



National American Indian & Alaska Native

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Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Prescription Drug Abuse in Tribal Communities: A Public Health Action Plan.

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Overview of the Presentation

- Introduction to the National American Indian and Alaska Native ATTC
- Prescription drug abuse in tribal communities
- Drugs of abuse
- Community-based participatory program/research
- Four pillars of an action plan
- Examples of tribal initiatives



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- The contents of this publication do not necessarily reflect the views or policies of SAMHSA or Department of Health and Human Services (DHHS).



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National American Indian and Alaska Native ATTC

2012 to 2017



IHS Regions within ATTC Regions



Northeast & Caribbean

- Nashville

Northwest

- Alaska
- Portland

Pacific Southwest

- California
- Navajo
- Phoenix
- Tucson

Southeast

- Nashville

South Southwest

- Albuquerque
- Nashville
- Navajo
- Oklahoma City

Central East

- Nashville

Central Rockies

- Aberdeen
- Albuquerque
- Billings
- Navajo
- Phoenix

Great Lakes

- Bemidji
- Nashville

Mid-American

- Aberdeen
- Nashville
- Oklahoma City

New England

- Nashville



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Our Mission



Serve as the national subject expert and key resource on adoption of culturally legitimate and relevant addiction treatment/recovery services to support professionals working with AI/AN clients with substance use and other behavioral health disorders and the AI/AN behavioral health workforce.



Our Goals

- **Advance the American Indian and Alaska Native SUD treatment field** by enhancing communications and collaborations with stakeholders and organizations.
- Conduct **ongoing assessment of needs** and workforce development issues.
- Facilitate and promote the use of culturally legitimate **Evidence Based Treatments** and facilitate the sharing of **Experience Based Treatment** approaches developed by American Indian and Alaska Native providers.
- Use **state of the art technology transfer** principles in our educational events.



Our Goals

- Enhance the AI & AN workforce through a workforce development initiative.
- Offer TA and training to AI & AN organizations on integrating behavioral health into primary care, based on SAMHSA and Health Resources and Services Administration (HRSA) Center for Integrated Health Solutions (2012).
- Facilitate the development of ROSC in AI & AN communities.



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Prescription drug abuse in tribal communities



Prescription drug abuse

- Definition:
 - Prescription medications used without a prescription
 - Medication prescribed by a physician used for recreational reasons or other reasons than prescribed
- Misuse and diversion
 - Offering to family members, friends
 - Stealing from a medical cabinet while visiting a friend's or relative's home
 - Adolescents helping themselves to medications their parents or other family members are using.



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Drugs of Abuse



What kind of medication is abused?

Prescription drugs prescribed for the following conditions:

- Pain control
 - Opioids
- Anxiety
 - Central nervous system (CNS) depressants
- Attention deficit disorders (ADD, or ADHD)
 - Stimulants



Addiction potential

- Some of the prescription painkillers are very addictive
 - tolerance can develop
 - withdrawal symptoms can be experienced
- Following doctor's advice important for use of prescription drugs
 - dependence can develop
- Pain can develop both through physical and emotional conditions
- Clients with substance use disorder also have conditions that requires use of pain killers



Opioids

- Used to reduce pain
- Examples:
 - Vicodin (Hydrocodone)
 - Prescribed for a variety of painful conditions: dental and injury-related pain
 - OxyContin & Percocet (oxycodone)
 - Most commonly prescribed
 - Kadian, Avinza (morphine)
 - Often used before and after surgery
 - Codeine
 - prescribed for mild pain, cough, and severe diarrhea



Opioid use and consequences of abuse

- Opioids can be used to manage pain very safely
 - Tolerance and withdrawal can develop quickly, as can abuse and dependence
 - Alcohol dependent clients with need for pain management are a challenge; see TIP 53 for further suggestions
- Opioid reduces pain, but in large amounts can cause:
 - Drowsiness
 - Mental confusion
 - Nausea
 - Constipation
 - Depressed respiration
 - Ultimately, death



