Rural and Tribal Elder Justice Webinar Series

Utilizing Federal and Community Resources To Overcome the Opioid Epidemic in Tribal Communities

DECEMBER 14, 2018
ELDER JUSTICE INITIATIVE

The **mission** is to support and coordinate the Department of Justice’s enforcement and programmatic efforts to combat elder abuse, neglect, and financial fraud and scams that target older adults.

The Initiative does so by—

- Promoting justice for older adults.
- Helping older victims and their families.
- Enhancing state and local efforts through training and resources.
- Supporting research to improve elder abuse policy and practice.
ELDERJUSTICE.GOV

You're fighting elder abuse on the front lines. We've got your back.

The mission of the Elder Justice Initiative is to support and coordinate the Department’s enforcement and programmatic efforts to combat elder abuse, neglect, and financial fraud and scams that target our Nation’s seniors.

- **Outreach Materials**
  Get involved, get safe community presentations, pamphlets, and materials on all types of elder abuse.

- **Prosecutor Video Series**
  Training videos geared toward successful prosecution of elder abuse cases.

- **Elder Abuse Research**
  References to articles, books, and government reports on all types of elder abuse and financial exploitation topics.

- **MDT Guide & Toolkit**
  Start or grow a local elder abuse case review multidisciplinary team with this research- and resource-rich toolkit.

- **Financial Exploitation & Reporting**
  Learn about financial scams and find the right reporting agency.

- **Webinars**
  Webinars targeted to elder abuse professionals and those interested in elder abuse topics.

- **Elder Abuse Statutes**
  State statutes relevant to elder abuse cases.
Karen (Kari) Hearod, LCSW
Administrator, Region 6
Substance Abuse and Mental Health Services Administration
Utilizing Federal and Community Resources To Overcome the Opioid Epidemic in Tribal Communities

CDR Kari Hearod
Overview of Presentation and Discussion

- Statistics and contributing factors
- HHS Opioids Strategy
- SAMHSA’s approach to tribal opioid and other substance use challenges
- SAMHSA funding streams
- Other SAMHSA resources
- About Tribal Action Plans (TAPs)
- Individual responsibility and action
The Opioid Epidemic by the Numbers

IN 2016...

116 People died every day from opioid-related drug overdoses

42,249 People died from overdosing on opioids¹

170,000 People used heroin for the first time¹

19,413 Deaths attributed to overdosing on synthetic opioids other than methadone²

2.1 million People had an opioid use disorder¹

2.1 million People misused prescription opioids for the first time¹

15,469 Deaths attributed to overdosing on heroin²

948,000 People used heroin¹

17,087 Deaths attributed to overdosing on commonly prescribed opioids²

504 billion In economic costs³

Sources: ¹ 2016 National Survey on Drug Use and Health, ² Mortality in the United States, 2016 NCHS Data Brief No. 293, December 2017, ³ CEA Report: The underestimated cost of the opioid crisis, 2017
The Opioid Epidemic and Elders

- Opioid overdoses kill more than 42,000 people each year (CDC)
- 14.4 million Medicare beneficiaries (of 43.6 million enrolled in Medicare Part D) received opioids in 2016 (OIG)
- 2.7 million Americans age 50 and older misused Rx pain meds in 2015 (SAMSHA)
The Opioid Epidemic and Elders

- Opioid-related hospitalizations more than doubled over 10 years for adults ages 65 and older, and tripled among adults ages 45–64 in largely rural West Virginia.

- Only 11 percent of patients seeking addiction treatment in rural areas are able to receive opioid addiction treatment medications.
The Opioid Epidemic and Elders

- APS data show an increase in elder abuse. Some experts and law enforcement believe the opioid crisis is contributing to the increase, but APS and others are not collecting data related to this.

