

National Institutes of Health (NIH)/Indian Health Services (IHS)/Substance Abuse and Mental Health (SAMHSA) Tribal Consultation/Listening Session on the Opioid Crisis in Indian Country

May 21st – 22nd, 2018

Mystic Lake Center, Prior Lake, Minnesota

**Held in Conjunction with the National Indian Health Board's 9th Annual
National Tribal Public Health Summit**

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Summary

The National Indian Health Board (NIHB) hosted the 9th Annual National Tribal Public Health Summit (TPHS) at the Mystic Lake Center in Prior Lake, Minnesota on May 22-24, 2018. The TPHS is the premier national, Tribal public health event bringing together over 600 Tribal leaders, members, health directors, public health practitioners, policy experts, advocates and allies to celebrate and discuss Tribal priorities in public health. This year's conference included a special two-day listening and consultation session on the opioid crisis in Indian Country. This session was facilitated by the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA). Over 250 participants had registered to attend the two-day session. The session was free of charge for all attendees.

Addressing the opioid crisis remains a top priority for Tribal communities across Indian Country. American Indians and Alaska Natives (AI/AN) have been disproportionately impacted by drug overdose deaths overall, and opioid-related deaths in particular. In 2016, AI/ANs experienced an opioid overdose death rate of 13.9 per 100,000 – the second highest rate among all reported groups, according to the Centers for Disease Control and Prevention.¹

The NIH/IHS/SAMHSA listening/consultation session on the opioid crisis in Indian Country presented a unique opportunity for Tribal leaders, Tribal members, and public health experts to voice concerns, share promising or wise practices, bring attention to challenges and barriers, and discuss strategies for intervention through new federal funding and programmatic opportunities. The two-day session included a number of presentations from federal and Tribal partners on national and Tribally-specific trends in substance related health outcomes, analyses of the social determinants of health impacting behavioral health outcomes, new research on addiction science, and upcoming funding opportunities. Each presentation was followed by in-depth discussions between Tribal leaders, participants and federal agency representatives to gather feedback, exchange ideas, and explore new partnerships and opportunities to more effectively address the opioid overdose epidemic in Indian Country.

Tribes across Indian Country have developed innovative approaches grounded in culture and tradition to improve health outcomes related to substance abuse and addiction in their communities. The two-day session provided a setting for Tribal representatives to share these approaches with representatives from other Tribes and with federal partners in order to forge a more united path forward to eliminate the crisis and raise the status of health for all AI/ANs.

Attendees

Over 250 participants registered to attend the consultation session via NIHB's online registration portal. Attendance at this two-day session was free of charge for all participants. Participants included elected Tribal leaders, federal representatives, Tribal members, Tribal public health practitioners and health directors, state government representatives, representatives from Tribal and non-governmental organizations, and advocates.

¹ Seth P, Scholl L, Rudd RA, Bacon S. Overdose Deaths Involving Opioids, Cocaine, and Psychostimulants — United States, 2015–2016. *MMWR Morb Mortal Wkly Rep* 2018;67:349–358.

DOI: <http://dx.doi.org/10.15585/mmwr.mm6712a1>

The session was held in the Isanti Ballroom at the Mystic Lake Center in Prior Lake, Minnesota. The NIH shared a list of presenters and moderators for the two-day session. These attendees are listed below by affiliation. This is not an exhaustive list of attendees.

Tribal Leaders and Representatives:

- Aaron Payment, MPA, MEd, Ed.D., NIH Tribal Advisory Committee Member (TAC), Tribal Chairman, Sault Ste. Marie Tribe of Chippewa Indians
- Andy Joseph, NIHB Board of Directors, Tribal Council, Confederated Tribes of the Colville Reservation Chair, SAMHSA Tribal Technical Advisory Committee
- Chester Antone, Councilmember, Tohono O'odham Nation, Tucson Area Representative, NIH Tribal Advisory Committee
- William Smith, Chairman, Valdez Native Tribe
- Curtis Sommers, Vice-Chair, Tanana Chiefs Conference Health Board
- Bernadine Atchinson, Kenaitze Indian Tribe
- Patty Kinswa-Gainser, Cowlitz Indian Tribe
- Myrna Warringtn, Menominee Tribe
- Betty Jahnke, Bay Mills Indian Community
- Jacqueline Platero, Vice-President, To'hajilee Navajo Chapter, Canoncito Band of Navajos
- John Morrin, Councilman, Grand Portage Tribe
- Roman Marcellais, Vice Chairman, Turtle Mountain Band of Chippewa Indians
- June Walunga, Norton Sound Health Corporation Board
- Tyrell Decoteau, Councilmember, Turtle Mountain Band of Chippewa Indians
- Kimberly Smith, Eyak Native Community of Alaska
- Marisa Mendoza, Director of Behavioral Health, Cheyenne River Sioux Tribe
- James Redbull, Executive Committee Councilmember, Oglala Sioux Tribe
- Nicholas Lewis, Tribal Councilmember, Lummi Nation
- Andrew Shogren, Health Director, Suquamish Tribe, NIH TAC Technical Advisor to Portland Area Representative

Federal Representatives:

- David R. Wilson, Ph.D., Director, NIH Tribal Health Research Office
- Nora Volkow, M.D., Director, National Institute on Drug Abuse (NIDA), National Institutes of Health
- Eliseo J. Pérez-Stable, M.D., Director, National Institute on Minority Health and Health Disparities (NIMHD), National Institutes of Health
- RADM Michael Toedt, Chief Medical Officer, IHS
- CDR David "Joel" Beckstead, Acting Director, Division of Behavioral Health, IHS
- CAPT Cynthia Gunderson, Pharm.D., Vice Chair, National Committee on Heroin, Opioid and Pain Efforts (HOPE Committee), IHS
- Antonio Guimaraes, M.D., Chief Medical Officer, Bemidji Area, IHS
- CAPT Francis Frazier, Director, Office of Public Health Support, IHS
- Tamara James, Ph.D., National Data Coordinator, Division of Behavioral Health, IHS
- Mirtha Beadle, MPA, Director, Office of Tribal Affairs and Policy, SAMHSA
- Onaje Salim, Ed.D., LCPC, Director, Division of State and Community Assistance, Center for Substance Abuse Treatment, SAMHSA

Discussion Topics and Themes

The structure for the two-day session included a combination of presentations followed by in-depth discussions with Tribal leaders and participants. On the first day, federal representatives from the NIH and the IHS presented information on current federal initiatives to address the opioid crisis such as the IHS Heroin, Opioids and Pain Efforts Committee (HOPE) which is tasked with developing a comprehensive response plan that includes prevention, treatment, and recovery and harm reduction efforts; and the Telebehavioral Health Center of Excellence which provides trainings and resources for providers to raise their capacity in addressing behavioral and substance abuse related issues.