Central nervous system depressant

Such as:

- Benzodiazepines
 - Valium, Xanax, Halcion, ProSom
- Non-benzodiazepine sleep medication
 - Ambian, Lunesta, Sonata
- Barbiturates
 - Mebaral, (Mephobarbital), Luminal Sodium (Phenobarbital), Nembutal (Phenobarbital sodium)



Consequences of abuse

- High abuse potential
- Tolerance and dependence can develop quickly
 - increase dosage necessary to achieve therapeutic effects
- Withdrawal from benzodiazepines unpleasant but not dangerous
- Withdrawal from barbiturates should only take place under medical supervision because withdrawal can have life threatening consequences.



Stimulants

- Historically Used to treat many different medical conditions
 - Because of abuse potential now used only to treat:
 - ADHD
 - Narcolepsy and sometimes depression
- Kinds of stimulants used:
 - Dexedrine and Adderall
 - (Dextroamphetamine)
 - Ritalin and Concerta
 - (Methylphenidate)



Stimulant abuse

- Consequences
 - Increase alertness, attention and energy
 - Elevated blood pressure, heart rate, respiration, cardiovascular disease
 - Psychosis
- Withdrawal
 - Fatigue, depression, and disturbance of sleep, feelings of hostility, aggression, high body temperature, cardiovascular symptoms



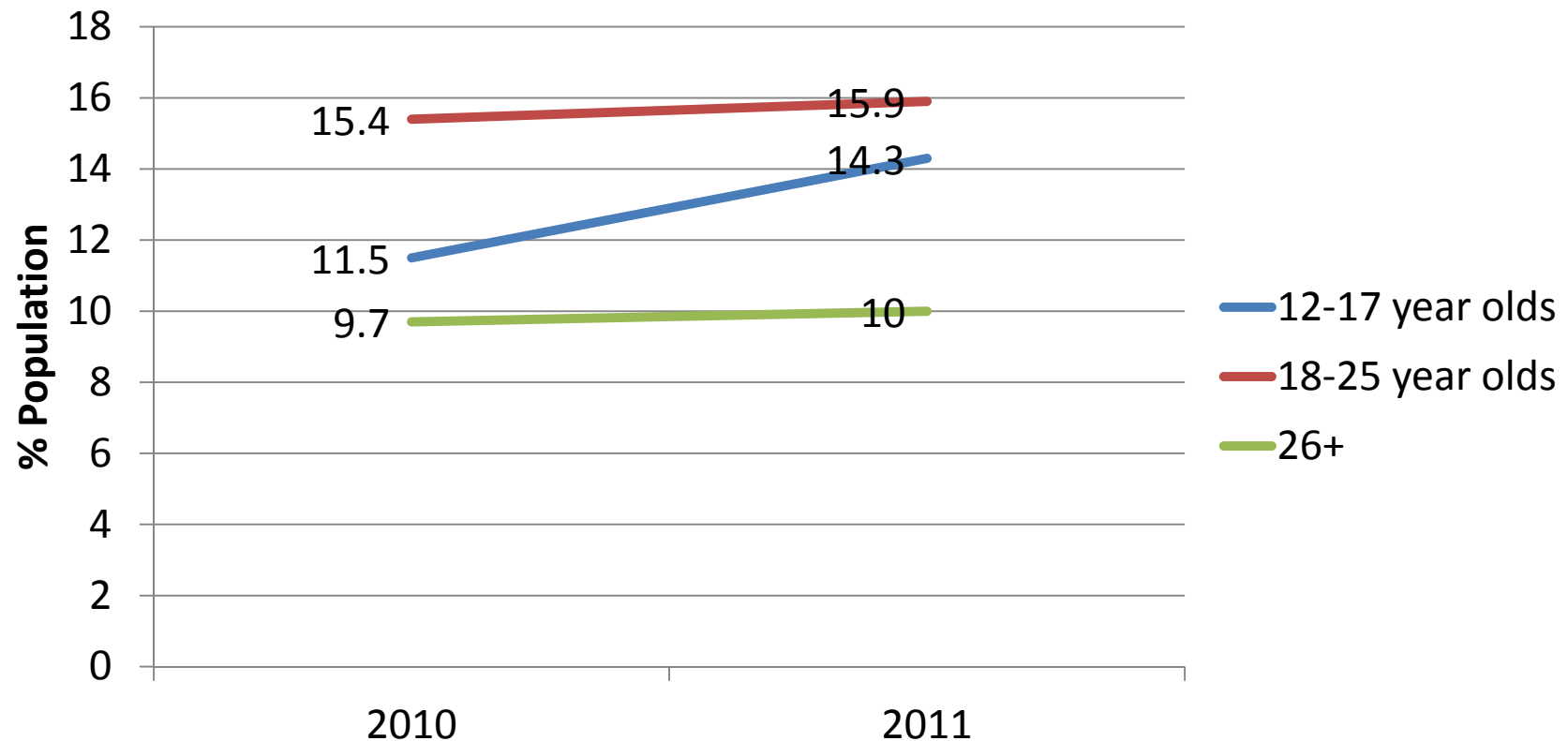
AI/AN Nonmedical Use of Prescription-Type Psychotherapeutics by Age Group: Percentages

