta, GA.

In June 2019, our OTAG members reviewed the initial draft of this report and provided feedback and suggestions via a webinar conference and written comments. We incorporated their feedback and addressed their comments in this report.

We provide a snapshot of how organizations at different policy and programmatic levels are working together to identify and meet the needs of tribal communities. We present the resources available for tribes and the types of information that are being shared, by whom, and how.

We had anticipated a lack of centralized sources for relevant tribally specific literature, data, tools, and resources at the outset. The scan confirmed this. The findings in this report are representative of the information that is available from the organizations' websites selected in this stage and does not include data that may be shared internally or informally by these organizations. The key informants we interviewed provided the names of the tribes or AI/AN-serving organizations viewed as having promising models of opioid overdose death prevention services and/or data monitoring systems.

Note that in this stage, we reviewed available web content about behavioral health programs, wellness programs, opioid-specific services and programs of these organizations, and did not talk to program personnel. Our Stage II activities will involve stakeholder interviews to better inform this report.

III. The Third Wave of Opioid Epidemic in the U.S.: An Urgent Public Health Need

The National Opioid Epidemic

In 2017, the [U.S. Department of Health and Human Services](#) (HHS)² declared an opioid epidemic crisis and developed a five-point plan. At the time of the declaration, more than [130 people were dying](#) each day³ from opioid related overdoses. For comparison, in the year 2000, deaths from opioid overdose were less than 10,000 annually for the entire population. By 2017, that number had increased to 47,600.⁴ Deaths from opioid overdose now fall within the top ten leading causes of mortality in the United States.⁵

The opioid crisis is changing the way communities view and treat chemical dependency. An [article](#) published in 2016 by NPR tells the story of a nurse and parent of three, who never before experienced substance abuse disorder. She found herself homeless and injecting opioids after being prescribed Opana for a back injury.⁶ Her story of unexpected chemical dependency is not uncommon. A 2019 article from the Beacon titled “Maine Opioid Crisis Adding Another ‘Layer of Trauma’ for Wabanaki People” describes the wave of opioid prescriptions and subsequent impact opioid use disorders have had on the community. Denise Altvater, director of the American Friends Service Committee’s Wabanaki Program and a tribal council member speaks to the startling rise of the epidemic and who it touched: “we had a lot of people who we shockingly saw become addicted and it didn’t make any sense,” Altvater said. “Some of these people were spiritual leaders and elders ...many people have died.”⁷

A 2019 article from the New York Times, [The Opioid Crisis Isn’t White](#), discusses the inequity in the discussion of impacted communities, noting that while overall deaths due to opioids among black Americans represented 12% of opioid overdose deaths in 2017, about the proportion of black Americans in the U.S., some counties experience mortality rates among this population at significantly higher rates, as high as 80% in the District of Columbia, for example. Moreover, from 1999 to 2015, AI/ANs had the largest increase in overdose deaths; when considering issues of racial misclassification and underreporting for tribal and urban Indian communities, we estimate this increase to be higher.⁸

² U.S. Department of Health and Human Services. (n.d.). *What is the U.S. Opioid Epidemic?* Retrieved from: <https://www.hhs.gov/opioids/about-the-epidemic/index.html>

³ Center for Disease Control. (n.d.). *Understanding the Epidemic*. Retrieved from: <https://www.cdc.gov/drugoverdose/epidemic/index.html>

⁴ National Institute on Drug Abuse. (January 2019). *Overdose Death Rates*. Retrieved from: <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

⁵ Center for Disease Control. (n.d.). *Death and Mortality*. Retrieved from: <https://www.cdc.gov/nchs/fastats/deaths.htm>

⁶ National Public Radio. (May 5, 2016). *We Found Joy: An Addict Struggles to Get Treatment*. Retrieved from: <https://www.npr.org/sections/health-shots/2016/05/05/476764564/we-found-joy-an-addict-struggles-to-get-treatment>

⁷ McCauley, Lauren. Beacon. (May 1, 2019). *Maine Opioid Crisis Adding Another ‘Layer of Trauma’ for Wabanaki People*. Retrieved from: <http://mainebeacon.com/maine-opioid-crisis-adding-another-layer-of-trauma-for-wabanaki-people/>

⁸ Shihpar, Abdullah. New York Times. (February 26, 2019). *The Opioid Crisis Isn’t White*. Retrieved from: <https://www.nytimes.com/2019/02/26/opinion/opioid-crisis-drug-users.html?searchResultPosition=4>

[The prescription of opioids](#)⁹ to manage acute pain increased in the early 1990s for a variety of reasons, including that the cost of producing them fell, and practitioners were assured by drug companies of their non-addictive qualities. Not long after this initial increase in prescription pain relievers, both natural and semisynthetic opioids and methadone, the first of three distinct waves in opioid overdose deaths occurred (Figure 1).¹⁰ The second wave began in 2010 with heroin-related deaths, and the third current wave started in 2013.

[Unlike previous waves](#), the current epidemic is larger in scale and closely linked to the rise in the use of synthetic opioids, specifically illicitly-manufactured fentanyl, a substance 20 to 50 times more potent than prescription opioids.¹¹ The CDC estimates that in 2016 opioid overdose related deaths occurred at a significantly higher rate among males (18.1 per 100,000 deaths) than females (8.5); among 25-34 age group (25.9) and 35-44 age group (24.1) compared to younger or older populations; among residents of the Northeast (19.3) and Midwest (16.5)¹² compared to the South and West, and among non-Hispanic whites (17.5) and AI/ANs (13.9) compared to other racial or ethnic groups.¹³

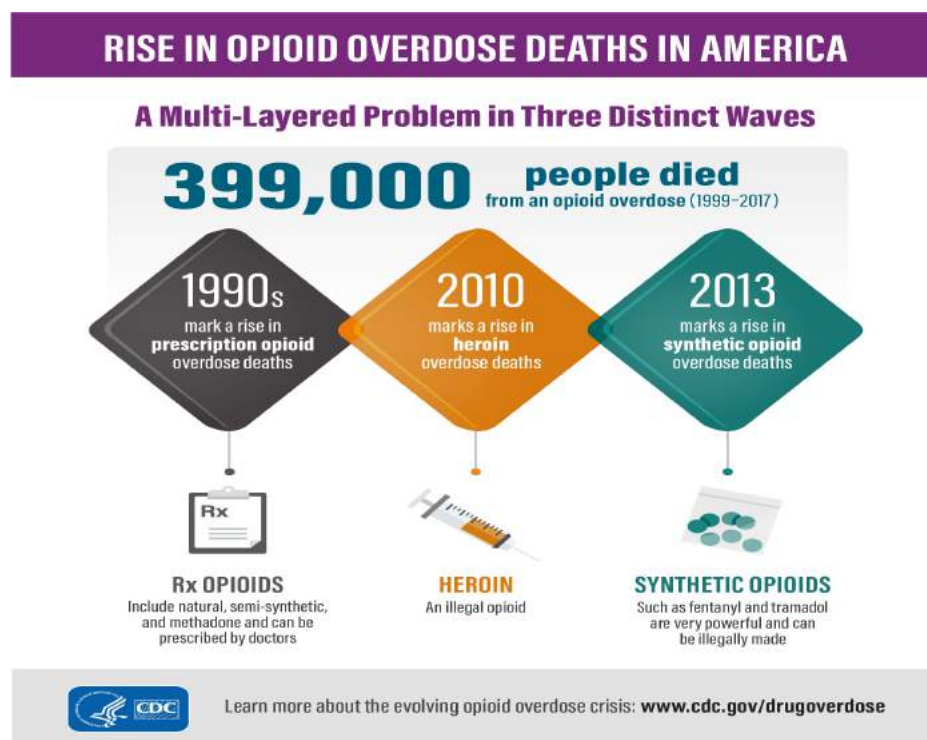


Figure 1. Three Distinct Waves of Opioid Overdose Death Epidemic in the United States, CDC.

⁹ Poison Control. (n.d.). *History of the Opioid Epidemic*. Retrieved from: <https://www.poison.org/articles/opioid-epidemic-history-and-prescribing-patterns-182>

¹⁰ Center for Disease Control. (n.d.). *Drug Overdose*. Retrieved from: <https://www.cdc.gov/drugoverdose/images/data/GraphicOpioidWaves.jpg>

¹¹ Center for Disease Control. (n.d.). *Opioid Data Analysis and Resources*. Retrieved from: <https://www.cdc.gov/drugoverdose/data/analysis.html>

¹² Center for Disease Control. (n.d.). *Drug Surveillance Report*. Retrieved from: <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf>

¹³ Minnesota Department of Human Services. (April 2017). *Minnesota State Targeted Response to the Opioid Crisis: Project Narrative*. Retrieved from: https://mn.gov/dhs/assets/mn-opioid-str-project-narrative-april-2017_tcm1053-289624.pdf

[According to the National Institute on Drug Abuse \(NIDA\)](#),¹⁴ between 21 and 29% of all patients prescribed opioids misuse them. A CDC survey found that in 2016, 11.5 million Americans age 12 and older reported misusing opioids. Of all Americans prescribed opioids for pain relief, between 8 and 12% of individuals who are prescribed opioids develop chemical dependency; and 4 to 6% of people misusing opioids transition to heroin use.¹⁵

The public health issues arising from opioid overdose span not only deaths but also non-fatal hospitalizations and emergency visits due to opioid poisoning. The CDC estimates that in 2016, the age-adjusted rate of non-fatal hospitalization due to opioid overdose (23.2 per 100,000) was one of the highest rates included in the category of non-fatal hospitalization due to any drug poisoning (96.2 per 100,000). Similarly, opioid overdose was the biggest contributor (44.0 visits for all opioids) to the age-adjusted non-fatal 174.6 emergency visits per 100,000.

The Opioid Epidemic in AI/AN Communities

Racial Misclassification of AI/AN Persons

The long-standing health disparities of AI/AN people in comparison to other races and ethnicities continue today. National data suggests that AI/ANs have experienced the largest increases in drug and opioid-involved overdose mortality rates compared with other racial/ethnic groups. At the same time, accurate health and mortality status assessments for AI/AN populations are often unavailable due to racial misclassification in surveillance and vital statistics systems. For example, racial misclassification in national cancer registry data by Indian Health Service (IHS) Contract Health Service Delivery Area (CHSDA) was found to have resulted in significant underestimates of all-cause death rates and cancer incidence among AI/AN populations.¹⁶ However, the rate of racial misclassification in counts related to cancer incidence and cancer-related deaths was lower in rural counties and in regions with the greatest concentrations of AI/AN persons (Alaska, Southwest, and Northern Plains). This suggests a similar issue may be at play regarding opioid related outcomes.

Drug, opioid-involved, and heroin-involved overdose-related death records from the Washington State Center for Health Statistics were recently matched with the Northwest Tribal Registry (a database of personal identifiers for AI/AN patients seen in IHS, tribal, and urban Indian health clinics in Idaho, Oregon, and Washington) and compared with CDC WONDER online data. The analysis indicated that compared to Washington death records corrected for AI/AN misclassification, CDC WONDER data underestimated drug overdose mortality counts and rates among AI/AN by approximately 40%.¹⁷

Joshi et al. (2018) confirm that national disparity statistics on opioid overdose suggest rates are higher among whites (17.5 deaths per 100,000 people) than among AI/AN (13.9 deaths), yet are

¹⁴ National Institute on Drug Abuse. (n.d.). *Opioid Overdose Crisis*. Retrieved from: <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

¹⁵ National Institute on Drug Abuse. (n.d.). *Principles of Drug Addiction Treatment: A Research-Based Guide (third edition)*. Retrieved from: <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>

¹⁶ Jim, M. A., Arias, E., Seneca, D. S., Hoopes, M. J., Jim, C. C., Johnson, N. J., & Wiggins, C. L. (2014). *Racial misclassification of American Indians and Alaska Natives by Indian Health Service Contract Health Service Delivery Area*. *American journal of public health*, 104 Suppl 3(Suppl 3), S295–S302. doi:10.2105/AJPH.2014.301933

¹⁷ Joshi, S., Weiser, T., & Warren-Mears, V. (2018). *Drug, Opioid-Involved, and Heroin-Involved Overdose Deaths Among American Indians and Alaska Natives - Washington, 1999-2015*. *MMWR. Morbidity and mortality weekly report*, 67(50), 1384–1387. doi:10.15585/mmwr.mm6750a2

not reflective of regional incidence rates, prevalence rates, rates of disparities, and trends. For example, while opioid overdose death rates among AI/ANs nationally was 7.3 per 100,000 persons in 2011-2015, AI/ANs in Minnesota (31.7) and Washington (20.7) experienced the highest opioid death rates in the country (Figure 2).

Overdose Deaths Involving Opioids, American Indians By State, 2011-2015

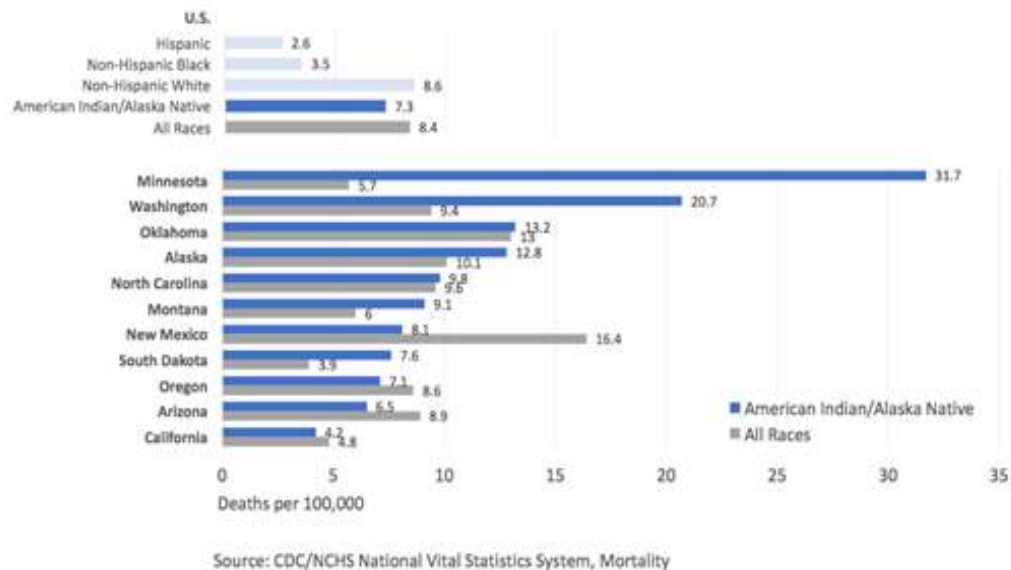


Figure 2. Overdose deaths involving opioids among American Indians by state, 2011-2015.¹⁸

According to the [Minnesota State Targeted Response to the Opioid Crisis](#),¹⁹ and [Race Rate Disparity in Drug Overdose Death report](#)²⁰, while Minnesota has one of the lowest drug overdose mortality rates in the nation (11th of 50 states), Minnesota also reports some of the greatest racial disparities for drug overdose mortality rates nationally. In 2017, AI/AN in Minnesota were six times more likely to die of a drug overdose than whites (Figure 3) - the greatest racial disparity between AI/AN and whites in the United States. Likewise, although AI/ANs make up just 1.1% of the state population, they represent 15% of the population seeking treatment for opioid use disorder.²¹

¹⁸ Center for Disease Control. (February 16, 2016). *National Vital Statistics Report: Deaths: Final Data for 2013*. Retrieved from: https://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf

¹⁹ Center for Disease Control. (2018). *2018 Annual Surveillance Report of Drug Related Risks and Outcomes*. Retrieved from: <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf>

²⁰ Minnesota Department of Health. (n.d.). *Race Rate Disparity in Drug Overdose Death*. Retrieved from: <https://www.health.state.mn.us/communities/opioids/documents/raceratedisparity.pdf>

²¹ Minnesota Department of Health and Human Services. (April 2017). *Minnesota State Targeted Response to the Opioid Crisis: Project Narrative*. Retrieved from: https://mn.gov/dhs/assets/mn-opioid-str-project-narrative-april-2017_tcm1053-289624.pdf

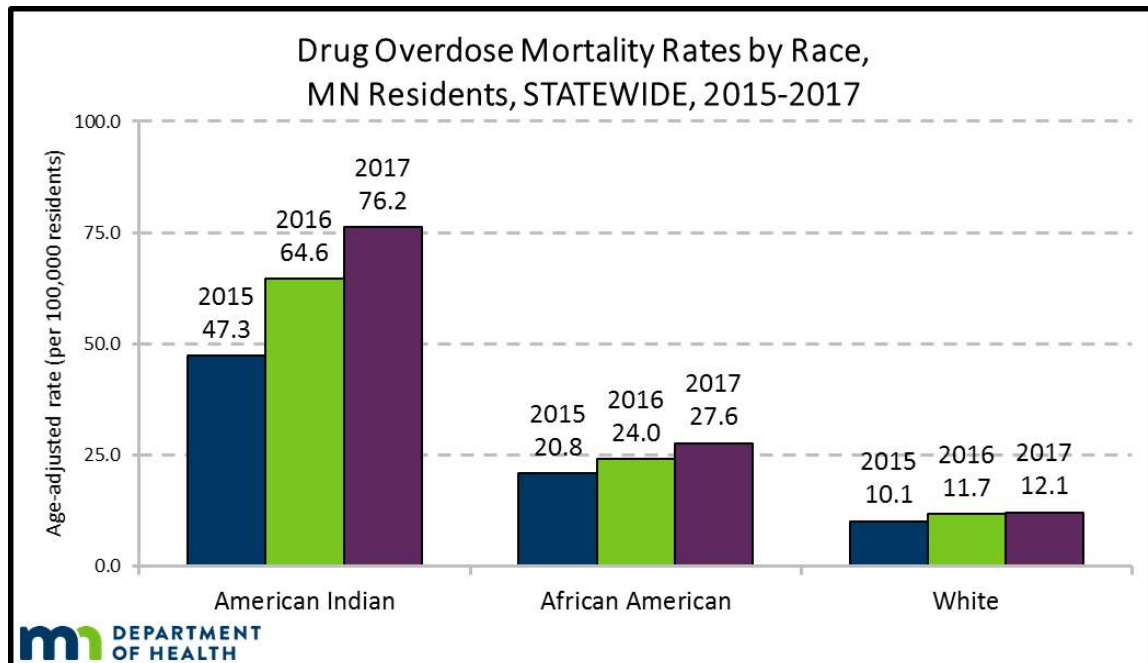


Figure 3. Opioid Overdose Deaths by Race in the State of Minnesota.^{11,22}

Federal, state and local governments are documenting the opioid epidemic in Indian Country. SAMHSA (2018)²³ has identified disparities in substance use prevention and treatment services available for AI/AN populations residing on and off tribal lands. While populations in both settings are equally likely to experience behavioral health challenges, adults living on reservations are more likely to have had a substance use disorder in the past year, but less likely to receive special rehabilitative treatment. Similarly, there is no significant difference in illicit substance use among youth residing on and off tribal lands, but those residing on reservations are [more likely to need substance use treatment](#).²⁴ There is a high demand for culturally tailored, evidence-based substance use prevention and treatment services for Native communities residing on reservations and in urban areas.

[The Community Assessment Tool: NORC](#), developed by the United States Department of Agriculture (USDA) Office of Rural Development in partnership with the non-partisan and objective research organization NORC at the University of Chicago, shows opioid overdose rates across the nation at the county level, with data from 2013-2017. This interactive map includes filters for race and can display an overlay of AI/AN reservation boundaries. It provides a visual of where opioid overdoses are occurring at the highest rates, and how that information coincides with AI/AN population density across geographic areas, including reservations. It shows the highest rates of overdose among AI/AN populations occur in three states:

²² Minnesota Department of Health. (n.d.). *Opioid Dashboard*. Retrieved from: <https://www.health.state.mn.us/opioiddashboard#DeathTrends>

²³ Substance Abuse and Mental Services Administration. (2018). *Tip 61: Treatment Behavioral Protocol*. Retrieved from: <https://store.samhsa.gov/product/tip-61-behavioral-health-services-for-american-indians-and-alaska-natives/sma18-5070>

²⁴ Addiction Technology Transfer Center Network. (July 2018). *Substance Use and Mental Health Issues among U.S.-Born American Indians or Alaska Natives Residing on and off Tribal Lands*. Retrieved from: <https://atcnetwork.org/centers/national-american-indian-and-alaska-native-attc/tor-resource-page>

(1) Colorado, where approximately one person died from opioid overdose every 36 hours in 2015;²⁵ (2) New Mexico, which reports a rate of 16.7 overdose deaths for every 100,000 AI/AN people compared to the national average of 14.6;²⁶ and (3) Oklahoma, where in 2013, overdose deaths from opioids represented 61% of all deaths from drug poisoning,²⁷ and of overdoses from prescriptions among which opioids represent 85%.²⁸ This data does not necessarily imply that AI/AN in these areas are most impacted by the opioid epidemic.²⁹ The tool presents data at the county level and does not adequately provide data by state departments. In addition, as described above for Washington State, racial misclassification remains a factor impeding the reliability of death rates from overdose. Opioid overdose death rates were 40% lower in state level data prior to correcting for misclassification through linking opioid data to the Northwest Tribal Registry data. The limits of data sharing between agencies hinder more specific data analysis, and the mortality rate from opioids is unknown. While this tool may capture the death rate for certain populations, it does not necessarily show the impact of opioid-overdose deaths on the community, as discussed further in this section.

Laws Addressing Opioid Overdose Prevention

The Tribal Law and Order Act (TLOA) was signed into law on July 10, 2010 by President Obama.³⁰ The act strived to reduce crime within tribal communities by providing new guidelines and enhancing some tribal authorities with the dealings of crime. It also encouraged preventative education among youth to combat substance abuse disorders. This act amends the Indian Alcohol and Substance Abuse Prevention Act of 1986, that sought to develop a coordinated response to the movement and use of illegal narcotics and authorized local tribes to develop their own programs to address substance abuse disorders.³¹

The TLOA requires the establishment of a memorandum of agreement, or cooperative relationship, between the Department of the Interior (DOI), the Department of Justice (DOJ), and the Department of Health and Human Services (DHHS) to address substance use disorders (SUD) in AI/AN communities. The memorandum of agreement facilitates the coordination of departmental resources to determine the scope of SUD within tribal communities and to identify and evaluate programs relevant to the issues.

The Comprehensive Addiction and Recovery Act (CARA) was signed on July 22, 2016, by President Obama to comprehensively address the opioid epidemic. The six-pillar response

²⁵ Colorado Department of Health, Policy and Financing. (2017). *Opioid Use in Colorado*. Retrieved from: <https://www.colorado.gov/pacific/sites/default/files/Opioid%20Use%20in%20Colorado%20-%20March%202017.pdf>

²⁶ National Institute on Drug Abuse. (n.d.). *New Mexico Opioid Summary*. Retrieved from: <https://www.drugabuse.gov/opioid-summaries-by-state/new-mexico-opioid-summary>

²⁷ Oklahoma Department of Health. (2013). *Special Emphasis Report: Drug Overdose Deaths, 1999-2013*. Retrieved from: https://www.ok.gov/health2/documents/UP_Drug_Overdose_Special_Report_OK_1999-2013.pdf

²⁸ Oklahoma Department of Health. (n.d.). *Drug Overdose*. Retrieved from: https://www.ok.gov/health/Protective_Health/Injury_Prevention_Service/Drug_Overdose/

²⁹ NORC at the University of Chicago. (n.d.). *Understanding the Opioid Crisis in the United States*. Retrieved from: <https://opioidmisusetool.norc.org/>

³⁰ United States Department of Justice. (n.d.). *Tribal Law and Order Act*. Retrieved from: <https://www.justice.gov/tribal/tribal-law-and-order-act>

³¹ U.S. Code. (n.d.). *CHAPTER 26—INDIAN ALCOHOL AND SUBSTANCE ABUSE PREVENTION AND TREATMENT*. Retrieved from: <https://uscode.house.gov/view.xhtml?path=/prelim@title25/chapter26&edition=prelim>

includes: prevention and education, treatment, recovery, law enforcement, criminal justice reform, overdose reversal; and authorizes up to \$181 million annually in grant monies to support ongoing efforts. The act founded the Task Force on Pain Management, awareness campaigns, and local level efforts.³²

On October 24, 2018, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, sponsored by Representative Greg Walden of Oregon, was signed into law by President Trump. The act extended opioid recovery and preventative services covered by Medicare and Medicaid programs to temporarily insure medication-assisted treatment (MAT), cover residential pediatric recovery, and enable state Medicaid agencies and providers to utilize prescription drug monitoring programs, and more.³³

The chart in Appendix B illustrates the hierarchy of federal agencies (DOI, DOJ, and HHS) and how they work together under the TLOA MOA to address SUD in AI/AN communities.

Opioid Overdose Response: Federal, State, and Tribal Declarations of Public Health Emergency

Well before the current federal public health emergency declaration on opiate use, and as a result of heightened prevalence and increased rates of opioid overdoses and related mortality, three tribal nations in Minnesota, the Leech Lake Band of Chippewa Indians, Red Lake Nation, and White Earth Nation were among the first Indigenous legislative bodies in the U.S. to issue an emergency declaration in 2011 regarding opioids.³⁴

A federal public health emergency declaration provides a mechanism for state, tribal, local, and territorial governments to help facilitate a response to an emergency event for up to 90 days, or until the Secretary of the Department of Health and Human Services declares that the emergency no longer exists.³⁵ Coordinated response efforts can include:

- waiving or modifying certain key provisions of the Affordable Care Act including Medicare, Medicaid, Children’s Health Insurance Program, and Health Insurance Portability and Accountability Act requirements (i.e., 1135 waiver) to increase greater access to addiction services;
- temporarily appointing federal personnel to respond to the emergency;
- allowing state, local, tribal, and territorial government grantees to use federal supply schedules, which is a list of contractors that can be used by all federal agencies to respond to public health emergencies.

³² CADCA. (n.d.). *Comprehensive Addiction and Recovery Act*. Retrieved from: <https://www.cadca.org/comprehensive-addiction-and-recovery-act-cara>

³³ U.S. Congress. (n.d.). Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act or the SUPPORT for Patients and Communities Act. Retrieved from: <https://www.congress.gov/bill/115th-congress/house-bill/6>

³⁴ Gostin, L., Hodge, J., & Noe, S. (2017). Reframing the Opioid Epidemic as a National Emergency. *JAMA*, 318(16), 1539-1540.