Representatives from the NIH presented information on the latest advancements in addiction science while also discussing the current landscape of treatment and prevention modalities. On day two, representatives from SAMHSA provided an overview of existing and upcoming behavioral health funding opportunities for Tribes, in addition to elaborating on future events and initiatives to improve state and Tribal relations and extend technical assistance and training opportunities to Tribal providers. After each presentation, Tribal leaders and participants had the chance to engage in open dialogue with federal representatives and further discuss Tribal concerns and priorities. Broadly speaking, the concerns and challenges communicated by Tribal leaders and participants revolved around several overarching themes:

- The need for more direct, non-competitive and formula-based funding to Tribes to address behavioral health priorities;
- Concerns around addiction risks with medication-assisted treatments such as methadone and buprenorphine for opioid use disorder;
- The need for more direct, meaningful and timely Tribal consultation to determine distribution pathways for funding, respond to proposed regulatory changes, and to advance the government-to-government relationship between Tribes and the federal government;
- Law enforcement challenges such as containing the influx of illicit drugs in Tribal communities, ensuring timely response to overdose emergency calls, expanding naloxone trainings for police and first responders, and exploring partnerships between law enforcement and Tribal health entities;
- Expanding the use of traditional medicines and cultural practices to prevent and treat addiction, and requests for a special federal-Tribal summit on traditional medicine;
- The impact of historical, intergenerational and current trauma in Tribal communities on behavioral health outcomes related to drug misuse, addiction and overdose;
- Challenges with behavioral health data collection and analysis including undercounting of AI/ANs in state and national surveillance systems, racial misclassification of AI/ANs, and shortages in Tribal public health surveillance infrastructure and capacity to make accurate and comprehensive assessments of need;
- Expanding culturally appropriate primary prevention and awareness activities for Tribal youth to reduce the risk of substance use initiation.

Next Steps

The most significant outcome of the two-day consultation were discussions around planning a joint NIH/Tribal Traditional Medicine Summit. Dr. David Wilson of NIH presented the idea to Tribal leaders on Day 1 of the meeting. To garner support for this initiative, a sign-in sheet was distributed to attendees who were asked to sign if they were in support of such a Summit. Over 53 participants that included elected Tribal leaders, Tribal members and other participants signed the document in support of planning this Summit.

NIH informed attendees that this information would be referred to agency leadership to discuss strategies and opportunities to arrange for the Summit.

Appendix A: NIHB Materials Shared with Participants

2018 NIHB National Tribal Public Health Summit

Federal Consultation and Listening Session on Opioids in Indian Country

Monday May 21st, 2018 and Tuesday May 22nd, 2018

Consultation and Listening Session led by the National Institutes of Health, Indian Health Service, and Substance Abuse and Mental Health Services Administration

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U.S. Department of Health and Human Services (HHS) Organizational Chart



Federal Agency Description and Scope of Work:

Below is a short description of the three agencies leading the opioid Consultation and Listening session at NIHB's 9th Annual National Tribal Public Health Summit on Monday May 21st and Tuesday May 22nd, 2018. Please refer to the descriptions below to learn more about each agency's scope of work, and their efforts to address the opioid overdose epidemic.

National Institutes of Health (NIH)



NIH is the lead agency within HHS conducting clinical and medical research to advance new medicines and treatments to improve health. NIH's mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

The goals of the agency are:

- to foster fundamental creative discoveries, innovative research strategies, and their applications as a basis for ultimately protecting and improving health;
- to develop, maintain, and renew scientific human and physical resources that will ensure the Nation's capability to prevent disease;
- to expand the knowledge base in medical and associated sciences in order to enhance the Nation's economic well-being and ensure a continued high return on the public investment in research; and
- to exemplify and promote the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science.

Scope of Work Related to Addressing the Opioid Overdose Epidemic:

NIH is the lead HHS agency providing support for cutting-edge research on pain and opioid misuse, addiction, and overdose. With the goal of bringing scientific solutions to the opioid crisis, NIH is exploring ways to promote 1) new, innovative medications and technologies to treat opioid addiction and improve overdose prevention and reversal interventions, and 2) safe, effective, non-addictive strategies to manage pain.

- Buprenorphine, one of the three FDA-approved options for MAT treatment, was developed through a partnership between NIH and industry. In addition, a NIH public-private partnership helped to develop the only FDA-approved intranasal naloxone product to reverse opioid overdose.
- NIH is working toward preventing the most serious health consequences for infants born with neonatal abstinence syndrome (NAS). Currently, NIH research aims to determine

more precise dosing of buprenorphine in pregnant women, and to reduce the time to develop new treatments.

- NIH funded basic research has identified a myriad of potential targets for future non-addictive therapies. One example is the Patient-Reported Outcomes Measurement Information System (PROMIS). PROMIS provides a rigorously tested patient-reported outcome measurement tool to measure pain, fatigue, physical functioning, and emotional well-being.
- NIH works with Federal partners across government to carry out cutting-edge research on pain. Through the Interagency Pain Research Coordinating Committee, NIH developed the Federal Pain Research Strategy, a long-term strategic plan to coordinate and advance the federal research agenda on pain. The Strategy's research priorities include prevention of acute and chronic pain, management of acute pain, transition from acute to chronic pain, and understanding the disparities that influence pain and pain management.

