

## Addressing the Opioid Epidemic in American Indian and Alaska Native Communities

**ISSUE:** The opioid epidemic poses one of the most significant public health threats in recent history, and is particularly virulent in American Indian and Alaska Native communities.

**Background:** Addressing the opioid epidemic is a nationwide priority; however, access to critical opioid prevention and treatment dollars are not reaching many of the Tribal communities that are in serious need of these funds. American Indians and Alaska Natives (AI/AN) face opioid related fatalities at three times the rate for Blacks and Hispanic Whites (Murphy et al., 2014). The Centers for Disease Control and Prevention (CDC) further reported an opioid overdose rate of 8.4 per 100,000 for AI/ANs, second only to Whites. As sovereigns, Tribal Nations are not systematically included within statewide public health initiatives such as the recent prevention and intervention efforts created through the new opioid crisis grants. Nevertheless, a national study looking at death certificate data reported that AI/AN experienced the highest prescription opioid death rate of any race from 1999-2009 (Calcaterra, 2013). Within youth, nonmedical use of opioids in AI/AN youth over the age of 12 were reported to be twice the rate of Whites and three times the rate for African Americans (CDC, 2012). These statistics illuminate the critical need for more comprehensive interventions in Tribal communities to improve prevention and treatment measures.

### Policy Recommendations:

- *Establish Tribally-specific funding streams to address the opioid epidemic in AI/AN communities.*
  - Tribes were not included in the 2017 State Targeted Response to the Opioid Epidemic grants, forcing many Tribes to compete with state agencies and other Tribes for these critically needed dollars. Creating funding streams specific for Tribes eliminates this issue and streamlines access to these essential funds.
- *In coordination with Tribal leaders, establish trauma-informed interventions to reduce the burden of substance use disorders including those involving opioids.*
  - Addressing historical and intergenerational trauma is a top priority for many Tribal Nations, outlined such in the National Tribal Behavioral Health Agenda developed by the Substance Abuse and Mental Health Services Administration. Federal agencies must work more closely with Tribes to create trauma-informed and culturally appropriate interventions.
- *Establish a Special Behavioral Health Program for Indians that parallels the structure of the existing Special Diabetes Program for Indians to provide substance abuse prevention, intervention, and other needed behavioral health services to AI/AN Tribes.*

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- The Special Diabetes Program for Indians (SDPI) is one of the most effective and respected programs ever implemented in Indian Country, and its model can and should be expanded to other Tribal public health priorities such as substance use.