³⁵ Sunshine, G., & Hoss, A. (2016). Emergency declarations and tribes: mechanisms under tribal and federal law. *Michigan State International Law Review*, 24(1), 33-44.

TRIBAL NATIONS WITH EMERGENCY DECLARATIONS

Federally recognized tribes can independently declare a state of emergency on tribal lands by exercising sovereign authority under the Stafford Act. This authority is often granted through tribal constitutions, legal codes, or the inherent authority of the tribal council and triggers access to federal, technical, financial, logistical, and other assistance to state, tribal, local, and territorial governments.³⁶ Importantly, states can also declare a state of emergency under the Stafford Act, and therefore tribes whose land boundaries are located within the state are not required to submit an additional request for aid if the state already made a declaration of emergency and requested aid.³⁷ Table 1 lists the tribal governments and states which have made such declarations.

Table 1. States and Tribes with Declarations of Opioid Public Health Emergency^{38, 39, 40}

State	Date	Tribal Declarations	Date
		Leech Lake Band of Chippewa Indians, MN	4/2011
		Red Lake Nation, MN	2011
		White Earth Nation, MN	2011
Massachusetts	3/2014		
Virginia	11/2016	Mashpee Wampanoag Tribe, MA	7/2016
Alaska	2/2017		
Florida	3/2017		
Maryland	3/2017		
Arizona	6/2017	Bad River Band of Lake Superior Chippewas, WI	11/2017
South Carolina	12/2017	Lummi Nation, WA	12/2017
Pennsylvania	1/2018	Little River Band of Ottawa Indians, MI	4/2018

Leech Lake Band of Chippewa Indians, MN

In 2011, the tribe declared a state of emergency requesting all tribal agencies and departments make the opioid epidemic their priority and collaborate to develop solutions.⁴¹ In 2018, the sovereign nation hosted an opioid response summit to develop a strategic plan. Ideas developed at the summit include: a 24/7 response team, more youth programs, and more culturally relevant therapy treatments. In 2018, the tribe received a Tribal Opioid Response

³⁶ Sunshine, G., & Hoss, A. (2016). Emergency declarations and tribes: mechanisms under tribal and federal law. *Michigan State International Law Review*, 24(1), 33-44.

³⁷ Sunshine, G., & Hoss, A. (2016). Emergency declarations and tribes: mechanisms under tribal and federal law. *Michigan State International Law Review*, 24(1), 33-44.

³⁸ The Network for Public Health and Law. (February 1, 2019). *Opioid Related Public Health Emergency Declarations*. Retrieved from: https://www.networkforphl.org/_asset/wh2t7h/Opioid-related-Public-Health-Emergency-Declarations-2-1-19.pdf

³⁹ Little River Band of Ottawa Indians Tribal Council. (April 25, 2018). *Resolution #18-0425-131*. Retrieved from: <https://lrboi-nsn.gov/wp-content/uploads/2018/04/18-0425-131-Resolution-Declaring-an-Emergency-Due-to-Opioid-Epidemic.pdf>

⁴⁰ Star Tribune. (July 26, 2017). *Red Lake Indian Reservation Declares Public Health Emergency Over Drug Epidemic*. Retrieved from: <http://www.startribune.com/red-lake-indian-reservation-declares-public-health-emergency-over-drug-epidemic/436633673/>

⁴¹ Nelson, Sarah. Brainerd Dispatch. (April 19, 2011). *Leech Lake Council Declares Emergency*. Retrieved from: <https://www.brainerddispatch.com/content/leech-lake-council-declares-emergency>

(TOR) grant in the amount of \$585,246 to develop a response to the epidemic. This summit was “the end result of a partnership between Leech Lake Health and Human Services and the North Dakota State University American Indian Public Health Resource Center (AIPHRC) funded by the TOR grant.”⁴²

Red Lake Nation, MN

After declaring a state of emergency in 2011, and again in 2017, the Red Lake Nation has taken steps to provide MAT and long-term rehabilitative care on the reservation.^{43,44} More information about the specific programs or revenues following the declaration are unknown.

White Earth Nation, MN

The emergency declaration was made in 2011. Since then, in partnership with the State of Minnesota Health Department, services have increased. A study by the Yale School of Medicine⁴⁵ found that most people with opioid use disorder wanted but couldn't find treatment.⁴⁶ In response, the White Earth Nation has developed a pilot program that begins treatment for opioid use disorder (OUD) in the emergency room; expansion of outpatient treatment programs; a detox unit and residential treatment on-reservation; multidisciplinary approach to treatment regarding multiple substance use and existing mental disorders. The White Earth Nation has also developed culturally relevant care in the role of interventions and healing ceremonies. These ceremonies are open to people of all ages. White Earth Nation is also engaging in two NIH-funded studies. Dr. John Gonzalez (a member of the White Earth Nation) has a Native American Research Centers for Health (NARCH) supplement to Northwest Indian College's NARCH for the *Seven Teachings Opioid Project* that aims to 1) map access and barriers to access – including cultural and family perceptions of MAT, 2) identify recovery factors through interviews with White Earth Nation tribal members who are in a journey to wellness (2+ years) and determine the role of cultural protective factors in recovery from OUD. Additionally, Dr. Brenna Greenfield has received a National Institute of Drug Abuse R61/R31 grant to examine OUD cascade of care in the White Earth tribal context and to set up a longitudinal study.

The White Earth Nation's harm reduction measures include reaching out to users to educate them on safety, connecting with people leaving the prison system to offer support, and offering evening and weekend programming for youth in partnership with the Boys and Girls Club.⁴⁷

⁴² Duoos, Kayla. Leech Lake News. (December 5, 2018). *Leech Lake Hosts Opioid Response Summit*. Retrieved from: <https://www.leechlakeneews.com/2018/12/05/leech-lake-hosts-opioid-response-summit/>

⁴³ Star Tribune. (August 12, 2017). *As Red Lake faces a new addiction epidemic, 'Nobody is giving up on anybody*. Retrieved from: <http://www.startribune.com/as-red-lake-faces-a-new-addiction-epidemic-nobody-is-giving-up-on-anybody/440077473/>

⁴⁴ Red Lake News. (February 20, 2018). *Minnesota Opioid Crisis How Bad Is It*. Retrieved from: <https://www.redlakenationnews.com/story/2018/02/20/features/minnesotas-opioid-crisis-how-bad-is-it/69236.html>

⁴⁵ D'Onofrio, G., O'Connor, P. G., Pantalon, M. V., Chawarski, M. C., Busch, S. H., Owens, P. H., ... Fiellin, D. A. (2015). Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence: a randomized clinical trial. *JAMA*, 313(16), 1636–1644. doi:10.1001/jama.2015.3474

⁴⁶ Bove, N. DI-Online. (January 3, 2018). *Fight of Their lives: White Earth Nation Leads Way in Opioid Battle*. Retrieved from: <https://www.di-online.com/news/nation/4382382-fight-their-lives-white-earth-leads-way-opioid-battle>

⁴⁷ Pastoor, Grace. Duluth News Tribune. (December 28, 2017). *Killer Crisis: 'The Cure is the Culture' for Minn. Tribes Fighting Opioid Abuse*. Retrieved from: <https://www.duluthnewstribune.com/news/crime-and-courts/4377722-killer-crisis-cure-culture-minn-tribes-fighting-opioid-abuse>

Bad River Band of Lake Superior Chippewa, WI

In November 2017, the Bad River Band of Lake Superior Chippewa issued an emergency declaration calling for tribal agencies to collaborate and share resources to address the opioid epidemic. A task force of five members inclusive of the “Health and Wellness Director, Social and Family Services Director, Education Director, Housing Director and a Chairperson appointed by the Tribal Council,” was established to develop a response strategy specifically aimed to prevent overdose deaths and identify additional treatment resources. Additionally, this declaration also appoints the Bad River Justice Program with the task of identifying measures for holding pharmaceutical companies producing opioids accountable.⁴⁸

Lummi Nation, WA

On December 20, 2017, the Lummi Nation issued a declaration of public health crisis stating, “We have the responsibility to ensure the health, safety and well-being of all our people.” By unanimous vote, the tribal council committed to addressing the public health crisis as its highest priority.

Little River Band of Ottawa Indians, MI

On April 25, 2018, the Little River Band of Ottawa Indians issued a declaration of emergency regarding the opioid epidemic. In the declaration, the Little River Band of Ottawa addresses the lack of financial resources of IHS to address the epidemic. This declaration followed a March 2018 overdose prevention training and April 2018 regional symposium.⁴⁹

Mashpee Wampanoag Tribe, MA

The tribe declared a state of emergency in 2016 after 11 members under the age of 38 died from opioid overdoses. The secondary effect of opioid use disorder and related deaths is the negative impact it has had on the Indian Child Welfare Program. In response to the epidemic, the tribe has dedicated \$250,000 dollars to provide treatment and aftercare, hired two full time substance use caseworkers and a case manager, established a tribal committee to create an action plan, offer weekly AA meetings to members; and create a discretionary budget for future needs.⁵⁰ In 2018, the tribe received a TOR grant to build more culturally aware services in the amount of \$146,368.⁵¹

STATES WITH EMERGENCY DECLARATIONS

To date, nine states and seven tribal nations have declared a state of emergency to address the opioid epidemic. Of these states, four have a standing order for naloxone (AK, AZ, FL, VA); five allow first responders to carry naloxone (AK, AZ, FL, MA, PA); and three have increased surveillance systems for tracking opioid prescriptions (AZ, MA, PA). Massachusetts has little publicly available information about the scope of their opioid state of emergency, but nearly all

⁴⁸ Bad River Band of Lake Superior Tribe of Chippewa Indians. (November 1, 2017). *Resolution for Declaration of a State of Emergency with Respect to Prescription Opiate Medication and Illegal Drug Use*. Retrieved from: <https://www.indianz.com/News/2017/11/08/badriverstateofemergency.pdf>

⁴⁹ Little River Band of Ottawa Indians Tribal Council. (April 25, 2018). *Resolution #18-0425-131*. Retrieved from: <https://lrboi-nsn.gov/wp-content/uploads/2018/04/18-0425-131-Resolution-Declaring-an-Emergency-Due-to-Opioid-Epidemic.pdf>

⁵⁰ Indian Health Services. (2017). *Mashpee Wampanoag's efforts to address the OPIOID Abuse in the Tribal community*. Retrieved from: https://www.ihs.gov/odsct/includes/themes/responsive2017/display_objects/documents/presentations/14-MashpeeWampanoagsOpioidUpdate.pdf

⁵¹ U.S. Department of Health and Human Services. (n.d.). *Award Information*. Retrieved from: https://taggs.hhs.gov/Detail/AwardDetail?arg_AwardNum=H79T1081795&arg_ProgOfficeCode=147

others have published, as part of their declaration, the intention to allocate funding and state resources in the form of action items to address the opioid epidemic.

Alaska: Governor Bill Walker of Alaska made a “Disaster Declaration on the Opioid Epidemic” in February of 2017.⁵² Between 2009 and 2015 unintentional deaths from heroin more than quadrupled from previous intervals. The declaration provided the Commissioner of Health and Social Services and the State Medical Officer resources to develop a statewide opioid response program.

Arizona: Arizona State Governor Douglas Ducey declared a state of emergency in June of 2017 after finding a 74% increase in opioid overdose deaths between 2012 and 2016,⁵³ as compared to previous intervals. In 2016 alone, the state recorded 790 deaths from opioid overdose, or more than two Arizonans dying per day. The declaration of emergency had the following impacts: allocation of resources for combating the epidemic; tasking the state health department with: developing rules for prescribing opioids, guidelines for medical professionals in prescribing opioids, education materials for law enforcement on how to administer Naloxone Spray; and compiling a report to recommend additional legislative action.

Florida: Florida Governor Rick Scott declared a state of emergency for 60 days in May of 2017,⁵⁴ prompted by the CDC’s naming of the opioid epidemic. In 2015, 12% of the nation’s deaths from opioid overdose occurred in Florida. In 2017, the Florida Department of Children and Families received a grant for \$27,150,403 for two years to develop preventative and rehabilitative resources to address the opioid epidemic. The emergency declaration gave law enforcement and the Department of Children and Families the authority to claim additional resources: funding, land, supplies, naloxone spray for first responders and other materials as seen necessary.

Maryland: Governor Lawrence Hogan of Maryland declared a state of emergency in January of 2017.⁵⁵ The declaration initially lasting only 60 days has been renewed, as the epidemic continues. The governor committed \$50 million in new spending over five years, coordinated with local jurisdictions to ensure community involvement. The declaration also established 24 opioid intervention teams at local levels, long-term system changes, and authorizes 70+ specific projects with key measurements for success.

Pennsylvania: Pennsylvania Governor Tom Wolf declared a state of emergency in January of 2018.⁵⁶ In the declaration Governor Wolf named 13 key initiatives across three areas of focus to

⁵² The Alaska State Legislature. (February 4, 2017). *SB 91: An Act Extending the Governor's Declaration of Disaster Emergency to Address the Opioid Epidemic*. Retrieved from: <https://www.akleg.gov/basis/Bill/Text/30?Hsid=SB0091A>

⁵³ Arizona Department of Health Services. (June 5, 2017). *Arizona Declaration of State Emergency*. Retrieved from: <https://www.azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/opioid-emergency-declaration.pdf>

⁵⁴ State of Florida. (May 3, 2017). *Florida Office of the Governor Executive Order*. Retrieved from: <https://www.flgov.com/wp-content/uploads/2017/05/17146.pdf>

⁵⁵ State of Maryland Executive Department. (January 1, 2017). *Original Executive Order Renewal of Executive Order*. Retrieved from: https://governor.maryland.gov/wp-content/uploads/2017/03/0562_001.pdf

⁵⁶ Commonwealth of Pennsylvania. (January 10, 2018). *Proclamation of Disaster Emergency*. Retrieved from: <https://www.governor.pa.gov/governor-wolf-declares-heroin-and-opioid-epidemic-a-statewide-disaster-emergency/>

address the opioid epidemic: *Enhancing Coordination and Data Collection to Bolster State and Local Response*: establishing an opioid command center, expanding access to prescription drug monitoring, add data about neonatal abstinence syndrome, authorizing emergency purchases; *Improving Tools for Families, First Responders, and Others to Save Lives*: enables emergency providers to leave behind naloxone, enable pharmacists to partner to offer more naloxone spray, rescheduling of all fentanyl derivatives to align with the Drug Enforcement Administration schedule; and *Speeding Up and Expanding Access to Treatment*: waives physician visit prior to entering narcotic treatment programs, expands access to Medication-Assisted Treatment (MAT) programs, waives annual licensing for rehabilitation clinics, waives the fee affecting individuals with opioid use disorder in their procurement of birth certificates, waives license expense for existing medical facilities to expand to offer additional drug and alcohol rehabilitation treatment.

South Carolina: Governor Henry McMaster of South Carolina declared a state of emergency in December of 2017.⁵⁷ Deaths related to opioids increased 21% from 2014-2016, with overdoses from heroin increasing 12% in the same time interval. Under the South Carolina State of Emergency, a task force (opioid emergency response team), was created to coordinate a comprehensive approach for response, recovery and mitigation. The team meets at least monthly to create action items, draft a state plan of response, coordinate state and private stakeholders in delivering services, identify funding sources, encourage data sharing, track and publicize where deaths from opioids are occurring within the state to prevent overdose, implement training for law enforcement about referral and mental health programs, educate law enforcement and first responders about naloxone, recommend ways to strengthen data monitoring systems, explore options for substituting rehabilitation programs in lieu of prison, and other actions as needed.

Virginia: Virginia State's Health Commissioner Marissa Levine declared a state of emergency in November of 2016.⁵⁸ The declaration states that the increase in drug use has led to an increase in blood-borne pathogens and deaths from drug overdose. From January to September of 2016, deaths from heroin overdose increased 89% from the same period the previous year. The declaration allows the Department of Health to act independently to address the opioid epidemic and related health risks.

⁵⁷ State of South Carolina. (December 19, 2017). *Executive Order 2017-42*. Retrieved from: https://dc.statelibrary.sc.gov/bitstream/handle/10827/26362/GOV_Executive_Order_2017-42.pdf?sequence=1&isAllowed=y

⁵⁸ Virginia Department of Health. (November 21, 2016). *Declaration of Public Health Emergency*. Retrieved from: <http://www.vdh.virginia.gov/commissioner/opioid-addiction-in-virginia/declaration-of-public-health-emergency/>

IV. Review of Literature

The following section provides a summary of the relevant peer-reviewed literature on the contributors to substance use issues within AI/AN communities, community and organizational-level interventions, and health systems interventions available within AI/AN communities.

Contributors to Substance Use Disorders: Historical Trauma

Across all tribal nations, the impact of colonization and ongoing underfunding of tribal health systems within AI/AN communities has adversely affected these communities ability to respond.⁵⁹ The long, painful, and complex history between AI/AN tribal nations and the federal government has diminished the ability of AI/AN communities to adequately address their own health needs in comprehensive and culturally appropriate ways.⁶⁰

Brave Heart, et al. (2011), define historical trauma as the collective emotional and psychological injury both over the lifespan and across generations, resulting from a cataclysmic history of genocide and oppression which emanates from a massive group trauma. Historical trauma explains how the experiences of genocide and colonization contribute to current AI/AN psychological distress manifested via disproportionate community-wide health disparities and related chronic health conditions such as unresolved trauma, addiction, mental illness, and suicide.⁶¹

Contributors to Substance Use Disorders: Lifetime Trauma

Contemporary traumas across the lifespan influence the health of AI/AN and can be contributing factors leading to substance misuse. For example, one study examined Adverse Childhood Experiences (ACEs) and substance use outcomes among adults in seven tribes and found that 74 to 100% of men and 83 to 93% of women had experienced ACEs, indicating physical abuse, sexual abuse, and boarding school attendance, which were strongly associated with alcohol dependence.⁶² Additionally, findings from a study focused on substance use disorders among AI/AN sexual minority women indicated that AI/AN women who experienced low to moderate child maltreatment in their lifetime were almost twice as likely to have a substance use disorder in comparison to women who had not experienced any abuse.⁶³ Moreover, AI/AN have unmet treatment needs and a disproportionately high rate of admissions for prescription opioids.⁶⁴ A study of identified opioid control concerns suggests an association

⁵⁹ Goodkind, Jessica R ; Hess, Julia Meredith ; Gorman, Beverly ; Parker, Danielle P. (2012). "Were Still in a Struggle": Dine Resilience, Survival, Historical Trauma and Healing. *Qualitative Health Research*, 22 (8), 1019-1036.

⁶⁰ Bauer, U., & Plescia, M. (2014). Addressing disparities in the health of American Indian and Alaska Native people: The importance of improved public health data. *American Journal of Public Health*, 104 Suppl 3, S255-7.

⁶¹ Brave Heart, M., Chase, J., Elkins, J., & Altschul, D. (2011). Historical Trauma Among Indigenous Peoples of the Americas: Concepts, Research, and Clinical Considerations. *Journal of Psychoactive Drugs*, 43(4), 282-290.

⁶² Brockie, T., Dana-Sacco, N., Wallen, G., Wilcox, G., & Campbell, R. (2015). The Relationship of Adverse Childhood Experiences to PTSD, Depression, Poly-Drug Use and Suicide Attempt in Reservation-Based Native American Adolescents and Young Adults. *American Journal of Community Psychology*, 55(3-4), 411-421.

⁶³ Duran, B., Sanders, M., Skipper, B., Waitzkin, H., Malcoe, L. H., Paine, S., & Yager, J. (2004). Prevalence and correlates of mental disorders among Native American women in primary care. *American Journal of Public Health*, 94(1), 71.

⁶⁴ Radin, S., Banta-Green, C., Thomas, L., Kutz, S., & Donovan, D. (2012). Substance Use, Treatment Admissions, and Recovery Trends in Diverse Washington State Tribal Communities. *The American Journal of Drug and Alcohol Abuse*, 38(5), 511-517. Accessed January 17, 2019.

between prescription opioid difficulties and psychosocial problems.⁶⁵ Interviewees in this study reported having challenges with prescription opioids and concerns with controlling their usage in addition to having psychosocial problems.

Community-Level / Community-Led Responses

Several tribal nations have declared public health emergencies to address opioid overdoses in their respective communities. These declarations include commitments to respond to the crisis at the local community level using integrated cultural and behavioral health, evidence-based best practices. The following provides research findings specific to culturally congruent approaches for opioid-related treatment.

Healing and Resiliency

Culturally congruent interventions and strategies can build upon the resiliency and strength within AI/AN communities. Dugan and Cole (1989) define resiliency as the capacity to bounce back or recover from a disappointment, obstacle or setback.⁶⁶ Culturally adapted treatment for AI/AN individuals can provide support in coping with difficult events and responding appropriately to various stressors. From an Indigenous perspective, resiliency can include building upon one's abilities, relationships, and sense of self to improve self-concepts and having the ability to move on from a situation.⁶⁷ For example, tribes in Washington State, in partnership with the University of Washington, developed "Healing of the Canoe," a culturally-based intervention to promote cultural belonging and prevent substance misuse among tribal adolescents. Findings from the intervention indicated increased optimism, self-efficacy, cultural identity, and reduced substance use.⁶⁸

Harm Reduction Approach

A harm reduction approach addresses substance use in partnership with the client, by co-developing strategies to reduce the harmful impacts of SUD rather than on the prevention of drug use itself. An example of a harm reduction intervention for injection drug users are syringe access programs. These programs reduce the spread of blood-borne pathogens by preventing the sharing or re-use of contaminated syringes. Tribal communities such as Red Lake in Minnesota have implanted syringe service programs, which in addition to providing sterile syringes, offers other supportive services. Additionally, the White Earth Nation in Minnesota implemented the White Earth's Harm Reduction Coalition Team to utilize a harm reduction approach to provide one-on-one help to overdose survivors with activities, testing and prevention education services.⁶⁹ White Earth's Harm Reduction Coalition Team has collaborated with the tribal police and the local Boys and Girls Club. As a result, the White Earth

⁶⁵ Banta-Green, C., Von Korff, M., Sullivan, M., Merrill, J., Doyle, S., & Saunders, K. (2010). The prescribed opioids difficulties scale: A patient-centered assessment of problems and concerns. *The Clinical Journal of Pain*, 26(6), 489-97. Accessed January 17, 2019.

⁶⁶ Dugan, Timothy; Coles, Robert. (1989) *The Child in our Times: Studies in the development of resiliency*. New York: Brunner/Mazel. Accessed April 8th, 2019.

⁶⁷ Thornton, Bill., Collins, Michele., Daugherty, Richard. (2006). A Study of Resiliency of American Indian High School Students. *Journal of American Indian Education*. Volume 45, Issue 1. Accessed April 8th, 2019.

⁶⁸ Donovan, D., Thomas, L., Little Wing Sigo, R., Price, L., Lonczak, H., Lawrence, N., Ahvakana, K., Austin, L., Lawrence, A., Price, J., Purser, A., & Bagley, L. (2015). Healing of the canoe: Preliminary results of a culturally tailored intervention to prevent substance abuse and promote tribal identity for Native youth in two Pacific Northwest tribes. *American Indian and Alaska Native Mental Health Research (Online)*, 22(1), 42-76.

⁶⁹ Bove, Nathan. (2018). Fight of their lives: White Earth leads way in opioid battle. DL-Online Giving Information Life.

Nation community has cultivated a compassionate approach to preventing drug-related harms in their community.

Additionally, White Earth's Harm Reduction Coalition hosts an [Annual Harm Reduction Summit](#) to focus on indigenous harm reduction by addressing indigenous harm reduction principles, decolonizing chemical dependency, wound care for harm reductionists, vulnerability and resiliency along with other intersecting health equity and social justice-related topics to indigenous health.⁷⁰

Naloxone for Opioid Overdose Death Prevention

Overdose prevention efforts have focused on both clinical settings and usage by individuals. Within clinical settings, increased overdose prevention efforts include the training of staff using the Overdose Prevention Training (OPT) to boost use of naloxone (Siegler, 2017).⁷¹ Additionally, Gorchynski (2005) suggests clinical staff partake in chemical dependency training to better identify chemically dependent patients.⁷² Prevention trainings aimed at clinical staff help to develop the clinical skills necessary to reduce OUD and those care for opioid overdose.

With the increase of public funding and rise of opioid related deaths, the availability of naloxone has increased. Many communities across the U.S. provide free training and dispense naloxone kits to opiate users and family and friends of opiate users. Depending on local state laws, individuals who can administer naloxone include public citizens, medical providers, law enforcement agents, and any service provider who delivers direct services, housing, and drug and alcohol treatment. Importantly, sovereign tribal nations can distribute naloxone kits independent from state law. For example, the Lummi Nation distributes naloxone kits "door to door" to increase access and usage in the event a tribal member experiences an opiate overdose.

MAT for Opioid Overdose Death Prevention

Medication-Assisted Treatment (MAT) is currently considered the best practice by SAMHSA in treating OUD and helps individuals manage dependence to decrease chances of overdose death. MAT is the use of medications such as buprenorphine, naltrexone, or methadone in conjunction with other therapies to address issues related to opioid dependence, including withdrawal, cravings, and relapse. MAT for OUD has been found to be the most efficacious treatment strategy and improves functional cognitive, physical, social and behavioral, and neurological outcomes.⁷³

MAT is often used alongside behavioral therapies and recovery strategies such as Medication-Assisted Recovery Supports (MARS). MARS is a peer-based recovery support project designed

⁷⁰ Annual Harm Reduction Summit, White Earth's Harm Reduction Coalition. http://www.npaihb.org/events/?mc_id=1207.

⁷¹ Siegler, Huxley-Reicher, Maldjian, Jordan, Oliver, Jakubowski, & Kunins. (2017). Naloxone use among overdose prevention trainees in New York City: A longitudinal cohort study. *Drug and Alcohol Dependence*, 179, 124-130.

⁷² Gorchynski, J., & Kelly, K. (2005). Analgesia and Addiction in Emergency Department Patients with Acute Pain Exacerbations. *Western Journal of Emergency Medicine*, 6(1), 3-8.