In 2015, NIH established the Tribal Health Research Office located in the Division of Program Coordination, Planning, and Strategic Initiatives in the Office of the Director. **The office was created in recognition of the importance of ensuring meaningful input from and collaboration with tribal Nations on NIH programs and policies.** The Tribal Health Research Office functions are to:

- Coordinate tribal health research-related activities across NIH
- Serve as a liaison to and NIH representative on tribal health related committees and working groups
- Coordinate and support the NIH Tribal Advisory Committee
- Collaborate with NIH Institutes and Centers on the development of reports on tribal health topics
- Manage information dissemination related to tribal health research coordination
- Convene trans-NIH committees, workshops, meetings and other activities related to tribal health research and scientific priorities
- Coordinate with NIH Institutes and Centers (ICs) to leverage resources or develop initiatives to support tribal health research
- Convene at least yearly Tribal Consultation sessions

Substance Abuse and Mental Health Services Administration (SAMHSA)

The Substance Abuse and Mental Health Services Administration (SAMHSA) is a public health agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. **Congress established SAMHSA to make substance use and mental disorder information, services, and research more accessible.**

Scope of Work Related to Addressing the Opioid Overdose Epidemic:

As HHS's lead agency for behavioral health, SAMHSA's core mission is to reduce the impact of substance abuse and mental illness on America's communities. **SAMHSA supports a portfolio of activities that address all five prongs of HHS's Opioid Strategy.**

- SAMHSA administers the Opioid State Targeted Response (STR) grants, a two-year program authorized by the 21st Century Cures Act (P.L. 114-255). This program allows states to focus on areas of greatest need, including increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of the full range of prevention, treatment and recovery services for opioid use disorder.
- SAMHSA has several initiatives aimed specifically at advancing the utilization of medication assisted treatments (MAT) for opioid use disorder. SAMHSA's MAT for Prescription Drug and Opioid Addiction (MAT-PDOA) program expands MAT access by providing grants to states with the highest rates of treatment admissions for opioid addiction.
- SAMHSA supports a number of training initiatives to increase the number of qualified healthcare providers who can provide treatment for opioid addiction. This program is a national training and clinical mentoring project that provides mentoring of newly trained physicians by experienced specialists, maintains a library of evidence-based practice materials, and offers at no cost to the trainee the required DATA 2000 waiver training to enable providers to prescribe buprenorphine for opioid addiction treatment.
- SAMHSA regulates opioid treatment programs (OTPs), which dispense methadone and may also dispense and prescribe buprenorphine and administer extended-release naltrexone.
- SAMHSA has been a leader in efforts to reduce overdose deaths by increasing, through funding and technical assistance, the availability and use of naloxone to reverse overdose. For instance, SAMHSA developed the "Opioid Overdose Prevention Toolkit," which provides information on risks for opioid overdose, recognition of overdose, and how to provide emergency care in an overdose situation.
- SAMHSA's National Survey on Drug Use and Health (NSDUH) provides key national and state level data on a variety of substance use and mental health topics, including opioid misuse.

Office of Tribal Affairs and Policy

- SAMHSA's Office of Tribal Affairs and Policy (OTAP) works with tribal nations and tribal groups to address behavioral health issues that impact Native people.
- The Office of Tribal Affairs and Policy (OTAP) serves as the agency's primary point of contact for tribal governments, tribal organizations, and federal agencies on behavioral health issues that impact tribal communities.

- OTAP also supports SAMHSA’s efforts to implement the Tribal Law and Order Act (TLOA). This work is carried out in partnership with tribal nations and in collaboration with other SAMHSA offices and centers, as well as other federal agencies.

Indian Health Service (IHS)

The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes.

This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders. **The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level.** The IHS provides a comprehensive health service delivery system for approximately 2.2 million American Indians and Alaska Natives who belong to 573 federally recognized tribes in 36 states.

Our Mission: to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Our Goal: to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Our Foundation: to uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.

Scope of Work Related to Addressing the Opioid Overdose Epidemic:

IHS strengthened and prioritized efforts to address the opioid crisis in 2012 and developed a number of recommendations focused on six areas:

- Patient Care;
- Policy Development/Implementation;
- Education;
- Monitoring;
- Medication Storage/Disposal; and,
- Law Enforcement.

In March 2017, IHS chartered the National Committee on Heroin, Opioids and Pain Efforts (HOPE). **The HOPE committee, which consists of multidisciplinary health care professionals across IHS, works to advance the Department’s multifaceted plan to combat opioid abuse through:**

- Better prevention, treatment, and recovery services;
- Better targeting of overdose reversing drugs;
- Better data on the epidemic;
- Better pain management; and,
- Better research.

The HOPE committee is reviewing and updating IHS policies to ensure they are aligned with the most current national guidelines and addressing the most urgent needs.

- The IHS Prescription Drug Monitoring Programs (PDMP) policy strengthens the monitoring and deterrence of prescription misuse and diversion by requiring IHS providers to check state PDMP databases prior to prescribing opioids for longer than seven days. The IHS PDMP policy also requires IHS practitioners to conduct peer reviews of prescriber activity. Additionally, under the IHS policy, pharmacies must report opioid prescribing data to state PDMPs - a proactive requirement not currently required by law.
- IHS is also working to establish two additional policies to expand access to medication assisted treatment (MAT), and to standardize how first responders in American Indian and Alaska Native communities are provided naloxone.
- In 2008, IHS established the TeleBehavioral Health Center of Excellence (TBHCE) which provides, clinical services, provider education and technical assistance throughout the Indian health system. Currently, the TBHCE is providing training on MAT for opioid use disorder, which uses Food and Drug Administration approved pharmacological treatments, in combination with psychosocial treatments and social supports.
- IHS offers weekly continuing education on pain and addiction as well as consultation on complex cases to further train primary care clinicians to provide these specialty MAT services.
- IHS partners with the Bureau of Indian Affairs (BIA) to train and equip law enforcement officers (LEOs) to recognize signs and symptoms of overdoses and intervene when the overdose is occurring.
- In direct care facilities, IHS has also been providing naloxone supplies, training and tool kits to tribal law enforcement. IHS encourages its pharmacists to co-prescribe naloxone to patients who are at higher risk for opioid overdose based on criteria developed with primary care clinicians, and as a result the number of naloxone prescriptions has increased by 518 percent from FY 2013 to FY 2017.