	Past Year (2010)	Past Year (2011)	Past Month (2010)	Past Month (2011)
12-17	11.5%	14.3%	3.4%	7.6%
18-25	15.4%	15.9%	10.5%	4.4%
26 and older	9.7%	10.0%	3.6%	6.1%

Source: Results from the 2011 National Survey on Drug Use and Health: Detailed Tables



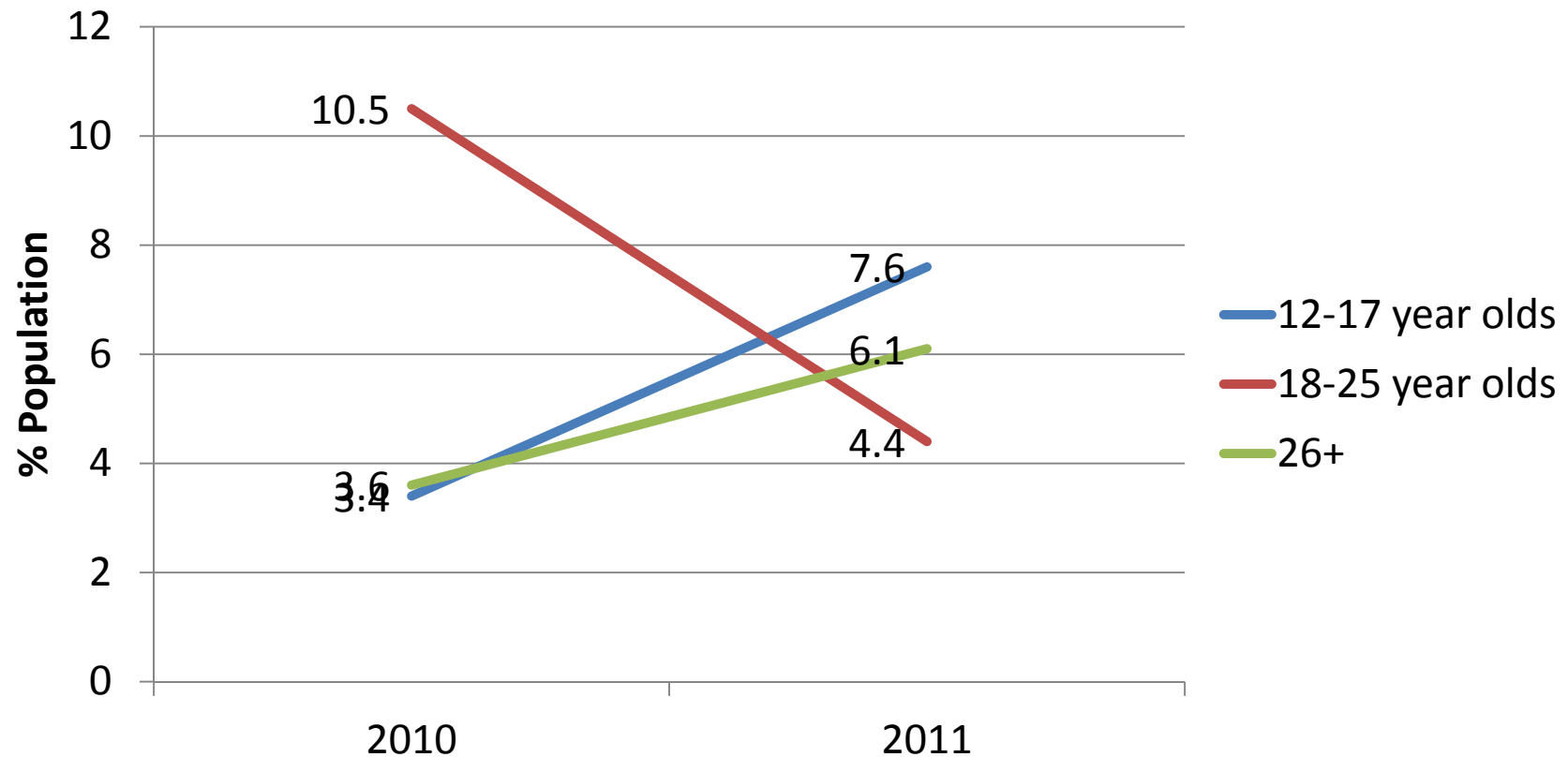
Past Year AI/AN Nonmedical Use of Prescription-Type Psychotherapeutics