⁷³ Maglione, Raaen., Chen, Azhar., Shadhidinia, Shen, Hempel. (2018). Effects of medication assisted treatment (MAT) for opioid use disorder on functional outcomes: A systematic review. *Journal of Substance Abuse Treatment*, 89, 28-51.

for patients in MAT. It takes a holistic approach to treatment and recovery and provides training, education, and a peer community for programs integrating MAT into their services.^{74,75}

Organizational-Level Interventions or Responses

Provider Education

Prevention techniques increasingly rely on technological advances to establish national clinical guidelines. Clark et al. (2016) have demonstrated that the use of iBooks in provision of overdose prevention education has significantly improved knowledge and clinical skills for overdose response.⁷⁶ Online trainings of opioid overdose were found to enhance the skills of participants, helping them to feel more confident in administering naloxone.⁷⁷

The Indian Health Service became the first federal agency in 2015 to mandate training in pain and OUD for all prescribing providers in their clinics, resulting in training of more than 1,300 IHS clinicians in seven possible 5-hour courses specific to pain and addiction. The trainings used technology and optional weekly IHS Pain and Addiction Tele ECHO clinics. A survey of IHS clinicians in 23 states who had received the training found positive changes in pre- and post-course knowledge, self-efficacy, and attitudes as well as thematic responses showing the trainings to be comprehensive, interactive, and convenient for the providers.⁷⁸ Other federal agencies now require including best practices pain management in continuing medical education to address the epidemic of opioid prescription and heroin use.

Screening/Assessment Tools and Practices

Screenings tools used for primary health care providers can be used before, during, and after intervention to assist and provide feedback on practices. The Screener and Opioid Assessment for Patients and Pain (SOAPP) is a self-report questionnaire designed to predict aberrant medication-related behaviors among chronic pain patients. Butler et al. (2008) revised SOAPP to assess the risk for misuse among patients prescribed opioids for pain.⁷⁹ The revised SOAPP includes items on mood swings and was shortened. Key elements to include on client satisfaction assessments include quality of service received, humaneness, competence of providers, outcomes associated with the visit, accessibility of the facility, informativeness, cost, and attention to psychological problems.⁸⁰ Common screening tools are often used in combination with motivational interviewing, syringe distribution, naloxone prescription, and

⁷⁴ Welcome to the MARS™ Community! Accessed 2019. Retrieved from <https://marsproject.org/>

⁷⁵ U.S. Department of Health and Human Services. (2015). *Medication-Assisted Recovery: Medication Assisted Peer Recovery Support Services Meeting* [PDF file]. Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/dear_colleague_letters/2015-prss-summary-report.pdf

⁷⁶ Clark, Angela, Winstanley, Erin L., Martsolf, Donna S., & Rosen, Michael. (2016). Implementation of an inpatient opioid overdose prevention program. *Addictive Behaviors*, 53, 141.

⁷⁷ Simmons, J., Rajan, S., Goldsamt, L., & Elliott, L. (2018). Implementation of Online Opioid Prevention, Recognition and Response Trainings for Laypeople: Year 1 Survey Results. *Substance Use & Misuse*, 53(12), 1997-2002.

⁷⁸ Katzman, J. G., Fore, C., Bhatt, S., Greenberg, N., Griffin Salvador, J., Comerchi, G. C., ... & Bradford, A. (2016). Evaluation of American Indian Health Service training in pain management and opioid substance use disorder. *American journal of public health*, 106(8), 1427-1429. <https://ajph.aphapublications.org/doi/10.2105/AJPH.2016.303193>

⁷⁹ Butler, Fernandez, Benoit, Budman, & Jamison. (2008). Validation of the Revised Screener and Opioid Assessment for Patients with Pain (SOAPP-R). *Journal of Pain*, 9(4), 360-372.

⁸⁰ Wilson, A., Hewitt, G., Matthews, R., Richards, S., & Shepperd, S. (2006). Development and testing of a questionnaire to measure patient satisfaction with intermediate care. *Quality and Safety in Health Care*, 15(5), 314-319.

buprenorphine treatment.⁸¹ However, the extent of the use of screening tools in practice among health care providers serving AI/AN clients is not well documented. The next phase of the environmental scan includes interviewing IHS personnel to learn about usage of screening tools for OUD in AI/AN communities.

Care Management

Care management of opioid overdose commonly includes peer outreach in combination with treatment intervention. Scott et al.'s (2018) study found that a combination of peer outreach with treatment intervention for out-of-treatment individuals was important for OUD survivors to feel engaged with their treatment and their community.⁸²

Under the Drug Addiction Treatment Act, qualified practitioners (physicians, nurse practitioners, and physician assistants) may apply for free training to obtain waivers to treat opioid dependency with approved buprenorphine products in any settings in which they are qualified to practice, including offices, hospitals, health departments, or correctional facilities. An opioid wavered specialist is one who is licensed under state law, registered with the DEA, treats fewer than 30 patients within the first year and has taken a training or certification class.⁸³ For more information, Providers Clinical Support System hosts a variety of free training options to obtain MAT waiver and can be found at: pcssnow.org.

Kvamme et al. (2012) suggest that specialists who have received opioid waivers and are certified to prescribe treatment are in urban areas and rural areas have unmet needs. To meet these needs, Kvamme et al. (2012) suggest increasing the number of providers eligible for waivers by conducting training programs, increasing the number of waiver providers who go on to prescribe buprenorphine and to encourage current prescribers to increase their treatment slots.⁸⁴ Additionally, Thomas et al. (2016) suggests that treatment is different for individuals based on income.⁸⁵ The study found that opioid care management differs on treatment available, accessibility and costs but individuals who qualify for out-of-patient care do not use their benefits to access services.

Tribal grantees use the SAMHSA-funded Tribal Opioid Response (TOR) grants for a broad range of activities, including the development of infrastructure and strengthening of workforce capacity through training to integrate MAT in their health and service delivery programs. The interviews of tribal stakeholders planned for the next phase in this scan will delve deeper into identifying and describing ways tribes are integrating MAT into their programs.

⁸¹ Bowman, S. D., Eiserman, J., Bruce, R., Beletsky, L., & Stancliff, S. (2013). Reducing the health consequences of opioid addiction in primary care. *American Journal of Medicine*, 126(7), 565-571.

⁸² Scott, Grella, Nicholson, & Dennis. (2018). Opioid recovery initiation: Pilot test of a peer outreach and modified Recovery Management Checkup intervention for out-of-treatment opioid users. *Journal of Substance Abuse Treatment*, 86, 30-35.

⁸³ SAMHSA. Accessed 2019. Qualify for a Practitioner Waiver. <https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management/qualify-for-practitioner-waiver>

⁸⁴ Kvamme, Catlin, Banta-Green, Roll, & Rosenblatt. (2012). Who prescribes buprenorphine for rural patients? The impact of specialty, location and practice type in Washington State. *Journal of Substance Abuse Treatment*, 44(3), 355-360.

⁸⁵ Thomas, Hodgkin, Levit, & Mark. (2016). Growth in spending on substance use disorder treatment services for the privately insured population. *Drug and Alcohol Dependence*, 160, 143-150.

Health Systems Interventions or Responses

Existing Practices within Health Systems

Health care providers can reduce over-prescription of opioids and limit OUD through monitoring. Lobsy et al. (2017) reviewed the Kaiser Permanente's medical systems to monitor the prescription of opioids in the dispensing and follow-up processes using an electronic health record system.⁸⁶ The Prescription Drug Monitoring Program (PDMP) in Washington State identifies trends in health care delivery to ensure best practice guidelines for opioid prescription are met.⁸⁷ PDMPs are discussed further in Section V.

Additionally, direct service providers, such as social workers, play a key role in mitigating the opioid epidemic. Lombardi et al. (2018) suggests social workers could serve as behavior specialists, care managers, and community engagement specialists. They suggest that direct service providers are best supported through OUD training and education strategies.⁸⁸

Formica et al. (2018) call for collaborative programming between local public health agencies and public safety agencies.⁸⁹ Through collaboration, multidisciplinary teams can visit clients, improve clinician outreach and implement location-based outreach.

⁸⁶ Losby, Jan L., Hyatt, Joel D., Kanter, Michael H., Baldwin, Grant, & Matsuoka, Denis. (2017). Safer and more appropriate opioid prescribing: A large healthcare system's comprehensive approach. *Journal of Evaluation in Clinical Practice*, 23(6), 1173-1179.

⁸⁷ Franklin, Gary, Sabel, Jennifer, Jones, Christopher M., Mai, Jaymie, Baumgartner, Chris, Banta-Green, Caleb J., Tauben, David J. (2015). A comprehensive approach to address the prescription opioid epidemic in Washington State: Milestones and lessons learned. *The American Journal of Public Health*, 105(3), 463-9.

⁸⁸ Lombardi, B., Zerden, L., Guan, T., & Prentice, A. (2018). The role of social work in the opioid epidemic: Office-based opioid treatment programs. *Social Work in Health Care*, 1-6.

⁸⁹ Formica, Scott W., Apsler, Robert, Wilkins, Lindsay, Ruiz, Sarah, Reilly, Brittni, & Walley, Alexander Y. (2018). Post opioid overdose outreach by public health and public safety agencies: Exploration of emerging programs in Massachusetts. *International Journal of Drug Policy*, 54, 43-50.

V. Opioid Epidemiologic Surveillance and Public Health Data Infrastructure

This section discusses data measurement initiatives, including efforts from Tribal Epidemiology Centers (TECs), Prescription Drug Monitoring Programs (PDMPs), the National Council of Urban Indian Health (NCUIH), and the Urban Indian Health Institute (UIHI). It provides an overview of new technology, tools, and data dashboards, and summarizes federal data resources. The current available data varies by region and providing agency. Sources offer broad to specific opioid statistics for populations from the county to national levels.

Opioid surveillance data on various populations is used by healthcare providers, law enforcement, policy makers, and other community organizations to help target responses for opioid overdose prevention, treatment, and harm reduction. Some uses include:

- Measuring rates of fatal and non-fatal opioid-related overdoses
- Comparing overdose rates between heroin, hydrocodone, methadone, oxycodone, pharmaceutical morphine, fentanyl, or analogues
- Showing local, statewide, and/or national concentrations of opioid use
- Monitoring prescription drug distribution and consumption
- Determining the demographics of the most impacted communities

Data used towards the collection of opioid overdose surveillance include but are not limited to: the Division of Behavioral Health and Rehabilitation, medical examiners data, crime lab data for police evidence testing, ADAI US DEA Automation of Reports and Consolidated Order System database, National Center for Health Statistics, state departments of health, state departments of social and health services, and state patrol forensic laboratory services bureaus.⁹⁰

Opioid overdose data can be presented in individual counts, but some data resources use rates estimated per 100,000 residents in a county or state. Changes to opioid related data have occurred due to population changes in cities and additional agencies collecting the data. For example, the State of Washington's drug-related deaths involving opioids increased 257% between 2002-2004 and 2013-2015, with the increase of publicly-funded drug treatment admissions for opioids.

A. Data and Measurement Initiatives

Tribal Epidemiology Centers (TEC) as well as other state and federal agencies routinely collect data on opioid use and misuse in AI/AN communities. Several data resources are available to health care providers, researchers, and community members via state and county data dashboards, PDMPs, TEC programs, HHS Public Health Services, and other federal and tribal organizations.

⁹⁰ Alcohol and Drug Abuse Institute. Accessed 2019. Insights from mortality, treatment and crime lab data. adai.washington.edu/WAdata/opiate_home.htm

Tribal Epidemiology Centers (TEC)

[TECs](#) are housed in AI/AN-serving organizations and provide support in managing and responding to public health emergencies such as the opioid epidemic.⁹¹ Each epidemiology center has its own unique approach to the opioid epidemic.

	IHS States in Region		TEC Parent Organizations
Alaska Area	AK	Alaska TEC	Alaska Native Tribal Health Consortium
Albuquerque Area	CO, NM	Albuquerque Area Southwest TEC	Albuquerque Area Indian Health Board
Bemidji Area	MN, MI, WI	Great Lakes Inter-Tribal TEC	Great Plains Tribal Chairmen's Health Board
Billing's Area	MT, WY	Rocky Mountain TEC	Rocky Mountain Tribal Leaders Council
California Area	CA	California TEC	California Rural Indian Health Board
Great Plains Area	IA, NE, ND, SD	Northern (Great) plains TEC	Great Plains Tribal Chairmen's Health Board
Nashville Area	AL, AR, CT, FL, GA, IL, IN, KY, LA, MA, MD, ME, MO, MS, NC, NH, NJ, NY, OH, PA, SC, TN, TX, VA, VT, WV	United South and Eastern Tribes Incorporated TEC	United South and Easter Tribes Incorporated
Oklahoma City Area	KS, OK	Oklahoma Area TEC	Oklahoma City Area Inter-Tribal Health Board: Southern Plains Tribal Health Board Foundation
Navajo Area	AZ	Navajo TEC	Navajo Nation
Phoenix Area	AZ, NV, UT	Inter-Tribal Council of Arizona TEC	Inter-Tribal Council of Arizona
Tucson Area	AZ		
Portland Area	ID, OR, WA	Northwest TEC *Urban Indian Health Institute (UIHI)	Northwest Portland Area Indian Health Board Seattle Indian Health Board

*Although the UIHI is situated in the Portland Area, its service population is national. The UIHI works directly with approximately 67 urban communities throughout the United States.

⁹¹ Tribal Epi Centers. Accessed 2019. <https://tribalepicenters.org/>

The TECs have been designated as public health authorities. This designation allows the TECs to access all data shared with the DHHS Secretary. The TECs receive funding from the CDC, IHS, NIH, and the Office of Minority Health. Eleven of the TECs have a regional approach, with the Urban Indian Health Institute (UIHI) in Seattle working with urban populations nationwide. These organizations work closely with local tribes, tribal health boards, urban Indian clinics and communities, IHS, and other relevant agencies to create a coordinated approach for improving the health of AI/AN communities. To be effective, they have identified and provide seven core functions:

1. collect data and monitor progress made toward meeting each health objective,
2. evaluate existing systems that impact the improvement of Indian health,
3. assist tribes and tribal organizations in identifying highest-priority health objectives and the services needed to reach goals,
4. make recommendations for the targeting of services,
5. make recommendations to improve healthcare delivery systems,
6. provide requested technical assistance in the development of local health services, and
7. provide disease surveillance and assist communities to promote public health.

In the 2013 “Best Practices Report,” the TECs identified several obstacles to data gathering: transparency and reciprocity among organizations at tribal, state and national levels, and uniformity of data collection. This inconsistency is reflected in the differences of publicly available data. Opportunities for improvement could include a national approach to support IHS and tribal clinics to use the same database, dedicating more money to technical assistance, and developing a set of criteria defining the minimum necessary threshold for data collection, e.g., bi-annual reporting of active user information, etc.

Several federal agencies have funded TECs to address opioid overdoses. The goal of the SAMHSA TOR grant in partnership with the Addiction Technology Transfer Center (ATTC) is to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides substance use disorder (SUD) treatment and recovery support services to tribal and urban AI/AN communities. It is unclear how workforce development is supported to specifically build data capacity. The CDC 1704: Tribal Epidemiology Center’s Public Health Infrastructure grant provides funds to TECs to support data collection, improve racial classification, expand data sharing to prevent fatal opioid overdoses, and improve death certificate data to reflect opioid-related deaths.⁹² The CDC 1803: Tribal Public Health Capacity Building and Quality Improvement grant provides funds to improve public health data infrastructure and epidemiologic surveillance, evidence-based systems interventions and program implementation, and develop community-based strategies, Table 2 displays which TEC received SAMHSA or CDC grants in 2018 towards addressing the opioid epidemic.

⁹² Center for Disease Control. Accessed 2019. TECPHI FY 2018 Funding Map. https://www.cdc.gov/healthytribes/tecphi-map.htm?CDC_AA_refVal=https://www.cdc.gov/chronicdisease/tribal/tecphi-map.htm

Table 2. 2018 Tribal Epidemiology Center Grantees and Sponsors

TEC	Parent Organization	SAMHSA TOR, 2018 ⁹³	CDC (1704 TECPHI)	CDC (1803 CSTLTS)
Alaska TEC	Alaska Native Tribal Health Consortium		Yes	Yes
Albuquerque Area Southwest TEC	Albuquerque Area Indian Health Board		Yes	Yes
California TEC	California Rural Indian Health Board	Yes	Yes	Yes
Great Lakes Inter-Tribal TEC	Great Lakes Inter-Tribal Council		Yes	Yes
Northern Plains TEC	Great Plains Tribal Chairmen's Health Board	Yes	Yes	Yes
Inter-Tribal Council of Arizona TEC	Inter-Tribal Council of Arizona		Yes	Yes
Northwest TEC	Northwest Portland Area Indian Health Board	Yes	Yes	Yes
Oklahoma Area TEC	Oklahoma City Area Inter-Tribal Health Board: Southern Plains Tribal Health Board Foundation		Yes	Yes
Rocky Mountain TEC	Rock Mountain Tribal Leaders Council	Yes	Yes	Yes
United South and Eastern Tribes Incorporated TEC	United South and Eastern Tribes Incorporated		Yes	Yes
Urban Indian Health Institute	Seattle Indian Health Board		Yes	No

The types of opioid-related data and information available on TEC websites are listed in Table 3. The Alaska TEC and the Northwest Tribal Epidemiology Center (The EpiCenter) at the Northwest Portland Area Indian Health Board (NPAIHB) both provide user access data, list tribal communities and the health centers they serve, and provide prominent community and partner organizations with relevant contact information.

⁹³ SAMHSA. (June 2018). Tribal Opioid Response Grants. <https://www.samhsa.gov/grants/grant-announcements/ti-18-016>

Table 3. Examples of Opioid Information Available on Tribal Epi Center Websites

National TEC	Tribal Epidemiology Centers https://tribalepicenters.org/
Alaska TEC	http://anthctoday.org/epicenter/healthdata.html Behavioral Health Aide Program https://anthc.org/behavioral-health-aide-program/
Albuquerque Area Southwest TEC	Health Indicators, Areas of Improvement https://www.aastec.net/services-programs/public-health-data-improvement-access/ Report on Opioid Epidemic, 2016 https://www.aastec.net/wp-content/uploads/2018/03/AASTECSheet_17x11_pages.pdf AASTECSpecific Programs Youth Risk Behavior Surveillance System Tribal Adult Behavior Risk Factor Surveillance https://www.aastec.net/services-programs/public-health-data-improvement-access/
Inter-Tribal Council of Arizona TEC	<i>The Opioid Epidemic in Indian Country</i> , 2018 http://itcaonline.com/wp-content/uploads/2018/10/ITCA-TEC-Opioid-Report-2018.pdf <i>Tribal Opioid Legislation</i> http://itcaonline.com/wp-content/uploads/2018/11/09-115th-Congress-2017-2018-Opioid-Policy_10_01_2018.Updated.pdf <i>Addressing the Opioid Crisis in Indian Country</i> , 2018 http://itcaonline.com/wp-content/uploads/2018/11/08-Briefing-Paper-Opioid-Crisis_051818_ITCA.Updated.pdf Opioid Training Program http://itcaonline.com/?p=24832
California TEC	Opioid Report Update, 2018 https://crihb.org/wp-content/uploads/2018/07/CTEC_Opioid-Surveillance-Update.pdf AI/AN Drug Abuse in CA: Indian Health Service Patient Encounter Service https://crihb.org/wp-content/uploads/2017/01/AI/AN-Drug-Abuse-Infographic.pdf
Great Plains Inter TEC	Behavioral Health Department https://bhr.gptchb.org
Navajo Epidemiology Center	Behavioral Health Program http://www.nec.navajo-nsn.gov/Projects/Behavioral-Health
Northwest TEC (The EpiCenter) at the Northwest Portland Area Indian Health Board (NPAIHB)	Opioids http://www.npaihb.org/opioid/
Oklahoma Area TEC	Opioid Overdose Prevention in Tribal Communities (NCIPC) - current grant https://www.spthb.org/programs/current-grants/opioid-overdose-prevention-in-tribal-communities-ncipc/ Strategic Prevention Framework for Prescription Drugs (SPF-Rx) https://www.spthb.org/programs/epi-center/#1491124614058-4c02788d-5c0a39ff-668e

Prescription Drug Monitoring Programs (PDMP)

State PDMPs are clinical tools that prescribers and pharmacists can use to track the prescribing and dispensing of controlled prescription drugs. Each state PDMP has an electronic database which law enforcement, healthcare providers, and other authorized users can access. The information available varies depending on the state but most often includes patient and prescriber data regarding commonly misused drugs.⁹⁴ Many agencies, including IHS, require that prescribers and pharmacists check these databases for patient information before prescribing or administering opioids. Under IHS policy, healthcare providers working in IHS federal government-operated facilities, must utilize PDMPs to monitor and deter medication misuse.⁹⁵

Previously, Maine operated a statewide Diversion Alert Program which partnered with Wabanaki Pathway to Hope and Healing to help reduce prescription opioid use. Diversion Alert offered a database providing arrest data for individuals involved in prescription or illegal drug-related crimes. The program gave healthcare providers access to updated information so they could identify patients at risk for overdose, change prescribing behaviors, and improve care for individuals in need of treatment. Wabanaki Pathway to Hope and Healing incorporated the use of Diversion Alert and PDMPs in its practices, but Diversion Alert has since lost its funding. The state PDMP is still available.⁹⁶

The CDC has identified “Maximizing PDMPs” as one of four key drug overdose prevention areas. In 2019, it plans to award funding to states addressing this and other issues.⁹⁷

National Council of Urban Indian Health (NCUIH)

The NCUIH is in partnership with IHS and the National Indian Health Board (NIHB). They have also partnered with the CDC to improve the ability for coroners, medical examiners and funeral directors to correctly identify AI/AN Individuals on death certificates. They provide technical assistance to urban Indian health centers in the areas of drugs, suicide, and domestic violence prevention and rehabilitation and host trainings on cultural awareness for medical professionals. Their policy center provides guidance for tribal organizations in adopting and creating policy, as well as study current policy challenges impacting AI/AN communities. Additionally, they also assist with marketing and outreach materials.

Additional information provided by NCUIH includes: [The Use of Traditional Healing Practices to Address AI/AN Historical Trauma and Disparities in Behavioral Health](#),⁹⁸ [AI/AN Strength-Based](#)

⁹⁴ Rural Health Information Hub. Accessed 2019. Prescription Drug Monitoring Programs (PDMP) - RHIhub Substance Use Disorder Toolkit. <https://www.ruralhealthinfo.org/toolkits/substance-abuse/2/harm-reduction/prescription-monitoring>

⁹⁵ Indian Health Services. IHS Implements Groundbreaking New Policy Regarding Opioid Prescribing | July 2016 Blogs. (July 2016). <https://www.ihs.gov/newsroom/ihs-blog/july2016/ihs-implements-groundbreaking-new-policy-regarding-opioid-prescribing/>

⁹⁶ Lynds, Jen. The Country. (October 10, 2018) Aroostook drug prevention program disbanded. <https://thecounty.me/2018/10/10/news/state/aroostook-drug-prevention-program-disbanded/>

⁹⁷ Center for Disease Control. (October 23, 2017). Opioid Overdose. https://www.cdc.gov/drugoverdose/states/state_prevention.html

⁹⁸ National Council of Urban Indian Health. (2018). *The Use of Traditional Healing Practices to Address AI/AN Historical Trauma and Disparities in Behavioral Health*. <https://drive.google.com/file/d/1J2X7aIH0J9Y5d4DGQdK1Hz400MekClt/view?usp=sharing>

[Health Promotion](#),⁹⁹ and [The Efficacy of AI/AN Traditional Healing Methods](#).¹⁰⁰ NCUIH's [2019 Summit](#) in Washington D.C. was a gathering of policy and medical professionals. Substance-use lectures: "Prescription Drug Policy Landscape" and "Suicide and Substance Misuse Prevention for Youth."

The [Supporting Urban Native Youth](#) (SUNY) program is a partnership between the NCUIH and SAMHSA.¹⁰¹ The youth council strives to strengthen and improve capacity in urban communities for AI/AN youth, who are more likely to suffer with depression and related disorders. Council members receive training to design and promote peer-level campaigns to prevent suicide and substance use disorders.

Urban Indian Health Institute (UIHI)

The UIHI in Seattle is the research division of the Seattle Indian Health Board. Focusing on the nationwide urban AI/AN population, it is the only TEC that provides data requests, training, reports, research, and technical assistance to other UIHPs.¹⁰² "The mission of UIHI is to decolonize data, for Indigenous people, by Indigenous people."

Urban Indian Health Programs (UIHPs) are IHS-funded, non-profit programs that provide a range of services to AI/AN populations. The UIHI produces community health profiles for AI/AN people living in urban counties served by Urban Indian Organizations (UIO) running these UIHPs. UIHPs are discussed further in Section VI.

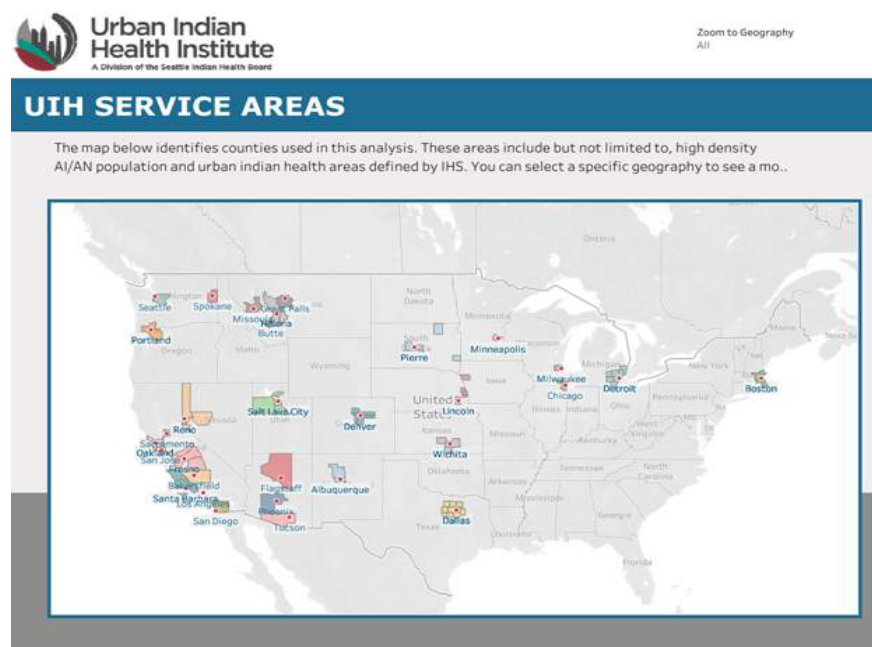


Figure 4. Urban Indian Health Service Areas, UIHI.