- Rural grandparents are more likely than urban counterparts to be raising a grandchild because their adult child is addicted to opioids. Challenges include raising children with physical and cognitive health problems.
Opioid Misuse: AI/AN versus National Average

2016 National Survey on Drug Use and Health

- Prescription Drug Misuse
- Prescription Pain Reliever Misuse
- Opioid Misuse
- Illicit Drug Misuse

- National Average
- American Indian/Alaska Native

SAMHSA
Substance Abuse and Mental Health Services Administration
Adverse Childhood Experiences (ACEs)

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member
ACEs are common
ACEs cluster
ACEs have a dose response relationship with many health problems
Synthetic opioid deaths closely linked to illicit fentanyl supply

Known or suspected exposure to fentanyl in past year (n = 121)
Behavior or experience | APR | 95% CI | p
--- | --- | --- | ---
Regular heroin use | 4.07 | 1.24–13.3 | 0.02

Source: Carroll et al, Int. J. Drug Policy, 2017 and CDC Epi-Aid 2015-2016 OH and MA

Figure 3 Fentanyl reports in NFLIS, by State, 2001

Figure 4 Fentanyl reports in NFLIS, by State, 2015

Reports per State

- 100 or More
- 50–99
- 20–49
- 1–19
- 0
- No Data
Treacherous Potency

Lethal doses of heroin, fentanyl, and carfentanyl

[ LEFT TO RIGHT ]
Fentanyl and Counterfeit Products Broaden At-Risk Population

Counterfeit Norco Poisoning Outbreak — San Francisco Bay Area, California, March 25–April 5, 2016

Kathy T. Vo, MD1,2; Xander M.R. van Wijk, PhD3; Kara L. Lynch, PhD3; Alan H.B. Wu, PhD3; Craig G. Smollin, MD1,2

Figure 3: Counterfeit 30 Milligram Oxycodone Pills Containing Fentanyl.

Furanyl-Fentanyl Overdose Events Caused by Smoking Contaminated Crack Cocaine — British Columbia, Canada, July 15–18, 2016

Salman A. Klar, MPH1; Elizabeth Brodkin, MD1; Erin Gibson1; Shovita Padhi, MD1; Christine Predy2; Corey Green, MHSc1; Victoria Lee, MD1

Deaths Involving Fentanyl, Fentanyl Analogs, and U-47700 — 10 States, July–December 2016

Julie K. O’Donnell, PhD1; John Halpin, MD1; Christine L. Mattson, PhD1; Bruce A. Goldberger, PhD2; R. Matthew Gladden, PhD1
HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS

• BETTER DATA
• BETTER PAIN TREATMENT
• PREVENTION, TREATMENT & RECOVERY
• MORE OVERDOSE REVERSERS
• BETTER RESEARCH
PACT: SAMHSA’s Tribal Opioids Approach

• **Priority**
  - February 28, 2018, governor’s letter calling on them to ensure tribes are engaged in state programs in meaningful and beneficial manner

• **Access**
  - Increased access to funding (set-asides or minimum tribal awards)
  - New Tribal Opioids Response Grant Program ($50,000,000 set-aside)

• **Collaboration**
  - Tribal-State Policy Academy to improve relationships and develop collaborative plans focused on tribal opioids and other substances
  - Federal partnership (Town Hall and Joint Tribal Advisory Committee)