Source: Results from the 2011 National Survey on Drug Use and Health: Detailed Tables



Past Month AI/AN Nonmedical Use of Prescription-Type Psychotherapeutics



Source: *Results from the 2011 National Survey on Drug Use and Health: Detailed Tables*



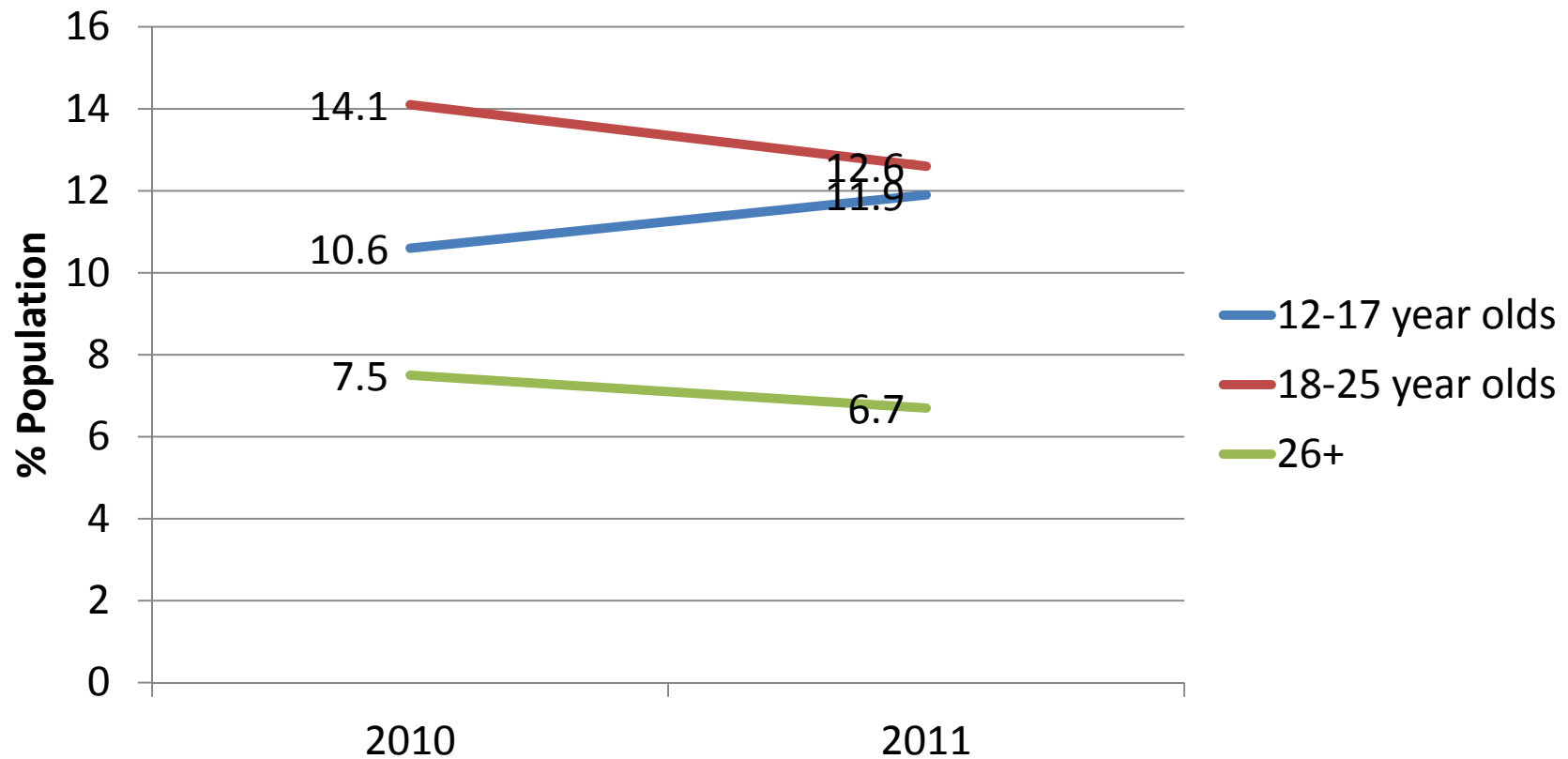
AI/AN Nonmedical Use of Pain Relievers by Age Group: Percentages

	Past Year (2010)	Past Year (2011)	Past Month (2010)	Past Month (2011)
12-17	10.6%	11.9%	3.1%	4.6%
18-25	14.1%	12.6%	9.5%	4.0%
26 and older	7.5%	6.7%	3.0%	4.8%

Source: Results from the 2011 National Survey on Drug Use and Health: Detailed Tables