⁹⁹ Ryan Young. (January 26, 2015). *American Indian and Alaska Native Strength-Based Health Promotion*. National Council of Urban Indian Health. https://drive.google.com/file/d/17G_EpSvdgr5fxAJzyylcyqj0id100ktl/view

¹⁰⁰ National Council of Urban Indian Health. (August 2015). *The Efficacy of American Indian and Alaska Native Traditional Healing Methods*. <https://drive.google.com/file/d/1h-H0ZMC3HmXf8vt2ZRvz5tKXNVBKnyKh/view?usp=sharing>

¹⁰¹ NCUIH Youth Advisory Council. (Accessed April 2019). *NCUIH Youth Advisory Council Application*. <https://form.jotform.com/81066176192155>

¹⁰² Urban Indian Health Institute. (2019). *About*. <http://www.uihi.org/about/>

B. Tools and Data Dashboards

Several mobile technology apps, tools, and innovative pilot research studies are available to support treatment and data monitoring.

Mobile Technology (apps) and Tools

- The U.S. Food and Drug Administration (FDA) cleared reSET-O, a prescription cognitive behavioral therapy mobile medical application (app) designed to assist with treatment and recovery. The app assists patients with OUD in the recovery process and allows healthcare providers to track their progress.¹⁰³
- A University of Washington research team recently developed a smartphone app called Second Chance to detect opioid overdose.¹⁰⁴
- The NIDA/SAMHSA-ATTC Blending Initiative provides products which facilitate the translation of research into evidence-based treatments in clinical settings.¹⁰⁵
- The AI/AN ATTC offers several resources that address opioid misuse, including online courses, webinars, videos, and toolkits.¹⁰⁶

United States Department of Agriculture (USDA) Community Assessment Tool

The USDA supports rural communities by providing resources and tools for addressing the opioid epidemic. The NORC Opioid Misuse Community Assessment Tool allows users to create maps comparing opioid overdose rates with state or county demographics. Users can view maps outlining AI/AN Reservations and compare with statistics for AI/AN populations in urban or rural counties.¹⁰⁷

Data Dashboards

Several organizations offer centralized locations for data collection and visualization that can be used by communities to combat the opioid epidemic.

Publicly accessible data dashboards available at state and county levels provide visualizations of various types of opioid data. Table 4 provides a snapshot of the information available on the following select dashboards: Alaska Opioid Data Dashboard,¹⁰⁸ Arizona Department of Health Services Opioid Interactive Dashboard,¹⁰⁹ California Opioid Overdose Surveillance

¹⁰³ Office of the Commissioner. (December 20, 2018). Press Announcements - FDA clears mobile medical app to help those with opioid use disorder stay in recovery programs. <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm628091.htm>

¹⁰⁴ McQuate, S. (January 9, 2019). First smartphone app to detect opioid overdose and its precursors. <https://www.washington.edu/news/2019/01/09/smartphone-app-detects-opioid-overdose/>

¹⁰⁵ National Institute on Drug Abuse. (November 9, 2015). NIDA/SAMHSA Blending Initiative. Retrieved from: <https://www.drugabuse.gov/nidamed-medical-health-professionals/nidasamhsa-blending-initiative>

¹⁰⁶ Taking Action to Address Opioid Misuse. (n.d.). Retrieved from: <https://attcnetwork.org/centers/global-attc/taking-action-address-opioid-misuse>

¹⁰⁷ NORC at the University of Chicago. (n.d.). Understanding the Opioid Crisis in the United States. Retrieved from: <https://opioidmisusetool.norc.org/>

¹⁰⁸ Opioids in Alaska. (2019). Retrieved from <http://dhss.alaska.gov/dph/Director/Pages/opioids/dashboard.aspx>

¹⁰⁹ AZDHS | Opioid Epidemic. (n.d.). Retrieved from <https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/opioids/index.php#dashboard>

Dashboard,¹¹⁰ Minnesota Department of Health Opioid Dashboard,¹¹¹ Washington Department of Health Opioid Prescription and Overdose Dashboards,¹¹² UIHI Data Dashboard.¹¹³

Table 4. Select Opioid/Substance Use Monitoring Data Dashboards

	Alaska Opioid Data Dashboard	Arizona DHS Opioid Interactive Dashboard	California Opioid Overdose Surveillance Dashboard	Minnesota Department of Health Opioid Dashboard	Washington Department of Health Opioid Dashboards	UIHI Data Dashboard	National Opioid Misuse Community Assessment Tool
Data:							
Emergency Department Visits	X		X	X			
Fatal Overdose	X	X	X	X	X		X
Non-Fatal Overdose		X	X	X			
Substance Identification		X	X	X	X		
Naloxone Statistics	X	X					
Neonatal Abstinence Syndrome	X	X					
Publications/Resources	X	X	X	X	X		
Opioid Prescriptions			X	X	X		
Overdose-Related Hospitalizations			X	X	X		
Pharmaceutical Distribution				X			
Misuse/Substance Use Disorder				X		X	
Location:							
National						X	X
State	X	X	X	X	X		X
Region	X				X		
County		X	X		X		X
Zipcode		X	X				
Urban/Rural						X	X
Populations represented:							
Total Reported	X	X	X	X	X		X
AI/AN	*		X	X		X	X
Age	X	X	X	X			X
Sex/Gender (M/F only)	X	X	X	X			
Sources:							
State	X	X	X	X	X		
National				X		X	X
Law Enforcement	X						
Emergency Services	X	X	X				
Hospitals	X	X	X	X	X		
PDMP	X		X	X	X		

X = dashboard includes this type of data

* = some limited data is included

C. Federal Data Resources

Part of the HHS 5-Point Strategy to Combat the Opioid Crisis is to improve reporting of drug overdose data (Figure 5).¹¹⁴ The Agency for Healthcare Research and Quality (AHRQ), CDC, Centers for Medicare & Medicaid Services (CMS), Indian Health Services (IHS), and SAMHSA have all contributed to this goal by providing access to online community assessment and data survey tools, databases, and other data monitoring resources.

¹¹⁰ Welcome to the California Opioid Overdose Surveillance Dashboard. (n.d.). Retrieved from <https://discovery.cdph.ca.gov/CDIC/ODdash/>

¹¹¹ Minnesota Department of Health. (n.d.). Retrieved from <https://www.health.state.mn.us/opioiddashboard>

¹¹² Data and Statistical Reports. (n.d.). Retrieved from <https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/OpioidDashboards>

¹¹³ Data Dashboard – Urban Indian Health Institute. (n.d.). Retrieved from <http://www.uihi.org/urban-indian-health/data-dashboard/>

¹¹⁴ U.S. Department of Health and Human Services. (2018, October 02). HHS Awards Over \$1 Billion to Combat the Opioid Crisis. Retrieved from <https://www.hhs.gov/about/news/2018/09/19/hhs-awards-over-1-billion-combat-opioid-crisis.html>

HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS



Figure 5. HHS 5-Point Strategy to Combat the Opioids Crisis.

Examples:

- AHRQ’s interactive map on Trends in Opioid-Related Hospitalizations¹¹⁵ shows information on opioid-related hospital stays by state. AHRQ also provides statistical briefs by subject, and the Healthcare Cost and Utilization Project (HCUP)¹¹⁶ query system allows users to search for health care statistics at the county level.
- CDC tracks data on drug overdose deaths and provides “Provisional Drug Overdose Death Counts” as part of its Vital Statistics Rapid Release program.¹¹⁷ In addition, it provides funding to individual states for Enhanced State Opioid Overdose Surveillance (ESOOS).
- CMS Medicaid State Opioid Prescribing Mapping Tool¹¹⁸ allows users to visualize and compare opioid prescribing rates.
- IHS has implemented and seeks to expand its Resource and Patient Management System (RPMS) Report and Information Processor (RRIP) program which facilitates opioid data monitoring.¹¹⁹ The IHS HOPE Committee Metrics workgroup is developing an “Opioid Datamart” to improve data collection from facilities.¹²⁰
- SAMHSA’s website provides a Behavioral Health Treatment Services Locator, an Opioid Treatment Program Directory, and a Buprenorphine Practitioner Locator. The SAMHSA Data and Dissemination tool gives access to reports from various surveys and data sets.

¹¹⁵ Trends in Opioid-Related Hospitalizations. (2017, July 19). Retrieved from <https://www.ahrq.gov/news/opioid-hospitalization-map.html>

¹¹⁶ Healthcare Cost and Utilization Project (HCUP). (2015, April 02). Retrieved from <https://www.ahrq.gov/data/hcup/index.html>

¹¹⁷ Products - Vital Statistics Rapid Release - Homepage. (n.d.). Retrieved from <https://www.cdc.gov/nchs/nvss/vsrr.htm>

¹¹⁸ OpioidMap_Medicaid_State. (2019, February 22). Retrieved from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/OpioidMap_Medicaid_State.html

¹¹⁹ Opioid Crisis Data. (n.d.). Retrieved from <https://www.ihs.gov/opioids/data/>

¹²⁰ Workgroups | HOPE Committee. (n.d.). Retrieved from <https://www.ihs.gov/opioids/hope/workgroups/>

SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) collects data from the National Survey on Drug Use and Health (NSDUH), the Treatment Episode Data Set (TEDS), the National Mental Health Services Survey (N-MHSS), the National Survey of Substance Abuse Treatment Services (N-SSATS), the Drug Abuse Warning Network (DAWN), the Uniform Reporting System (URS), and Mental Health Client-Level Data system (MH-CLD).¹²¹ Eligible researchers can apply to access restricted data from the National Survey on Drug Use and Health (NSDUH) which is hosted via the Federal Statistical Research Data Centers (RDCs).¹²²

- Typically, due to small sample and population sizes, data over multiple years are collapsed to get stable estimates for AI/ANs. For example, the 2012 SAMHSA report used NSDUH data over eight years from 2003 to 2011 to estimate SUD treatment seeking needs among AI/ANs.¹²³ The Urban Indian Health Initiative also provides the substance misuse rate using NSDUH collapsed data from 2009 to 2014 comparing urban AI/ANs (7%) to urban non-Hispanic white individuals (3.7%).¹²⁴

In addition, HHS hosted a Code-a-Thon which generated tools and models designed to provide solutions to the opioid epidemic. Winning programs included real-time tracking of overdoses for first responders, tracking of opioid prescribing patterns, and assessment of unmet needs in opioid take-back programs.¹²⁵

D. Tribal Data Initiatives

The CDC's National Center for Injury Prevention and Control has funded 25 tribes and tribal epi centers to reduce opioid overdoses and improve data infrastructure on opioid reporting.¹²⁶ The recipients of the CDC 1803: Tribal Public Health Capacity Building and Quality Improvement grant met on April 10, 2019 in Atlanta to discuss and share their Tribal Opioid Overdose Prevention grant activities, implementation challenges, and opportunities.

The chart below provides information on which projects and initiatives were available or in progress among the conference's attendees of tribal and urban Indian organizations.

¹²¹ About Us. (n.d.). Retrieved from <https://www.samhsa.gov/data/about-us>

¹²² Welcome to SAMHSA Data and Dissemination. (2019, February 04). Retrieved from <https://www.samhsa.gov/data/>

¹²³ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (November 2012). *The NSDUH Report: Need for and Receipt of Substance Use Treatment among American Indians or Alaska Natives*.

¹²⁴ Data Dashboard. (n.d.). Retrieved from <https://www.uihi.org/urban-indian-health/data-dashboard/>

¹²⁵ HHS Office of the Secretary, & CTO. (2018, January 03). HHS Opioid Code-a-Thon. Retrieved from <https://www.hhs.gov/challenges/code-a-thon/index.html>

¹²⁶ Tribal Capacity Building OT18-1803 | CDC. (n.d.). Retrieved from <https://www.cdc.gov/tribal/cooperative-agreements/tribal-capacity-building-OT18-1803.html>

Table 5. 2018 OT18-1803 Recipients' Initiatives

2019 OT18-1803 Recipients' Meeting

Department Agency / Tribe	Data Capacity	Opioid Prescription Surveillance	Prevention and Education	Workforce Development	Strategic Planning	Community Based Strategies	Direct Outreach/ Treatment	Other
Alaska Native Health Consortium	X		X	X				X
Bristol Bay Area Health Consortium				X	X			
California Rural Indian Health Board	X					X		
Cherokee	X	X						X
Chickasaw	X			X		X		
Eastern Band of Cherokee Indians	X				X		X	X
Forest County Potawatomi			X				X	X
Great Lakes Inter-Tribal Council			X		X	X	X	X
Lummi	X	X					X	X
Northwest Portland Area Indian Health Board	X	X	X	X				X
Rocky Mountain Tribal Leaders Council			X		X			
Southern Plains Tribal Health Board Foundation				X			X	X
United South and Eastern Tribes						X	X	X
Wabanaki	X						X	X
White Earth	X						X	X

Other efforts include: partnerships with local law enforcement and justice systems (Lummi, Bristol Bay Area Health Consortium), partnerships with local EMTs (Bristol Bay Area Health Consortium, Eastern Band of Cherokee Indians, Lummi), qualitative data approaches (California Rural Indian Health Board), integrating hepatitis C and Opioid projects (Cherokee), Public Health Foundational Education and Accreditation (Chickasaw), mobile harm reduction vehicles to distribute syringes (Eastern Band of Cherokee Indians), transitional housing (Forest County Potawatomi), regional approach with other tribal partnerships (Great Lakes Inter-Tribal Council), sober-squad grassroots program (Great Lakes-Inter-Tribal Council), safe injection sites/syringe exchanges (Lummi, white earth), neonatal abstinence program (Northwest Portland Area Indian Health Board), sub-grantee program (Southern Plains Tribal Health Board Foundation), Summit (United South and Eastern Tribes, white earth), intentional community living for reintegration (Wabanaki).

*The Data Capacity category is checked if organizations

mentioned data initiatives as part of their opioid overdose prevention strategies. Initiatives include efforts towards data sharing agreements, qualitative and quantitative collection and analysis, data inventory, capacity building, and more.

Indigenous Data Sovereignty

AI/AN communities' mistrust of data collection and research processes largely stem from a long history of outside researchers controlling the research design, data collection and dissemination processes, and recommendation of policies without any community input.¹²⁷ Many reservation-based tribes are reversing this process by using their inherent sovereign status to govern the collection, ownership and application of tribal data.¹²⁸ Tribal oversight through research review mechanisms ensure that research and data prioritize reservation-based community needs within distinct cultural and contextual perspectives. While some legal doctrines suggest tribal

¹²⁷ Roslina D. James, Kathleen M. West, Katrina G. Claw, Abigail EchoHawk, Leah Dodge, Adrian Dominguez, Maile Taualii, Ralph Forquera, Kenneth Thummel, and Wylie Burke, 2018: Responsible Research With Urban American Indians and Alaska Natives *American Journal of Public Health* **108**, 1613-1616, <https://doi.org/10.2105/AJPH.2018.304708>

¹²⁸ Marley, T. L. (2018). Indigenous Data Sovereignty: University Institutional Review Board Policies and Guidelines and Research with American Indian and Alaska Native Communities. *American Behavioral Scientist*. Accessed April, 2019.

jurisdiction is limited to reservation boundaries, others assert that tribal governments may offer similar oversight to the 70% of AI/ANs residing in non-tribal urban areas.¹²⁹

For example, the Ho-Chunk Nation requires review of research studies that include any materials “to which the Nation has a claim of intellectual, cultural or other ownership, legal or equitable,” regardless of whether the research is conducted on or off the reservation.¹³⁰

¹²⁹ Tsosie, R. (2012). Indigenous peoples and epistemic injustice: science, ethics, and human rights. *Washington Law Review*, 87(4), 1164+. Retrieved from http://link.galegroup.com/apps/doc/A315751876/AONE?u=wash_main&sid=AONE&xid=56f618f2

¹³⁰ Harding, A., Harper, B., Stone, D., O'Neill, C., Berger, P., Harris, S., & Donatuto, J. (2012). Conducting research with tribal communities: Sovereignty, ethics, and data-sharing issues. *Environmental Health Perspectives*, 120(1), 6-10.

VI. Initiatives to Develop and Implement Evidence-Based Interventions and Culturally Appropriate Local Community Best Practices

We report three types of initiatives that have galvanized resources to develop and implement evidence-based interventions, infrastructure, and capacity building to address the tribal opioid epidemic:

1. **Federal Initiatives:** Memoranda of Agreement (MOA) and implementation of federal grants aimed at addressing the opioid epidemic.
2. **Tribally-Based and Urban Indian Initiatives:** AI/AN-serving health facilities and organizations that have implemented programs to address the opioid epidemic.
3. **Cross-Sector Collaboration Initiatives:** research, philanthropic, state, municipal, and county initiatives. We describe each in more detail below.

A. Federal Initiatives

NIDA-Funded, Evidence-Based Health Systems Interventions

NIH Heal: In 2018, NIH launched the HEAL (Helping to End Addiction Long-term) Initiative, a trans-agency effort to bolster research across NIH to improve treatments for opioid misuse and addiction and enhance pain management. This initiative builds on extensive NIH research, implementation science, and research to integrate behavioral interventions with MAT for OUD. Successes from this research include the development of the nasal form of naloxone, the development of buprenorphine for the treatment of OUD, and evidence for the use of nondrug and mind/body techniques such as yoga, tai chi, acupuncture, and mindfulness meditation to help patients control and manage pain.¹³¹

Naloxone, a medication used to counter the effects of opioid overdose, has been utilized to address OUD. The National Institute of Drug Abuse (NIDA) and the National Institute on Minority Health and Health Disparities (NIMHD) also fund the Native Transformations Opioid Project (NTOP), using historical interviews for OUD intervention.

In urban communities, the Contingency Reinforcement Approach (CRA), Contingency Management (CM), and the Therapeutic Educational System (TES) have been used for outpatient, culturally congruent intervention for SUD. Additionally, MAT implementation is being used to increase patient-provider discussions, increase follow-ups and increase patients receiving guidelines consistent with MAT services.

Initially adapted in five Ojibwe reservation communities in Wisconsin and Minnesota, the Bii-Zin-Da-De-Dah program aims to improve health outcomes using a family-centered approach by addressing initiation of substance use and misuse among American Indian youth, who often begin at younger ages.¹³² This early age approach increases prevention for substance use and

¹³¹ HEAL Initiative. (n.d.). Retrieved from <https://www.nih.gov/research-training/medical-research-initiatives/heal-initiative>

¹³² Ivanich, J., Mousseau, A., Walls, M., & Whitbeck, L. (2018). Pathways of Adaptation: Two Case Studies with One Evidence-Based Substance Use Prevention Program Tailored for Indigenous Youth. *Prevention Science*, 1-11.

misuse, other risky behaviors, and poor grades. Additionally, the Intertribal Talking Circle (ITC) program seeks to increase Native self-reliance while decreasing substance misuse.

Health agencies have utilized the Prescription Monitoring Program (PMP), Chronic Opioid Therapy (COT) and Community Treatment Program (CTP), Planned Outreach, Intervention, Naloxone and Treatment (POINT) to provide interventions to OUD.

NIDA continues to provide funding to opioid-related research projects. One funding opportunity is “Responding to Opioid Use Disorders in Tribal Communities” in the Context of SAMHSA and CDC Funding grant RFA-DA-19-013.¹³³

Research: The NIH Reporter includes opioid-focused projects with four focused on AI/AN communities from 2014 through 2019 (See Table Below). In 2018, Congress initiated the NIH Helping to End Addiction Long-term (HEAL) Initiative to provide scientific solutions to the national opioid overdose crisis, including improved treatment strategies for pain as well as OUD.

Table 6. NIH AI/AN Opioid Focused Projects 2014-2019

Project	Principal Investigator	Organization	Type	Setting	Intervention Used	Adaption of Intervention	AI/AN Community
Contingency Management for the Treatment of Co-occurring Alcohol and Opioid Use	John Roll	Washington State University	Rural	Tribal communities	Contingency Management (CM)	Culturally tailored CM of Opioid Use and CM alcohol Use	AI Tribal members
Native Transformations Opioid Project	Stacy Rasmus	Northwest Indian College	Rural	Northwest Indian College	Native Transformations Opioid Project (NTOPI)	Culturally-based interventions for OUD, including life history interviews	AI/AN adults in three Coast Salish Communities
Partnerships to Reduce Disparities in Substance Use Screening and Treatment	Robert Williams	University of New Mexico	Urban	New Mexico	Ecological and Mixed Methods Project	Implementation of evidence-based screening and treatment for problem alcohol use and opioid dependence	Native Americans and Hispanics
Prescribers, Pharmacists, and the Opioid Dilemma: A Multi-Site Qualitative Study	Mark Edlund	Research Triangle Institute	Urban	Research Triangle Institute	Chronic Opioid Therapy (COT) for Chronic non-cancer pain (CNCP)	Face-to-face, semi-structured interviews, Primary care providers: physicians, physician assistants, and nurse practitioners.	Primary care providers: physicians, physician assistants, and nurse practitioners.

¹³³ RFA-DA-19-013: Responding to Opioid Use Disorders (OUD) in Tribal Communities in the Context of SAMHSA and CDC Funding (R61/R33 - Clinical Trials Optional). (n.d.). Retrieved from <https://grants.nih.gov/grants/guide/rfa-files/RFA-DA-19-013.html>

*Information gathered from information on projectreporter.nih.gov/reporter.cfm

SAMHSA-Funded Interventions

SAMHSA's National Tribal Behavioral Health Agenda was created to foster collaboration between tribes, tribal leaders, and federal agencies to contribute to the health and well-being of AI/ANs. As part of SAMHSA's efforts to address the opioid crisis with culturally appropriate responses in AI/AN communities, the agency provides grants and resources that support community-based prevention, treatment, and recovery services.

- **Native Connections**

Native Connections is a SAMHSA grant program that supports AI/AN organizations in addressing behavioral health needs among AI/AN youth, including reducing the harmful impacts of SUD. SAMHSA provides resources to Native Connections grantees which assist with the development of programs focusing on the prevention of opioid misuse and overdose.¹³⁴

SAMHSA provides a summary of recommended prevention practices that are currently being used in AI/AN communities as part of the Native Connections "Opioid Misuse and Overdose Prevention in Native Communities" fact sheet. Practices include instituting overdose protection programs, strengthening culture, reaching youth early, improving access to culturally-based services, strengthening community leadership, collecting culturally-specific data, addressing trauma, and organizing for change.

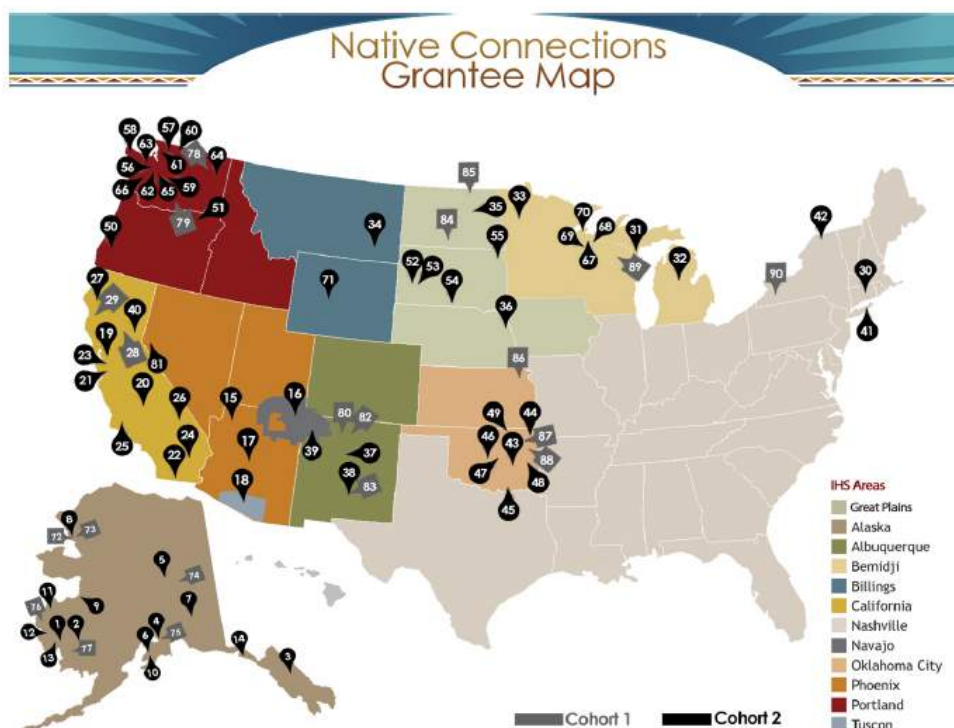


Figure 6. Native Connections Grantees Map, SAMHSA.

¹³⁴ Native Connections. (2019, March 13). Retrieved from <https://www.samhsa.gov/native-connections>

- **Tribal Training and Technical Assistance Center (TTAC)**

The Tribal TTAC offers training and technical assistance (TTA) on substance use disorders for AI/AN populations. The TTAC partners with Addictions Technology Transfer Center (ATTC), Office of Tribal Affairs and Policy (OTAP), and the Office of Indian Alcohol and Substance Abuse (OIASA) to provide resources and support, including assistance with Tribal Action Plan (TAP) development. TAPs are designed to address SUD in tribal communities with comprehensive, culturally appropriate strategies.

In 2014 and 2015, the OIASA Coordinating Committee held TAP workshops in Phoenix, AZ, Billings, MT, Flagstaff, AZ, and Washington, DC. Forty-four tribes across the country participated in the TAP trainings.

- **Tribal Opioid Response (TOR)**

In 2018, SAMHSA provided the Tribal Opioid Response (TOR) grants provided over \$50 million in grants to Tribes, Tribal organizations and Native consortiums to address the opioid crisis within Native communities. A list of TOR awardees and amount awarded is listed in Appendix D. TOR grants are awarded to programs that integrate culturally appropriate and evidence-based treatment such as MAT with the overall goal to reduce OUD by addressing unmet needs through prevention, treatment and recovery activities.

- **Technology Transfer Centers (TTC) Program**

Three networks make up the TTC Program. Each network includes an AI/AN-focused Center. The networks are the ATTC, the Mental Health Technology Transfer Centers (MHTTC), and the Prevention Technology Transfer Centers (PTTC).

- **Prevention Technology Transfer Centers (PTTC)**

The PTTC Network provides tools and strategies for substance misuse prevention interventions and offers training and technical assistance services to professionals in the substance misuse prevention field.