Federal Agency Representatives and Biographies

Below is a list of each agency's representatives participating in the Consultation and Listening Session on Opioids in Indian Country.

National Institutes of Health (NIH):

David R. Wilson, Ph.D., Director, NIH Tribal Health Research Office



David R. Wilson, Ph.D., was appointed as the first Director of the Tribal Health Research Office (THRO) in January 2017. In this leadership role, Dr. Wilson brings together representatives from the NIH ICOs to leverage trans-NIH resources and build collaborations through the research portfolio to address tribal health concerns. He works to build a unified NIH presence with which to engage and ensure input from tribal leaders across the nation, and aims to expand training opportunities for American Indian and Alaska Native communities. Dr. Wilson comes to the NIH Office of the Director from the Department of Health and Human Services Office of Minority Health where he served as Public Health Advisor and the American Indian/Alaska Native Policy Lead.

Dr. Wilson graduated with a Ph.D. in molecular and cellular biology from Arizona State University. His commitment to encouraging underrepresented minorities to pursue careers in science began when he was a graduate student and Regent's scholar working with high school and community college students in the Four Corners area. Dr. Wilson completed a three-year postdoc, and served as a senior research scientist at the National Institute on Aging. He also serves as an adjunct professor at the Johns Hopkins School of Public Health at the Center for American Indian Health.

Nora Volkow, M.D., Director, National Institute on Drug Abuse (NIDA), National Institutes of Health



Nora D. Volkow, M.D., became Director of the National Institute on Drug Abuse (NIDA) at the National Institutes of Health in May 2003. NIDA supports most of the world's research on the health aspects of drug abuse and addiction.

Dr. Volkow's work has been instrumental in demonstrating that drug addiction is a disease of the human brain. As a research psychiatrist and scientist, Dr. Volkow pioneered the use of brain imaging to investigate the toxic effects and addictive properties of abusable drugs. Her studies have documented changes in the dopamine system affecting, among others, the functions of frontal brain regions involved with motivation, drive, and pleasure in addiction. She has also made important contributions to the neurobiology of obesity, ADHD, and aging.

Dr. Volkow has published more than 680 peer-reviewed articles and written more than 100 book chapters and non-peer-reviewed manuscripts, and has also edited four books on neuroimaging for mental and addictive disorders.

Eliseo J. Pérez-Stable, M.D., Director, National Institute on Minority Health and Health Disparities (NIMHD), National Institutes of Health



Eliseo J. Pérez-Stable, M.D., is Director of the National Institute on Minority Health and Health Disparities (NIMHD) at the National Institutes of Health (NIH). He oversees the Institute's \$289 million budget to advance the science of minority health and health disparities. Under this framework, the Institute conducts and supports research programs to advance knowledge and understanding of mechanisms to improve minority health, identifies and understands health disparities and develops effective interventions to reduce these disparities in community and clinical settings. NIMHD is the lead organization at NIH for planning, reviewing, coordinating, and evaluating minority health and health disparities research activities conducted by NIH Institutes and Centers. NIMHD also promotes diversity in the biomedical workforce, supports research capacity at institutions serving disparity populations, and promotes information dissemination through regular electronic communications, public education outreach, and scientific presentations.

Dr. Pérez-Stable's expertise spans a broad range of health disparities disciplines. His research interests have centered on improving the health of racial and ethnic minorities and underserved populations, advancing patient-centered care, improving cross-cultural communication skills among health care professionals, and promoting diversity in the biomedical research workforce.

[Substance Abuse and Mental Health Services Administration:](#)

Mirtha Beadle, MPA, Director, Office of Tribal Affairs and Policy (OTAP)



Mirtha Beadle is Director of the Office of Tribal Affairs and Policy, which serves as SAMHSA's primary point of contact for tribal nations, tribal organizations, federal agencies, and other governmental agencies on behavioral health issues facing American Indians and Alaska Natives.

In this capacity, Ms. Beadle is responsible for advancing cross-agency actions that support tribal self-governance; working to ensure agency policies, programs, and activities address behavioral health needs of tribal communities; leading and supporting tribal consultation, outreach, education, coordination, and engagement efforts with an emphasis on Native youth; and, implementing specific provisions of the Tribal Law and Order Act. Ms. Beadle also served as Deputy Director, Center for Substance Abuse Prevention and Deputy Administrator for Operations at SAMHSA.

Prior to joining SAMHSA, Ms. Beadle served as Deputy Director of the Office of Minority Health within the Office of the Secretary, HHS. In this capacity she was the principal advisor to the Deputy Assistant Secretary for Minority Health in planning, developing, and implementing policies, programs, and activities to achieve the Secretary's goals for improving the health of

American Indians and Alaska Natives, African Americans, Hispanics/Latinos, Asians, Native Hawaiians, and Pacific Islanders and eliminating health disparities.

Onaje Salim, EdD, LCPC, Director, Division of State and Community Assistance, Center for Substance Abuse Treatment, SAMHSA



Biography unavailable

[Indian Health Service \(IHS\):](#)

RADM Michael Toedt, Chief Medical Officer, IHS



Rear Adm. Michael Toedt, M.D., serves as the Chief Medical Officer of the Indian Health Service. The IHS, an agency within the Department of Health and Human Services, is the principal federal health care provider for American Indians and Alaska Natives. As the CMO, Rear Adm. Toedt is IHS's lead expert on medical and public health topics, giving technical advice and guidance to the IHS Office of the Director and IHS staff throughout the country on American Indian and Alaska Native health care policies and issues. He provides national leadership for the clinical and community-based health programs of the agency, and serves as the primary liaison and advocate for IHS health professionals. Rear Adm. Toedt previously served as the Chief Medical Officer for the IHS Nashville Area, where he provided leadership and guidance for the Nashville Area medical services delivery, partnering with 29 Tribes or tribal organizations in 14 states.