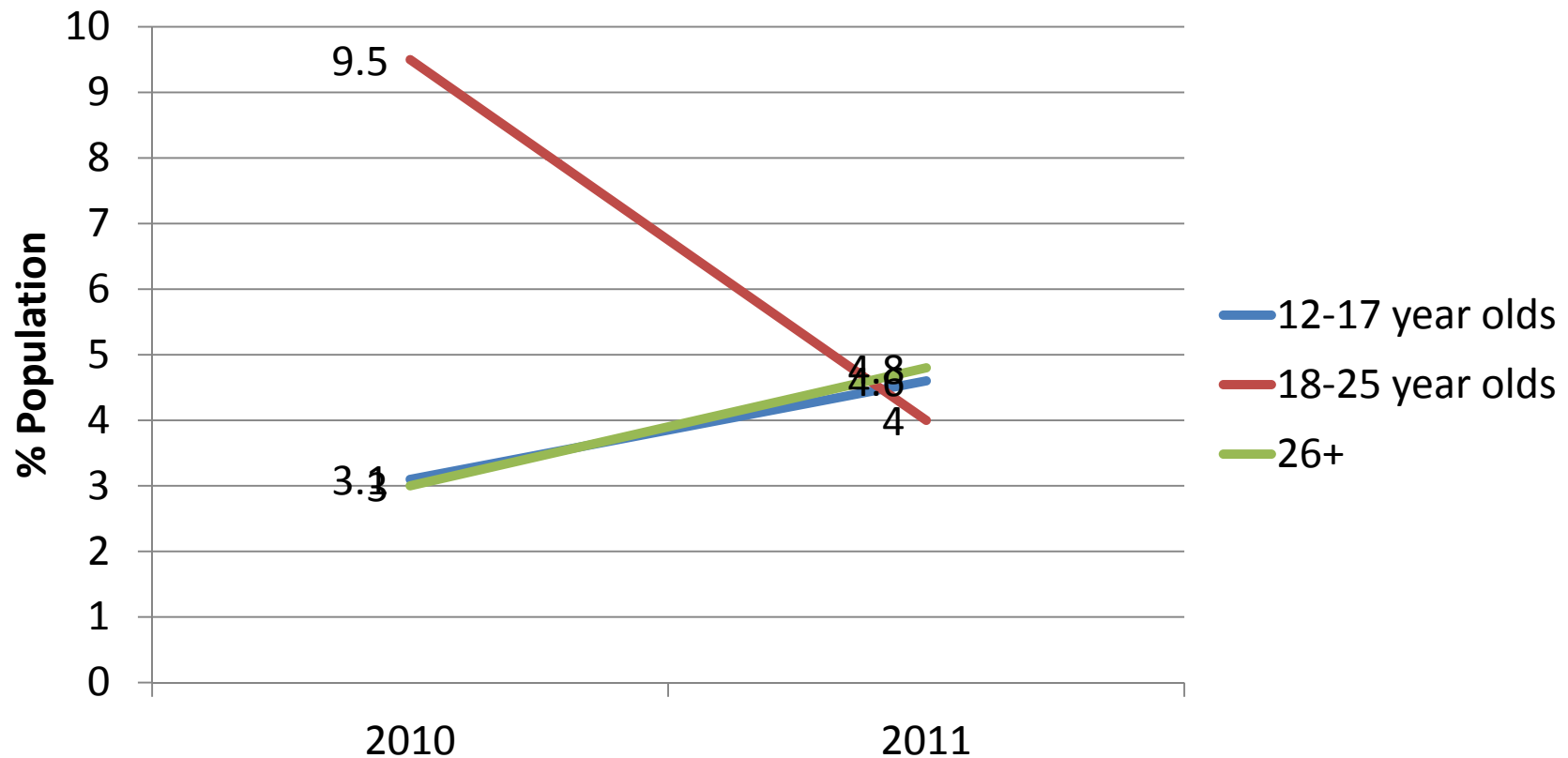
Past Year AI/AN Nonmedical Use of Pain Relievers



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Past Month AI/AN Nonmedical Use of Pain Relievers



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It takes a village – a community to curb the prescription drug epidemic.

Community based participatory program/research



Communities identify a problem

- Communities need to identify the issues they want to focus on
 - Community can choose to implement a change themselves
 - Community can choose to hire a consultant to support the assessment and implementation of a plan
- Collect objective data to measure change from before the implementation of a change



Community-driven asset identification and issue selection

- **Core principles and considerations**
 - *Start where the people are*
 - Address issues that really matter to the community
 - Community concerns shape and determine the topic chosen, how it is explored, and to what ends
 - Listening for and honoring hidden transcripts
 - *Recognize and begin with community strengths and assets*
 - How communities collect information
 - Encourage creativity of community members
 - *Engage in authentic dialogue*
 - Facilitate co-learning by community members and researchers
 - Key stakeholder interviews
 - Opinion leader identification and interviews



Tools and resources

- **Media partnerships**
 - Press releases
 - Television and radio
 - Op-Ed and letter to the editor articles
- **Visioning processes**
 - Collectively define a shared dream of what community can become
- **Creative arts**
 - Capture visual and oral expressions in a culturally appropriate way
 - History
 - Plays
 - Sources of pride
 - Poetry, drawings
 - Shared concerns of people
 - Way of life
 - Community examples
 - Urban versus rural/frontier community examples