The National AI/AN PTTC focuses on “...developing and disseminating culturally appropriate tools and strategies needed to improve the capacity of prevention specialists to deliver effective, culturally informed, evidence-based/knowledge practices with the intent of enhancing the quality of substance abuse prevention interventions, trainings and other prevention activities in AI/AN communities.”¹³⁵

- **Addiction Technology Transfer Center (ATTC)**

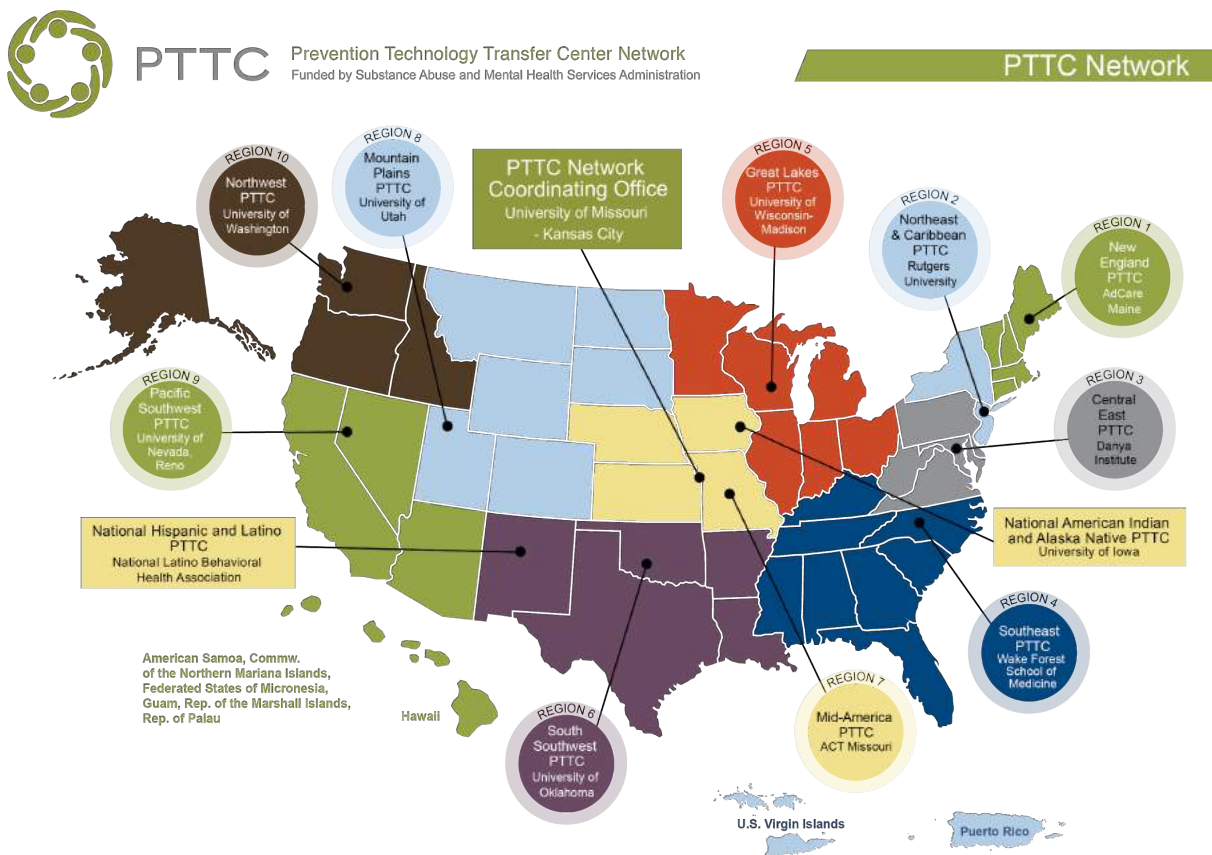
In 2018, the ATTC was awarded a five-year, \$500,000 per year grant for provision of training and support for adoption of culturally appropriate recovery-oriented practices among AI/AN populations. The national and ten regional centers work directly with SAMHSA to improve the quality and effectiveness of treatment, services and workforce.

The National AI/AN ATTC “strengthens and promotes systematic behavioral health practice changes that both honor and contribute to the health and well-being of American Indian & Alaska Native communities, tribes, and

¹³⁵ National American Indian & Alaska Native PTTC. (n.d.). Retrieved from <https://pttcnetwork.org/centers/national-american-indian-alaska-native-pttc/home>

individuals.”¹³⁶ It serves as a central resource for the adoption of AI/AN culturally-relevant treatment and recovery services for chemical dependency and aims to improve collaboration among partner organizations, providers, and patients. It supports medical and workforce professionals by using recognized state-of-the-art technology transfer principles and has a goal of training at least 5,000 medical professionals to work directly with AI/AN populations. National initiatives integrated into AI/AN ATTC training and resources include: Integrating Specialty SUD and MHS into Primary Care, Healing to Wellness Courts, Trauma Informed Care, Opioid Addiction, and Treatment of Co-Occurring SUD and BH Disorders.¹³⁷

The AI/AN ATTC also manages a TOR resource page for grant awardees to assist with planning and implementation of AI/AN-specific opioid responses.¹³⁸ Resources for TOR grantees include toolkits on topics of data collection, funding agreements, grant applications, environmental scans, capacity considerations, MAT, opioid prevention, and more.



¹³⁶ Our Mission. (n.d.). Retrieved from <https://attcnetwork.org/centers/national-american-indian-and-alaska-native-attc/our-mission>

¹³⁷ National Initiatives. (n.d.). Retrieved from <https://attcnetwork.org/centers/national-american-indian-and-alaska-native-attc/national-initiatives>

¹³⁸ TOR Resource Page. (n.d.). Retrieved from <https://attcnetwork.org/centers/national-american-indian-and-alaska-native-attc/tor-resource-page>

Figure 7. Prevention Technology Transfer Center Network (PTTC).

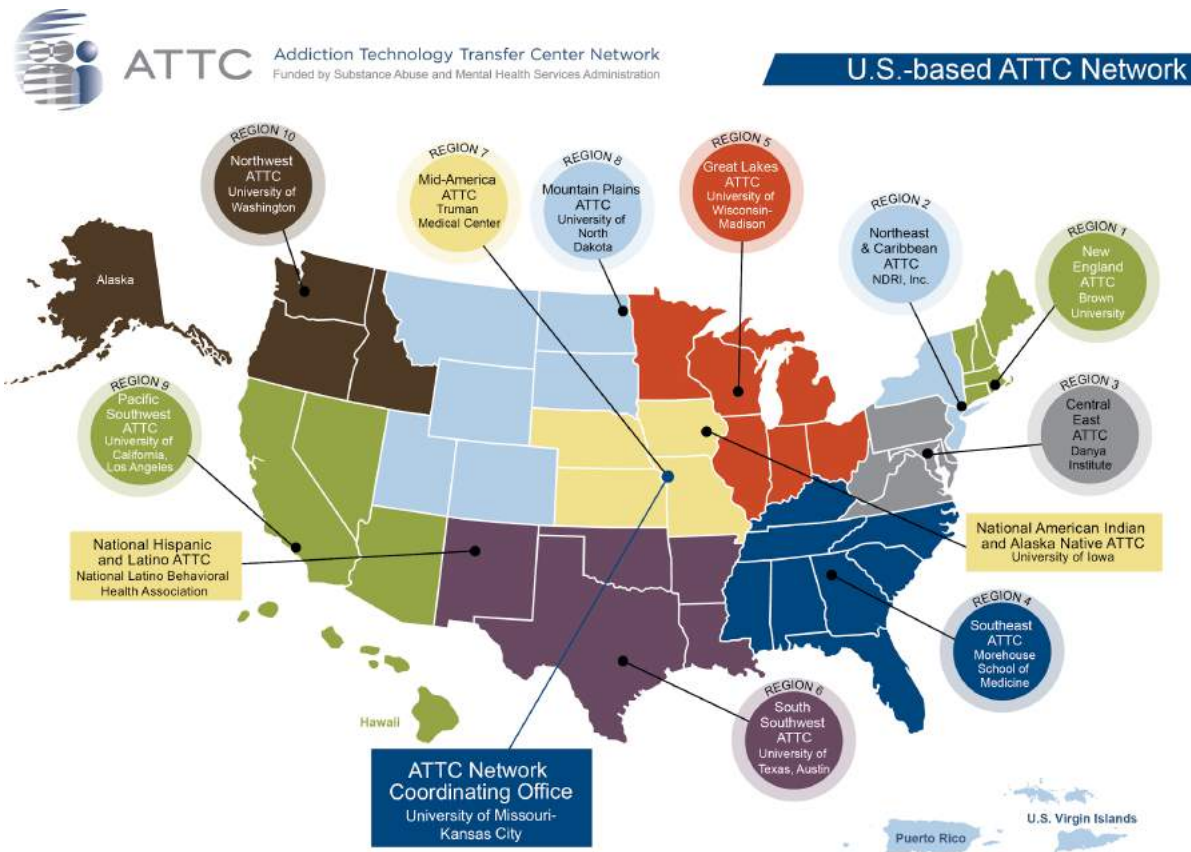


Figure 8. Addiction Technology Transfer Center Network (ATTC).

B. Federally-Based Tribal and Urban Indian Initiatives

IHS Initiatives

The National Committee on Heroin Opioids and Pain Efforts (HOPE) is a permanent committee of the IHS National Combined Councils (NCC) that works with tribal stakeholders to provide clinical and administrative support to health care facilities, communities, and organizations addressing opioid misuse. HOPE is made up of seven workgroups that focus on prescriber support, MAT, harm reduction, perinatal substance use, program effectiveness, technical collaboration, and communications.

In addressing the opioid crisis, IHS supports a holistic, comprehensive, and interdisciplinary approach to address all facets of pain management while reducing medication misuse and diversion in AI/AN communities. To go beyond the crisis and work towards prevention, the following resources are designed to assist tribes: technical assistance from SAMHSA, HHS partnerships, Office of Tribal Affairs and Policy, Office of Indian Alcohol and Substance Abuse.

IHS Funding

The IHS is an agency within HHS that is responsible for federal health services offered to AI/AN communities. Its goal is to raise AI/AN physical, mental, social and spiritual

health status by providing a health service delivery system for AI/AN. The agency is divided into 12 geographic regions in the U.S: Alaska, Albuquerque, Bemidji, Billings, California, Great Plains, Nashville, Navajo, Oklahoma, Phoenix, Portland and Tucson.

IHS works in partnership with tribes to address the opioid crisis in the AI/AN community and is focused on effective pain management, reducing overdose deaths, and improving access to culturally appropriate treatment. Grants awarded by IHS fund behavioral health programs such as the Substance Abuse and Suicide Prevention (SASP)¹³⁹ program, formerly the Methamphetamine and Suicide Prevention Initiative (MSPI).¹⁴⁰

IHS Opioid Grant Pilot Program for Fiscal Year 2019

In June and July 2019, IHS sought tribal consultation to determine community priorities to be considered in developing Opioid Grant Pilot program objectives and goals addressing culturally appropriate opioid prevention, treatment, aftercare and recovery.¹⁴¹ In FY 2019, the Consolidated Appropriations Act (Public Law 116-6) provided a \$10 million increase in the Alcohol and Substance Abuse Program budget line to better combat the opioid epidemic by creating a Special Behavioral Health Pilot Program (SBHPP), modeled after the Special Diabetes Program for Indians (SDPI).

Youth Regional Treatment Centers (YRTC)

The IHS funds 12 YRTCs which emphasize AI/AN culture as part of their SUD treatment programs. The YRTCs provide clinical services to AI/AN youth based on a holistic model of care.

Youth Treatment Center	Location	IHS Region
Graf Rheeneerhaanjii	AK, Fairbanks	Alaska Area
Yeil Jeeyax – Raven’s Way	AK, Sitka	Alaska Area
Desert Visions Youth Wellness Center	AZ, Sacaton	Phoenix Area
Desert Sage Youth Wellness Center	CA, Hemet	California Area
Jack Brown Center	OK, Tahlequah	Oklahoma City Area
Native American Rehabilitation Association of the Northwest	OR, Gresham	Portland Area
New Sunrise Regional Treatment Center	NM, San Fidel	Albuquerque Area

¹³⁹ IHS Awards \$16.5 Million in Grants to Support Behavioral Health Programs | 2017 Press Releases. (n.d.). Retrieved from <https://www.ihs.gov/newsroom/pressreleases/2017pressreleases/ihs-awards-16-5-million-in-grants-to-support-behavioral-health-programs/>

¹⁴⁰ Indian Health Service (IHS). (n.d.). Retrieved from <https://www.ihs.gov/mspi/>

¹⁴¹ Indian Health Services (IHS). Retrieved from <https://www.ihs.gov/dbh/consultationandconfer/>

Nevada Skies Youth Wellness Center	NV, Wadsworth	
Unity Healing Center	NC, Cherokee	
Great Plains Area Youth Regional Treatment Center	SD, Mobridge	
Healing Lodge of Seven Nations	WA, Spokane	

Urban Indian Health Programs (UIHP)

The IHS UIHP supports contracts and grants to 41 urban health programs, funded under Title V of the Indian Healthcare Improvement Act. The mission of these Urban Indian Health clinics is to improve physical, mental, social and spiritual health of American Indigenous Peoples using culturally appropriate and scientifically-based practices. There are 33 health centers across 21 states, with varying opioid prevention and rehabilitation programs and services. We will explore these through qualitative interviews.

Tribal Opioid Response (TOR) Grants

As discussed above and seen in Appendix D, SAMHSA's first round of TOR grants disbursed \$50 million to 134 (out of 302 expected) awardees for up to two years annually beginning in 2018. Over \$16.5 million was awarded to consortiums who provide their resources to the AI/AN population for the purpose of identifying gaps and resources in order to build prevention, treatment, training, and community-based recovery support services. TOR grants provide the AI/AN community access to culturally appropriate interventions and treatment, evidence-based treatment, and MAT using FDA-approved medications for opioid use disorder.

Supervised Needle/Syringe Exchange Programs

Needle or syringe exchange programs are harm reduction practices used to provide safe, judgement-free services and to help prevent injection-related infections and diseases. Though syringe exchange programs are not legal in all states,¹⁴² many tribal health organizations have incorporated this service into their harm reduction strategies. They offer locations where clients can dispose of used needles and acquire sterile injection equipment. Many also provide access to confidential HIV and Hepatitis C virus (HCV) testing, counseling services and education, and referrals for SUD treatment programs.

Tribal Safe or Supervised Needle/Syringe Exchanges

- Eastern Band of Cherokee Indians (NC and TN): Syringe Service Program is a community-based public health program that provides participants with sterile syringes and sterile injection equipment¹⁴³

¹⁴² Laws Related to Syringe Exchange | Policy and Programs | Division of Viral Hepatitis | CDC. (n.d.). Retrieved from <https://www.cdc.gov/hepatitis/policy/SyringeExchange.htm>

¹⁴³ Tribe's Syringe Services Program working on 'harm reduction'. (2018, August 16). Retrieved from <https://theonefeather.com/2018/08/tribes-syringe-services-program-working-on-harm-reduction/>

- Port Gamble S’Klallam Tribe (WA): Tribal Healing Opioid Response (THOR) includes the Behavioral Health Department, Health Department, and Re-Entry Program offering syringe and needle exchange¹⁴⁴
- Ho-Chunk Nation (WI): Safe Sharps (Needle) Disposal partnership between the Ho-Chunk Nation and Together for Jackson County Kids to provide safe disposal drop boxes¹⁴⁵
- Lummi Tribal Health Center (WA): Started a Needle Exchange Program in 2013
 - Program ended in its first year but was restarted in 2015
 - Currently called the Primary Integrated Care Syringe Service Program which allows patients to anonymously receive safe injection equipment and HCV screening and treatment¹⁴⁶
- Muckleshoot Behavioral Health (WA): Needle Exchange Program began in February of 2016
 - Through July of 2017, served 406 (duplicated) Tribal/Community Members and exchanged 20,771 needles¹⁴⁷
- Blackfeet Action Committee (MT): Blackfeet Tribal Health Department and Blackfeet Action Committee provides sterile syringes to IV drug users to reduce the spread of Hepatitis C
 - Strictly confidential needle exchange and HCV testing¹⁴⁸
- Indigenous Peoples Task Force Syringe Exchange (MN): has seen positive effects of the program
 - Over 65,000 exchanges
 - Provides counseling services, HIV/HCV testing, and Narcan distribution as well as sterile equipment¹⁴⁹

C. Cross-Sector Collaboration Initiatives

State Initiatives

SAMHSA-funded state opioid responses vary with regards to tribal populations. In grant descriptions, most states do not mention AI/ANs as a population of interest. Ten states (AK, CA, CO, ME, MI, MN, MT, OR, SD, and WA), refer to tribal communities as either a vulnerable population or a population of focus. California’s initiative includes a Tribal MAT Project specifically designed for AI/AN populations. Chippewa County in Michigan provides opioid overdose prevention training and training of trainers (TOT) specifically for Sault Sainte Marie Tribe of Chippewa Indians.¹⁵⁰

¹⁴⁴ Port Gamble S’Klallam Tribe. (2018). *Testimony of the Port Gamble S’Klallam Tribe Before the Senate Committee on Indian Affairs* [PDF file]. Retrieved from https://www.indian.senate.gov/sites/default/files/3.14.18_Opioids_PGS%20Testimony.pdf

¹⁴⁵ Safe Sharps (Needle) Disposal. (2018, January 25). Retrieved from <https://tfjck.org/programs/safe-sharps-disposal/>

¹⁴⁶ Opioids. (n.d.). Retrieved from <http://www.npaihb.org/opioid/#OpioidsAndSyringeServices>

¹⁴⁷ SAMHSA. (2017). *Strategies Addressing the Opioid Crisis in Tribal Communities* [PDF file]. Retrieved from https://www.samhsa.gov/sites/default/files/topics/tribal_affairs/tribal-opioid-webinar.pdf

¹⁴⁸ Blackfeet Reservation. (2017). *Community Health Assessment* [PDF file]. Retrieved from <https://mthcf.org/wp-content/uploads/2018/01/Blackfeet-Reservation-CHA.pdf>

¹⁴⁹ Syringe Exchange Program. (n.d.). Retrieved from <https://indigenouspeoplestf.org/syringe-exchange-program/>

¹⁵⁰ State Targeted Response to the Opioid Crisis Grants. (2016, December 13). Retrieved from <https://www.samhsa.gov/grants/grant-announcements/ti-17-014>

National Congress of American Indians (NCAI) Opioid Initiative

The NCAI Opioid Initiative works with tribal communities to provide solutions to the opioid epidemic. They offer reports, toolkits, webinars, and training, as well as consultations and meetings that support health provider training, law enforcement and community strategies, litigation strategies, and collaboration with government organizations.¹⁵¹

NCAI has created a coordinated approach at the national level with several areas of focus, including:

- **Medical Professionals**
 - educating those with prescription power and encourage alternative pain management techniques and drugs
 - using drug monitoring programs to track prescriptions and train pharmacists to inform patients on risks and safe practices
 - increasing access to specialty care
- **Law enforcement**
 - increasing arrests for drug related offenses but offering drug rehabilitation programs in place of jail time
 - increasing access to drug treatment programs in prisons
- **Communities**
 - better education and outreach efforts
 - declaring a state of emergency at the community level
 - improving economic development strategies
 - increasing Naloxone distribution and education
- **Litigation strategy**
 - seeking economic relief from opioid manufacturing companies to prevent future misuse
- **Government**
 - improving education and awareness
 - improving coordinated approaches with tribal communities and helping facilitate rehabilitation resources
 - improving data collection and distribution
- **Conferences**
 - bringing together tribal and urban Indian communities to advance discussions regarding current events, policy and programs
 - gathering input from tribes at NCAI conferences to include resources to help address the growing opioid epidemic

¹⁵¹ NCAI Opioid Initiative. Retrieved from <http://www.ncai.org/initiatives/partnerships-initiatives/ncai-opioid-initiative>

VII. Community-Designed Culturally Relevant Strategies

A. Definition of Best Practices

As per Spencer et al. (2013), the CDC Best Practices Workgroup defines a best practice as “a practice supported by a rigorous process of peer review and evaluation indicating effectiveness in improving health outcomes, generally demonstrated through systematic reviews.”

See Figure 9 below: “This figure presents a continuum of evidence-based practices (emerging, promising, leading, best) consisting of two inter-related components: public health impact (effectiveness, reach, feasibility, sustainability, and transferability) and quality of evidence (weak, moderate, strong, and rigorous).”¹⁵²



Figure 9. A conceptual framework for planning and improving evidence-based practices.¹⁵³

Our environmental scan indicates that federal agencies have defined best practices as relevant to their mission and goals and include an array of opioid overdose prevention, treatment, and

¹⁵² Spencer LM, Schooley MW, Anderson LA, Kochitzky CS, DeGross AS, Devlin HM, et al. Seeking Best Practices: A Conceptual Framework for Planning and Improving Evidence-Based Practices. *Prev Chronic Dis* 2013;10:130186. DOI: <http://dx.doi.org/10.5888/pcd10.130186>

¹⁵³ Spencer LM, Schooley MW, Anderson LA, Kochitzky CS, DeGross AS, Devlin HM, et al. Seeking Best Practices: A Conceptual Framework for Planning and Improving Evidence-Based Practices. *Prev Chronic Dis* 2013;10:130186. DOI: <http://dx.doi.org/10.5888/pcd10.130186>

harm reduction approaches. We attempt to specify the definition of best practices around these approaches, which we list below.

B. Agency Best Practices

Centers for Disease Control and Prevention (CDC)

The [CDC's best practices](#)¹⁵⁴ for opioid overdose prevention include:

- targeted naloxone distribution and MAT
- “academic detailing” for healthcare providers
- eliminating prior-authorization requirements for medications for OUD
- screening for fentanyl in routine clinical toxicology testing
- implementing Good Samaritan laws
- providing MAT and naloxone in treatment centers and criminal justice settings
- initiating buprenorphine-based MAT in emergency departments
- providing syringe services programs

Indian Health Service (IHS)

As part of the Substance Abuse and Suicide Prevention (SASP), formerly the Methamphetamine and Suicide Prevention Initiative (MSPI),¹⁵⁵ IHS provides information on culturally relevant best practices such as the 12 Wisdom Steps Program,¹⁵⁶ annual powwows, ceremonial tepee construction, the Doorway to a Sacred Place guide and training curriculum, drum circles, Gathering of Native Americans (GONA) curriculum, and space cleansing rituals.¹⁵⁷

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA provides access to its Evidence Based Practices Resource Center which identifies current and emerging practices for prevention, treatment, and recovery support strategies.¹⁵⁸

In addition, SAMHSA provides resources such as Treatment Improvement Protocols (TIP) and clinical guides. Of note are the Clinical Guidance for Pregnant and Parenting Women with Opioid Use Disorder and Their Infants,¹⁵⁹ and Medication for Opioid Use Disorder TIP 63 which reviews the use of methadone, naltrexone, and buprenorphine for OUD as well as other support strategies for OUD recovery.¹⁶⁰

National Indian Health Board (NIHB)

The NIHB's Best and Promising Strategies for prescription drug misuse prevention include community take-back days, proper drug disposal, and outreach and education to get community

¹⁵⁴ Carroll, J. J., Green, T. C., & Noonan, R. K. (2018). *Evidence-based strategies for preventing opioid overdose: what's working in the United States: an introduction for public health, law enforcement, local organizations, and others striving to serve their community* [PDF file]. Retrieved from <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

¹⁵⁵ Indian Health Service (IHS). (n.d.). Retrieved from <https://www.ihs.gov/mspi/>

¹⁵⁶ Andrea Travers, S. C. (n.d.). Step 1: We admitted we were powerless over alcohol and drugs- that we had lost control of our lives. Retrieved from http://www.12wisdomsteps.com/native_american/01_powerlessness.html

¹⁵⁷ Culturally Relevant Best Practices | Best Practices in Use. (n.d.). Retrieved from <https://www.ihs.gov/mspi/bppinuse/cultural/>

¹⁵⁸ Substances Abuse and Mental Health Services Administration. (Accessed April 3, 2019). Evidence-Based Practices Resource Center. <https://www.samhsa.gov/ebp-resource-center>

¹⁵⁹ Clinical Guidance for Treating Pregnant and Parenting Women With. (n.d.). Retrieved from <https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054>

¹⁶⁰ TIP 63: Medications for Opioid Use Disorder – Full Document. (n.d.). Retrieved from <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document-Including-Executive-Summary-and-Parts-1-5-/SMA19-5063FULLDOC>

members involved with addressing the problem. NHIB recommends the National Council on Patient Information and Education (NCPPIE) toolkit, "Maximizing Your Role as a Teen Influencer."¹⁶¹

Office of National Drug Control Policy (ONDCP)

The White House ONDCP National Drug Control Strategy 2019¹⁶² SUD prevention efforts include:

- implementing a nationwide media campaign
- addressing safe prescribing practices
- expanding the use of prescription drug monitoring programs
- strengthening the capacity of state, local, and tribal communities to identify and prevent substance abuse
- enhancing research and the development of evidence-based prevention programs
- continuing to strengthen ONDCP's Drug Free Communities (DFC) program
- expanding drug take-back across the country

ONDCP treatment and recovery efforts include:

- improving the response to overdose
- enhancing evidence-based addiction treatment
- eliminating barriers to treatment availability
- increasing the size of the addiction service workforce, and treatment and recovery infrastructure
- leveraging drug courts and diversion programs
- increasing employment opportunities for those in recovery
- expanding access to peer recovery support services
- expanding the scientific understanding of peer recovery support services
- reducing stigma and making recovery possible

Alaska Department of Health and Social Services, AK

The Alaska Department of Health and Social Services has the Office of Substance Misuse and Addiction Prevention (OSMAP) whose mission is to implement public health approaches to prevent and reduce substance use disorders and support community-based activities across Alaska.¹⁶³

OSMAP participated as an advisory organization to the [2018-2019 Alaska Statewide Opioid Action Plan](#) to address drug trafficking, pre-arrest and pretrial diversion, prevention, prescribing practices, alternative pain management, screening, referral, treatment, harm reduction, recovery and reentry, surveillance, and information sharing.¹⁶⁴ The Statewide Opioid Action Plan includes recommendations for working relations between state-to-federal, tribal-to-non-tribal, and non-

¹⁶¹ National Indian Health Board. (Accessed April 3, 2019). Prescription Drug Abuse Prevention. http://www.nihb.org/behavioral_health/prescription_drug_abuse_prevention.php

¹⁶² Office of National Drug Control Policy. (2019). *National Drug Control Strategy* [PDF file]. Retrieved from <https://www.whitehouse.gov/wp-content/uploads/2019/01/NDCS-Final.pdf>

¹⁶³ Alaska Department of Health and Social Services. Accessed April, 2019 from <http://dhss.alaska.gov/Pages/default.aspx>.