In 2014-2015, Rear Adm. Toedt served as the Acting Chief Medical Information Officer for the IHS, leading clinical informatics for the development, deployment, and improvement of the IHS Resource and Patient Management System Electronic Health Record. Rear Adm. Toedt is responsible for overall patient care policy and program development, implementation, monitoring and evaluation.

CAPT Francis Frazier, Director, Office of Public Health Support, IHS



CAPT Francis Frazier is the Director for the Indian Health Service Office of Public Health Support (OPHS) at IHS Headquarters. The IHS, an agency within the Department of Health and Human Services, is the principal federal health care advocate and provider for American Indians and Alaska Natives. CAPT Frazier is an enrolled member of the Cheyenne River Sioux Tribe. As Director of OPHS, CAPT Frazier leads the team that provides nationwide research and public health response activities for IHS. OPHS oversees disease epidemiology, prevention, and control activities for both infectious and chronic diseases, ensuring that IHS responds in a coordinated way to emerging and ongoing disease threats.

OPHS is responsible for IHS Government Performance and Results Act reporting for Congress, in which IHS reports performance on clinical measures as part of the annual U.S. government budget process. OPHS produces statistical information and publications on American Indian and Alaska Native health widely used by policymakers, journalists, and health administrators. OPHS also supports research by IHS staff and external researchers by operating the IHS Institutional Review Board, which reviews and approves proposed studies and papers to ensure patient privacy and compliance.

CDR David “Joel” Beckstead, Acting Director, Division of Behavioral Health, IHS



David “Joel” Beckstead was born in Twin Falls, Idaho and currently resides in Queen Creek, Arizona. He received his doctorate in clinical psychology from Brigham Young University in 2002. Dr. Beckstead joined the Indian Health Service in 2009 as the Clinical Director of Desert Visions Youth Wellness Center in Sacaton, Arizona. Dr. Beckstead is currently serving as the Acting Director of the Division of Behavioral Health in the Office of Clinical and Preventive Services.

In 2001, he completed his internship at Walter Reed Army Medical Center in Washington, DC. Following graduation, he served 4 years in the Army as a psychologist. After he was honorably discharged from the Army, he joined the United States Public Health Service in 2005.

Dr. Beckstead is passionate about finding effective ways to combine evidenced based practices with traditional, spiritual, and cultural beliefs and has published and presented extensively on this topic. His research and the treatment center where he previously worked were featured in the Surgeon General’s Report “Facing Addiction in America.”

IHS staff for whom biographies and photos were unavailable:

CAPT Cynthia Gunderson, Pharm.D., Vice Chair, National Committee on Heroin, Opioid and Pain Efforts (HOPE Committee), IHS

Antonio Guimaraes, MD, Chief Medical Officer, Bemidji Area, IHS

Tamara James, PhD, National Data Coordinator, Division of Behavioral Health, IHS

Agenda

NIH/IHS/SAMHSA Tribal Consultation / Listening Session on the Opioid Crisis in Indian Country

DATES: Monday, May 21 – Tuesday, May 22, 2018

LOCATION: Mystic Lake Center · 2400 Mystic Lake Boulevard, NW, Prior Lake, MN 55372

TIME: 8:45 am - 3:00 pm Central Time

HOSTED BY TIME: U.S. Department of Health & Human Services: National Institutes of Health, Indian Health Service, and Substance Abuse and Mental Health Services Administration

Purpose: To seek your input and discuss ways our agencies are working together to combat the opioid epidemic in Indian Country.

MODERATORS:

- Aaron Payment, MPA, Med, EdD, Tribal Advisory Committee Member (TAC), Tribal Chairman for the Sault Ste. Marie Tribe of Chippewa Indians
- Mirtha Beadle, MPA, Director, Office of Tribal Affairs and Policy (OTAP)

Toll Free Number: (866) 776-8102; Passcode: 81683639

Day 1 – May 21, 2018		
Schedule	Topic	Presenter/Facilitator
8:45 - 9:00 am	Opening Blessing	Aaron Payment, MPA, MEd, EdD Tribal Advisory Committee Member (TAC) Tribal Chairman for the Sault Ste. Marie Tribe of Chippewa Indians
9:00 - 9:15 am	Welcome and Introductions <ul style="list-style-type: none">• Opening Remarks• Introductions• Consultation Procedures	David R. Wilson, Ph.D. Director, NIH Tribal Health Research Office
9:15 - 10:15 am	Opioid Research and Health in American Indian/Alaska Native (AI/AN) Communities	Nora Volkow, M.D. Director, National Institute of Drug Abuse (NIDA) National Institutes of Health

		Eliseo J. Pérez-Stable, M.D. Director, National Institute on Minority Health and Health Disparities (NIMHD) National Institutes of Health
10:15 - 12:00 pm	Discussion: Opioid Research and American Indian/Alaska Native (AI/AN) Health	Aaron Payment, MPA, MEd, EdD, Tribal Chairman for the Sault Ste. Marie Tribe of Chippewa Indians Nora Volkow, M.D. Eliseo J. Pérez-Stable, M.D. Tribal Leaders and Participants
12:00 – 1:00 pm	Lunch	
1:00 – 1:10 pm	Opening Remarks (IHS)	RADM Michael Toedt Chief Medical Officer IHS
1:10 – 2:20 pm	IHS Panel #1: Listening Session Prevention, Treatment and Recovery	CDR David “Joel” Beckstead Acting Director Division of Behavioral Health IHS CAPT Cynthia Gunderson, Pharm.D., Vice Chair National Committee on Heroin, Opioid and Pain Efforts (HOPE Committee) IHS Antonio Guimaraes, MD (invited) Chief Medical Officer, Bemidji Area IHS
2:20 – 3:30 pm	IHS Panel #2: Listening Session Data and Evaluation	CAPT Francis Frazier Director Office of Public Health Support IHS AND Tamara James, PhD National Data Coordinator Division of Behavioral Health IHS
3:30 – 4:40	IHS Panel #3: Listening Session	CAPT Cynthia Gunderson, Pharm.D., Vice Chair

