Tribal System of Care Learning Community: Impact of Opioids in Indian Country

Puneet Sahota,
Research Director
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

March 23, 2018
This webinar is hosted by the National Indian Child Welfare Association, a partner in the National TA Network for Children’s Behavioral Health, operated by and coordinated through the University of Maryland.

This presentation was prepared by the National Technical Assistance Network for Children’s Behavioral Health under contract with the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Contract #HHSS280201500007C.

Disclaimer: The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).
• Opioid misuse is a critical public health issue

• Overdose deaths are now the leading cause of accidental death in the U.S. (Department of Justice, 2015)

• More than six out of ten drug overdose deaths involve opioids; from 2000 to 2015 over 500,000 people died from overdose. (CDC, 2016)
Opioid Epidemic (cont.)

- Opioids include illegal drugs such as heroin and prescription medicines such as Percocet, Vicodin, OxyContin, Morphine, and others.
- Prescription medication misuse is a major cause of the opioid epidemic.
- Youths may use medications prescribed to others in their family or access prescription medications from peers.
Opioids and Child Welfare

- Misuse of opioids and other substances can be a factor leading to a family’s involvement in child welfare.

  (Children’s Bureau, 2018)

- Exposure to opioid misuse during pregnancy is dangerous for the fetus and mother.

- Mothers need treatment during pregnancy for opioid misuse problems.
• Babies exposed to opioids during pregnancy can develop Neonatal Abstinence Syndrome (NAS) (SAMHSA, 2017)

• NAS: breathing problems, seizures, fever, inability to sleep, hyperactivity, uncoordinated sucking and swallowing, irritability, excessive crying, difficulty with feeding and digestion

• Long-term effects on child development unknown.
Opioids in Indian Country

• American Indian/Alaska Native (AI/AN) people have the highest drug overdose rate of any ethnic group, with an age-adjusted death rate that more than doubled from 1999 to 2008. National data on opioids in Indian Country is limited.

• There are some regional and local data available.

(CDC, 2011)
Opioids in Indian Country (cont.)

- A study from a Midwest reservation with AI/AN adults reported that 30% used non-prescribed OxyContin in their lifetime, 18.9% in the past year, and 13.4% in the past month.

- Young adults were the most likely to report having used OxyContin; non-medical use among them was 2½ times higher than the same age group in the general population.

(Momper, 2013)
There are some qualitative studies about opioid use in Indian Country. Focus group studies on reservations have shown that community members are more concerned about the use of OxyContin than any other substance, including marijuana and alcohol. 

(Momper, Delva, & Reed, 2011; Radin, 2015)
Opioids in Indian Country (cont.)

- The main sources of OxyContin were sourced from healthcare providers or buying pills from individuals who had been prescribed.
- Elderly and disabled community members were reported to be selling part of their prescription supply to supplement their limited incomes.
- Also, a concern that Elders’ money and opioid medications were being stolen by individuals misusing opioids.

(Radin et al, 2015)
Opioids and Trauma

• Historic trauma experienced by AI/AN communities contributes to the misuse of opioids, along with other substance use.

• In focus group studies on opioid use, some AI/AN participants were concerned that opioid drugs were being used to self-medicate because of negative feelings or to fill an emotional void.

(Radin, 2015)
Managing Opioid Misuse

• AI/AN communities can take steps to address the opioid epidemic.

• Tribal child welfare and mental health programs staff can screen for opioid misuse.

• Asking pregnant mothers about opioid use or prescription drugs is especially important to prevent problems for their babies.
• Extensive research has shown the most effective treatment for opioid misuse problems is medication-assisted treatment.

• Medications (sub-oxone or methadone) can be given to prevent opioid abuse; gradually decreased and then stopped over time.

• The risk of overdose death is very high without medication.

(Connery, 2015)
Managing Opioid Misuse (cont.)

• Access to these medications requires a prescriber with a special license.

• Community members and tribal staff can encourage their local health care systems to hire providers or contract with those who have a license to prescribe sub-oxone or methadone.

• Naloxone is a drug that can prevent death by reversing the effects of an opioid overdose.

• Tribal staff, emergency responders, and community members can be trained in using naloxone.

• Indian Health Service and Tribal health systems have been distributing naloxone more widely and providing training in its use.
• Partnering with cultural and spiritual leaders is critical for addressing the opioid epidemic.

• Culturally based treatment and prevention can help to improve a sense of self-esteem and personal strength in AI/AN community members, and that may address underlying reasons for misusing substances (such as self-medication for trauma).
References


• Questions and comments?

• Experiences with opioids and child welfare?
Thank you.

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

Puneet Sahota
Research Director
NICWA
psahota@nicwa.org

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)