¹⁶⁴ Alaska Department of Health and Social Services: Statewide Opioid Action Plan. Accessed April, 2019 from <http://dhss.alaska.gov/osmap/Pages/action.aspx>.

profit to for-profit relationships. In addition, the OSMAP partners with the HOPE project to distribute and administer Narcan in Alaska.

School of Medicine and Health Sciences University of North Dakota

The School of Medicine and Health Sciences at the University of North Dakota provides a seven-part online series on opioid issues.¹⁶⁵ The [online series](#) was created with the input of healthcare experts and is non-AI/AN specific. The series includes: An Introduction to Series on Opioid Issues; Opioid Pharmacology; Preventing Abuse and Misuse of Controlled Substances; Non-Medication Treatment of Chronic Pain; Issues of Addiction; MAT of Opioid Use Disorder; and Opiate Prescribing in the USA.

Additionally, the School of Medicine and Health Sciences partners with the Center for Rural Health. The Center for Rural Health is developing and strengthening multi-sector collaborations that will lead to targeted interventions in addressing OUD prevention, treatment or recovery needs in high-risk rural North Dakota communities that include Native communities.

Wisconsin Department of Health Services

The [Wisconsin Department of Health Services](#) partners with state, tribal, county and local agencies to approach the opioid epidemic.¹⁶⁶ Through the Heroin Opioid Prevention Education (HOPE) Act, Wisconsin is seeking to support projects, programs, and strategies statewide to combat the opioid epidemic.

In April 2019, the Wisconsin DHS hosted the 2nd Wisconsin's Opioid Crisis: "A Trauma-Informed Response" conference with over 400 professionals in attendance in a two-day event to address the opioid crisis. In addition, the Wisconsin DHS hosts forums, conferences and trainings that addresses the opioid epidemic.

In 2018, the Wisconsin DHS received a SAMHSA State Opioid Response (SOR) grant of \$11,979,333 for the Wisconsin State Opioid Response to the Opioid Crisis initiative. In addition, the Wisconsin DHS is a recipient of grants for the State Targeted Response to the Opioid Crisis, Strategic Prevention Framework Partnerships for Success, Strategic Prevention Framework for Prescription Drugs, Prescription Drug/Opioid Overdose-Related Deaths Prevention Project, 2018 Opioid Crisis CoAg, Prescription Drug Overdose Prevention for States, and Opioid Overdose of the CDC. Wisconsin DHS has the following activities, some specifically targeted to collaboration and coordination with tribes in the state:

- Wisconsin is seeking to increase treatment capacity for opioid use disorders and partners with the Wisconsin Society of Addiction Medicine to provide Buprenorphine Training Series to qualifying providers for Buprenorphine X-Waiver. This free course provides training to prescribers to be able to treat opioid use disorder with buprenorphine.¹⁶⁷

¹⁶⁵ University of North Dakota School of Medicine and Health Sciences. Accessed April, 2019 from <https://med.und.edu/continuing-medical-education/opioid-series>.

¹⁶⁶ Wisconsin Department of Health Services. Accessed April, 2019 from <https://www.dhs.wisconsin.gov/opioids/federal-grants.htm>.

¹⁶⁷ 2019 Buprenorphine x-Waiver Training Series. Retrieved from <http://www.wisam-asam.com/XWaiver>. Retrieved July 15, 2019.

- Wisconsin received \$7.7 million from the Prevention Drug Overdose Prevention, and funds will be used for capacity building process for local health departments and tribal health clinics.¹⁶⁸
- The SOR funding was awarded to 22 counties and seven tribes with unmet opioid related treatment needs to reduce wait times and expand MAT access. Tribes included were: Bad River Band of Lake Superior Chippewa, Ho-Chunk Nation, Lac Courte Oreilles Band of Lake Superior Chippewa, Lac Du Flambeau Band of Lake Superior Chippewa, Menominee Indian Tribe of Wisconsin, Sokaogon Chippewa Band of Lake Superior Chippewa, and Stockbridge-Munsee Community Band of Mohican Indians.¹⁶⁹
- Partial funding to tribes was used to establish a Narcan Direct program to provide naloxone training and distribution.¹⁷⁰

C. Successful Tribal Initiatives

We provide examples of community-based strategies that behavioral health departments in various tribal communities have implemented, including emerging practices that we have come across during this scan. Because of the preliminary nature of this scan, we do not have outcome evaluation data on these practices.

The following list includes tribal communities, inter-tribal consortiums, and Alaska Native-serving organizations or corporations that have made efforts towards combating the opioid crisis.

Choctaw Nation, MS

In 2018, the Mississippi Band of Choctaw Indians received a TOR grant of \$522,146 for a project designed to address the opioid crisis by providing a continuum of culturally appropriate, evidence-based prevention and MAT.

Choctaw Nation, OK

In 2018, the Choctaw Nation of Oklahoma received a TOR grant of \$3,052,066 for their Choctaw Nation of Oklahoma Tribal Opioid Response Project¹⁷¹ and filed lawsuits against 19 opioid distributors.

Chickasaw Nation, OK

Aalhakoffichi' (A Place for Healing) serves Native American youth and their families in need of support and recovery services stemming from significant mental health, SUD and family relational issues.¹⁷²

Forest County Potawatomi, WI

The Forest County Potawatomi (FCP) band provides MAT as well as a culturally sensitive Alcohol and Other Drug Abuse (AODA) Treatment Program that incorporates Native American traditions and values. In addition, in response to the opioid crisis, the FCP hired an

¹⁶⁸ Wisconsin's Opioid Crisis (2019). Retrieved from <https://www.wicounties.org/uploads/EventMaterials/wisconsin-s-opioid-crisis.pdf>. Retrieved on July 15, 2019.

¹⁶⁹ Information gathered from <https://www.dhs.wisconsin.gov/opioids/federal-grants.htm>. Retrieved on July 15, 2019.

¹⁷⁰ Information gathered from <https://www.dhs.wisconsin.gov/opioids/federal-grants.htm>. Retrieved on July 15, 2019.

¹⁷¹ Substance Abuse and Mental Health Services Administration. Tribal Opioid Response grants recipients. Retrieved from: <https://www.samhsa.gov/grants/awards/2018/TI-18-016>.

¹⁷² Aalhakoffichi' (A Place for Healing). (n.d.). Retrieved from [https://www.chickasaw.net/Services/Aalhakoffichi-\(A-Place-For-Healing\).aspx](https://www.chickasaw.net/Services/Aalhakoffichi-(A-Place-For-Healing).aspx)

addictionologist and increased community outreach through billboards and television commercials. They have also hired a youth prevention liaison officer, created an opioid task force that includes health and law enforcement, and established two transitional housing units.

Gila River Indian Community, AZ

In 2018, the Gila River Health Care Corporation received \$735,580 from the [SAMHSA TOR grant](#).¹⁷³ They currently operate a MAT program for opioid use disorder at the Gila River Health Care facility.

Ho-Chunk Nation, WI

In May 2017, The Ho-Chunk Nation provided three sessions on opioid overdose treatment, Narcan, and substance use training to 120 people. The Wisconsin Department of Human Services Opioid Initiatives disbursed \$2.4 million in grants to address the opioid epidemic and awarded [Ho-Chunk Nation \\$75,000](#) for MAT that includes FDA-approved medications, therapy, and culturally-based supports to treat OUD.¹⁷⁴ In 2018, Ho-Chunk Nation received a TOR grant of \$524,670 for their MAT- Prescription Drug and Opioid Addiction program.¹⁷⁵

Port Gamble S'Klallam Tribe, WA

The Port Gamble S'Klallam Tribe's opioid approach includes a "tribal healing opioid response"¹⁷⁶ or THOR (see [tribal newspaper in 2017](#)).¹⁷⁷ With the goals of prevention, increasing access to treatment, and stopping overdoses, they have taken a multi-departmental coordinated approach. They have a needle exchange program, are disseminating naloxone spray, and have a safe drug-disposal site run by the Port Gamble S'Klallam Tribe police department. The S'Klallam Tribe is also one of [several Northwest tribes](#) suing pharmaceutical companies.¹⁷⁸

Lummi Nation, WA

The Lummi Healing Spirit Clinic, established in 2013 by the Lummi Indian Business Council, was among the first to administer buprenorphine to tribal members diagnosed with OUD, and the first in the nation to provide a tribal MAT program within the boundaries of the reservation. The clinic can provide counseling and MAT for up to 500 clients, enrolled in federally recognized tribes.¹⁷⁹

¹⁷³ Substance Abuse and Mental Health Services Administration. Tribal Opioid Response grants recipients. Retrieved from: <https://www.samhsa.gov/grants/awards/2018/TI-18-016>.

¹⁷⁴ Wisconsin Department of Health Services. May 24, 2018. #HopeActLiveWI: DHS Awards \$2.4 Million for Opioid Treatment. Retrieved from: <https://www.dhs.wisconsin.gov/news/releases/052418.htm>.

¹⁷⁵ Substance Abuse and Mental Health Services Administration. Tribal Opioid Response grants recipients. Retrieved from: <https://www.samhsa.gov/grants/awards/2018/TI-18-016>.

¹⁷⁶ Port Gamble S'Klallam. 2017. *T.H.O.R Responds to PGST Opioid Crisis* [PDF file]. Retrieved from https://www.pgst.nsn.us/images/s-klallam-view/NOV_2017_Syecem.pdf.

¹⁷⁷ The Official Newspaper of the Port Gamble S'Klallam Tribe. (November 2017). T.H.O.R. Responds to PGST Opioid Crisis. https://www.pgst.nsn.us/images/s-klallam-view/NOV_2017_Syecem.pdf

¹⁷⁸ Major, Jesse. Peninsula Daily News. (March 9, 2018). Tribes file opioid lawsuit: Jamestown S'Klallam, Port Gamble S'Klallam, Suquamish Tribes Take Action.

¹⁷⁹ Magrath, Steven Matt, "Medication Assisted Treatment and the Three Legged Stool: Medical Providers, Chemical Dependency Professionals, and Clients" (2016). Dissertations & Theses. 302. <http://aura.antioch.edu/etds/302>

In addition, the Lummi Indian Business Council received \$332,996 from the SAMHSA TOR grant in 2018.¹⁸⁰

Mashpee Wampanoag Tribe, MA

The Mashpee Wampanoag Tribe utilizes their [360 Project](#) to address the ongoing opioid epidemic. This project is funded by the TOR grant, which gave the tribe \$146,368. The 360 Project increases holistic and cultural wellness with a focus on self-education, self-empowerment and self-sustenance. The 360 Project does this by conducting a community wellness/needs assessment, creating community-driven, culturally infused wellness programs, improving education, access to MAT services for recovery support, and providing Peer Recovery Coaching (PRC) by a tribal specialist.

Anishinaabe Communities, MN

Several tribes in the upper Midwest are currently participating in a randomized control trial of a family-centered Ojibwe substance misuse prevention intervention which uses the Bii-Zin-Da-De-Dah (BZDDD) program. The BZDDD program is a cross-generational, culturally specific program that promotes listening to one another in a family intervention to reduce alcohol and drug use among Native adolescents.

The **Ojibwe/Chippewa**¹⁸¹ are participating in the Intertribal Talking Circle for the Prevention of Substance Abuse in Native Youth. The after-school substance misuse prevention intervention seeks to increase Native youth's self-reliance while decreasing substance use.

The **Lake Superior Chippewa** band received a TOR grant of \$150,732 for a community reentry pilot project. Additionally, the Lake Superior Chippewa band is [suing](#) eight distributors of opioid prescription drugs because of the "civil conspiracy to cause [opioid] addiction for profit."

In 2018, the **Red Cliff Band of Lake Superior Chippewa** received a TOR grant of \$99,696 for their Red Cliff Tribal Opioid Response Project. In addition, the Red Cliff Band filed a [suit](#) against drug manufacturers and distributors for their role.

In 2018, **Turtle Mountain Band of Chippewa** received a TOR grant. Additionally, the tribe was one of many to have [filed federal lawsuits](#) against the opioid industry.

In 2016, the **Fond du Lac Band of Lake Superior Chippewa** opened a Tagwii Recovery Center offering outpatient recovery services for AI/AN in the Duluth metro area. The Fond du Lac Band has outpatient services in [Cloquet, Minneapolis, and Duluth Minnesota](#). These clinics offer culturally sensitive treatment programs for patients and their families. In addition, the Fond du Lac Band is suing eight opioid distributors in response to opioid overdose deaths.

Muckleshoot Tribe, WA

The Muckleshoot Tribe offers an annual Northwest Tribal Opioid Symposium where an average of 25 Tribes and over 140 participants learn about treatment methods, discuss best practices and learn about current opioid intervention projects. The Muckleshoot Tribe offers assessment, intervention, and treatment for chemical dependency (including MAT); outpatient groups;

¹⁸⁰ Substance Abuse and Mental Health Services Administration. Tribal Opioid Response grants recipients. Retrieved from: <https://www.samhsa.gov/grants/awards/2018/TI-18-016>.

¹⁸¹ Intertribal Talking Circle for the Prevention of Substance Abuse in Native Youth. (2019, February 13). Retrieved from <https://cher.nau.edu/index.php/projects-programstalking-circle/>

therapy for individuals, couples, families and groups; adult recovery housing; and they provide referrals.¹⁸² Currently, 170 clients are receiving chemical dependency services with 85 clients using the Suboxone program. Muckleshoot Behavioral Health has distributed 3,724 Narcan kits to homes, offices and events near Muckleshoot since January 2014.¹⁸³

The tribe provides education to the community about the dangers and signs of opioid misuse, as well as treatment options. The tribe has also partnered with “Journey to Recovery,”¹⁸⁴ a campaign funded by the Washington State Health Care Authority to educate AI/AN communities about treatment options. This campaign provides information about opioids and the dangers of overdose; print materials for individuals, groups, and buses; videos; audio for radio spots; links to other resources like the CDC and Northwest Portland Area Indian Health Board; and information about MAT recovery processes and clinics.

In September of 2018, the Muckleshoot Tribe opened a recovery “We Care Clinic,” specializing in opioid rehabilitation and therapy utilizing MAT. The clinic is centrally located in a nearby city, under three miles from the Muckleshoot Reservation where it can be accessed by local and regional transit systems.^{185,186}

Navajo Nation, AZ, NM, UT

In January of 2018, the Navajo Nation Council approved a plan to change the name and operating systems of the Department of Behavioral Health Service to the Division of Behavioral and Mental Health Services (DBMHS). According to Vice President Nez, “We know the opioid use disorder is growing among tribal nations...DBMHS is formulating a program to prepare to treat this epidemic.” DBMHS will focus on comprehensive, culturally centered, holistic approaches to prevention; treatment and aftercare of alcohol; controlled substance use disorder; and violent behavior, through an integrated behavior and mental health system.¹⁸⁷

Oglala Lakota Nation, SD

The Oglala Sioux Tribe [Native Healing Program \(NHP\)](#) is a SUD treatment center serving the local Native American population. It offers clinical services and support groups as well as culturally-specific treatments such as the I-ni-pi ceremony or sweat lodge.¹⁸⁸

Pascua Yaqui Tribe, AZ

The Pascua Yaqui Tribe of Arizona has responded to the opioid epidemic in several ways with MAT and wraparound services. The Pascua Yaqui Centered Spirit Program offers MAT and therapy treatments; [New Beginnings Methadone Clinic](#)¹⁸⁹ offering referral for detox, inpatient

¹⁸² Muckleshoot Indian Tribe. (Accessed April 9, 2019). Muckleshoot Indian Tribe Health and Wellness. <http://www.muckleshoot.nsn.us/services/health-and-wellness.aspx>

¹⁸³ Muckleshoot Indian Tribe. (February 2015). What is Suboxone? What are the Signs of Heroin Use? Muckleshoot Indian Tribe Newsletter. <http://www.muckleshoot.nsn.us/media/39233/february%202015.pdf>

¹⁸⁴ Washington State Health Care Authority. (2018). Journey to Recovery. <http://www.watribalopioidsolutions.com/recovery/resources>

¹⁸⁵ Whale, Robert. Auburn Reporter. (September 12, 2018). New Clinic to Target Opioid Epidemic. <http://www.auburn-reporter.com/news/new-clinic-to-target-opioid-epidemic/>

¹⁸⁶ We Care Daily Clinics. (Accessed April 2019). <https://wecaredailyclinic.com>

¹⁸⁷ Native News Online. (June 13, 2018). Navajo Nation Addresses Need for Treatment Services. <https://nativenewsonline.net/currents/navajo-nation-addresses-need-for-treatment-services/>

¹⁸⁸ Home: Native Healing Program. (n.d.). Retrieved from <https://www.nativehealingprogram.net/>

¹⁸⁹ Pascua Yaqui Tribe. (Accessed April 19, 2019). New Beginnings Methadone Clinic. <https://www.pascuayaqui-nsn.gov/index.php/new-beginnings-methadone-clinic>

care and [culturally relevant](#) counseling and traditional healing practices;¹⁹⁰ and providing [counseling](#),¹⁹¹ MAT therapy and prevention education;¹⁹² and [compliance](#) with the Governor's executive order instructing medical professionals to shift to prescribing short-acting opioids for seven days use only. To continue addressing the opioid crisis, The Pascua Yaqui Tribe received \$326,134 in 2018 for TOR efforts from SAMHSA.¹⁹³

San Carlos Apache Tribe Wellness Center, AZ

The [San Carlos Apache Tribe Wellness Center](#) is a tribally-run, outpatient mental health and SUD program. The wellness center specializes in OUD and MAT, treatment of alcoholism, SUD, and dual diagnosis. The wellness center incorporates physical, mental, and emotional support to stop chemical dependency.

In 2018, The San Carlos Apache Tribe received \$322,600 from the TOR grant.

Swinomish Indian Tribal Community, WA

In 2013, the Swinomish tribe opened the largest MAT clinic in the region—the [didgwálic Wellness Center](#)—offering outpatient treatment and therapy.¹⁹⁴ The didgwálic center is located off of the reservation and provides access to all three federally-approved medications for OUD (buprenorphine, methadone and naltrexone), along with medical, mental health and psychosocial services, childcare and with a planned expansion that will include dental care. This tribally-operated OTP services tribal and non-tribal community members.

The Swinomish Tribe is also currently participating in the Native Transformation Opiate Project (NTOPI). The NTOPI is a culturally-based intervention for OUD and will use history interviews to understand the risk, resilience and recovery factors specific to OUD in the Native community. This approach stemmed from the Native Transformations Project, which was an exploratory project aimed to understand how to design, deliver, and evaluate a tribally-specific treatment and prevention services, while honoring local cultural and community specific needs.¹⁹⁵ Substance use, in particular opioid dependence and overdose among Coast Salish people, has increased dramatically since 2000.¹⁹⁶ The NTOPI seeks to develop tools to address OUD as identified by the strengths and behavioral strategies used successfully in OUD recovery.

In 2018 the Swinomish Tribe co-hosted the event [Solution to Addiction: Know the Facts. Join the Conversation. Be Part of the Solution](#) with the Skagit County Public Health Department.¹⁹⁷

¹⁹⁰ Pascua Yaqui Tribe. (Accessed April 19, 2019); Cultural Competency Plan. https://www.pascuayaqui-nsn.gov/images/health/pdf/cultural_competency_plan.pdf

¹⁹¹ Pascua Yaqui Tribe. (Accessed April 19, 2019). Behavioral Health. <https://www.pascuayaqui-nsn.gov/index.php/behavioral-health-tucson>

¹⁹² Pascua Yaqui Tribe. (Accessed April 19, 2019). Pharmacy Initiative. <https://www.pascuayaqui-nsn.gov/index.php/pharmacy-initiative>

¹⁹³ SAMHSA. (Accessed April 19, 2019). Arizona Fiscal Year. <https://www.samhsa.gov/grants-awards-by-state/az/discretionary/all/details?page=20>

¹⁹⁴ Swinomish Wellness Center. (Accessed April 19, 2019). <http://www.swinomishwellnesscenter.com/services.htm>

¹⁹⁵ Rasmus S, Allen J, Connor W, Freeman W; Native Transformations Community Action Board, Skewes M. Native Transformations in the Pacific Northwest: A strength-based model of protection against substance use disorder. *American Indian Alaska Native Mental Health Res.* 2016;23(3):158–186. doi:10.5820/aian.2303.2016.158

¹⁹⁶ Rasmus S, Allen J, Connor W, Freeman W; Native Transformations Community Action Board, Skewes M. Native Transformations in the Pacific Northwest: A strength-based model of protection against substance use disorder. *American Indian Alaska Native Mental Health Res.* 2016;23(3):158–186. doi:10.5820/aian.2303.2016.158

¹⁹⁷ Northwest ATTC. (September, 2018). We All Know Someone: Skagit County Solution to Addiction Event a Success. <https://attcnetwork.org/centers/northwest-attc/we-all-know-someone-skagit-county-solution-addiction-event-success>

This event brought together over 500 members from the public health department, tribe and [community](#) to discuss chemical dependency and recovery.

The Swinomish is one of several Northwest tribes suing pharmaceutical companies for what has become the opioid epidemic.

White Earth Band of Chippewa Indians, MN

In 2017, the White Earth Band of Chippewa Indians in Minnesota hosted a [Tribal Nations Opioid Summit](#) with 11 tribal governments to discuss the notable increase in mortality rates of overdose and suicide.¹⁹⁸ From this summit formed the [Tribal Action Plan](#), with the following action items aimed to preventing opioid use disorder and related overdose deaths:

- Narcotics Anonymous and Alcoholics Anonymous meetings in rural and urban communities
- continuing communal sobriety events
- development of culturally competent recovery centers
- advocated to identify barriers to recovery
- development of culturally competent juvenile wellness centers instead of juvenile detention centers
- safe 24-hour sobriety centers
- anti-bullying initiative for native youth in schools
- re-implementation of the Drug Abuse Resistance Education (DARE) program
- creation of AI/AN programs teaching indigenous language, history and ecology
- creation of a healthy lifestyle initiative
- community-based parenting classes
- tribal community accountability
- greater education and career training resources

Services available from the [White Earth Substance Abuse program](#) include: MAT, a syringe exchange, transportation services to and from the inpatient program, bus cards and transportation for the outpatient program, and preventative education materials. Their [Mental Health program](#) offers relevant rehabilitative treatment and therapy. There is an additional inpatient program called Womanbriety open to [women](#) and their children (ages 11 and under).¹⁹⁹

The White Earth Maternal Outreach and Mitigation Services (MOMS) is an innovative response to the opioid epidemic impacting pregnant Native mothers and their babies on the White Earth Nation. MOMS, a program for pregnant and parenting mothers and their partners, includes culturally-specific, holistic treatment and provides childcare, daily outpatient SUD treatment, mental health services, prenatal care by registered nurses, culturally-based services, traditional spiritual healing, and MAT.²⁰⁰

¹⁹⁸ Anishinaabeg Today. (December 6, 2017). Tribal Nations Opioid Summit. <http://www.whiteearth.com/data/upfiles/files/Anishinaabeg%20Today/2017/December%206,%202017%20C.pdf>.

¹⁹⁹ White Earth Nation Health. (April 19, 2019). Services Available. Retrieved from http://www.whiteearth.com/programs/index.html?page_id=429&program_id=4.html.

²⁰⁰ White Earth Nation. (n.d.). Retrieved from https://www.minnesotahelp.info/Providers/White_Earth_Nation/Program_for_Pregnant_Women_Addicted_to_Drugs/33?returnUrl=/SpecialTopics/Families/18632?&pos=1

Wabanaki Health and Wellness, ME

As mentioned earlier in this report, the State of Maine operated a statewide Diversion Alert Program and PDMP, which partnered with Wabanaki Pathway to Hope and Healing to help reduce prescription opioid use. In 2018, the Wabanaki Nation received four grants amounting to \$440,011 from the Department of Health and Human Services to aid in developing a response to the opioid epidemic. The grants were disbursed to: Passamaquoddy Indian Township Tribal Government for the "Passamaquoddy Tribal Opioid Response Initiative"; Aroostook Micmac Council for the "Micmac Community Health and Wellness Project"; Penobscot Indian Nation for the "Penobscot Nation Health Department Tribal Opioid Response Grant-Aftercare Services"; and Wabanaki Health and Wellness to increase capacity and provide MAT²⁰¹ treatments.

Alaska Native Tribal Health Consortium, AK

[The Alaska Native Tribal Health Consortium](#) (ANTHC) is a non-profit Tribal statewide health organization whose mission is to provide quality health services in partnership with the Alaska Native people and the Alaska Tribal Health System.²⁰² ANTHC is the largest Tribal health organization in the U.S and has served over 175,000 AI/AN people.

In 2016, ANTHC participated in the [Alaska Opioid Policy Task Force](#) to work with local communities to recommend strategies and policies for combating opioid and heroin use to meet the needs of rural and urban communities.²⁰³ ANTHC's Community Health Services division houses the Alaska Native Epidemiology Center, one of the 12 IHS tribal epidemiology centers.

In addition, ANTHC provides a variety of Substance Abuse Prevention trainings, including *Doorway to a Sacred Place*, *Substance Abuse Prevention Skills Training*, and *Adverse Childhood Experiences (ACEs) – Understanding Adverse Childhood Experiences/Building Self-Healing Communities*.²⁰⁴

Alaska Native Claims Settlement Act (ANCSA) Program, AK

Established under the 1971 Alaska Native Claims Settlement Act (ANCSA), 12 Alaska Native Regional Corporations provide services to the Alaska Native tribes; a 13th Regional Corporation to serve Alaska Natives living outside the state was added in 1975. These corporations and their affiliated "Native Associations" are listed in the table below:

Alaska Native Regional Corporation	ANCSA Native association
Arctic Slope Regional Corporation	Arctic Slope Native Association
Bering Straits Native Corporation	Bering Straits Association
NANA Regional Corporation	Northwest Alaska Native Association

²⁰¹ <https://www.collins.senate.gov/newsroom/senators-collins-king-announce-maine-tribes-receive-440011-opioid-and-healthcare-grants>

²⁰² Alaska Native Tribal Health Consortium. Accessed April 2019 from <https://anthc.org/who-we-are/overview/>.