	Leveraging Resources National Committee on Heroin, Opioids and Pain Efforts (HOPE) Telebehavioral Health Center of Excellence (TBHCE)	HOPE Committee IHS AND Chris Fore, PhD Director TBHCE IHS
4:40 - 5:00 pm	Wrap Up and Next Steps	NIH, IHS, SAMHSA
5:00	Closing Prayer	TBD

Day 2 – May 22, 2018

Schedule	Topic	Presenter/Facilitator
9:00 – 9:15 am	Opening Blessing	Andy Joseph, NIHB Board of Directors Tribal Council, Confederated Tribes of the Colville Reservation Chair, SAMHSA Tribal Technical Advisory Committee
9:15 - 9:30 am	Substance Abuse and Mental Health Services Administration (SAMHSA) – Welcome and Introductions	Mirtha Beadle, MPA Director, Office of Tribal Affairs and Policy (OTAP)
9:30 – 10:00 am	Approach to Opioids Prevention, Treatment, and Recovery <ul style="list-style-type: none"> Funding Resources for Tribes Tribal-State Opioid Plans Provider Training Treatment Improvement Protocol Technical Assistance 	Onaje Salim, EdD, LCPC Director, Division of State and Community Assistance, Center for Substance Abuse Treatment, SAMHSA Mirtha Beadle, MPA

10:00 – 12:00 pm	Discussion: Targeted Response to Addressing the Opioid Crisis in Tribal Communities	<u>Moderators</u> <ul style="list-style-type: none"> • Aaron Payment, MPA, MEd, EdD • Mirtha Beadle, MPA Tribal Leaders and participants
12:00 - 1:00 pm	Lunch	
1:00 – 2:30 pm	Perspectives and Recommendations from Participating Tribal Members about Priorities or Guiding Principles for the Opioid Epidemic This session is designed for consultation participants to provide perspectives and recommendations from participating tribal members on Tribal priorities for health research and health service for the Opioid epidemic <ul style="list-style-type: none"> • NIH • IHS • SAMHSA <i>NIH will adhere to the Tribal Consultation Policy which established a presentation/speaker protocol. This ensures that the highest ranking official from each</i>	Tribal Participants
2:30 – 2:45 pm	Wrap Up and Next Steps	NIH, IHS, SAMHSA
2:45 - 3:00 pm	Closing Prayer	TBD

Issue Brief

Below is an issue brief on the opioid overdose epidemic that highlights both the national and Tribally-specific impact of the crisis.

May 2018

Issue Brief: Opioid Overdose Epidemic Nationwide and in Indian Country

Issue: Addressing the opioid overdose epidemic is a top priority for many American Indian and Alaska Native (AI/AN) Tribal governments. The Centers for Disease Control and Prevention (CDC) reported that AI/ANs had the highest drug overdose death rate among reported groups from 2007-2015, and the largest percentage increase in drug-related deaths from 1999-2015 at 519%. The same report shared that due to the high likelihood of racial misclassification on death certificates, that the actual drug overdose death rate for AI/ANs may be underestimated by as much as 35%.² In 2016, AI/ANs were reported to have the second highest opioid overdose death rate, at 13.9 deaths per 100,000.³

Problem: Tribal governments do not operate within the state regulatory structure, and are often left out of statewide public health initiatives. As sovereigns, Tribal Nations must be afforded the necessary resources to curb the crisis affecting their communities. This must include base funding for Tribes with direct set-asides. Without base funding for Indian Country to address the opioid crisis, large portions of the U.S. population and large land bases will be left out of prevention and intervention efforts.

Background: In recent years, the opioid overdose epidemic has escalated into one of the most pressing public health crises affecting the United States. According to the CDC, there were roughly 64,000 drug overdose deaths in 2016 alone – an approximately 22% increase from the 2015 overdose death count of 52,404.⁴ The 2016 drug overdose death count is greater than peak deaths associated with gun violence, motor vehicle crashes, and the human immunodeficiency virus (HIV).⁵ Drug overdose deaths are now the leading cause of accidental death in the United States.⁶ There is a strong connection between chronic misuse of prescription opioids and subsequent use of heroin or fentanyl. In 2017, the CDC reported that illegally manufactured fentanyl was primarily

² Mack KA, Jones CM, Ballesteros MF. Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas — United States. *MMWR Surveill Summ* 2017;66(No. SS-19):1–12.

DOI: <http://dx.doi.org/10.15585/mmwr.ss6619a1>

³ Seth P, Scholl L, Rudd RA, Bacon S. Overdose Deaths Involving Opioids, Cocaine, and Psychostimulants — United States, 2015–2016. *MMWR Morb Mortal Wkly Rep* 2018;67:349–358.