• **Technical Assistance**
  - Substance abuse
  - Mental health
  - Prevention
<table>
<thead>
<tr>
<th>Grant Name</th>
<th>Description</th>
<th>Amount</th>
<th># Awards</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Awareness Training</td>
<td>Purpose: train to recognize signs/symptoms of mental disorders (SMI and/or SED) and community resources; establish linkages with school- and/or community-based mental health; crisis de-escalation.</td>
<td>Up to $125,000 py</td>
<td>Up to 126</td>
<td>6/8/18</td>
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<tr>
<td>Community Programs for Outreach &amp; Intervention with Youth and Young Adults at Clinical High-Risk for Psychosis</td>
<td>Identify youth and young adults, up to 25 years old, at clinical high risk for psychosis and provide evidence-based interventions to prevent the onset of psychosis or lessen the severity of psychotic disorder</td>
<td>Up to $400,000 py</td>
<td>Up to 28</td>
<td>6/11/18</td>
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<tr>
<td>Tribal Behavioral Health Grants/Native Connections</td>
<td>Prevent and reduce suicidal behavior and substance use, reduce impact of trauma, and promote mental health among native youth through age 24 years</td>
<td>Up to $250,000 py</td>
<td>Up to 30</td>
<td>6/22/18</td>
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<tr>
<td>Infant and Early Childhood Mental Health</td>
<td>Targets children from birth to 12 years of age at risk for, with early signs of, or mental health diagnosis</td>
<td>Up to $500,000 py</td>
<td>9</td>
<td>6/29/18</td>
</tr>
<tr>
<td>Mental Health Technology Transfer Center</td>
<td>Resource, capacity, and mental health workforce development technical assistance</td>
<td>Up to $500,000 py</td>
<td>1 tribal</td>
<td>7/3/18</td>
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<td>Grant Name</td>
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<tr>
<td>Strategic Prevention Framework—Partnerships for</td>
<td>Reduce onset and progression of substance abuse and related problems and</td>
<td>Tiered amounts between $500,000 to $2,260,000</td>
<td>34 (at</td>
<td>7/6/18</td>
</tr>
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<td>Success</td>
<td>strengthen prevention capacity infrastructure. Focus is on youth 9-20 years</td>
<td>(applicants must check tiers)</td>
<td>least 5</td>
<td></td>
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<td>of age to address underage drinking. Applicants may target up to two</td>
<td></td>
<td>awards to</td>
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<td>additional, data-driven substance abuse prevention priorities.</td>
<td></td>
<td>tribes,</td>
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<td></td>
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<td>tribal orgs, urban</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Indian orgs)</td>
<td></td>
</tr>
<tr>
<td>Medication Assisted Treatment (MAT) — Prescription</td>
<td>Expand/enhance access to MAT for persons with opioid use disorders. Focus</td>
<td>Up to $524,670 py ($65,583,803 total – at least $5 M for</td>
<td>Up to 125</td>
<td>7/9/18</td>
</tr>
<tr>
<td>Drug and Opioid Addiction (PDOA)</td>
<td>is on entities within states with highest rates of primary treatment</td>
<td>tribes, tribal orgs, urban Indian orgs)</td>
<td>total</td>
<td></td>
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<td>admissions for heroin and opioids per capita and states with the most</td>
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<td>(tribal and</td>
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<td>dramatic increases for heroin and opioids.</td>
<td></td>
<td>non-tribal)</td>
<td></td>
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<tr>
<td>Prevention Technology Transfer Center</td>
<td>Training and technical assistance for substance abuse prevention field</td>
<td>Up to $500,000 py</td>
<td>1 tribal</td>
<td>7/10/18</td>
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Background: Opioid State Targeted Response

- 21st Century Cures Act, Public Law 114-255, signed on December 13, 2016
- Section 1003 of the Act authorizes funding for Opioid State Targeted Response (STR) grants
  - $500 million for Fiscal Year (FY) 2017 and $500 million for FY 2018
  - $1.0 billion in FY 2019 for SOR, includes set-asides for tribal communities ($50 million) and hard hit states
Tribal Opioids Response (TOR) Grant:

- New tribal program established under the FY 2018 Omnibus Appropriations—$50,000,000 tribal set-aside
- SAMHSA sought immediate tribal leader input to meet program development and award deadlines. Input:
  - Ensure program flexibility to meet varying tribal needs
  - Make awards directly to tribes and not states
  - Funding should reach all tribes
  - Continue to seek consult to prepare for future funding
The Toolkit equips providers, individuals, communities, and governments on ways to prevent/respond to opioid overdose. It addresses issues for first responders, treatment providers, and those recovering from opioid overdose.

store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742
This Treatment Improvement Protocol (TIP) reviews the use of the three Food and Drug Administration (FDA)-approved medications used to treat opioid use disorder (OUD)—methadone, naltrexone, and buprenorphine—and the other strategies and services needed to support recovery for people with OUD.
MATx empowers health care practitioners to provide effective, evidence-based care for opioid use disorders. This free app supports practitioners who provide medication-assisted treatment (MAT), as well as those who plan to do so in the future.
“The governing body of any Indian tribe may, at its discretion, adopt a resolution for the establishment of a Tribal Action Plan to coordinate available resources and programs, including programs and resources made available by this chapter, in an effort to combat alcohol and substance abuse among its members.”
At the request of any Indian tribe pursuant to a resolution, the following federal agencies shall cooperate with the tribe in the development of a TAP:

- Bureau of Indian Affairs
- Office of Justice Programs
- Substance Abuse and Mental Health Services Administration
- Indian Health Service
TAP Requirements

• Assessment of the scope of the problem
• Identification and coordination of available resources
• Development of goals and strategies
• Identification of community and family roles in the TAP
• Development of procedures for amending/revising TAPs
• An evaluation to measure outcomes
• Updates every 2 years
Like all Older Adults, Rural Elders Vulnerable to Medication Abuse

- Use more Rx and OTC medications than any other age group, and may develop increased medication sensitivity as they age.
- Have higher risk of accidental misuse or abuse due to conditions like, sleep disorders and insomnia, and anxiety that occurs in this population.
- Surplus of opioid meds in many rural areas.
Educate Before You Medicate: Know Your Options

- Acetaminophen (Tylenol®) or ibuprofen (Advil®)
- Cognitive behavioral therapy – a psychological, goal-directed approach in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress
- Exercise therapy, including physical therapy
- Medications for depression or for seizures
- Interventional therapies (injections)
- Exercise and weight loss
- Other therapies such as acupuncture and massage
Responding to the Crisis

• Ensuring linkages to APS for any older adult who is self-neglecting or being abused.

• Treating older adults misusing pain meds or using illegal opioids.

• Providing education and support for those taking opioids for chronic pain.

• Expanding aging services and other efforts to support grandparents raising grandchildren.
Responding to the Crisis

• Public awareness efforts to ensure people of all ages understand dangers of opioid misuse and drug-sharing.

• Prescriber education must preserve rights of older adults living with pain to obtain Rx opioids when medically warranted, while ensuring prescribers consider risks of opioid misuse by their older patients.
Responding to the Crisis

• Education efforts must involve health care provider and emergency response education about the unique needs of rural older adults exposed to opioids.

• More primary care physicians – the main prescribers in rural America – need federal approval to prescribe a drug that treats opioid use disorder.
If You Are Prescribed Opioids For Pain:

Never take opioids in greater amounts or more often than prescribed.

Follow up with your primary health care provider within ___ days.
• Work together to create a plan on how to manage your pain.
• Talk about ways to help manage your pain that don’t involve prescription opioids.
• Talk about any and all concerns and side effects.

Help prevent misuse and abuse.
• Never sell or share prescription opioids.
• Never use another person’s prescription opioids.

Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family). Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).

Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA’s National Helpline at 1-800-662-HELP.
Safe Storage and Disposal

DEA NATIONAL RX TAKEBACK
National Prescription Drug Take Back Day
I, Surgeon General of the United States Public Health Service, VADM Jerome Adams, am emphasizing the importance of the overdose-reversing drug naloxone. For patients currently taking high doses of opioids as prescribed for pain, individuals misusing prescription opioids, individuals using illicit opioids such as heroin or fentanyl, health care practitioners, family and friends of people who have an opioid use disorder, and community members who come into contact with people at risk for opioid overdose, knowing how to use naloxone and keeping it within reach can save a life.

BE PREPARED. GET NALOXONE. SAVE A LIFE
Partnering for Effectiveness

https://findtreatment.samhsa.gov/

http://prescribetoprevent.com/

BEHAVIORAL HEALTH
TREATMENT LOCATOR

OVERDOSE PREVENTION PROGRAMS
Find the nearest overdose prevention and naloxone program.
STR-TA Consortium
State Targeted Response Technical Assistance

Working with communities to address the opioid crisis.

Navigating Toward Healthier Communities

SAMHSA's STR-TA Consortium is here to assist you. Our goal is to provide the resources and technical assistance you need to address the opioid crisis in your communities.

If you need technical assistance to support evidence-based practices in the prevention, treatment and recovery of opioid use disorders in your community, submit a request to www.getSTR-TA.org.

www.getSTR-TA.org | str-ta@aaap.org | 401-270-5900

Funding for this initiative was made possible in part by grant no. 1H79TI082816-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
Thank you

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Additional Information

Elder Justice Initiative
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