²⁰³ Alaska Native Tribal Health Consortium Participates in Alaska Opioid Policy Task Force. (2016) Accessed April, 2019 from <https://anthc.org/news/anthc-participates-in-alaska-opioid-policy-task-force/>.

²⁰⁴ Substance Abuse Prevention. (n.d.). Retrieved from <https://anthc.org/what-we-do/behavioral-health/substance-abuse-prevention/>

Calista Corporation	Association of Village Council Presidents
Doyon, Limited	Tanana Chief's Conference
Cook Inlet Region, Incorporated	Cook Inlet Association
Bristol Bay Native Corporation	Bristol Bay Native Association
The Aleut Corporation	Aleut League
Chugach Alaska Corporation	Chugach Native Association
Sealaska Corporation	Tlingit-Haida Central Council
Koniag, Incorporated	Kodiak Area Native Association
Ahtna, Incorporated	Copper River Native Association
The 13 th Regional Corporation	Regional Corporation for the 13th Region

The ANSCA also allowed the Alaska Native tribes to create village corporations. Many village corporations are addressing opioid overdose prevention and treatment in their villages. The second phase of this scan will try to identify some of those and their strategies.

For this report, we provide the Bristol Bay Native Corporation, the Tlingit and Haida Central Council, and the Tanana Chiefs' Conference's opioid prevention strategies as examples of these Regional Corporations' concerted efforts combating the opioid epidemic in their regions.

Bristol Bay Native Corporation, AK

In 2017, the Bristol Bay Native Corporation (BBNC) introduced the Bristol Bay Drug and Opioid Task Force in partnership with the Bristol Bay Area Health Corporation, Bristol Bay Economic Development Corporation, Bristol Bay Housing Authority, and Bristol Bay Native Association. The Bristol Bay Drug and Opioid Task Force's mission is to use a holistic approach to empower individuals, families and communities to live drug-free and healthy lifestyles. Under the holistic approach, the task force is committed to working with health professionals, law enforcement, community members, and organizations to create solutions that will address the opioid epidemic.²⁰⁵ Since opening in 2017, the Bristol Bay Drug and Opioid Task Force has created the Community Overdose Prevention Education Curriculum, Medication take-back days, and participates in the Prescription Monitoring Program and facilitates the Chronic Opiate Therapy Committee.²⁰⁶

Tlingit & Haida Central Council, AK

In 2017, the Tlingit & Haida Central Council created the Addiction Action Committee that will examine existing data on issues related to substance addiction. The committee will then

²⁰⁵ Bristol Bay Native Corporation. Accessed July 2019, from <https://www.bbnc.net/bristol-bay-partnership-forms-drug-and-opioid-task-force/>.

²⁰⁶ Bristol Bay Drug and Opioid Task Force. Accessed July 2019, from <https://swamc.org/wp-content/uploads/2018/03/5.4-Carol-Wren.pdf>.

develop a monitoring system in collaboration with the state and federal government. The focus of this committee is to address and help reduce opioid and other substance addictions in the Tlingit and Haida communities. The committee will develop cultural solutions to revive the resiliency in tribal members to provide healthy environments in their communities.²⁰⁷

Tanana Chiefs' Conference, AK

The Tanana Chiefs' Conference (TCC) community are organized as Dena' Nena' Henash or "Our Land Speaks". TCC is an Alaska Native non-profit association, charged with advancing Tribal self-determination and enhancing regional Native unity among 32 tribes covering 235,000 square miles in interior Alaska.²⁰⁸ The TCC is an Alaskan Native health and social services consortium promoting physical and mental wellness, education, socio-economic development, and culture. The TCC community has been affected by the opioid epidemic and in response TCC has focused on creating accessible detox treatment facilities. With a lack of detoxification centers to keep rural patients safe from opioid withdrawals, TCC has provided Opioid/Methamphetamine users detoxification care trainings and education to all medical providers in the TCC region.²⁰⁹ In partnership with the Fairbanks Native Association, TCC is able to provide detox services with specialized providers on call 24 hours a day. Additionally, the partnership with the Fairbanks Native Association is working to ensure rural villages have access to affordable and comprehensive withdrawal management services at Fairbanks detox facility. In 2018, TCC received a \$700K TOR grant that will be used to increase access to culturally appropriate and evidence-based treatment, including MAT, for opioid use disorder.²¹⁰

Also in 2018, the Tanana Chiefs' Conference filed a federal suit against drug makers and distributors over the opioid epidemic. In November 2018, the Arctic Slope Native Association joined them. The suit claims that drug makers and distributors had deceptive marketing and irresponsible sales of opiates in their community. Over 150 Alaskan Tribes are represented in this suit.²¹¹

Southcentral Foundation, AK

The Southcentral Foundation (SCF) is a non-profit healthcare organization that serves 55 rural villages in the Anchorage Service Unit and 65,000 AI/AN people living in Anchorage and Matanuska-Susitna Valley. Southcentral Foundation has implemented a comprehensive approach to handling opioids and opioid addiction based on its **system of relationship-based care** and integrated behavioral health. This approach to substance use disorders allows providers to more effectively work with customer-owners who may be experiencing challenges

²⁰⁷ Central Council Tlingit and Haida Indian Tribes of Alaska. Accessed July 2019 from http://www.ccthita.org/info/press/releases/2018releases/PR03.27.2018_T&HFormsAddictionActionCommittee.pdf.

²⁰⁸ TCC. (n.d.). Retrieved from <https://www.tananachiefs.org/about/>

²⁰⁹ Proposed Resolutions Committee Recommendations (2019). Tanana Chiefs Conference. Retrieved on July 15, 2019 <https://www.tananachiefs.org/wp-content/uploads/2019/03/TCC-2019-Proposed-Full-Board-Resolutions.pdf>

²¹⁰ U.S Department of Health and Human Services. Accessed July 2019 from <https://www.hhs.gov/about/news/2018/09/24/hhs-announces-new-grants-in-fairbanks-focusing-on-opioid-and-mental-health-services.html>.

²¹¹ Poses, Shayna (2019). Alaska Native Health Group Added to Massive Opioid Suit. Accessed July 2019 from <https://www.law360.com/articles/1102775>.

while ensuring needed medications are still provided and customer-owners receive the support they need.²¹²

SCF's Nuka System of Care integrates behavioral health providers in SCF's primary care clinics to support holistic chronic pain management and effective opioid prescriptions. Behavioral health consultants have multiple roles associated with opioid prescription and treatment, including working with primary care providers and customer-owners in establishing wellness care plans. The plans assist providers and customer-owners in working together to achieve the customer-owner's health goals. Although wellness care plans can be used for many different purposes, one important function is to ensure that customer-owners are supported by the health care system while they are being treated for chronic pain. By providing a supportive relationship to opioid recovery patients, they can experience positive relationships and access to wellness care plans that help to reduce opioid dependency. SCF provides integrated primary care setting and intensive outpatient programs. SCF has increased their number of primary care providers approved for MAT by providing provider training for their staff. In March 2019, SCF received \$2.9 million from SAMHSA to expand opioid prevention efforts, treatment, and community-based recovery support services. Efforts will focus on inclusion of MAT, physical therapy and exercise, traditional healing, and creating other opportunities for patients to recover from misuse of opioids.

Yukon-Kuskokwim Health Corporation, AK

Yukon-Kuskokwim Health Corporation (YKHC) provides health services to 58 communities in rural South West Alaska. YKHC uses culturally relevant services to treat substance use disorders, which include screening, assessment, case management, and therapy.²¹³ As part of the traditional services offers, YKHC provides Calricaraq, which provides individual to group counseling session which incorporates traditional philosophies as part of the Yup'ik culture. YKHC offers both outpatient and residential services. Their Ayagnirvik Healing Center provides an opioid treatment program that utilizes MAT while in residential, outpatient and continuing care. Treatment for opioid-related substance abuse can include six weeks in residential treatment, 16 weeks of outpatient care and an alumni group to check in on individuals after they complete a program. In 2018, YKHC received \$700,000 from the SAMHSA TOR grant program.²¹⁴

Inter-Tribal Council of Arizona, Inc., AZ

The [Inter-Tribal Council of Arizona](#) provides a communal voice for tribal governments in Arizona to address common issues of concern.²¹⁵

In 2018, the Inter-Tribal Council wrote a briefing paper, "Addressing the Opioid Crisis in Indian Country," and submitted a Tribal Opioid Legislation proposal to the 115th U.S Congress, which provides a summary of bills focused on substance use prevention.

²¹² A Relationship-based Approach to Handling Opioid. Accessed July 15, 2019 from <https://www.southcentralfoundation.com/a-relationship-based-approach-to-handling-opioids/>

²¹³ Yukon-Kuskokwim Health Corporation. Accessed July 15, 2019 from <https://www.ykhc.org/services/>

²¹⁴ TOR information gathered from on July 15, 2019 <https://www.samhsa.gov/grants-awards-by-state/ak/discretionary/all/details?page=14>

²¹⁵ Inter-Tribal Council of Arizona 21 Tribal Nations. Accessed April 2019 from http://itcaonline.com/?page_id=6.

The Inter-Tribal Council provides online Tribal Opioid Misuse and Abuse Prevention training as well as workshops, conferences and public hearings to facilitate discussions of OUD.

Native American Community Clinic, MN

The Native American Community Clinic ([NACC](#)) in Minnesota, seeks to decrease health disparities of Native Americans in the Minneapolis-St. Paul metropolitan area.²¹⁶ The NACC has patient advocates trained to assist in chemical dependency treatment referrals. Additionally, the NACC provides community Naloxone training to support how to recognize a drug overdose and administer Naloxone.

Northwest Portland Area Indian Health Board, OR

The Northwest Portland Area Indian Health Board (NPAIHB) is responding to the opioid crisis by working with communities to increase capacity and develop a comprehensive response. NPAIHB has designed a draft [strategic guide](#), specific to Northwest tribal communities, with seven main goals: prevention, treatment and recovery, perinatal substance use disorder and neonatal abstinence syndrome, harm reduction, overdose data and surveillance, research and evaluation and organization development.²¹⁷ NPAIHB had been holding input sessions at AI/AN events around the country in 2018-2019 to finalize the strategic guide. NPAIHB also provides free MAT trainings for IHS and UIH healthcare professionals across the nation, enabling professionals to prescribe the FDA-approved medication, buprenorphine, for the treatment of opioid use disorder²¹⁸ --better supporting the integration of SUD treatment with primary care. Additional efforts include Project Echo, an online learning community for healthcare professionals to discuss the management of patient cases²¹⁹ and explore the relationship between opioid use disorder and Hepatitis C.²²⁰ Additional resources include fact sheets, policy templates, training outlines and educational videos;²²¹ an evolving list of community services;²²² and information about syringe services.²²³ The NPAIHB also serves as the IHS tribal epidemiology center (EpiCenter) for the region.²²⁴ The EpiCenter serves the 43 federally recognized tribes in Idaho, Oregon, and Washington. The EpiCenter is engaged in research to reduce AI/AN misclassification in data through “Improving Data and Enhancing Access - Northwest (IDEA-NW) / NW Tribal Registry Project.”

Rocky Mountain TEC (RMTEC), MT

[The RMTEC](#)s mission is to empower the American Indians of Montana and Wyoming in the development of services, systems and epidemiological capacities to address their public health

²¹⁶ Native American Community Clinic Honoring Health and Tradition. Accessed April 2019 from <https://nacc-healthcare.org/>.

²¹⁷ Portland Area Indian Health Board. Accessed July 2019. Retrieved from: <http://www.npaihb.org/opioid/#OpioidStrategicAgenda>

²¹⁸ Portland Area Indian Health Board. Accessed July 2019 Retrieved from: <http://www.npaihb.org/opioid/#SUDTraining>

²¹⁹ Portland Area Indian Health Board. Accessed July 2019 Retrieved from: <http://www.npaihb.org/opioid/#teleECHO-Clinic>

²²⁰ Portland Area Indian Health Board. Accessed July 2019 Retrieved from: <http://www.npaihb.org/opioid/#HCV-SUD-Clinical-Training>

²²¹ Portland Area Indian Health Board. Accessed July 2019 Retrieved from: <http://www.npaihb.org/opioid/#ClinicalResources>

²²² Portland Area Indian Health Board. Accessed July 2019 Retrieved from: <http://www.npaihb.org/opioid/#communityresources>

²²³ Portland Area Indian Health Board. Accessed July 2019. Retrieved from: <http://www.npaihb.org/opioid/#OpioidsAndSyringeServices>

²²⁴ NPAIHB. (2019). *Northwest Tribal Epidemiology Center (The EpiCenter) January – March 2019 Quarterly Reports* [PDF file]. Retrieved from http://www.npaihb.org/wp-content/uploads/2019/04/2B_NPAIHB-Projects-Quarterly-Reports.pdf

concerns.²²⁵ RMTEC serves ten tribes on eight reservations with an AI population of 70,000.

[RMTEC received funding](#) from the Montana Healthcare Foundation to support their work with the Blackfeet Tribe in combating opioid and other drug use among pregnant women on the Blackfeet reservation. This project partners with the Center for Health Equity, Education and Research to address culturally-based focus groups, gap analysis, and establishing a referral system for care. From this grant, RMTEC will develop a MAT on the reservation.

United South and Eastern Tribes, Inc.

The United South and Eastern Tribes Inc. (USET) is a non-profit, inter-tribal organization representing 27 federally recognized tribal nations.²²⁶ USET is dedicated to improving the development and capabilities of tribal nations and improving the quality of life for AI/ANs through technical and supportive programmatic services.

In May of 2019, USET provided a strong letter of support to Senator Elizabeth Warren (D-MA) for the Comprehensive Addiction Resources Emergency (CARE) Act of 2019 to ensure Tribal Nations, like other units of government, have access to sufficient level of funding and are well-equipped to combat the opioid epidemic and other substance use disorders in AI/AN communities.²²⁷ If passed, the Bill would provide \$800 million annually over a period of ten years directly to AI/AN communities to address opioid epidemic.

In 2015, USET partnered with the [Mohegan Tribe's Prescription Opiate Abuse Project](#) to audit the Mohegan Tribal Community and its response to OUD.²²⁸ Some recommendations from the study include having an interdisciplinary team, individualized plan, mental health evaluation, culturally-based healing, treatment contracts, MAT, follow-up treatment, provider education, and SUD certification training. In 2016, [USET received federal funding](#) from the Comprehensive Addiction and Recovery Act (CARA).²²⁹ In 2017, USET gathered data on the 27 tribes which show higher rates of opioid misuse, overdose, and death in Indian country.

²²⁵ Rocky Mountain Tribal Leaders Council Epidemiology Center. Accessed April 2019 from <https://www.rmtec.org/about/>.

²²⁶ The United South and Eastern Tribes, Inc. Accessed April 2019 from <http://www.usetinc.org/>.

²²⁷ United South and Eastern Tribes. (2019). USET Sovereignty Protection Fund. Retrieved from <https://www.warren.senate.gov/imo/media/doc/United%20South%20and%20Eastern%20Tribes%20Sovereignty%20Protection%20Fund%20-%20CARE%20Act%20of%202019%20support%20letter1.pdf>

²²⁸ The USET/Mohegan Tribe's Prescription Opiate Abuse Project. Accessed April 2019, from https://www.nihb.org/docs/phs_2015/Behavioral%20Health%20and%20Substance%20Use%20-%20PDF/Prescription%20Opiate%20Abuse.pdf.

²²⁹ Opioid Abuse Prevention and Treatment in Indian Country: Advocating for Increased and Direct Funding. Accessed in April, 2019 from http://www.usetinc.org/wp-content/uploads/2016/11/Funding_for_Opioids_USET_Opioid_Summit_2016_11_7_16.pdf.

VIII. Conclusions

This report presents the findings from Stage 1 of our environmental scan of relevant scientific literature and publicly available web-based information. The goals of the scan, descriptions of the next stage, and a summary of the information gathering methods were outlined in Sections I and II above. Section III discussed the opioid epidemic in the United States and its impact on AI/AN communities. It highlighted government and tribal responses that illustrate the urgency of the public health need. Section IV reviewed relevant, foundational literature that provides insight into the influence of historical trauma among AI/AN and supports arguments for culturally appropriate treatment and prevention strategies.

Sections V and VI discussed the following opioid initiatives:

- Section V. Opioid Epidemiologic Surveillance and Public Health Data Infrastructure
 - Discusses data measurement initiatives, including efforts from TECs, PDMPs, the NCUIH, and the UIHI
 - Provides an overview of new technology, tools, and data dashboards
 - Lists information on federal data resources
 - Summarizes Tribal Opioid Overdose Prevention grant activities, and implementation challenges and opportunities discussed at the CDC 2019 OT18-1803 Recipients' Meeting, Atlanta
- Section VI. Implementation of Evidence-Based Health Systems Interventions
 - Discusses implementation of evidence-based opioid interventions through federal, tribal, and cross-sector collaboration initiatives
 - Discusses federal programs and research funded by NIH/NIDA and SAMHSA
 - Outlines tribally-based and urban Indian initiatives funded by IHS and TOR grants
 - Provides an overview of supervised needle exchange programs in tribal communities
 - Discusses collaborations between state and federal agencies as well as the NCAI

Section VII provided information on community-based strategies, including:

- The CDC definition of best practices
- A summary of best practices from federal agencies such as the CDC, IHS, SAMHSA, NIDA, and others
- An overview of tribal best practices and common community-based strategies from several tribes across the country
- Summaries of strategies used by AI/AN-serving clinics

This concluding section includes some key takeaways from the environmental scan as well as a list of upcoming events and new opportunities for knowledge exchange. A list of acronyms and agency region maps can be found in the appendices.

Key Takeaways

- The AI/AN population—living in both reservations and in urban areas—is experiencing the second highest fatality rate from opioid overdose with 13.9 deaths per 100,000 people. AI/AN adults and youth living on reservations are more likely to have had a

substance use disorder in the past year than those living off reservations, and with greater unmet needs for treatment. Issues of racial misclassification and underreporting are on-going challenges to accurate reporting.

- Improving accuracy of data on substance use and drug overdose mortality for AI/AN is important for state and federal resource allocation, program coordination, and direction. Efforts are undergoing to find ways to improve accuracy.
- Tribes and urban Indian-serving organization have been in the forefront of developing culturally relevant, community-based strategies to address OUD in their communities. Tribal governments in Minnesota were the first to declare the opioid epidemic as a public health emergency and develop programming. The federal government announced the opioid crisis in 2017. Alaska, Arizona, Florida, Massachusetts, Maryland, Pennsylvania, South Carolina and Virginia also have declarations of state emergency to address the opioid epidemic.
- At the federal level, interagency collaboration and coordination with tribes and urban AI/AN-serving entities have rolled out in order to provide AI/AN communities with the resources needed to combat the opioid crisis.
- A series of initiatives and accompanying strategies have been developed at federal, state, tribal and local community levels to address the tribal opioid crisis in both rural and urban AI/AN communities, which are at varying stages of implementation.
- Tribes, tribal epidemiology centers, tribal clinics, and urban Indian clinics continue to develop best practices to implement community-based and culturally responsible tribal opioid overdose prevention programs.
- Many localized efforts are often carried out in coordination with federal partners, including SAMHSA, NIDA, CDC, and IHS. Information about these partnerships, however, is not easily available.
- TECs, IHS clinics, tribal health departments and organizations, and I.T. departments of various institutions conduct surveillance specific to opioid-related outcomes and focus on public health data infrastructure development. The public health impact of these activities is not easily apparent or available.
- Data dashboards and other tools and technologies could provide accessible platforms to disseminate the strategies and promising practices currently being implemented to address OUD/opioid misuse across AI/AN communities.
- In-depth interviews and site visits would help identify community-based tribal best practices and models that address the opioid crisis, including data surveillance.
- Comprehensive efforts to address the opioid epidemic in AI/AN communities rely on strong partnerships between tribal governments and local, state, and federal entities. Additional measures are needed for community-based surveillance, treatment, and prevention to effectively respond to the epidemic across diverse tribal and urban AI/AN communities.
- The scan results suggest that conducting in-depth discussions with the OTAG would ensure that the interview guides, site and sample selection, and survey questionnaires are appropriate for the later stages of this project. Accordingly, we note that this stage of the environmental scan serves as a tool to launch subsequent stages. When all stages are completed, the environmental scan results will provide a comprehensive landscape of current and emerging efforts, needs and opportunities.

New Opportunities for Knowledge Exchange

The scan activities revealed that multiple tribal, local, regional, state and national efforts have been developed to date, focusing on sharing knowledge and best practices, and learning from each other to reduce death from opioid overdose among AI/AN and provide wrap-around care. We provide a list of upcoming conferences as viewed as spaces for knowledge exchange that we became aware of during the environmental scanning process that we provide in Appendix E.

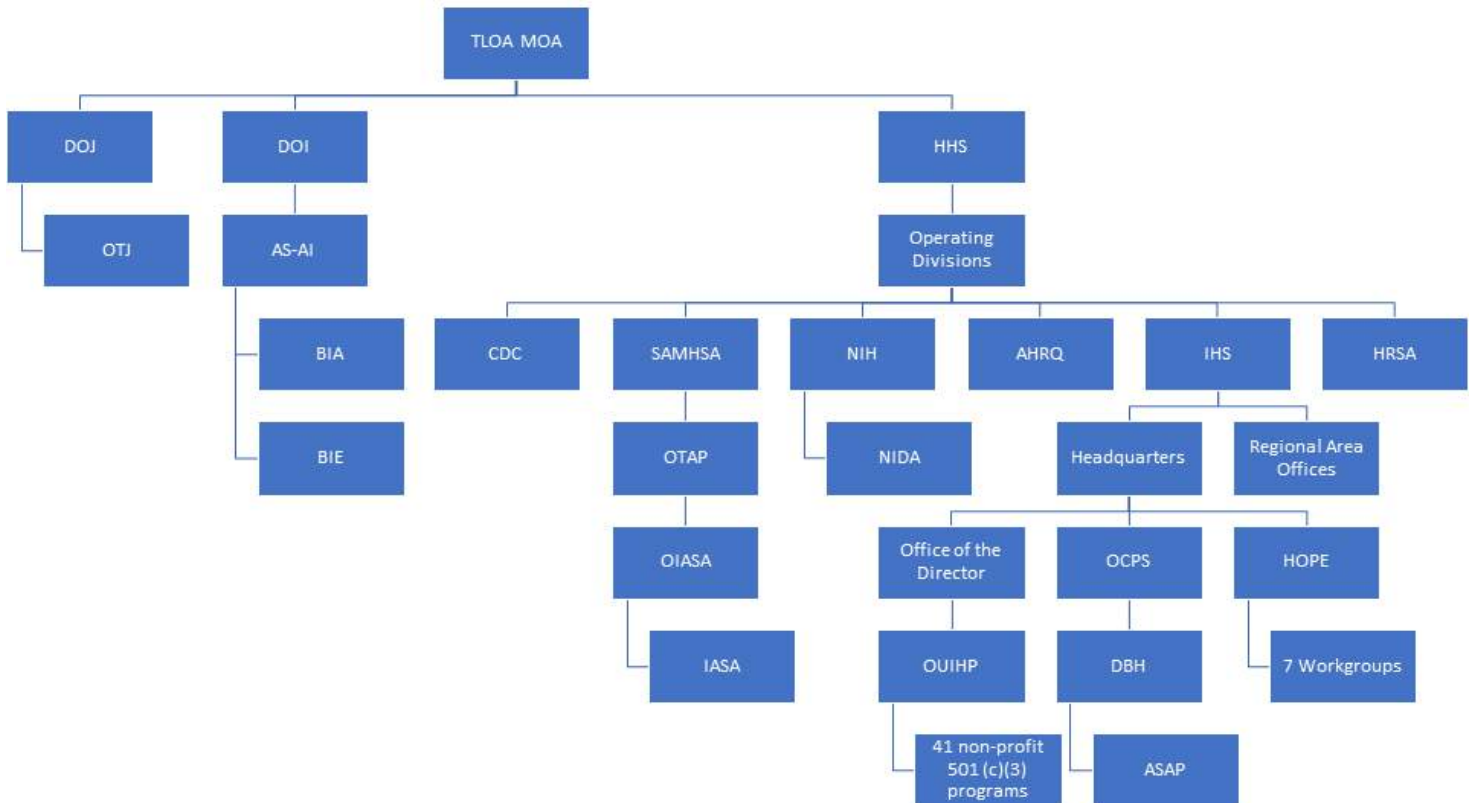
Appendix A: Acronyms

ACS American Community Survey
AHRQ Agency for Healthcare Research and Quality
AI/AN American Indian/Alaska Native
ANTHC Alaska Native Tribal Health Consortium
AODA Alcohol and Other Drug Abuse
ARCOS Automation of Reports and Consolidated Orders System
ATNI Affiliated Tribes of Northwest Indian
ATTC Addiction Technology Transfer Center
AURORA Alaska Uniform Response Online Reporting Access
AZ-PIERS Arizona Pre-Hospital Information & EMS Registry System
BIA Bureau of Indian Affairs
BIE Bureau of Indian Education
BZDDD Bii-Zin-Da-De-Dah
CDC Centers for Disease Control and Prevention
CHARS Comprehensive Hospital Abstract Reporting System
CM Contingency Management
CMS Centers for Medicare & Medicaid Services
CNCP Chronic non-cancer pain
CNCP Chronic non-Cancer Patients
COT Chronic Opioid Therapy
CRA Contingency Reinforcement Approach
CTP Community Treatment Program
CURES Controlled Substance Utilization Review and Evaluation System
DARTNA Drum-Assisted Recovery Therapy for Native Americans
DAWN Drug Abuse Warning Network
DEA Drug Enforcement Administration
DOI Department of the Interior
DOJ Department of Justice
ESOOS Enhanced State Opioid Overdose Surveillance
FCP Forest County Potawatomi
FDA US Food and Drug Administration
GONA Gathering of Native Americans
HCUP Healthcare Cost and Utilization Project
HDD Hospital Discharge Data
HEAL Helping to End Addiction Long-term
HHS Department of Health and Human Services
HOPE (Wisconsin DHS) Heroin Opioid Prevention Education
HOPE (IHS) National Committee on Heroin Opioids and Pain Efforts
IASA Indian Alcohol and Substance Abuse
IHS Indian Health Services
ITC Intertribal Talking Circle
MARS Medication Assisted Recovery Supports
MAT Medication Assisted Treatment
MEDSIS Medical Electronic Disease Surveillance Intelligence System

MH-CLD Mental Health Client-Level Data system
MICUNAY Motivational Interviewing and Culture for Urban Native American Youth
MNDOSA Minnesota Drug Overdose and Substance Use Pilot Surveillance System
MOA Memorandum of Agreement
MSPI Methamphetamine and Suicide Prevention Initiative
NCAI National Congress of American Indians
NCC National Combined Councils
NCHS National Center for Health Statistics
NCUIH National Council of Urban Indian Health
NDEWS National Drug Early Warning System
NHP Native Healing Program
NIDA National Institute on Drug Abuse
NIH National Institutes of Health
NIHB National Indian Health Board
NIMH National Institute of Mental Health
NIMHD National Institute on Minority Health and Health Disparities
NINDS National Institute of Neurological Disorders and Stroke
N-MHSS National Mental Health Services Survey
NPAIHB Northwest Portland Area Indian Health Board
NSDUH National Survey on Drug Use and Health
N-SSATS National Survey of Substance Abuse Treatment Services
NTOP Native Transformations Opioid Project
NVSS National Vital Statistics System
OIASA Office of Indian Alcohol and Substance Abuse
OPT Overdose Prevention Training
OSMAP Office of Substance Misuse and Addiction Prevention
OTAP Office of Tribal Affairs and Policy
OUD Opioid Use Disorder
PDMP or PMP Prescription Drug Monitoring Program
POINT Planned Outreach, Intervention, Naloxone and Treatment
PTTC Prevention Technology Transfer Centers
QIP Quality Improvement
RDC Federal Statistical Research Data Centers
RPMS Resource and Patient Management System
RRIP Report and Information Processor
SAMHSA Substance Abuse and Mental Health Services Administration
SASP Substance Abuse and Suicide Prevention Program
SOAPP Screener and Opioid Assessment for Patients and Pain
SPF Sovereignty Protection Fund
SUD Substance Use Disorder
TAP Tribal Action Plan
TEAG Technical Expert Advisory Group
TEC Tribal Epidemiology Center
TEDS Treatment Episode Data Set
TEK Tribal Ecological Knowledge
TES Therapeutic Educational System

TIP Treatment Improvement Protocols
TLOA Tribal Law and Order Act
TOR Tribal Opioid Response
TTA Training and Technical Assistance
TTAC Training and Technical Assistance Center
TTC Technology Transfer Centers
UIHI Urban Indian Health Institute
UIHP Urban Indian Health Program
UIO Urban Indian Organization
UNITY United National Indian Tribal Youth, Inc.
URS Uniform Reporting System (URS)
USDA United States Department of Agriculture
USET United South and Eastern Tribes Inc.
YRTC Youth Regional Treatment Centers

Appendix B: Federal Organization Chart



- **DOI**
 - Assistant Secretary-Indian Affairs (AS-AI)
 - Bureau of Indian Affairs (BIA)
 - Bureau of Indian Education (BIE)
- **DOJ**
 - Office of Tribal Justice (OTJ)
- **HHS**
 - Operating Divisions (Components of the Public Health Service)
 - Agency for Healthcare Research and Quality (AHRQ)
 - Centers for Disease Control and Prevention (CDC)
 - Health Resources and Services Administration (HRSA)
 - Indian Health Service (IHS)
 - 12 Regional Offices

- Office of Urban Indian Health Programs (OUIHP) - 41 non-profit programs nationwide
 - Urban Indian Organizations (UIO)
- Office of Clinical and Preventive Services (OCPS)
 - Division of Behavioral Health (DBH)
 - Alcohol and Substance Abuse Program (ASAP)
 - Federal partnerships: Office of National Drug Control Policy (ONDCP), HRSA, SAMHSA
 - Tribal collaborations: Northwest Portland Area Indian Health Board (NPAIHB) and National Indian Health Board (NIHB)
 - Collaborates with hundreds of tribes and tribal organizations
 - Funds 175 Substance Abuse and Suicide Prevention projects (formerly MSPI)
- National Committee on Heroin Opioids and Pain Efforts (HOPE)
 - Permanent committee of the IHS National Combined Councils (NCC)
 - Works with tribal stakeholders to provide clinical and administrative support to health care facilities addressing opioid misuse
 - Made up of seven workgroups that facilitate prescriber support, MAT, harm reduction, perinatal substance use, program effectiveness, technical collaboration, and communications
- National Institutes of Health (NIH)
 - National Institute on Drug Abuse (NIDA)
 - National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Office of Intergovernmental and External Affairs
 - Office of Tribal Affairs and Policy (OTAP)
 - Office of Indian Alcohol and Substance Abuse (OIASA)
 - Tasked with managing the Indian Alcohol and Substance Abuse Coordinating Committee's (IASA) TLOA activities
 - IASA supports coordination between HHS, the DOI, and the DOJ

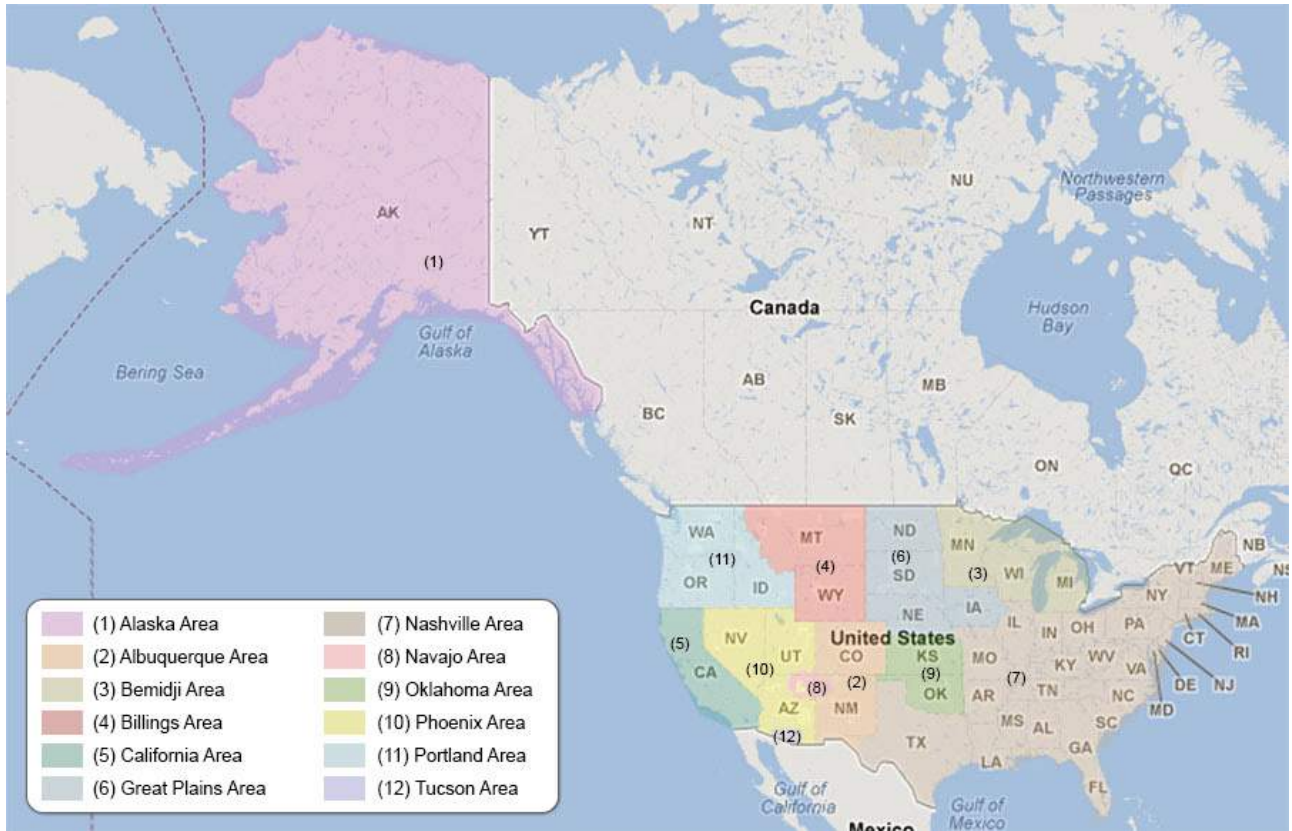
Appendix C: Agency Regions

HHS Regions



<https://www.hhs.gov/about/agencies/iea/regional-offices/index.html>

IHS Regions



<https://www.ihs.gov/aboutihs/organizationalstructure/>

BIA Regions

BIA Regions Map

Alaska Region | Eastern Region | Eastern Oklahoma Region | Great Plains Region | Midwest Region | Navajo Region
Northwest Region | Rocky Mountain Region | Pacific Region | Southern Plains Region | Southwest Region | Western Region



<https://biamaps.doi.gov/tribalresilience/resourceguide/regions/index.html>

TEC Areas



**TRIBAL
EPIDEMIOLOGY
CENTERS**

HOME ABOUT ▾ 12 TECs ▾ RESOURCES ▾ NEWS EVEN



<https://tribalepicenters.org/12-tecs/>

Appendix D: SAMHSA 2018 TOR Grantees

Grantee Organization Name	Amount of Award	Location	Region
ALEUTIAN-PRIBILOF ISLAND ASSOCIATION	\$61,379	Anchorage, AK	Alaska Region
CHUGACHMIUT, INC.	\$93,513	Anchorage, AK	Alaska Region
COPPER RIVER NATIVE ASSOCIATION	\$500,000	Copper Center, AK	Alaska Region
EASTERN ALEUTIAN TRIBES, INC.	\$176,738	Anchorage, AK	Alaska Region
FAIRBANKS NATIVE ASSOCIATION	\$463,432	Fairbanks, AK	Alaska Region
INDIAN HEALTH COUNCIL, INC.	\$137,376	Valley Center, AK	Alaska Region
KETCHIKAN INDIAN CORPORATION	\$116,145	Ketchikan, AK	Alaska Region
KNIK TRIBE	\$50,000	Palmer, AK	Alaska Region
MANIILAQ HEALTH CENTER	\$378,618	Kotzebue, AK	Alaska Region
NATIVE VILLAGE OF TYONEK	\$54,537	Tyonek, AK	Alaska Region
NINILCHIK VILLAGE	\$66,542	Ninilchik, AK	Alaska Region
SOUTHCENTRAL FOUNDATION	\$2,964,060	Anchorage, AK	Alaska Region
SOUTHEAST ALASKA REG HLTH CONSORTIUM	\$803,952	Juneau, AK	Alaska Region
TANANA CHIEFS CONFERENCE, INC.	\$705,002	Fairbanks, AK	Alaska Region
YAKUTAT TLINGIT TRIBE	\$61,555	Yakutat, AK	Alaska Region
YUKON-KUSKOKWIM HEALTH CORPORATION	\$707,308	Bethel, AK	Alaska Region
FIVE SANDOVAL INDIAN PUEBLOS, INC.	\$772,946	Rio Rancho, NM	Albuquerque Area
OHKAY WINGEH	\$87,045	San Juan Pueblo, NM	Albuquerque Area
TAOS, PUEBLO OF	\$85,115	Taos, NM	Albuquerque Area
BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS	\$111,031	Odanah WI	Bemidji Area
BAY MILLS INDIAN COMMUNITY	\$87,937	Brimley, MI	Bemidji Area
FOND DU LAC RESERVATION	\$394,040	Cloquet, MN	Bemidji Area
FOREST COUNTY POTAWATOMI COMMUNITY	\$171,484	Crandon, WI	Bemidji Area
GRAND TRAVERSE BAND LLC	\$95,607	Suttons Bay, MI	Bemidji Area
HANNAHVILLE INDIAN COMMUNITY	\$143,940	Wilson, MI	Bemidji Area
HO-CHUNK NATION	\$273,750	Black River Falls, WI	Bemidji Area

KEWEENAW BAY INDIAN COMMUNITY (INC)	\$105,567	Baraga, MI	Bemidji Area
LAC COURTE OREILLES TRIBAL GOVERN/BOARD	\$258,202	Hayward, WI	Bemidji Area
LEECH LAKE BAND OF OJIBWE	\$585,246	Cake Lake, MN	Bemidji Area
Lac Du Flambeau Band of Lake Superior Chippewa Indians	\$150,732	LAC DU FLAMBEAU, WI	Bemidji Area
LITTLE RIVER BAND OF OTTAWA INDIANS	\$168,290	Manistee, MI	Bemidji Area
LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS	\$260,260	Harbor Springs, MI	Bemidji Area
LOWER SIOUX COMMUNITY COUNCIL	\$237,667	Morton, MN	Bemidji Area
MENOMINEE INDIAN TRIBE OF WISCONSIN	\$186,226	Keshena, WI	Bemidji Area
MILLE LACS BAND OF OJIBWE	\$244,512	Onamia, MN	Bemidji Area
NOTTAWASEPPI HURON BAND OF THE POTAWATOMI	\$149,042	Fulton, MI	Bemidji Area
ONEIDA TRIBE OF WISCONSIN	\$96,644	Oneida, WI	Bemidji Area
POKAGON BAND OF POTAWATOMI	\$106,870	Dowagiac, MI	Bemidji Area
RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA INDIANS	\$99,827	Bayfield, WI	Bemidji Area
RED LAKE BAND OF CHIPPEWA INDIANS	\$224,173	Autumn, MN	Bemidji Area
SAULT SAINTE MARIE TRIBE/CHIPPEWA INDIAN	\$313,627	Sault Ste. Marie, MI	Bemidji Area
ST CROIX CHIPPEWA INDIANS OF WISCONSIN	\$96,193	Webster, WI	Bemidji Area
STOCKBRIDGE-MUNSEE COMMUNITY	\$96,293	Bowler, WI	Bemidji Area
WHITE EARTH BAND OF CHIPPEWA INDIANS	\$472,308	Ogema, MN	Bemidji Area
BLACK FEET TRIBE	\$623,494	Browning, MT	Billings Area
CROW TRIBE OF INDIANS	\$332,274	Pablo, MT	Billings Area
EASTERN SHOSHONE TRIBE	\$132,010	Fort Washakie, WY	Billings Area
FORT BELKNAP INDIAN COMMUNITY	\$335,902	Harlem, MT	Billings Area
FORT PECK ASSINIBOINE AND SIOUX TRIBES	\$225,050	Poplar, MT	Billings Area
NORTHERN CHEYENNE TRIBE	\$315,156	Lame Deer, MT	Billings Area
ROCKY BOY HEALTH BOARD	\$128,554	Box Elder, MT	Billings Area
ROCKY MOUNTAIN TRIBAL LEADERS COUNCIL	\$200,000	Billings, MT	Billings Area

CALIFORNIA RURAL INDIAN HEALTH BOARD	\$1,044,168	Sacramento, CA	California Area
CHAPA-DE INDIAN HEALTH PROGRAM, INC.	\$147,903	Auburn, CA	California Area
FEATHER RIVER TRIBAL HEALTH, INC.	\$133,115	Oroville, CA	California Area
HOOPA VALLEY TRIBAL COUNCIL	\$246,024	Hoopaa, CA	California Area
K'IMA:W MEDICAL CENTER	\$123,000	Hoopaa, CA	California Area
KARUK TRIBE	\$196,596	Happy Camp, CA	California Area
PIT RIVER HEALTH SERVICE, INC.	\$160,000	Burney, CA	California Area
QUARTZ VALLEY INDIAN RESERVATION	\$55,601	Fort Jones, CA	California Area
RIVERSIDE-SAN BERNARDINO COUNTY IND HLTH	\$700,000	Banning, CA	California Area
SOUTHERN INDIAN HEALTH COUNCIL	\$225,570	Alpine, CA	California Area
CHEYENNE RIVER SIOUX TRIBE	\$437,518	Eagle Butte, SD	Great Plains Area
GREAT PLAINS TRIBAL CHAIRMEN'S HLTH BRD	\$162,460	Rapid City, SD	Great Plains Area
LOWER BRULE SIOUX TRIBE	\$105,241	Lower Brule, SD	Great Plains Area
MHA NATION	\$179,233	New Town, ND	Great Plains Area
OGLALA SIOUX TRIBAL COUNCIL	\$537,223	Pine Ridge, SD	Great Plains Area
OMAHA TRIBE OF NEBRASKA	\$278,756	Macy, NE	Great Plains Area
ROSEBUD SIOUX TRIBE	\$295,154	Rosebud, SD	Great Plains Area
SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA	\$98,750	Tama, IA	Great Plains Area
SANTEE SIOUX TRIBE OF NEBRASKA	\$81,230	Niobrara, NE	Great Plains Area
SISSETON-WAHPETON OYATE	\$406,188	Agency Village, SD	Great Plains Area
SPIRIT LAKE TRIBE	\$182,438	Fort Totten, ND	Great Plains Area
STANDING ROCK SIOUX TRIBE	\$510,756	Fort Yates, ND	Great Plains Area
TURTLE MOUNTAIN TRIBE	\$368,266	Belcourt, ND	Great Plains Area

WINNEBAGO TRIBE OF NEBRASKA	\$274,288	Winnebago, NE	Great Plains Area
YANKTON SIOUX TRIBE	\$344,424	Wagner, SD	Great Plains Area
AROOSTOOK MICMAC COUNCIL	\$64,186	Presque Isle, ME	Nashville Area
BLOSSOM SUSTAINABLE DEVELOPMENT	\$51,550	South Hampton, NY	Nashville Area
CATAWBA INDIAN NATION	\$207,674	Rock Hill, SC	Nashville Area
CHEROKEE INDIAN HOSPITAL FOUNDATION	\$323,875	Cherokee, NC	Nashville Area
INDIAN TOWNSHIP TRIBAL GOVERNMENT	\$141,456	Princeton, ME	Nashville Area
JENA BAND OF CHOCTAW INDIANS	\$55,063	Trout, LA	Nashville Area
KICKAPOO TRADITIONAL TRIBE OF TEXAS	\$69,299	Eagle Pass, TX	Nashville Area
MASHANTUCKET PEQUOT TRIBAL NATION	\$135,792	Mashantucket, CT	Nashville Area
MASHPEE WAMPANOAG TRIBE	\$146,368	Mashpee, MA	Nashville Area
MISSISSIPPI BAND OF CHOCTAW INDIANS	\$522,146	Choctaw, MS	Nashville Area
MOHEGAN TRIBE OF INDIANS OF CONNECTICUT	\$93,436	Uncasville, CT	Nashville Area
PENOBSCOT INDIAN NATION	\$93,987	Indian Island, ME	Nashville Area
SAINT REGIS MOHAWK TRIBE	\$163,618	Hogansburg, NY	Nashville Area
SEMINOLE TRIBE OF FLORIDA	\$140,760	Hollywood, FL	Nashville Area
SENECA NATION OF INDIANS	\$185,775	Salamanca, NY	Nashville Area
SHINNECOCK INDIAN NATION	\$51,544	South Hampton, NY	Nashville Area
TUNICA-BILOXI INDIANS OF LOUISIANA	\$112,934	Marksville, LA	Nashville Area
WABANAKI HEALTH AND WELLNESS	\$140,526	Bangor, ME	Nashville Area
FORT DEFIANCE INDIAN HOSPITAL BOARD, INC	\$498,472	Fort Defiance, AZ	Navajo Area
ABSENTEE SHAWNEE TRIBE OF OKLAHOMA	\$253,155	Shawnee, OK	Oklahoma City Area
CHEROKEE NATION	\$6,855,372	Tahlequah, OK	Oklahoma City Area
CHEYENNE & ARAPAHO TRIBES	\$610,802	Concho, OK	Oklahoma City Area
CHICKASAW NATION	\$1,179,388	Ada, OK	Oklahoma City Area

CHOCTAW NATION OF OKLAHOMA	\$3,052,066	Durant, OK	Oklahoma City Area
IOWA TRIBE OF OKLAHOMA, INC.	\$160,756	Perkins, OK	Oklahoma City Area
KICKAPOO TRIBE IN KANSAS	\$67,745	Horton, KS	Oklahoma City Area
KICKAPOO TRIBE OF OKLAHOMA	\$358,616	McLoud, OK	Oklahoma City Area
MUSCOGEE CREEK NATION	\$787,187	Okmulgee, OK	Oklahoma City Area
OSAGE NATION	\$279,664	Pawhuska, OK	Oklahoma City Area
QUAPAW TRIBE OF OKLAHOMA	\$294,572	Quapaw, OK	Oklahoma City Area
SAC AND FOX NATION	\$166,651	Ukena, OK	Oklahoma City Area
UNITED KEETOOWAH CHEROKEE COUNCIL	\$89,401	Tahlequah, OK	Oklahoma City Area
GILA RIVER HEALTH CARE CORPORATION	\$735,580	Sacaton, AZ	Phoenix Area
RENO-SPARKS INDIAN COLONY	\$165,896	Reno, NV	Phoenix Area
SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY EDUCATIONAL SE, THE	\$139,303	Scottsdale, AZ	Phoenix Area
WASHOE TRIBE OF NEVADA AND CALIFORNIA	\$213,790	Gardnerville, NV	Phoenix Area
YAVAPAI APACHE NATION	\$84,864	Camp Verde, AZ	Phoenix Area
BENEWAH MEDICAL CENTER	\$168,004	Plummer, ID	Portland Area
COLVILLE CONFEDERATED TRIBES	\$192,943	Nespelem, WA	Portland Area
CONFEDERATED TRIBES AND BANDS OF THE YAKAMA NATION	\$600,034	Toppenish, WA	Portland Area
CONFEDERATED TRIBES OF SILETZ INDIANS	\$174,694	Siletz, OR	Portland Area
CONFEDERATED TRIBES OF WARM SPRINGS RESERVATION OF OREGON	\$146,850	Warm Springs, OR	Portland Area
COWLITZ INDIAN TRIBE	\$165,194	Longview, WA	Portland Area
LUMMI INDIAN BUSINESS COUNCIL	\$332,996	Bellingham, WA	Portland Area
MAKAH TRIBE	\$112,159	Vocel, WA	Portland Area
NISQUALLY INDIAN TRIBE	\$87,145	Olympia, WA	Portland Area
NORTHWEST PORTLAND AREA INDIAN HLTH BD	\$3,526,990	Portland, OR	Portland Area

PUYALLUP TRIBE OF INDIANS	\$172,290	Tacoma, WA	Portland Area
SHOSHONE-BANNOCK TRIBES OF THE FORT HALL RESERVATION OF IDAHO	\$149,683	Fort Hall, ID	Portland Area
THE CONFEDERATED TRIBES OF GRAND RONDE INDIANS	\$261,168	Grand Ronde, OR	Portland Area
THE TULALIP TRIBES OF WASHINGTON	\$140,509	Tulalip, WA	Portland Area
PASCUA YAQUI TRIBE	\$326,134	Tucson, AZ	Tucson Area
TOHONO O'ODHAM NATION	\$505,818	Sells, AZ	Tucson Area
Total for SAMHSA TOR grants	\$48,756,953		

Appendix E: New Opportunities for Knowledge Exchange

Region 10 Opioid Summit: Science to Practice, Addressing the Opioid Crisis

Aug 6-9, 2019, Vancouver, WA

The Region 10 Opioid Summit is an opportunity for professionals from Alaska, Idaho, Oregon, Washington, Indian Nations, UIHPs, and recognized American Indian organizations to meet and explore ways to address the opioid crisis.

2019 National Clinical and Community Based-Services Conference

August 24-30, Tigard, OR

This conference is open to IHS employees, IHS grantees and partners, tribal clinics, Urban clinics and community health providers. This conference is free and travel stipends are available. This conference seeks to convene health care providers and health care officials committed to addressing the clinical community health topics in Indian Country including opioid prevention, HIV/AIDS and Hepatitis C prevention, STD prevention, tobacco prevention, cancer prevention and Youth Mental Health First Aid (MHFA) Training.

American Association for the Treatment of Opioid Dependence, Inc. (AATOD) 2019 Conference: Out of the Shadows: Managing the Opioid Epidemic through the Continuum of Care

October 10-13, 2019, Walt Disney World, FL

Given the dynamic and evolving landscape of tribal opioid epidemic responses routine updates to the environmental scan might be useful to the community-of-practice. Further, we hope that our efforts lead to a centralized one-stop go-to knowledge space for the community-of-practice with resources on tribal opioid overdose prevention and treatment.

The Mayo Clinic Opioid Conference: Evidence, Clinical Considerations & Best Practice 2019

Nov 7-9, 2019, Rancho Mirage, CA

The Mayo Clinic Opioid Conference: Evidence, Clinical Considerations & Best Practice 2019 aims to highlight the shift in guidelines and public concern regarding the use of opioids in medical practice and provides the most up-to-date information regarding the appropriate indications for opioids in clinical practice. Topics cover the basics of opioids, evidence-based guidelines for opioids, medication monitoring, tapering and legal considerations. In addition, the course covers a broad range of issues, including OUD and difficult patient conversations and guidelines to standardize the practice of opioid prescribing.

Research

Two projects based within the UCLA Integrated Substance Abuse Programs (ISAP) focus on culturally appropriate interventions for AI/AN communities. [Drum-Assisted Recovery Therapy for Native Americans \(DARTNA\)](#) is an intervention for Native Americans with SUD, and Motivational Interviewing and Culture for Urban Native American Youth (MICUNAY) focuses on alcohol and drug prevention among NA youth.²³⁰

²³⁰ UCLA Integrated Substance Abuse Programs. 2019. Retrieved from: <http://www.uclaisap.org/profiles/dickerson.html>.

The National Drug Early Warning System (NDEWS) HotSpot Study at the University of Minnesota Medical School is currently piloting opioid overdose fatality reviews in collaboration with a Minnesota tribal nation. The study will produce a HotSpot report on tribally-based fatality reviews that emphasize AI perspectives.²³¹

Other projects include the Native Transformations Opioid Project,²³² Seven Teachings Opioid Project, Changing our Paths, and Culturally Grounded MAT.

²³¹ National Institute on Drug Abuse. (2019, February 08). National Drug Early Warning System (NDEWS). Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics/national-drug-early-warning-system-ndews>

²³² Rasmus, S., Allen, J., Connor, W., Freeman, W., Native Transformations Community Action Board, & Skewes, M. (2016). Native Transformations in the Pacific Northwest: A strength-based model of protection against substance use disorder. *American Indian and Alaska native mental health research (Online)*, 23(3), 158–186. doi:10.5820/aian.2303.2016.158



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