DOI: <http://dx.doi.org/10.15585/mmwr.mm6712a1>

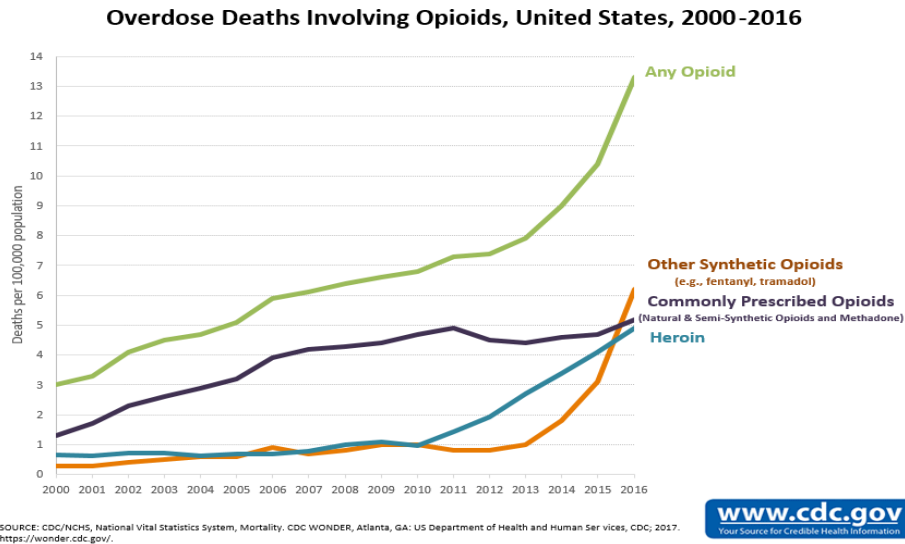
⁴ Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017.

⁵ Katz, J. (2017). Drug Deaths in America Are Rising Faster Than Ever. *The New York Times*. Retrieved from <https://www.nytimes.com/interactive/2017/06/05/upshot/opioid-epidemic-drug-overdose-deaths-are-rising-faster-than-ever.html>

⁶ Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. *MMWR Morb Mortal Wkly Rep* 2016;65:1445–1452.

DOI: <http://dx.doi.org/10.15585/mmwr.mm65051e1>

responsible for a five-fold increase in synthetic opioid overdose deaths from 2013 to 2016.⁷ A CDC Vital Signs Report from 2015 reported that misuse of opioids increases risk of heroin abuse by 40 times, and that nearly 96% of heroin users also use other substances.⁸ Despite these statistics, only about 10% of individuals in need of substance use treatment actually receive treatment.⁹



The overprescribing of opioid medications led to a 137% increase in drug overdose deaths overall between 2000 and 2014, and a 200% increase in heroin and other synthetic opioid deaths.¹⁰ According to the National Survey on Drug Use and Health, 91.8 million Americans used prescription opioids in 2015 alone, of which 12.5% reported misusing the drugs and 16.7% reported an opioid misuse disorder.¹¹ The highest reports of opioid misuse and dependence were among populations that described being uninsured, unemployed or low income. Among the adults who reported misuse, 60% shared doing so without a prescription, while roughly 41% reported obtaining prescription opioids free of charge from friends and family. The epidemic has imposed a heavy price tag, costing the U.S. economy nearly \$1 trillion from 2000-2017, and is estimated to cost another \$500 billion from 2017-2020.¹²

⁷ O'Donnell JK, Halpin J, Mattson CL, Goldberger BA, Gladden RM. Deaths Involving Fentanyl, Fentanyl Analogs, and U-47700 — 10 States, July–December 2016. *MMWR Morb Mortal Wkly Rep* 2017;66:1197–1202.

DOI: <http://dx.doi.org/10.15585/mmwr.mm6643e1>

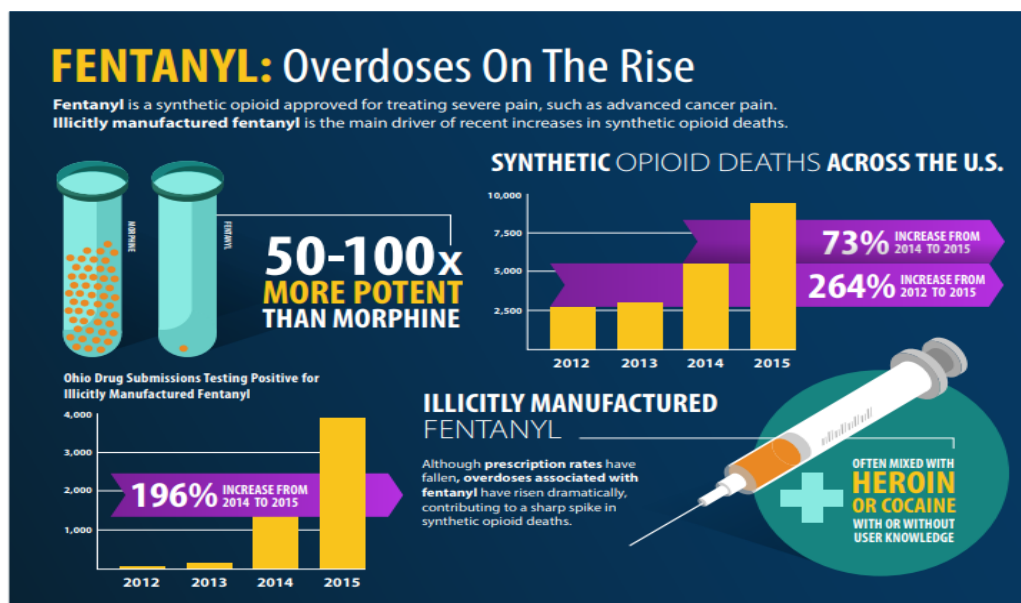
⁸ National Survey on Drug Use and Health, 2011-2013.

⁹ Lipari, R. N., Park-Lee, E., and Van Horn, S. *America's need for and receipt of substance use treatment in 2015*. The CBHSQ Report: September 29, 2016. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.

