

# 2019 EXECUTIVE SUMMARY

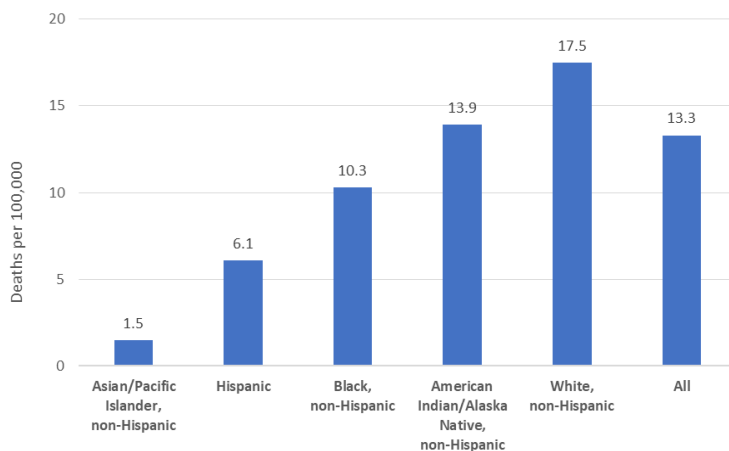


## An Environmental Scan of “Tribal Opioid Overdose Prevention Responses: Community-Based Strategies and Public Health Data Infrastructure”

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.

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## 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.