Tools and resources

- **Use of technology**
 - Computers, phones, etc.
 - Use of social networking sites
- **Communicating in the legislative arena**
 - The politics of community plans
- **Characteristics of the community**
 - Issue focused
 - Obesity
 - Walkways
 - Workout clubs/YMCAs



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Four pillars of an action plan



The four pillars are:

- Pillar 1: Education
- Pillar 2: Monitoring
- Pillar 3: Disposal
- Pillar 4: Enforcement



Pillar 1: Education

- Education of community members
 - Development of dependence
 - Accidents that can happen
 - Influence on the unborn child
 - Influence on community members
 - Reduction in productivity
 - Reduction in community involvement
 - Increase in crime



Pillar 1: Education

Who should be educated?

- The whole community
 - Elders
 - Tribal council members
 - Schools
 - Parents
 - Children
 - Health care professionals
- Involve the press/media, social media



Pillar 1: Education

- Community members should be educated in what to look for in their community members to detect abuse
- Health Care professionals, school personnel
 - Be educated in using screening and assessment methods to detect abuse
 - SBIRT: screening, brief intervention and referral to treatment
 - Early detection reduces substance abuse and unemployment, increases housing, decreases criminal involvement and, most important increases social connectedness.



Pillar 1: Education

- National Institute on Drug Abuse (NIDA):
Special section on their web page:
NIDAMED
- National Institute on Alcohol Abuse and Alcoholism (NIAAA):
 - Physician's guide to assessment and treatment of alcohol abuse
- Centers for Disease Control and Prevention (CDC):
 - Web page information



Pillar 1: Education

- The community needs to be educated about the importance of early detection for successful treatment outcomes.
- Treatment approaches to prescription drug abuse:
 - Psycho-social treatment
 - Pharmacological treatment
 - Aftercare
 - Involvement in mutual self-help groups
 - Involvement in the recovery community
 - Use of sponsors and recovery coaches



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Pillar 2: Monitoring



Pillar 2: Monitoring

- Prescription Drug Monitoring Program (PDMP) is established by state law.
- Pharmacists dispensing drugs report patient prescription information into a centralized database system.
- Who has access to this database?
 - Providers
 - Prevention specialists
 - Law enforcement (with restrictions)
 - State medical examiners
 - Indian Health Service (IHS) facilities submit information into the State database system.
 - Two federal agencies do not submit information into this system.
 - Veterans Affairs
 - Department of Defense



Pillar 2: Monitoring

- **How can we use the PDMP?**
 - Providers can have access to timely patient information about their prescription drug use.
 - Providers can identify people at risk for developing a prescription drug problem.
 - Providers can identify people who might be at risk for overdosing on prescription drugs.
- **Increasing utilization:**
 - Link to electronic health records
 - Assists physicians in understanding the use and abuse potentials of their patients.



Pillar 2: Monitoring

- Recovery from substance abuse and dependence is a lengthy process.
- Relapsing disease
 - 20 million people in the USA need treatment.
 - 95% of them do not think they need treatment.
- Stigmatized disease
 - Providers through access to information about drug use may be able to assist the patients in reducing the consequences of relapse, by early detection.



Pillar 2: Monitoring

- Monitoring of Medication Assisted Treatment programs is extensive
- Use of methadone
- Drug Addiction Treatment Act of 2000
 - Use of buprenorphine by office based physicians
 - Limited number of patients
 - Physician need to collaborate with community based treatment providers.
 - Physicians need prescription waiver and special education to be able to prescribe buprenorphine.



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Pillar 3: Disposal



Pillar 3: Disposal

- Federal Drug Administration (FDA)
- Office of Regulatory Affairs
- Dangers of unused/not yet used medications
- Theft
- Diversion
- Medical mix ups
- Accidental ingestion by children and pets



Pillar 3: Disposal

- Safe and secure storage in your home
- Do you trust everybody who comes to your home?
- Medical cabinets are the least secure place to store the medication.
- Medication should be stored in a locked cabinet.



Pillar 3: Disposal

- Personal disposal
 - Do not flush the meds down the toilet.
 - Use DEA: National Prescription Drug Take-Back Day: September 29th 2012
- Local Medication Disposal Programs
 - Hazardous waste program
 - Local law enforcement coordinate with DEA
 - Pharmacists take back programs



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Pillar 4: Enforcement



Pillar 4: Enforcement

- 325% increase in thefts from pharmacies and hospitals
 - Health care professionals are part of stealing/diverting drugs.
- Law enforcement is dependent on collaboration with the community and with community agencies.
- Example: Pharmacies would report when prescription are forged.



Pillar 4: Enforcement

- Coalition partners necessary to curb prescription drug abuse:
 - Local law enforcement
 - DEA
 - FDA
 - Licensing boards
 - Hospitals
 - Long term care facilities
 - Home care and hospice
 - Pharmacies and pharmacy associates



Pillar 4: Law Enforcement

- Health care providers are vulnerable.
 - Some professionals are more vulnerable for prescription drug abuse than others.
 - Proximity to dispensing of medications
 - Anesthesiologists
 - Hospice care nurses
 - Pharmacists
- If a health care professional is addicted to prescription drugs, they often become target for criminals who force them to divert the drugs, extort them by threatening them with loss of jobs.



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Examples of tribal initiatives

Indian Health Service initiatives

<http://www.attcnetwork.org/regcenters/generalContent.asp?rcid=22&content=STCUSTOM3>

<http://store.samhsa.gov/product/TIP-54-Managing-Chronic-Pain-in-Adults-With-or-in-Recovery-From-Substance-Use-Disorders/SMA12-4671>



Pokagon Band of Potawatomi (IN)

- Control distribution: engage prescribers and pharmacists in “The Fight”
- Tribal community reviewed policies and procedures
 - Policies became basis for the prescribers.
 - State prescription drug monitoring programs adhered to.
- Enhance communication between prescribers.
 - Approval before dispensing



Keweenaw Bay Indian Community (MI)

- Review of the data collected on prescription drug abuse and drug abuse in general.
- Reviewed Michigan Law related to controlled substances.
- Drug court
 - KBIC Drug Wellness
 - Phase 1: Stabilization/treatment phase (60 days)
 - Phase 2: Healthy living (90 Days)
 - Phase 3: Giving back to the community (90 days)
 - Phase 4: Exit phase and graduation (125 days)



White Earth (MN)

- **WE Prescription Drug Abuse Mitigation Efforts**
 - Developed over time from 2005 – 2006
 - Chronic pain management Policy and Protocol
 - Evaluation and re-evaluation of the program
 - Training of providers
- **Disposal program and community education**
 - Used the DEA Take Back Community Event
 - Mail-back
 - Collection receptacle
 - Recall and returns
- **Enforcement**
- **Close collaboration between tribal communities and IHS**



Ho-Chunk Nation Integrative Team Approach

- Focus on the close connection between mental health and physical health
- Integrated Health Services: The way to go
- Ho-Chunk House of Wellness Team
 - Chronic care model
 - Integrated multi-disciplinary patient care model
 - Expected realistic outcomes



Oneida Comprehensive Health

- System approach with partnerships both within and outside of the organization
- Health Systems Partnerships
 - External partnerships
 - Examples: emergency room, clinics, pharmacies
 - Organizational partnerships
 - Examples: community, tribal leadership, police
 - Patient issues
 - Outreach and education, safe use and safety issues
 - Provider issues
 - Guidelines for responsible prescriptions of pain meds.



Summary

- Be knowledgeable about prescription drug use and abuse and the danger to the community.
- Include community members in an action plan that includes the four pillars.
 - Education
 - Monitoring
 - Disposal of prescription drugs
 - Law enforcement
- Include tribal leadership and elders
- Comprehensive approach



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