¹⁰ Meldrum, M. L. (2016). The Ongoing Opioid Prescription Epidemic: Historical Context. *American Journal of Public Health*, 106(8), 1365–1366. <http://doi.org/10.2105/AJPH.2016.303297>

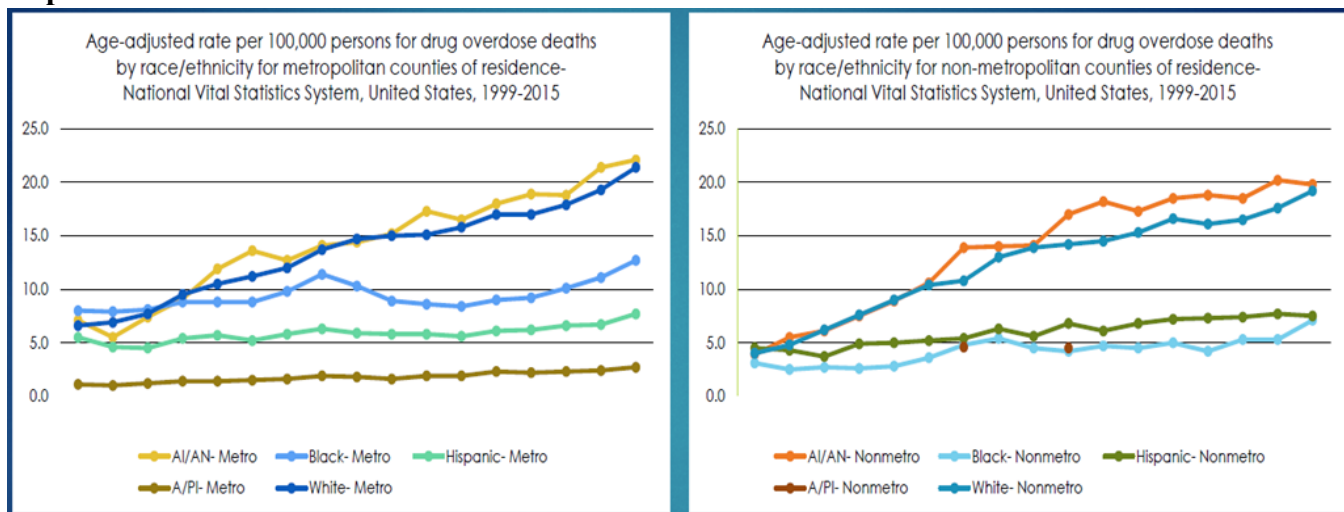
¹¹ Han B, Compton WM, Blanco C, Crane E, Lee J, Jones CM. Prescription Opioid Use, Misuse, and Use Disorders in U.S. Adults: 2015 National Survey on Drug Use and Health. *Ann Intern Med*. 2017;167:293–301. doi: 10.7326/M17-0865

¹² Altarum. (2018). Economic Toll of Opioid Crisis. Retrieved from <https://altarum.org/news/economic-toll-opioid-crisis-us-exceeded-1-trillion-2001>



Drugs Involved in U.S. Overdose Deaths* - Among the more than 64,000 drug overdose deaths estimated in 2016, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids) with over 20,000 overdose deaths. Source: CDC WONDER

Impact on American Indian and Alaska Native Communities:



Mack KA, et. al., Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in metropolitan and Nonmetropolitan Areas- United States, *MMWR*, Vol 66 (19) October 20, 2017, pp 1-12.

AI/AN adolescents were reported to have the highest lifetime nonmedical use of prescription drugs in 2013.¹³ In 2015, AI/AN adults were reported to have the highest rates of lifetime illegal drug

¹³ Substance Abuse and Mental Health Services Administration. SAMHSA American Indian/Alaska Native Data. Retrieved from https://www.samhsa.gov/sites/default/files/topics/tribal_affairs/ai-an-data-handout.pdf

use, past year illegal drug use, and past month illegal drug use.¹⁴ Regional statistics further demonstrate the impact of opioid overdoses in AI/AN communities. For instance:

- In Washington State, AI/ANs had the highest opioid overdose death rate from 2011-2015 at 34.4 deaths per 100,000. Similarly in Oregon, AI/ANs experienced an opioid overdose rate of 12.4 deaths per 100,000 from 2011-2015.
- Data from the United South and Eastern Tribes demonstrated how from 2002-2013, opioid-related deaths accounted for 20% of all substance use related deaths in AI/AN communities, while 9% of all deaths were attributed to opioid-related issues. Additional data documented how first time heroin use among 12-17 year old youth increased 80% since 2002.
- In 2016, the Alaska Epidemiology Center reported an age-adjusted overdose death rate of 17.1 per 100,000 among AI/ANs. From 2009-2014, the overdose death rate was highest among AI/AN people at 20.2 per 100,000, compared to 15.3 per 100,000 for Whites.
- From 2015 to 2016, drug overdose death rates among AI/ANs in Minnesota increased from 47.3 deaths per 100,000 to 64.6 deaths per 100,000 – the highest rate among all groups.
- A 2015 report from the Minnesota Department of Human Services discussed how AI/AN infants were 7.4 times more likely to be born with neonatal abstinence syndrome (NAS), while AI/AN mothers were reported to experience maternal opioid dependence and opioid abuse at a rate 8.7 times higher than non-Hispanic Whites.
- Injection drug use, including injection opioid use, is also one of the primary modes of transmission for infections such as HIV and HCV. According to the CDC, roughly 31% of new HIV diagnoses among AI/AN women in 2016 had injection drug use as the mode of transmission, compared to 12% among all women.

Additional Resources:

1. National Tribal Behavioral Health Agenda: https://www.nihb.org/behavioral_health/behavioral_health_agenda.php
2. Office of Tribal Affairs and Policy, SAMHSA: <https://www.samhsa.gov/tribal-affairs>
3. IHS Heroin, Opioids and Pain Efforts (HOPE) Committee: <https://www.ihs.gov/hope/>
4. NIH Opioid Resources and Materials: <https://www.niams.nih.gov/newsletters/aian-newsletter/2018/aian-newsletter-march-2018>
5. CDC Opioid Overdose Website: <https://www.cdc.gov/drugoverdose/opioids/index.html>
6. U.S. HHS Opioid Strategy: <https://www.hhs.gov/blog/2017/11/01/advancing-the-practice-of-pain-management-under-the-hhs-opioid-strategy.html>

¹⁴ Substance Abuse and Mental Health Services Administration. (2016). *Results from the 2015 National Survey on Drug Use and Health Detailed Tables*. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf>