

A vertical decorative border on the left side of the slide, featuring a repeating pattern of stylized flowers and leaves in purple, red, orange, and green, set against a light beige background.

The Opioid Crisis in Indian Country

PART ONE



- Opioids – Legal and Illegal
- Ways to address substance use disorder in Indian Country

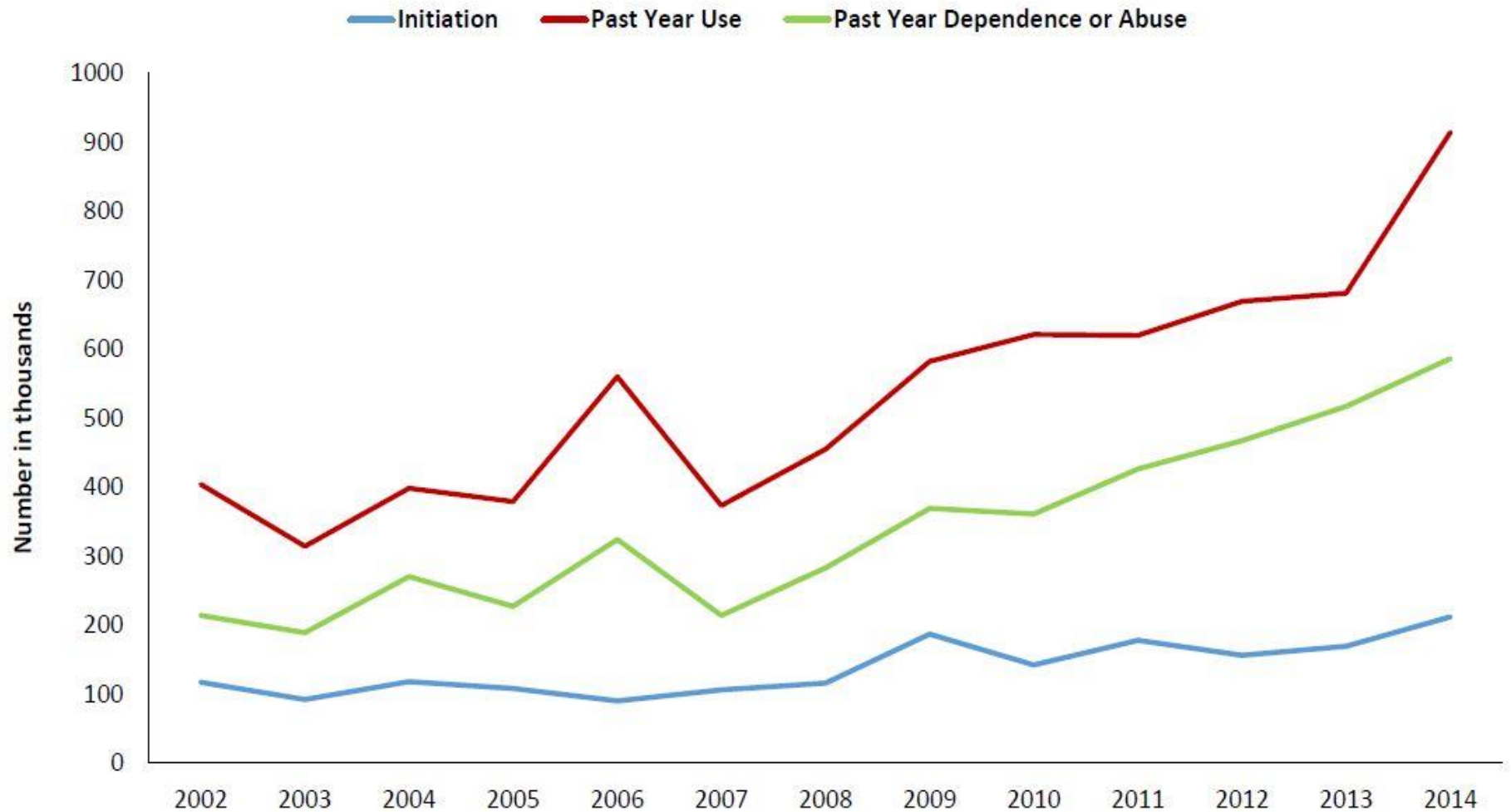


- Opiate: Drugs specifically derived from opium.
- Opioid: Synthetic drugs that possess narcotic properties similar to opiates.
- “Opioid” will be used to describe both.

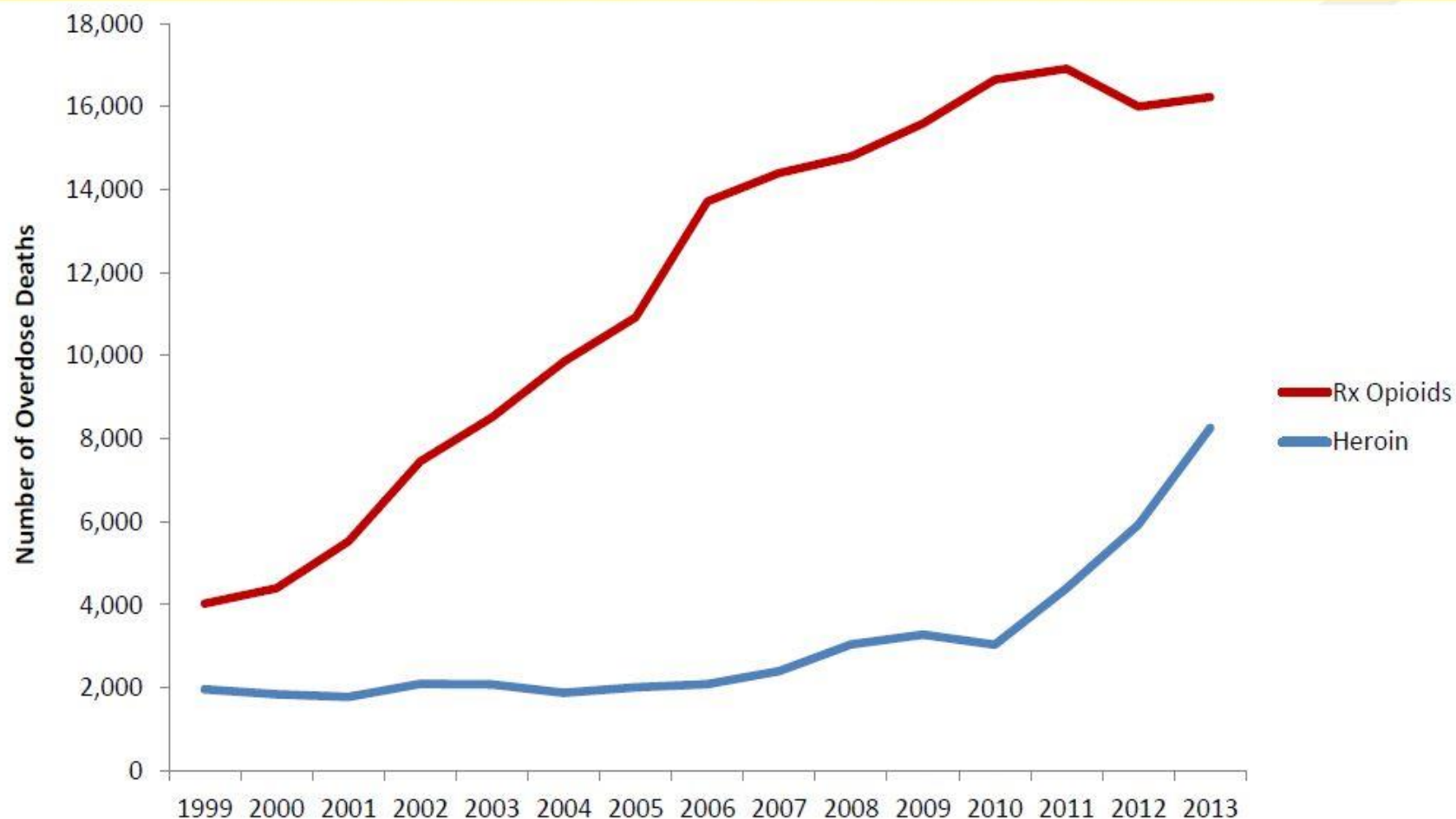


HEROIN

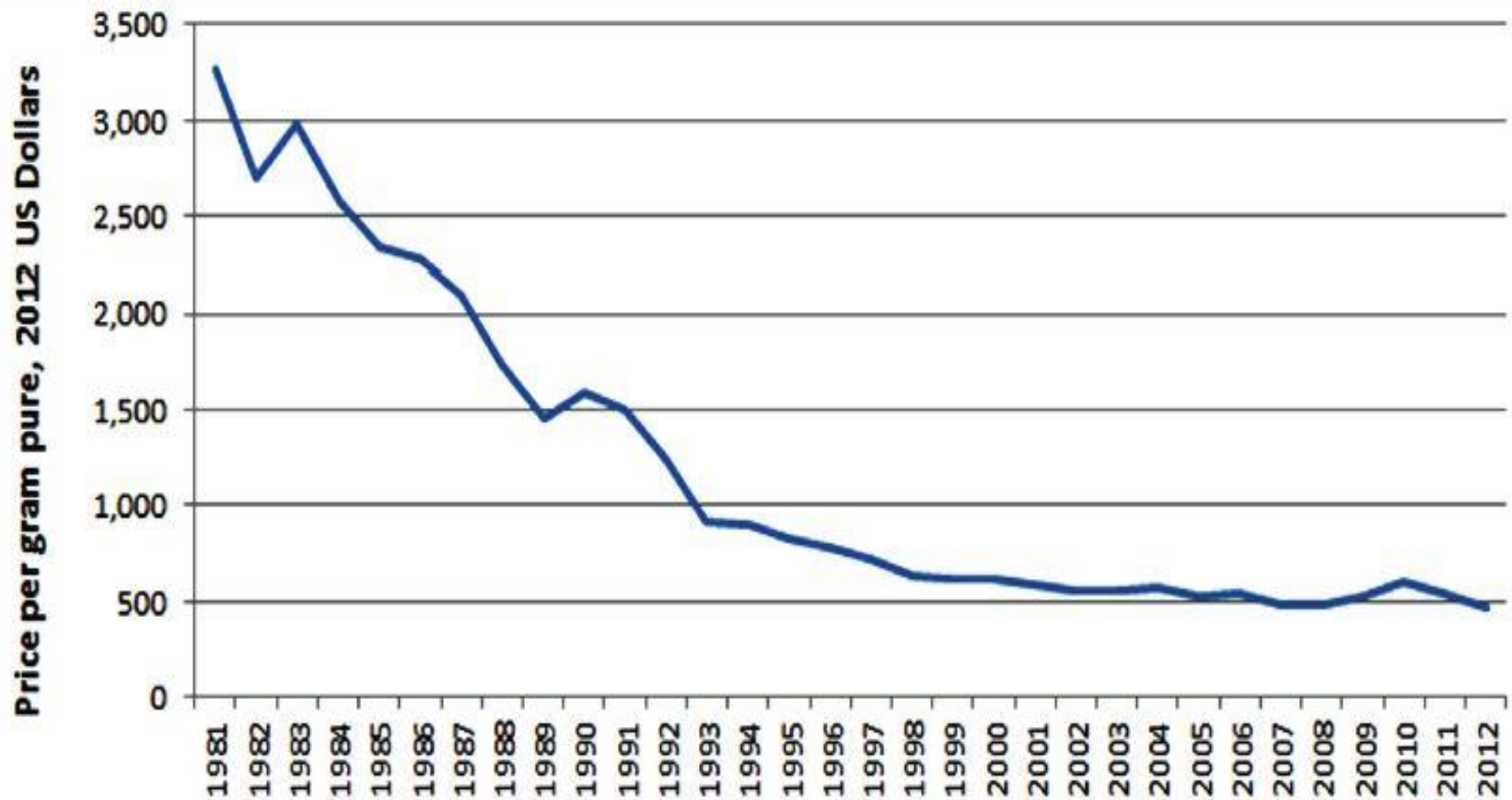
Heroin trends



Overdose Deaths Involving Rx Opioids and Heroin United States, 1999-2013



(U) Chart 6. Retail-level Average Price Per Gram Pure, for Heroin in the United States, 1981 to 2012

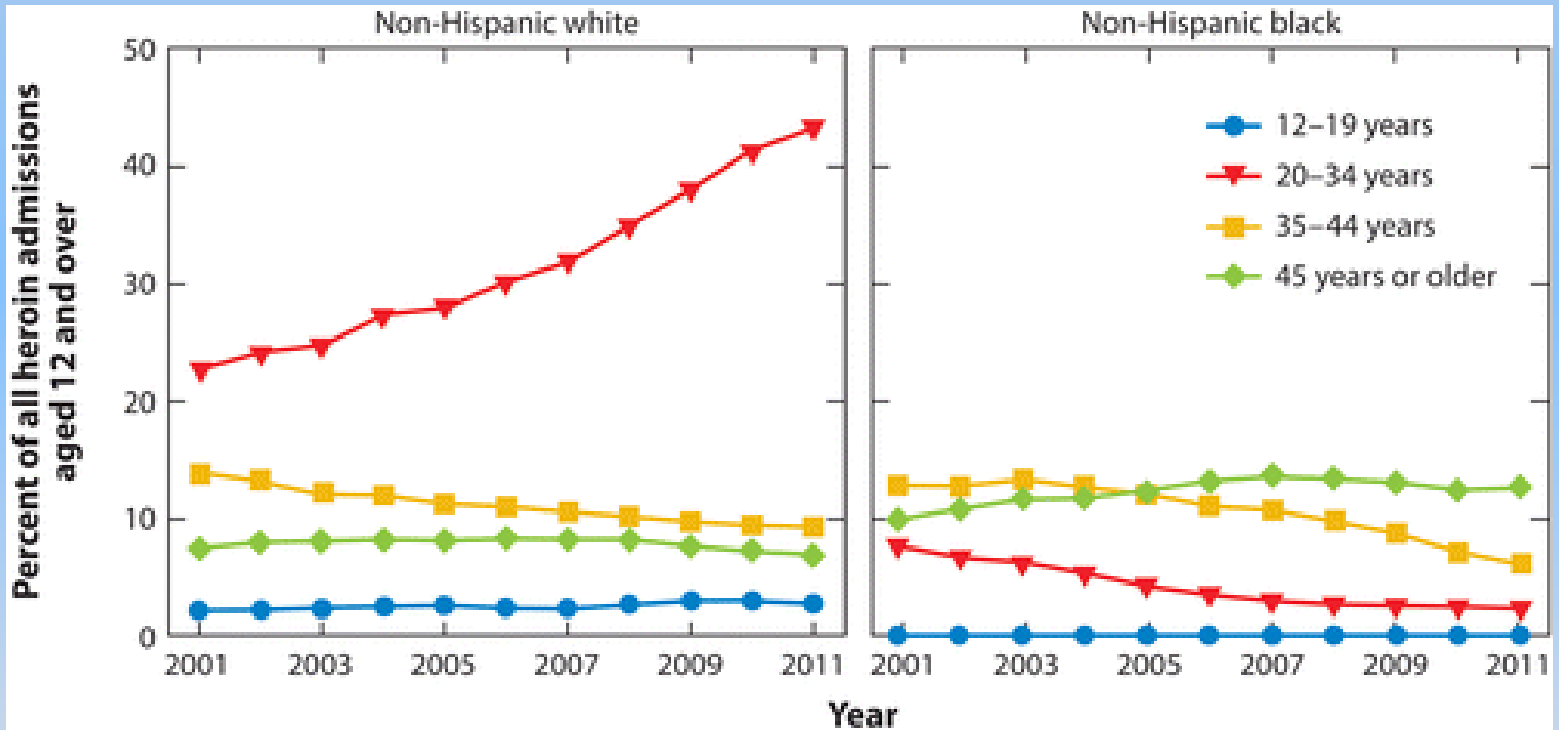


Source: Institute for Defense Analyses and ONDCP



This increase in purity led to an increase in the number of heroin users in the United States. **When heroin is higher in purity, it can be snorted or smoked, which broadens its appeal.** Many people who would never consider injecting a drug were introduced to heroin by inhalation. In the 1990's the drug largely lost the stigma associated with injecting, and a new population of heroin users emerged.

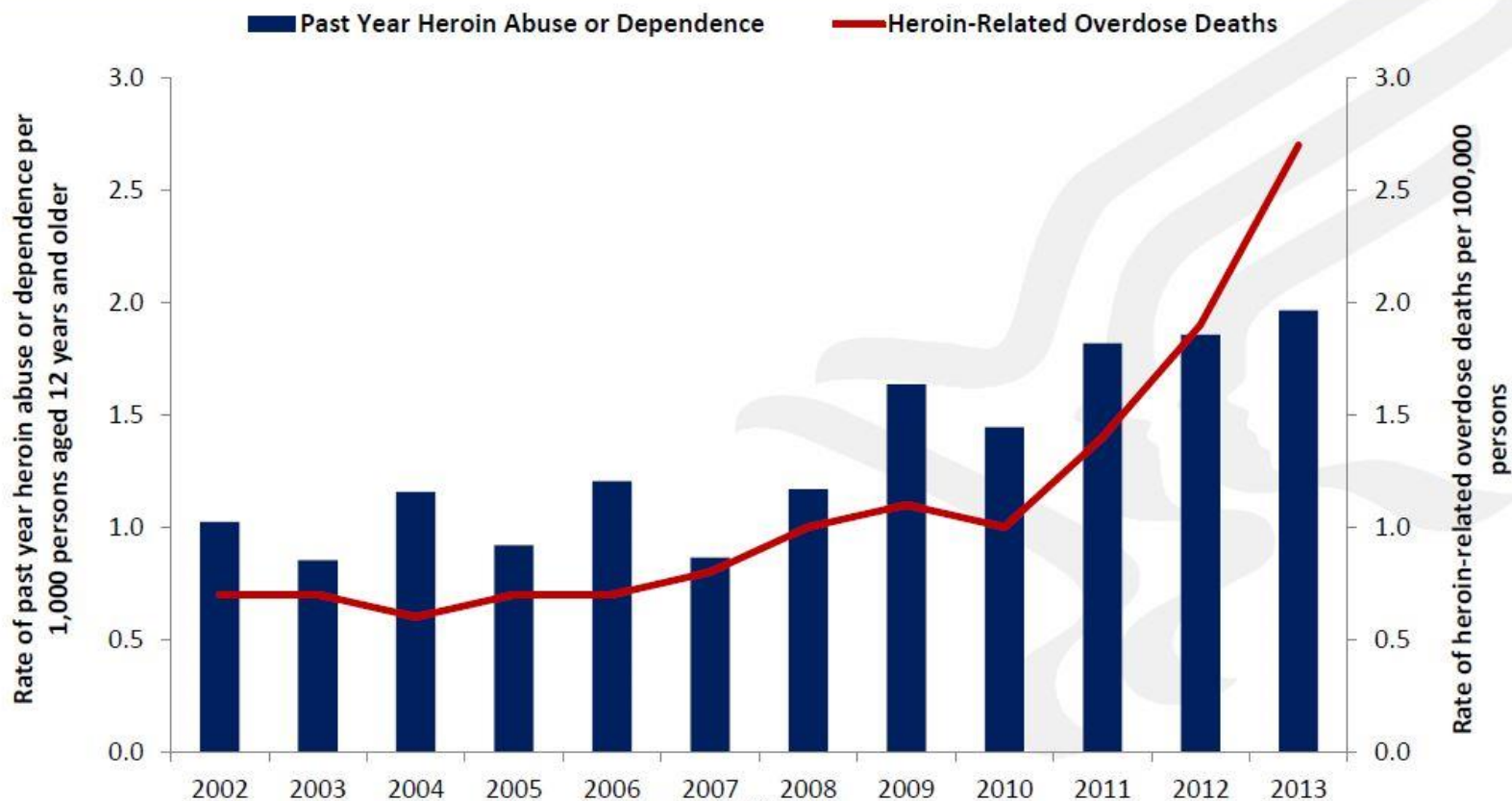
Heroin Admissions



Kolodny A, et al. 2015.

Annu. Rev. Public Health. 36:559-74

Heroin Abuse or Dependence and Overdose Deaths Tightly Correlated

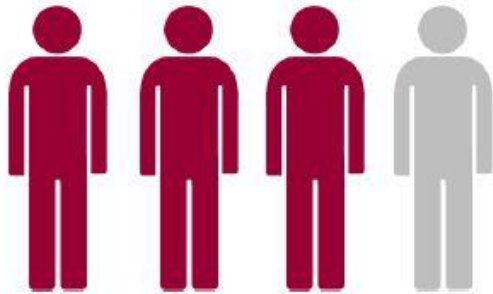


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Assistant Secretary for Planning and Evaluation

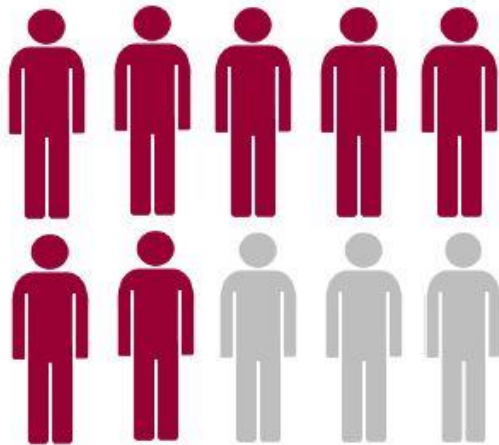


After the 2010 reformulation of the commonly abused prescription opioid OxyContin, which made it difficult to inhale or inject, some people who abused OxyContin migrated to heroin for access to a potent injectable drug. This phenomenon is contributing to the increase in heroin use in the United States. (DEA Intelligence Report April 2015)

Nonmedical use of Rx opioids significant risk factor for heroin use



3 out of 4 people
who used heroin in the
past year misused
opioids first



7 out of 10 people
who used heroin in the
past year also misused
opioids in the past year

Other Substance Abuse or Dependence Elevates Risk for Heroin Abuse or Dependence

People with abuse or dependence on:

ALCOHOL

are

2x

MARIJUANA

are

3x

COCAINE

are

15x

Rx OPIOID PAINKILLERS

are

40x

More likely to have heroin abuse or dependence



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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PRESCRIPTION DRUGS



Pain Drug Consumption

The U.S.

- 4.6 percent of the worlds population
- Consumes 80 percent of its opioids
- 99 percent of the worlds hydrocodone (Vicodin)

Disproportionate issue for unique populations

CDC Vital Signs November 2011



15,000

Nearly 15,000 people die every year of overdoses involving prescription painkillers.



1 in 20

In 2010, 1 in 20 people in the US (age 12 or older) reported using prescription painkillers for nonmedical reasons in the past year.



1 Month

Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month.



Big Pharma Strategy

“The worst man made disaster in modern medical history”

I. Organize and Purchase Credibility

II. Change Policies and Regulations
Regarding Prescribing

III. Marketing sales persons to sell
(educate) new drugs to physicians.

IV. Defend business strategy with Public
Relations campaign.



Pharmaceutical Companies and Marketers

- Pfizer
- Eli Lilly and Company
- Johnson & Johnson
- Ortho-McNeil
- Elan Pharmaceuticals
- Purdue Pharmaceutical
- Cephalon Pharmaceuticals
- Endo Pharmaceuticals
- Xanodyne Pharmaceuticals
- GW Pharmaceuticals



Organizations

- Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials (IMMPACT)
- Analgesic, Anesthetic, and Addiction Clinical Trial Translations, Innovations Opportunities, and Networks (ACTTION)
- **American Pain Foundation**
- American Pain Society
- American Academy of Pain Medicine
- American Headache Society
- **Center of Practical Bioethics**



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Policy Changes

- **1986:** World Health Organization determined cancer pain could be relieved with opioid and analgesics.
- **1996:** Purdue Pharma releases OxyContin
- **Mid 90's:** Various national pain-related organizations issued pain treatment and management guidelines, which included opioid analgesics for non-cancer pain.
- **1998:** Federation of State Medical Boards recommendations lifting opioid prescribing limitations.
- **2000:** JCAHO releases standards for inpatient and outpatient pain management. Pain is the 5th vital sign.



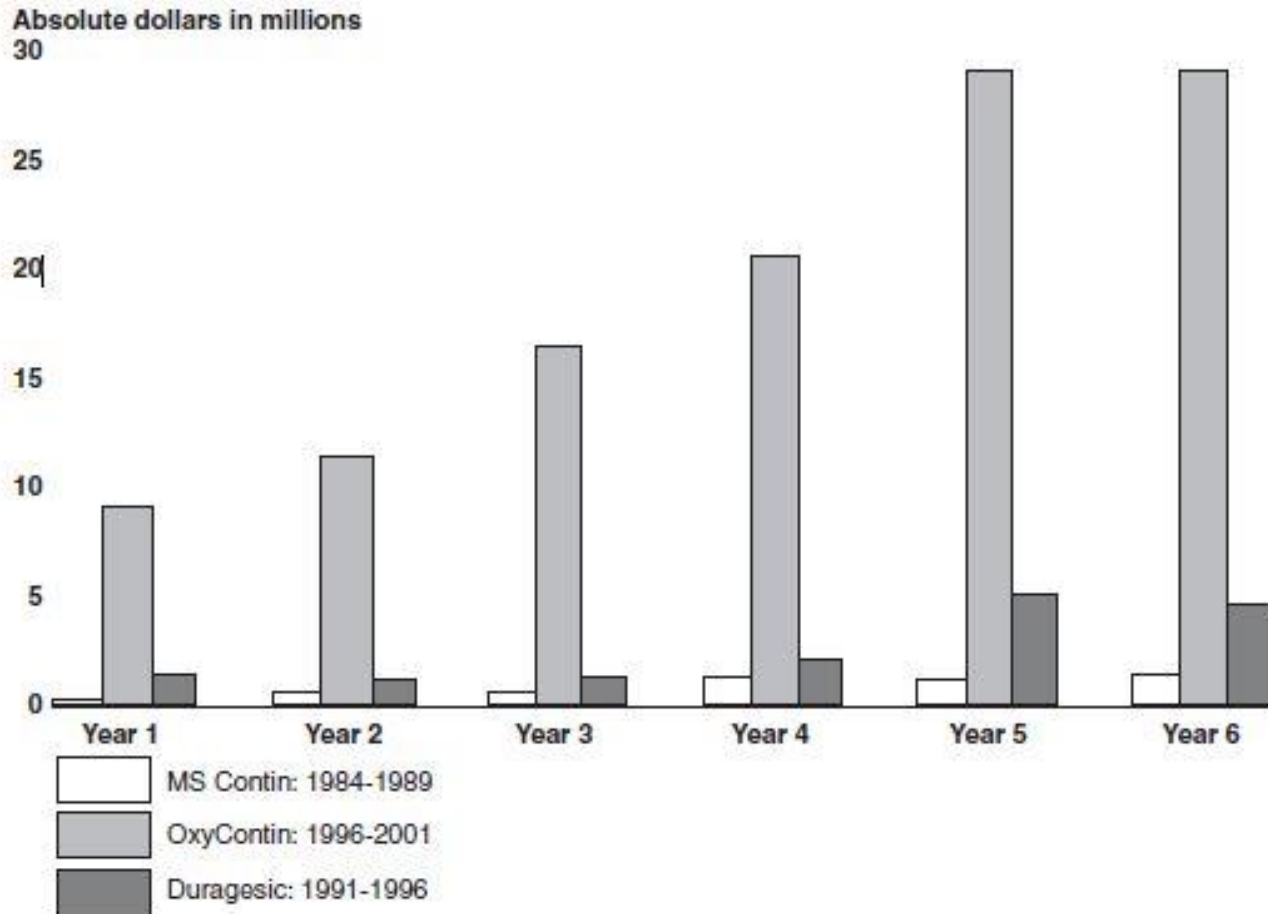
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Promotional Spending for Three Opioid Analgesics in the First 6 Years of Sales

Figure 1: Promotional Spending for Three Opioid Analgesics in First 6 Years of Sales



Source: DEA and IMS Health, Integrated Promotional Service Audit.



Non-Cancer Pain Promotion

- Lavish conferences
- Promotional Videos
- Brochures
- Free coupons
- Sample drugs
- Advertisement in medical journals
- Expanded “speaker bureau”
- Pain-related websites
- Marketing items (gear)

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Marketing

"This is an out-of-control epidemic, not caused by a virus or a bacteria," said Kolodny, Chairman of Psychiatry at Maimonides Medical Center in New York. "This epidemic has been caused by a brilliant marketing campaign that dramatically changed the way physicians treat pain."

Wong-Baker Pain Rating Scale

Wong-Baker FACES™ Pain Rating Scale



0

No
Hurt



2

Hurts
Little Bit



4

Hurts Little
More



6

Hurts
Even More



8

Hurts
Whole Lot



10

Hurts
Worst

©1983 Wong-Baker FACES™ Foundation. Used with permission.



Dr. Russell Portenoy was the President of the American Pain Society in 1995 and sought to “rehabilitate” the medical community of their “opiophobia.”

“I gave innumerable lectures in the late 1980’s and 90’s about addiction that weren’t true.” 2014

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Outcome

By 2010, those firms were selling **four times** as many prescription painkillers to pharmacies, doctors' offices and hospitals than in 1999, according to the most recent data from the U.S. Centers for Disease Control and Prevention.

A vertical decorative border on the left side of the slide, featuring a light-colored fabric-like background with a dark brown vine. The vine is adorned with various colorful flowers and leaves: purple flowers with light blue outlines, red flowers with white centers, green leaves, and orange and red heart-shaped leaves.

Outcome

Over the past decade, as many as 100,000 Americans have died from opioid overdoses and millions have become addicted to the drugs, said Andrew Kolodny, a New York psychiatrist and opioid addiction specialist who co-founded [Physicians for Responsible Opioid Prescribing](#).

Purdue Pharma

\$635 Million Fine



Howard R. Udell
Top Lawyer for Purdue Pharma



Dr. Paul D. Goldenheim
Former Medical Director
Purdue Pharma



Michael Friedman
President of Purdue Pharma



Big Pharma Strategy

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Defensive Actions

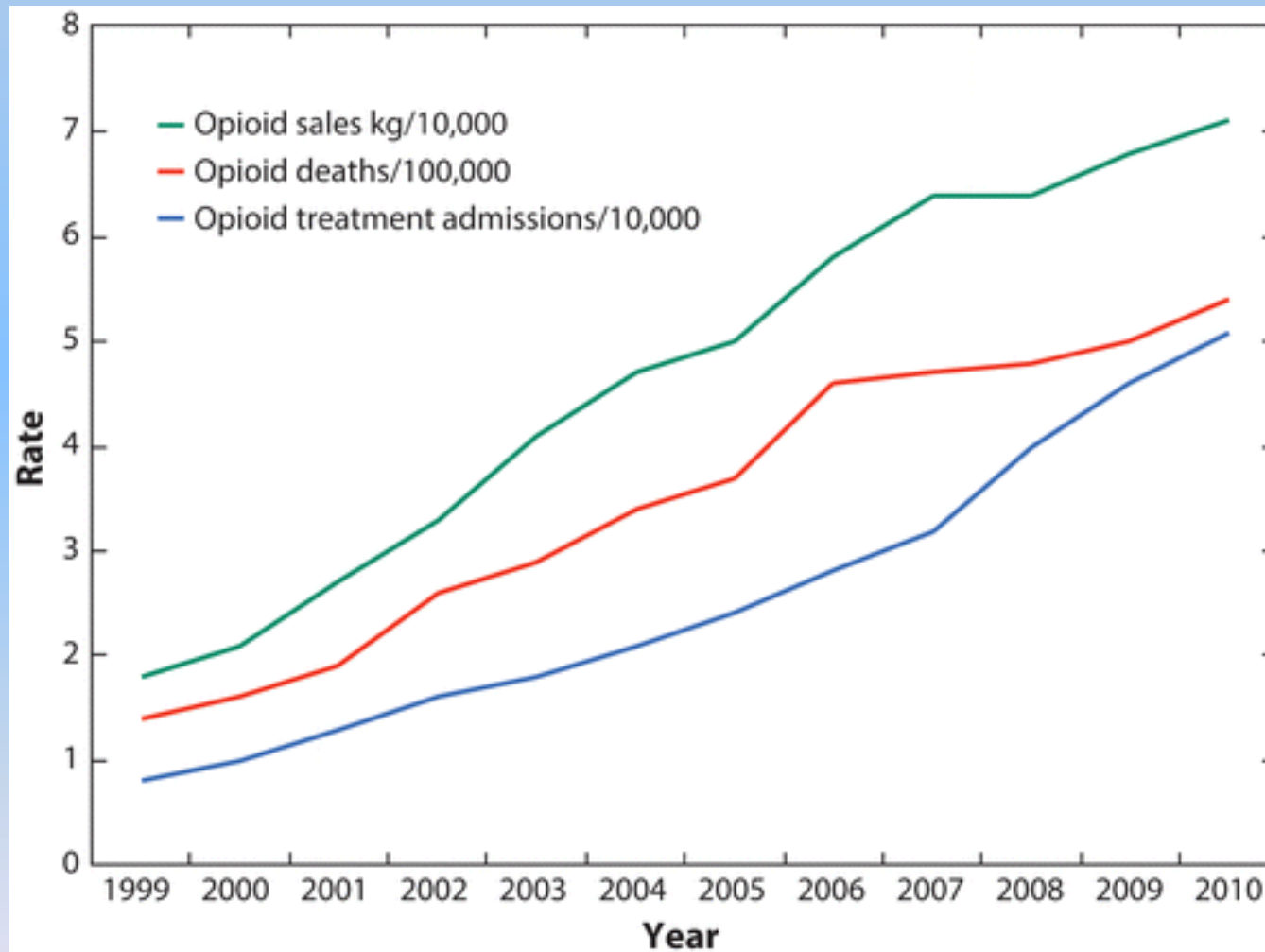
- Intelligent messaging
- Risk Management plan
- Focus on legitimate patients
- Influence experts
- Attack the complainers
- Influence research



Outcome

Led by OxyContin, sales on prescriptions of opioid drugs totaled \$8.4 billion in 2011, up from \$5.8 billion in 2006, according to data supplied by IMS Health, a drug market research firm.

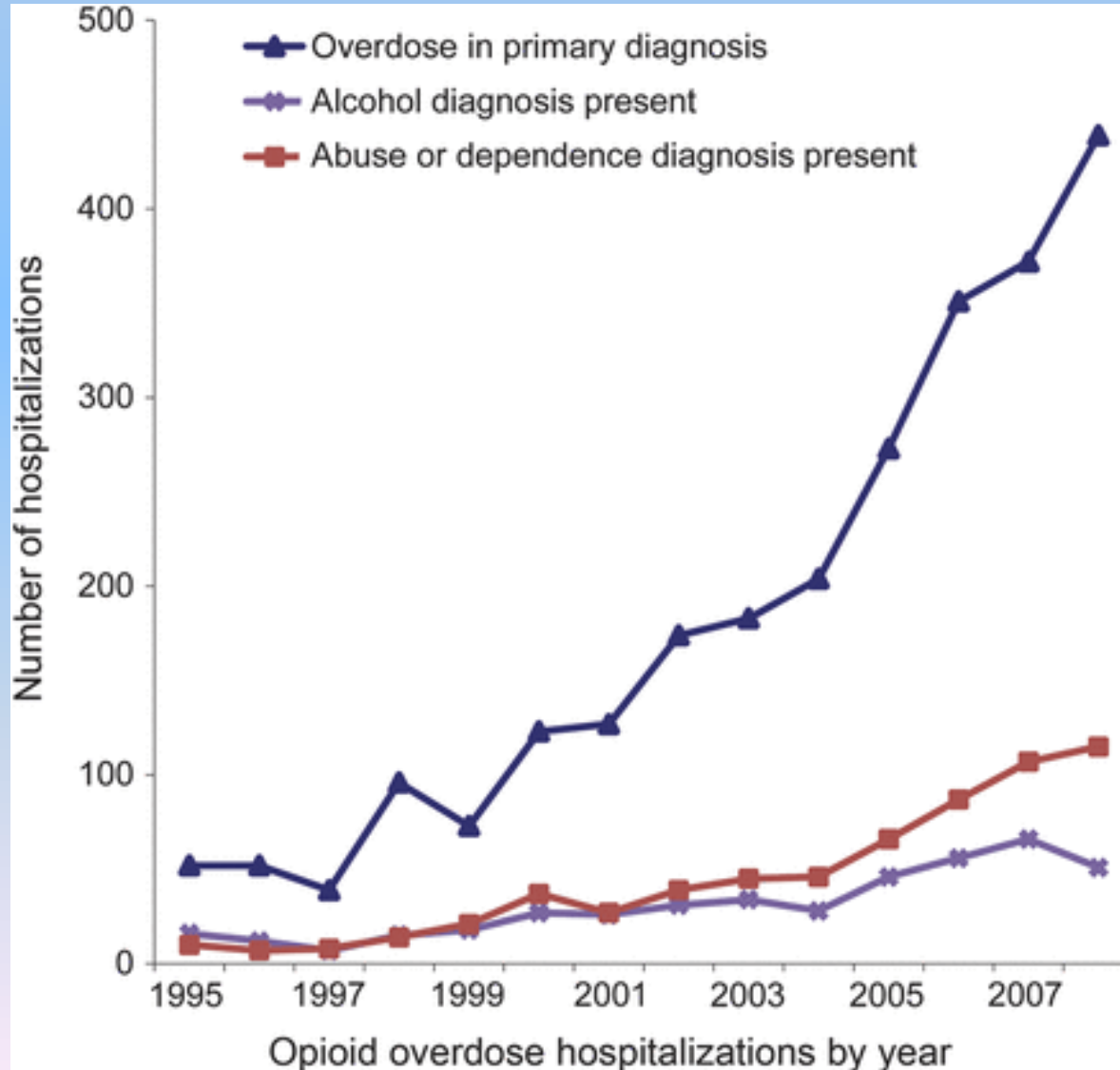
Opioid Sales, Deaths, Tx



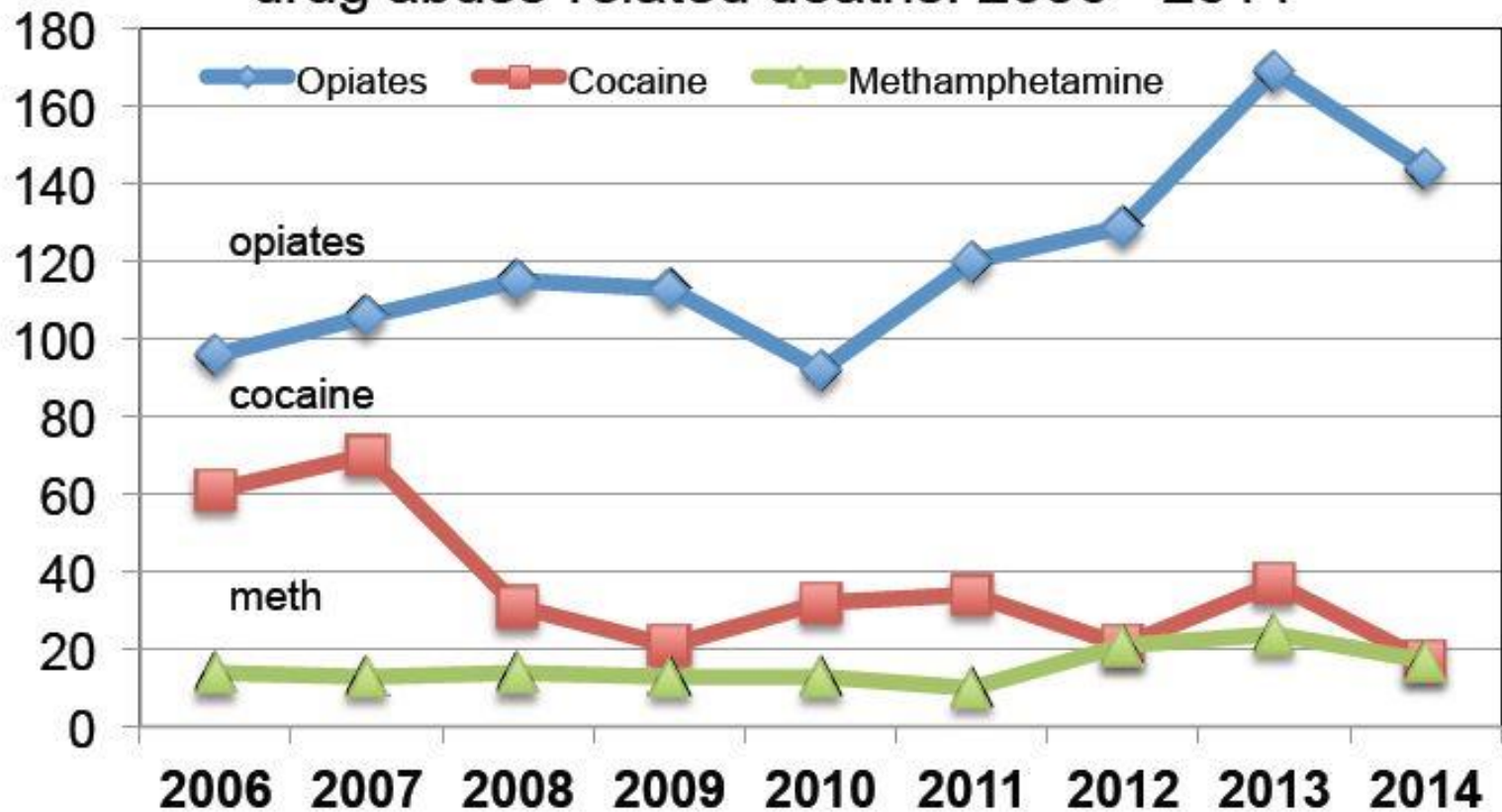
Kolodny A, et al. 2015.

Annu. Rev. Public Health. 36:559–74

Hospitalizations from Opioid Overdose



Hennepin County and Ramsey County drug abuse-related deaths: 2006 - 2014



SOURCE: Hennepin County Medical Examiner, Ramsey County Medical Examiner, 2015.

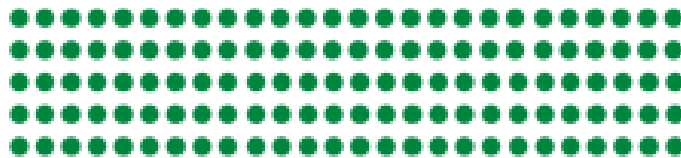
For every **1** death there are...



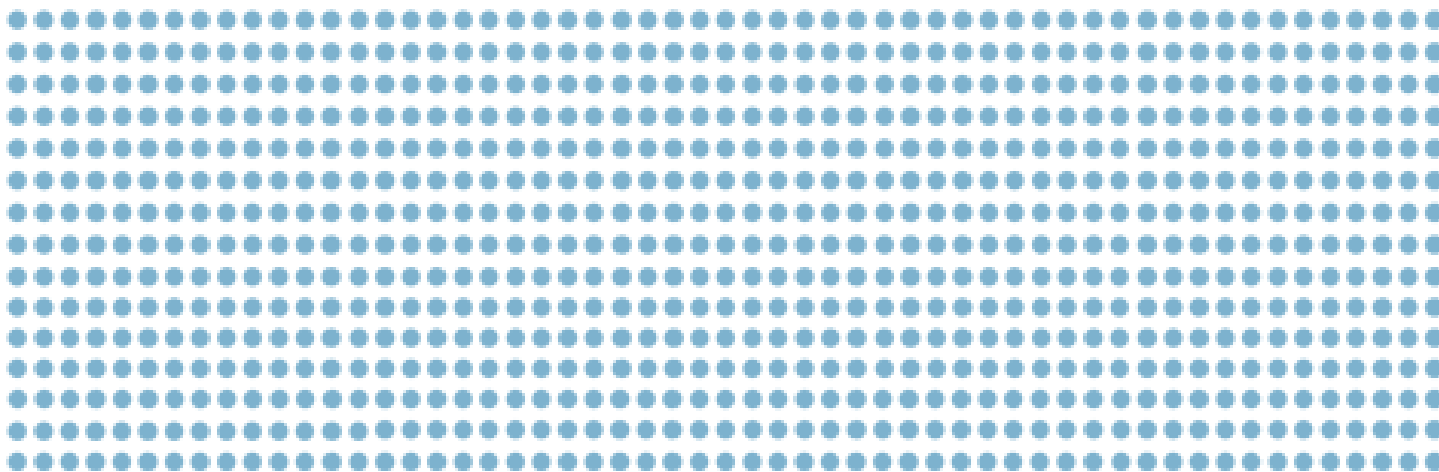
10 treatment admissions for abuse⁹



32 emergency dept visits for misuse or abuse⁶

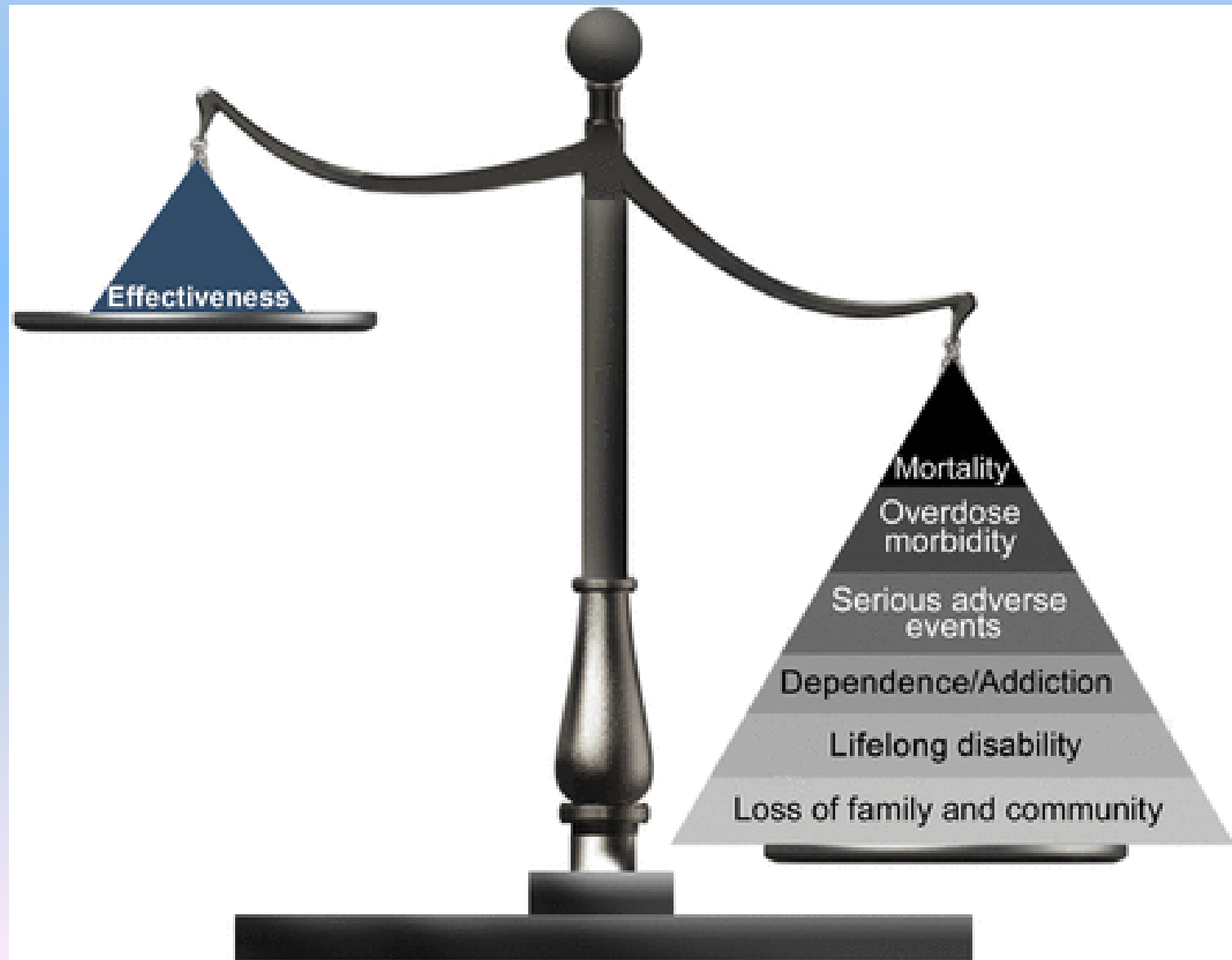


130 people who abuse or are dependent⁷



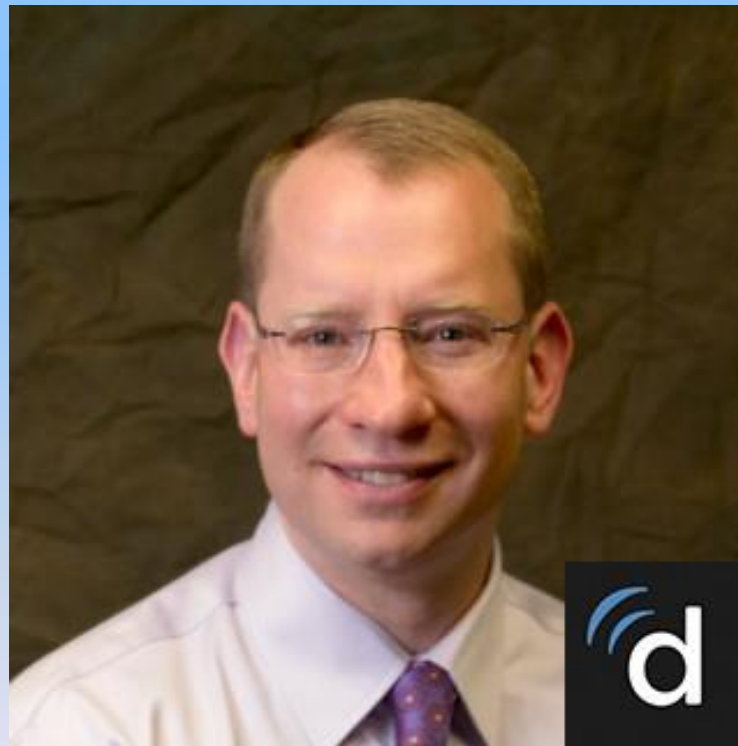
825
nonmedical
users⁷

Risk/Benefit of Opioids for Chronic Non-Cancer Pain




Christopher Johnson, M.D

Chris Johnson, M.D has served on the Minnesota Medical Association's Opiate Task Force and the Institute for Clinical Systems Improvement's Opiate Work Group.





What I was not aware of at the time, however, there was a report by the Government Accountability Office which clarified that the “pain management education program” was organized by the Joint Commission in 2001 was funded substantially by Purdue Pharma, the makers of OxyContin. And that study in the New England Journal with the “less than 1 percent became addicted” conclusion? It was not a study. **It was a 5 sentence paragraph by two doctors (Porter and Jick, 1980) in a letter to the editor, barely 100 words long. It was not a study. It was a “tweet”.**



The truth is, there are no studies that demonstrate long-term efficacy and safety of opiates for chronic pain conditions other than cancer pain.

...the FDA approved the use of opiates for chronic, non-cancer pain on the basis of studies that lasted *no longer than 12 weeks*.



We have to acknowledge these prescription drugs for that they are. **Oral versions of heroin (aka diacetylmorphine)**. We have allowed academic sounding language to obscure the fact that all opiates are fundamentally the same and carry risk.


However, education alone will not solve this. **The ugly truth is that there are very powerful economic forces in the delivery of health care in this country that are doing quite well and have no incentive to change things.**



The doctor who simply writes for 20 Percocet to make the patient satisfied bears no liability for long-term adverse outcome. And no administrator would even notice. **But the doctor who decides NOT to write for more pills bears real risk of complaint and reduces patient satisfaction scores.** Now *that* the hospital definitely notices.



However, it is **delusional** to expect those of us providing care to continue incurring costs for doing the right thing **when doing the wrong thing is invisible, more profitable, and carries no liability.** We doctors are human and respond to incentives. And the incentives now places very little value on collectively turning this prescription problem around.



For most patients, the benefits of opiate painkillers are “unproven and transient.” However, the drugs can be “just as addictive as heroin,” he said.

These drugs may actually worsen patients’ pain and lower their functioning, possibly by magnifying the subjective experience of pain.

Dr. Tom Frieden, Director of the CDC



CDC Guidelines 2016

- **Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for treatment of chronic pain.**
- When opioids are started, clinicians should prescribe the lowest effective dose. Clinicians should carefully assess the evidence of individual benefits and risks when or increasing >50 MME/day (morphine milligram equivalent). Clinicians should avoid increasing dosing >90 MME/day (or carefully justify a this decision).
- **Long term opioid use often begins with acute pain. Three days or less will often be sufficient; more than seven days is rarely needed.**
- Risk evaluation: PMP checks, Drug Testing
- Clinicians should evaluate benefits/harms within 1-4 weeks with follow-up every 3 months.
- Clinicians should avoid using opioids and benzodiazepines concurrently.

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New CDC Guidelines

- Released for public comment
- 3 day supply for acute care
- Loudly criticized
- Finally published



“Senator scrutinizes pharma links on government pain panel”

As previously reported by The Associated Press, two panelists work for **the Center of Practical Bioethics**, a Kansas City group which receives funding from multiple drugmakers, including OxyContin-maker **Purdue Pharma, which donated \$100,000** in 2013. One panelist holds a chair at the center created by a **\$1.5-million donation from Purdue Pharma**. The other received more than **\$8,770 in speaking fees**, meals, travel accommodations and other payments from pain drugmakers.



A third member of the panel is a director with the **U.S Pain Foundation**, a nonprofit that receives most of its funding from drugmakers, including a **\$104,800 donation from Purdue Pharma** in 2014, according to IRS Records cited by Wyden.

Two other panelists are connected to the **American Chronic Pain Association**, another nonprofit that receives **substantial funding** from drugmakers, including Pfizer Inc., AstraZeneca Plc, Teva Pharmaceuticals Industries Ltd. And AbbVie Inc.



MN Opioid Prescribing Workgroup

Workgroup charged with recommending:

- Common protocols for:
 - Acute Pain (0-4 days)
 - Post-Acute (up to 45 days)
 - Chronic Pain (> 45 days)
- Consistent messages for prescribers to give to patients
- Criteria for identifying MN Health Care Program providers that should undertake quality improvement
- **Criteria for terminating providers from MHCP whose prescribing practices are consistently and extremely outside of community norms.**



End - Part One

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The Opioid Crisis in Indian Country

PART TWO

METHADONE





A synthetic analgesic similar to morphine. It can treat moderate to severe pain and can also treat narcotic drug addiction.



Licensed MAT Clinics

- 750 in 1994 nationally
- 1200 in 2009 nationally
- 75% of Minnesota MAT's are privately owned
- 109 physicians and 31 buprenorphine treatment programs in Minnesota
- 188 Physicians and 60 buprenorphine treatment programs in Wisconsin



Methadone Related Deaths

- Statewide 400 deaths since 2000.
- Cost the taxpayers \$43 million from 2005-2011. \$8.5 million per year for treatment.
- The Midwest Medical Examiners Office:
 - 28 deaths from 2008-2011: 17 involved using someone else's methadone.
 - 15 American Indian deaths in Carlton County 2003 to 2011



Lake Superior Treatment Center

- 2003 - 90 patients
- Since 2006 - over 400 patients
- 2006 – DHS found 50 violations
- 2009 - 50 violations, conditional status license
- 2012 – Licensed revoked, 56 violations
- 30%-35% American Indian Patients



Chairwoman Diver Testimony 2012

- Methadone is a highly addictive drug that is easily abused and/or diverted
- **Clients were dosed for 3 to 6 months without funding authorization**
- Clients were dosed to high levels at their request without adequate medical supervision
- Clients received enormous amounts of take home liquid methadone, easily converted to cash or other drugs
- **Clients participated in a minimum of treatment activities – as little as 2 hours a month**
- Unqualified and/or poorly trained staff were commonly overscheduled and undersupervised
- No clients were weaned or encouraged to dose down
- Clients typically took portions of their dose and shared, bartered, or sold the remaining portion
- Treatment records were altered to be in compliance with regulations
- **Clients were allowed to have repeated “dirty” drug tests with no consequences**
- Clients with numerous treatment violations were referred to other methadone clinics for treatment and then taken back after 30 days as a “hosted” client



FDL WIC Babies

- 6 out of 84 (7%) in 2011
- 9 out of 72 (12%) in 2012
- Nurse midwives became alarmed in 2012
- Over 11.3% in 2013



Prevalence of Neonatal Abstinence Syndrome And Maternal OPIOID Abuse During Pregnancy

Minnesota Health Care Programs

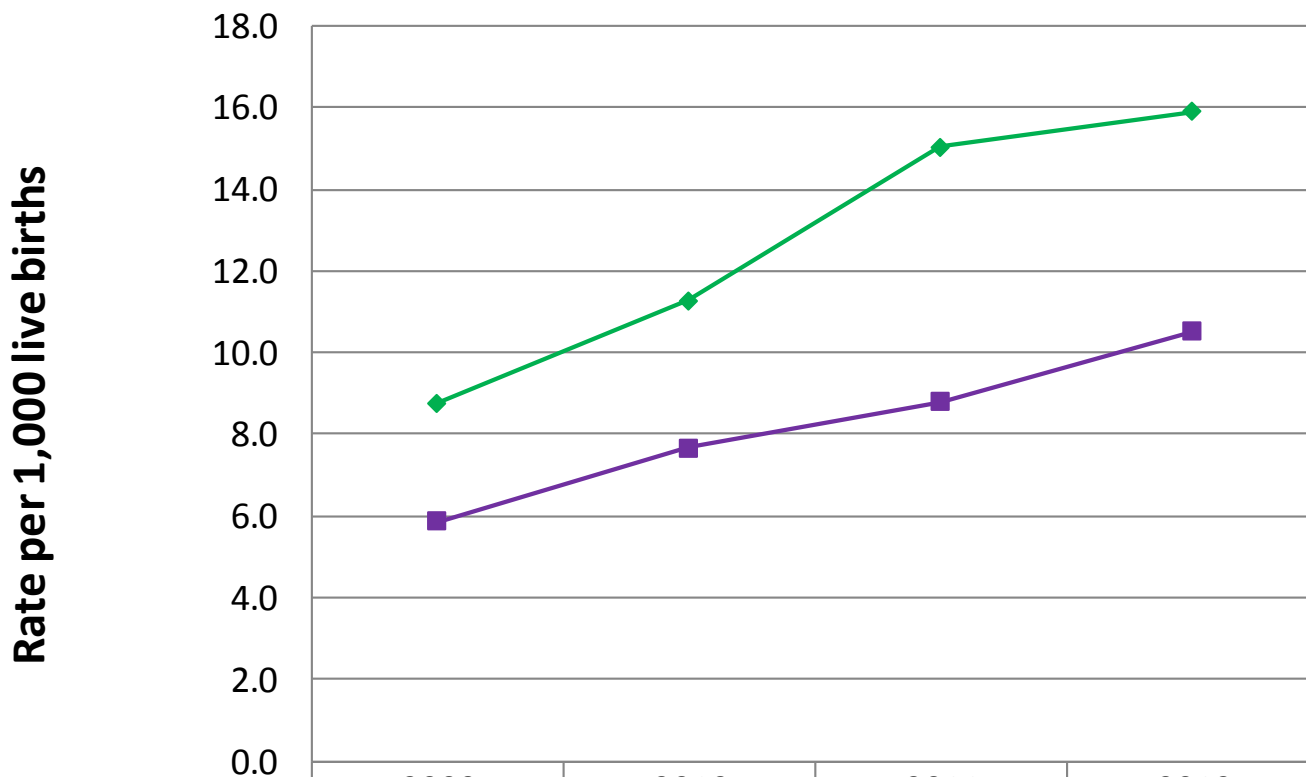




Neonatal Abstinence Syndrome

- Increased irritability
- Hypertonia
- Tremors
- Feeding intolerance
- Watery stools
- Seizures
- Respiratory distress

MHCP Prevalence Maternal Opioid Abuse and NAS, 2009-2012



	2009	2010	2011	2012
Maternal Opioid Abuse	8.8	11.3	15.0	15.9
NAS	5.9	7.7	8.8	10.5

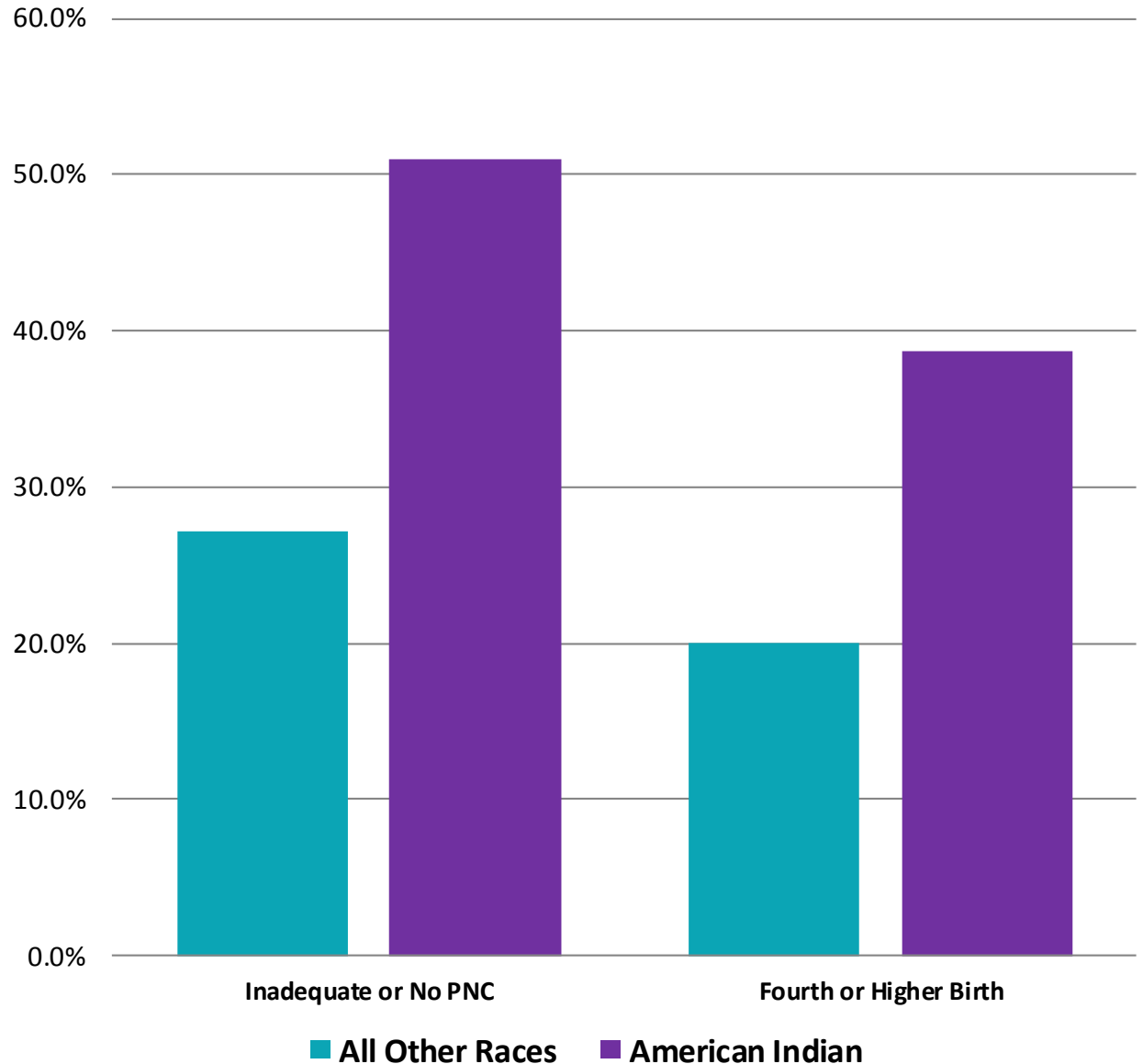
- From 2009 to 2012 both maternal opioid abuse diagnosis and infant NAS diagnosis has almost doubled.
- Of those diagnosed with maternal opiate abuse, 80% had the first diagnosis noted 0-10 months prior to delivery, while in 20% the first diagnosis occurred at the time of delivery or in the first two months postpartum.

NAS Infants

American Indian NAS infants are more likely to have a mother who received no or inadequate prenatal care (PNC)

38% of American Indian NAS infants are the fourth or higher birth for that mother.

NAS Births - Differences between American Indians and all other race/ethnicities, 2009 - 2012

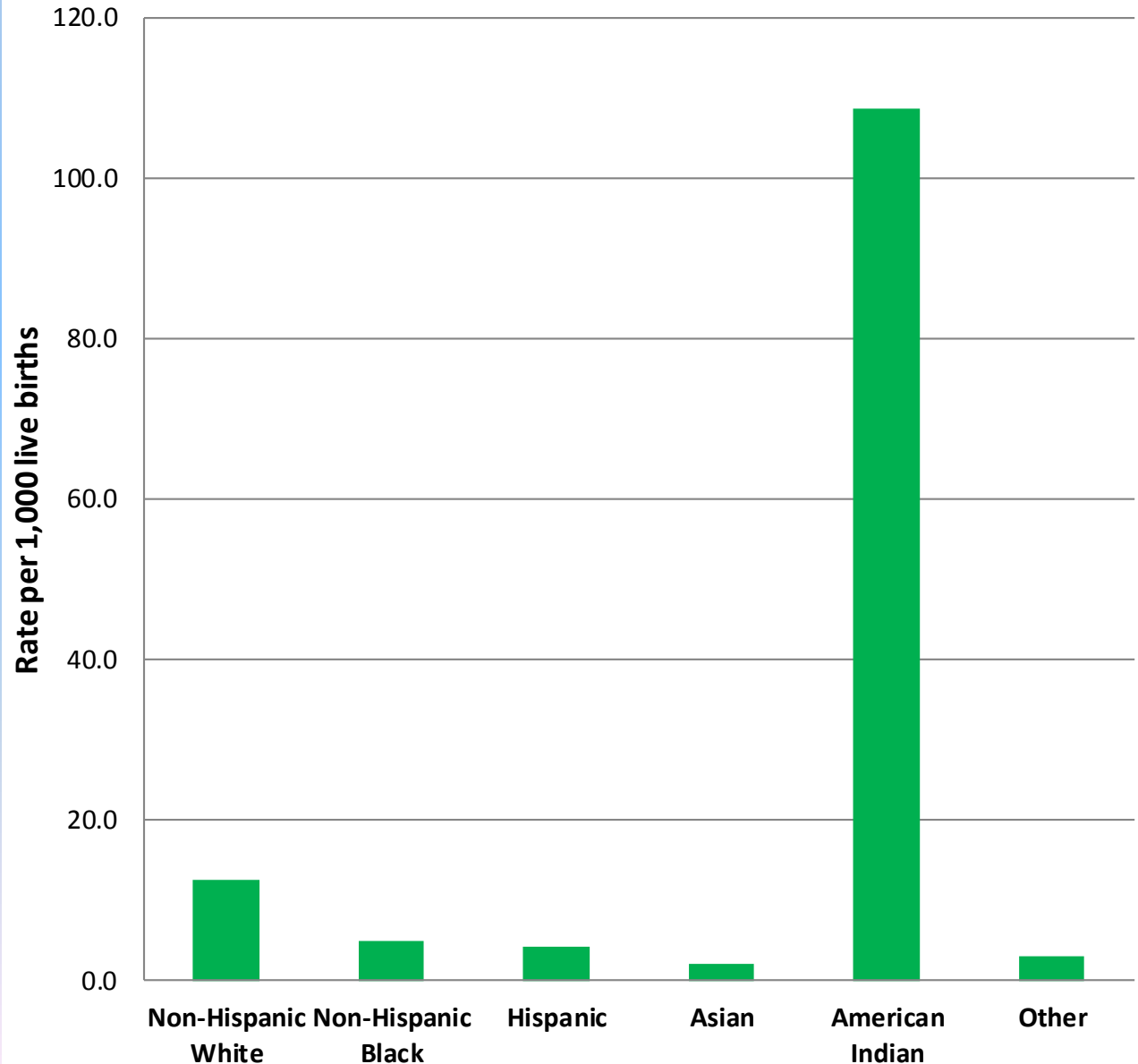


Maternal Diagnosis of Opioid Abuse

Compared to non-Hispanic whites, American Indian women are **8.7 times** more likely to be diagnosed with maternal opiate dependency or abuse during pregnancy.

More than one in ten pregnancies among American Indian women have a diagnosis of opiate dependency or abuse during pregnancy.

Rates of Maternal Opioid Abuse by Race/Ethnicity, 2009-2012

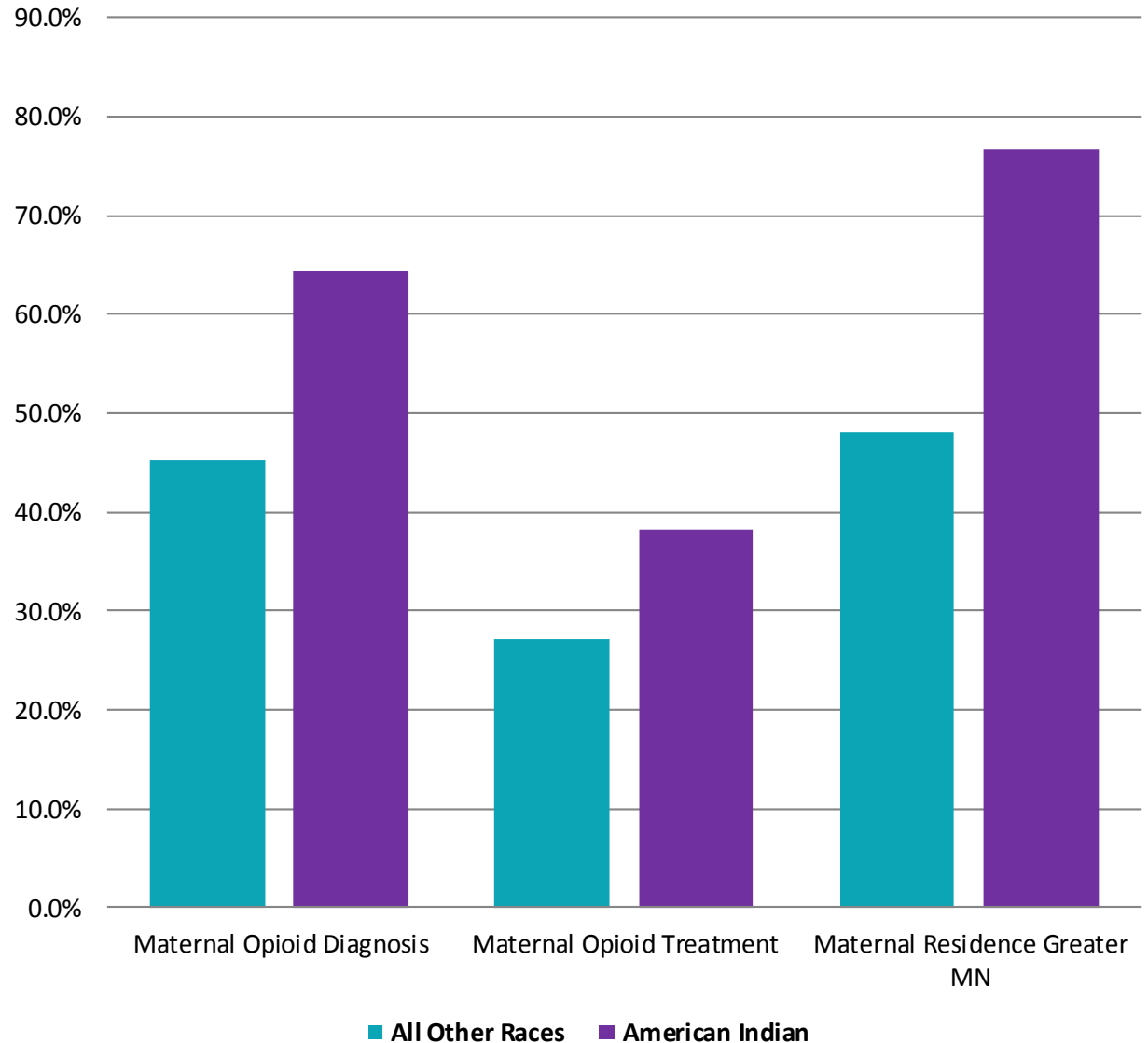


NAS Infants

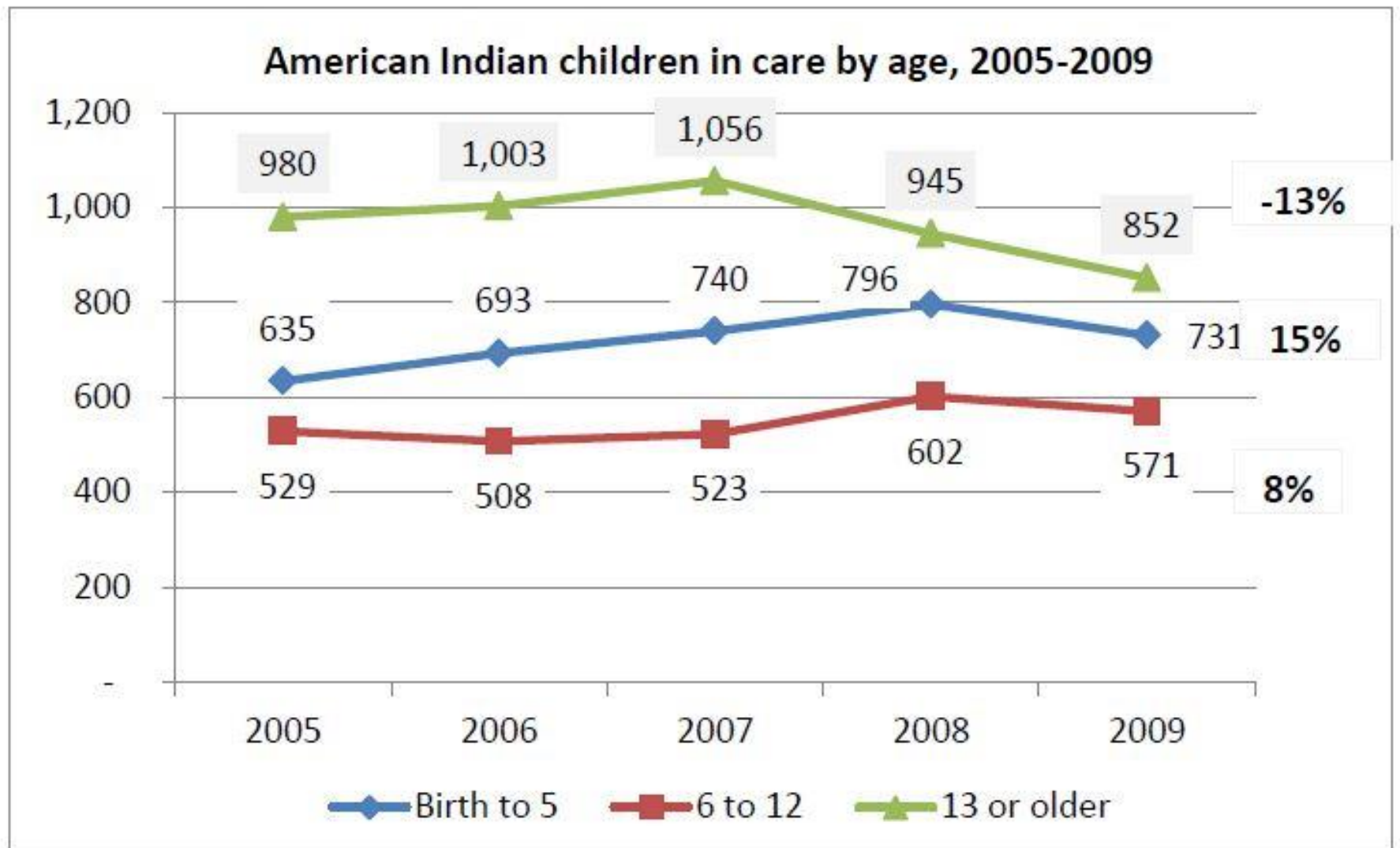
American Indian NAS infants are more likely to have a mother diagnosed with Opioid Substance Abuse and Opioid treatment during pregnancy.

78 percent of American Indian mothers of NAS infants live in Greater Minnesota.

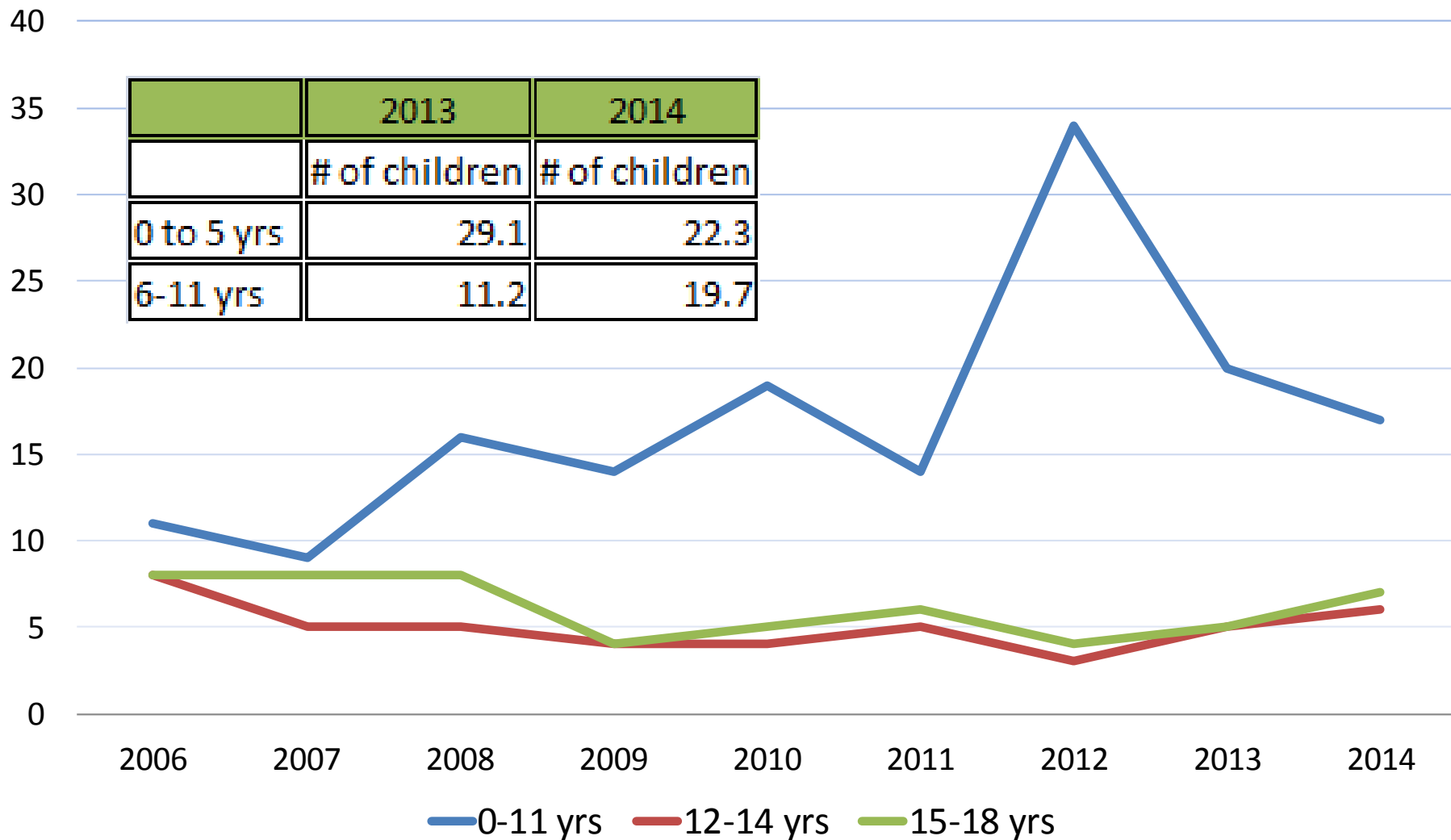
NAS Births - Difference between American Indians and all other race/ethnicities, 2009 - 2012



MN American Indian Foster Care



Averages for Indian Children Out of Home Placement: On- FDL Reservation CY2006-CY2014



***data collection practices for age categories changed within years, potentially bringing the average down for 0 to 11 yr olds in 2013 and 2014.**



Psycho-Social Outcomes

- Increased child neglect/abuse
- Increased sexual abuse/trafficking
- Increased violence and criminal behavior
- Increased family dysfunction
- Increased Neonatal Abstinence Syndrome
- Increased social isolation
- Increased confusion and despair
- Increased trauma



Tribal/Community Outcomes

- More resources devoted to addiction related problems.
- Drug issues compounding other service elements including housing, recreation, public safety, education, etc.
- Helping professions' exhaustion: burnout
- Diminished pool of available community employees.
- Increased attention and resources focused on addicts
- Decreased attention and resources focused on those who could benefit from help
- Increased mental health and/or tx needs.
- Decreased political stability



Fond du Lac Study of:

Opioid Use and Treatment History Results

Fond du Lac Human Services Division
Institutional Review Board protocol number
2014/12/15



Methods

Community experts employed by the Fond du Lac Human Services Division with extensive ties to, and knowledge of, the American Indian Community and those with a prior history of drug use identified potential participants. The community experts approached potential participants individually, informed them of the overall goals of the study, and invited them to participate. If the participant was interested they were read and signed a consent document. All interviews were conducted individually.

An interviewer read instructions to participants for each section. Participants answered questions on their own copy. The interviewer did not see participant answers. Participants were able to ask for clarification or instructions at any time.

8 sections:

–Demographic Information, Prescription Opioids for Pain, History of Illegal Drug Use and Treatment, History of Methadone Use, History of Methadone Use Prescribed at a State Licensed Methadone Treatment Facility, Take Home Methadone, Overall Impressions of Methadone Treatment, Community Knowledge of Methadone.

Participants received a \$25 incentive.



Participants

- 62 Completed
- 30 Men, 32 Women
- Average age 31 (19-59)
 - Men 32.2 (21-59)
 - Women 29.375 (19-50)
- 54 enrolled in a federally recognized tribe
- 8 descendents



Prescription Use

- 82.5% have ever been prescribed opioids/narcotics for pain.
- 64.9% believe using opioids/narcotics prescribed for pain led to their illegal drug use.
- 22.8% have ever been prescribed methadone to treat or control pain.



Methadone Use

- 83.9% of all participants have used methadone. Of those that used methadone.
 - 94.2% have taken methadone not prescribed to them.
 - 78.8% have ever taken liquid methadone not prescribed to them.
- First dose
 - 85.7% were obtained through illegal means (i.e. not prescribed).
 - 75.5% were given to them.



Methadone Use (continued)

- Of those that reported taking methadone...
 - 88.5% have combined methadone with other controlled substances.
 - 62.8% have combined methadone with benzodiazepines.
 - 61.5% have injected methadone.
 - 75% of those who have injected methadone also reported combining methadone with benzodiazepines, versus 40% of non-injectors.



Methadone Assisted Therapy

- 20 survey participants reported receiving treatment at a state licensed methadone clinic (32.3% of all participants).
 - 70% have been prescribed opioids/narcotics by their healthcare provider while in methadone treatment.
 - 65% have taken benzodiazepines while in treatment.
 - 25% have received methadone from a healthcare provider while also receiving treatment from a methadone clinic.



Methadone Assisted Therapy

- Starting dose
 - Average starting dose was 28.0 mg
 - Range of starting doses was 15-35 mg
 - 65% reported starting at 30 mg
- Maximum dose
 - Average 109.8 mg; range 45-160 mg
 - 80% were above 80 mg
 - 50% were at 120 mg or more



Self Reported Diversion

- Of the 20 people that reported receiving take home methadone 65% reported diverting in some way.
 - 60% diverted through selling
 - 60% diverted through gifting
 - 50% diverted through trading
 - 45% diverted through all three routes
- Participants reported diverting between 5% and 80% during a typical month.
- An average of 47.8% of their take home dose was diverted during a typical month.



Summary

- 79% of all survey participants reported taking illegal methadone.
- 75.5% of first doses of methadone were given to participants, mostly by friends or family.
- 66% of all survey participants reported taking liquid methadone not prescribed to them.
- Self-reported diversion of take home methadone is very high, both in terms of number of clients participating and amount diverted.

Liquid methadone from state licensed facilities is widely available in the drug using community and is freely distributed among users.

Diversion of methadone has worsened the opioid crisis.



Economic/Criminal Behavior

- “The street pharmacy is always open.”
- “Drugs is drugs.”
- “It’s about the money.”
- Costs may vary with supply
- “You don’t get it. This is our economic survival.”
- Addicts are the real experts.
- “How am I going to pay for all my stuff if I quit selling drugs?”
- Sex trafficking / criminal activity

A man in a dark shirt and glasses is looking up at three massive, multi-headed snakes. Each snake has multiple heads with sharp teeth and horns. The scene is set in a room with blue walls and a light blue floor. Three labels are overlaid on the image: 'HEROIN' on the left, 'METHADONE' in the center, and 'PRESCRIPTION DRUGS' on the right. The man is standing in front of a large, coiled snake body.

METHADONE

HEROIN

**PRESCRIPTION
DRUGS**

A man in a dark shirt and glasses is looking up at a massive, multi-headed snake. The snake has several heads, each with sharp teeth and a red tongue. The snake is coiled around the man. The background is a light blue wall. There are four text boxes overlaid on the image: 'MEDICAL INDUSTRY' at the top, 'TREATMENT INDUSTRY' in the middle, 'BIG PHARMA' on the right, and 'CRIMINAL/ECONOMIC BEHAVIOR' on the left.

MEDICAL INDUSTRY

**TREATMENT
INDUSTRY**

BIG PHARMA

**CRIMINAL/ECONOMIC
BEHAVIOR**



End - Part Two

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The Opioid Crisis in Indian Country

PART THREE

A man in a dark shirt and glasses is looking up at a massive, multi-headed snake. The snake has several heads, each with sharp teeth and a red tongue. The snake is coiled around the man. The background is a light blue wall. There are four text boxes overlaid on the image: 'MEDICAL INDUSTRY' at the top left, 'TREATMENT INDUSTRY' in the center, 'BIG PHARMA' at the bottom right, and 'CRIMINAL/ECONOMIC BEHAVIOR' at the bottom left.

MEDICAL INDUSTRY

**TREATMENT
INDUSTRY**

BIG PHARMA

**CRIMINAL/ECONOMIC
BEHAVIOR**

A man in a dark shirt and glasses is looking up at a massive, multi-headed serpent. The serpent has several heads, each with sharp teeth and a red tongue. The scene is set in a room with blue walls and a light-colored floor. The serpent's body is coiled on the floor, and its heads are raised high. The man is standing in the middle of the room, looking up at the creature with a look of awe or fear. The overall atmosphere is one of a fantastical or mythical creature being displayed in a museum or gallery.

Isolation

**Family
Disfunction**

Poverty

**Adverse Childhood
Experiences**

Primary Prevention

- WIC Program
- Family Nurse Partnership
- Child Protection
- Summer Recreation
- After School Programs
- Poster Campaign
- Community Education Forum
- Suicide Prevention
- Community Collaborative Council



**Not all WOUNDS
are VISIBLE.**



Be willing to listen.
Comrades can PREVENT SUICIDE.
Speak up, reach out . . .
you're not alone.



The National Suicide Prevention Lifeline
1-800-273-TALK (8255)
Brought to you by the Fond du Lac Human Services Division and IHS.



Primary Prevention

- Honoring Sobriety Feasts Monthly
- Digital Story Telling Contest
- Father and Sons Gatherings
- Women's Gatherings
- Drug Take Back
- Tip Line
- In School Education Program
- Weekend Recreation / Education Events





Primary Prevention

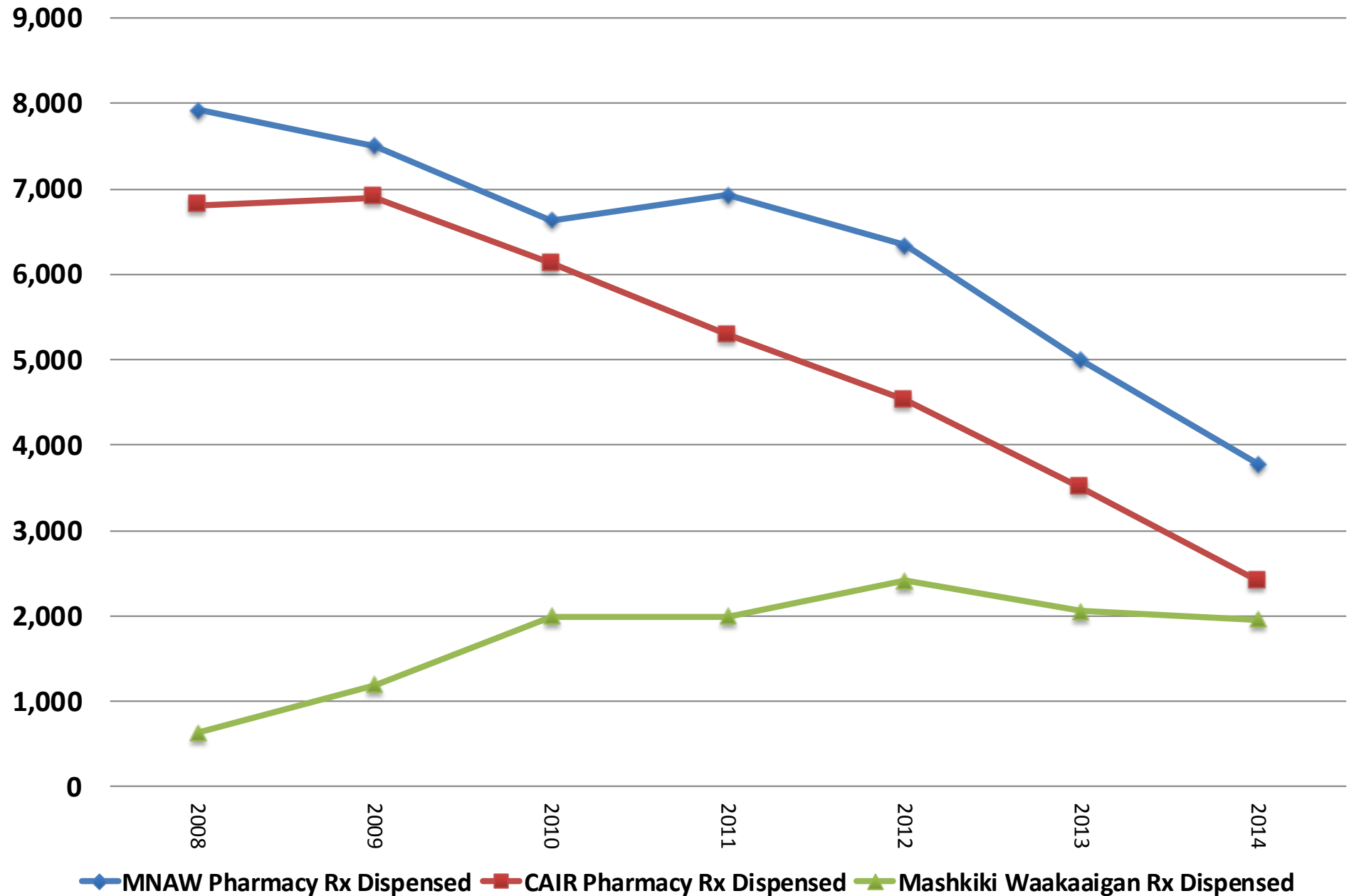
- Zero Tolerance Policy
- Banishment/ Exclusion Ordinance
- Interdivisional Cooperation
- Law Enforcement Engagement



Secondary Prevention

- Primary Care Provider Education/Cooperation
- Clear Drug Abuse Prevention Policies
- Alternative Medical Treatments
- Drug Contracts
- Drug Screening
- Referral to Behavioral Health and/or Tx
- Integration of Primary Care and SUD/BH
- Ongoing Dialogue Regarding Opioids in PTC
- Interdepartmental Cooperation

Controlled Substances Dispensed





Secondary Prevention (continued)

- Pharmacy uses Prescription Drug Monitoring Program (PDMP)
- Drug Testing for Employment and RTW
- Methadone Diversion Prevention
 1. Referral Policies
 2. Resisting Inappropriate Practice
 3. Engage Politically – Six resolutions, MACSSA Position Paper
 4. Develop Alternatives

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Tertiary Prevention

- Adult Treatment
- Adolescent Treatment
- Recovery Case Management
- Increased Behavioral Health attention
- Network with other providers
- Community Based Research

A man in a dark shirt and glasses is looking up at a massive, multi-headed serpent. The serpent has several heads, each with sharp teeth and a red tongue. The serpent is coiled around the man, with its heads reaching towards him. The background is a light blue wall with a textured surface. The floor is a light grey color. There are four text boxes overlaid on the image, each with a red-to-yellow gradient background and a black border. The text boxes contain the words: 'Isolation', 'Family Disfunction', 'Poverty', and 'Adverse Childhood Experiences'.

Isolation

**Family
Dysfunction**

Poverty

**Adverse Childhood
Experiences**

FOND DU LAC
TAGWII RECOVERY CENTER





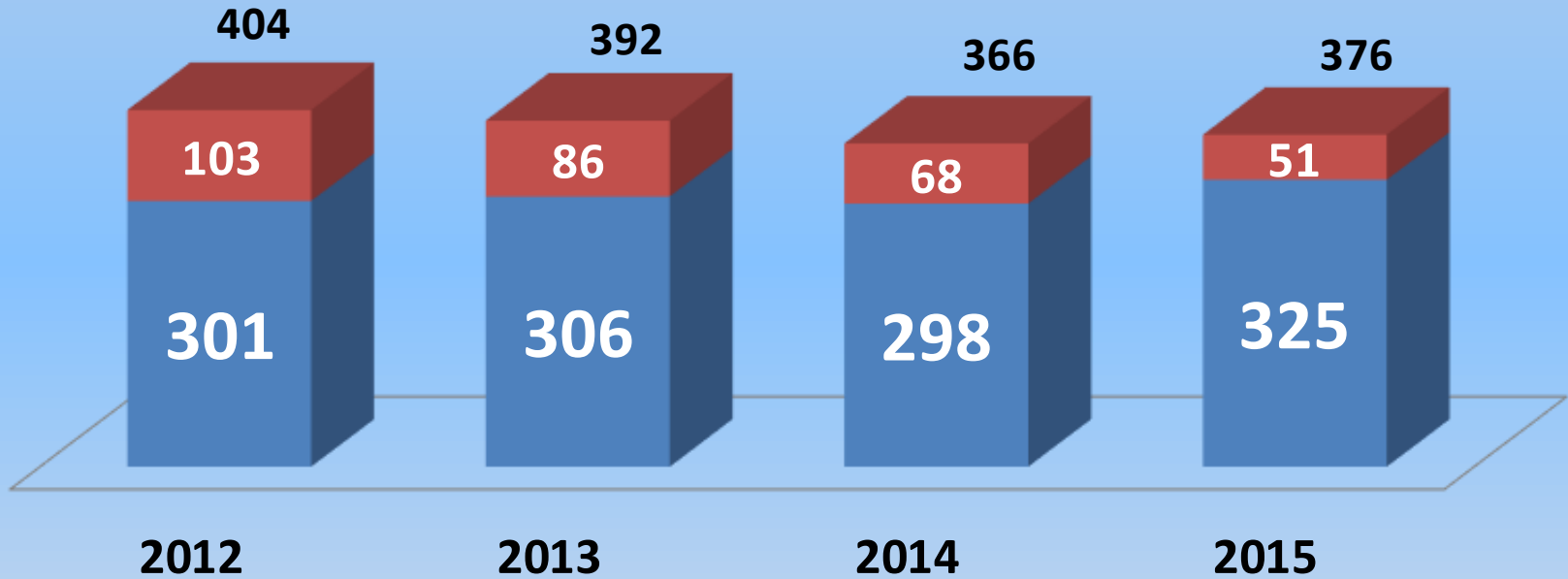
Adult Treatment – Tagwii Recovery Center

Adolescent Treatment – Mino wii jii win

- **Program Goals:**
 - To elevate the wellbeing of individuals afflicted with addiction
 - To provide long term culturally specific community-based treatment
 - To heal the whole person, family and community
 - To build a strong alumni base for generational sobriety and healthy living

Rule 25 Assessments

■ Adult ■ Adolescent



	2012	2013	2014	2015
# Assessors	6	4	3	4
Wait Time	< 2 Weeks	1-2 Weeks	1-2 Weeks	3-5 Days



Program Design

- Length of treatment is based on a client's need and personal goals
- **Adolescent Program 6 to 9 months**
- **Adult Program 6 to 12 months. Most clients are 12 to 18 months**
- Treatment hours are designed to work around a client's school/work/family schedule to ensure success
- Transportation/Child Care Provided
- Matrix Model, 12-Steps, Red Road to Wellbriety, True Thought, Live It
- Early Recovery/Relapse Prevention Groups, Change Group, Life/Social Skills, and Wellness Group
- Mental and Medical Assessments
- **Frequent Drug Testing**
- Family Involvement
- Mental Health Counseling
- Recovery Case Management – Basic Needs: Housing, Employment
- Supplemental Modalities Available

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Culture

- Trauma Informed
- Smudge
- Talking Circles
- Traditional Teaching and Values
- Drum & Singing
- Gathering of Traditional Medicines
- Sweat Lodge
- Traditional Healers
- Treatment and Community Activities



Tagwii @ A Glance

- **Who Are Our Clients:**

- Average age – 25.5 (Males 26 / Females 25)
 - Less than 7% are self-referred 68% have a history of IV use
 - 70% have MI/CD
 - 30% are homeless
 - Most likely to be a street heroin or Rx user
 - Less than 20% are employed

- **2015 Client Outcomes:**

- 94 unduplicated (34 carried over from 2014; **60 New Clients**)
 - 49 clients entered treatment one or more times in 2015
- 21 graduated
- 26 in treatment on 12/31/2015
- 77 people discharged @ ASA/ASR
 - Left, conduct, transferred to inptx, incarcerated
 - 02 people discharged Medical

Treatment Networking

- 
- **Specialty Drug Courts – St. Louis County**
 - Addiction Specialists
Represented on all 3 courts
 - Culturally sensitive
 - Immediate team responses to recovery efforts
 - Intensive monitoring outside of treatment
 - Weekly hearings
 - **Specialty Drug Court – Carlton County**
 - Formal collaboration
 - Increased flexibility in response to relapse
 - Frequent drug testing
responsibility of the treatment provider
 - Formal weekly court review
 - Access to county prisoners

Treatment Program

The Fond du Lac Mino Wii Jii Win Adolescent Treatment Program encompasses a treatment process that recognizes and accommodates the diversity among American Indian youth. The program addresses the issues of historical trauma and cultural disruption through culturally-specific and evidence-based methods. The FDL Mino Wii Jii Win Treatment Program provides a holistic treatment approach that tends to the multiple needs of each client.

Fond du Lac Chemical Health

Fond du Lac Chemical Dependency Counselors reach out to American Indian people through Rule 25 Assessments, individual counseling, community education presentations, and through monthly sobriety feasts.

If it has been determined that a client needs treatment, a Fond du Lac Counselor may assist the client in finding and entering a treatment program. Clients who qualify under State of Minnesota guidelines are eligible to receive limited treatment funds. Services will be provided if a client is eligible and funds are available.



**Mino Wii Jii Win
Adolescent Outpatient
Treatment Program**
63 Marigold Lane
Cloquet, MN 55720

Mino Wii Jii Win
P: (218) 878-3808



**Min No Aya Win
Human Service Center**
927 Trettel Lane
Cloquet, MN 55720
P: (218) 879-1227 | F: (218) 878-3799



Fond du Lac Human Services Division

Behavioral Health Department

Mino Wii Jii Win
Adolescent Outpatient
Treatment Program

Fond du Lac Reservation




Adolescent Treatment

- High degrees of anxiety, depression, PTSD, ADHD.
- Mental Health treatment critical.
- In-patient tx not effective.
- Frequent relapses should be expected.
- Hope for the future – resiliency – plays a strong role in recovery.
- Need to build a social network even if it isn't their family.
- Kids need structure. Schools give up, kids give up on themselves. Need to find purpose, identity.

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Treatment System Issues

- Clients choose treatment paths that offer the least amount of resistance or change to avoid consequences versus treatment that holds clients accountable for their actions and offers them hope for a healthy, sober lifestyle.



FDL Chronic Pain Rehabilitation Program Process

- Adopted a proven and successful model for chronic pain rehabilitation without opioid therapy (Mayo Clinic Pain Rehabilitation Center)
- 3 week outpatient, high intensity, CBT, body work, group/individual/family counseling, multi-disciplinary team.
- 93% success rate of those who completed



FDL Chronic Pain Rehabilitation Program Pilot Project Outcomes

- 55.6% completion rate
 - 9 patients admitted in the 3-week, 15 day outpatient intervention pilot project
 - 5 patients completed the full 3-week intervention
 - Patients completely tapered off all long-term opioid prescriptions
 - A change in pain severity of all patients from program admission to discharge
 - 40% of program completers identified co-occurring chemical dependency and completed a rule 25
 - 20% successfully completed in-patient treatment post FDL Chronic Pain Rehabilitation Program with the help of program staff and Patient Advocate
 - An overall reduction in healthcare utilization of program completers for treatment of chronic pain conditions



Other Approaches

- Tagwii Plus, women's initiative
 - Pg women and moms
 - Intensive case management
 - Incentive driven
- Tagwii, MAT
- Tagwii, Vivitrol (opioid antagonist)
- Tagwii Campus Housing
- White Earth Nation M.O.M.S
- Buprenorphine/ Suboxone



Buprenorphine/Suboxone

- Tribal physician prescribing, monitoring, attending
- Tagwii Recovery Center providing treatment
- Integrated interventions developed to create a relationally rich environment
- Comprehensive Recovery Case Management

High resolution relational electroencephalic mirroring

Fond du Lac Human Services Division

Behavioral Health
Department

Miikanaake Program

To make a new road or trail



Brainwave Optimization



HIRREM

High-resolution, relational, resonance-based, electroencephalic mirroring (HIRREM®) is a novel, noninvasive, closed-loop, electroencephalic-based feedback technology to facilitate **auto-calibration, and self-optimization of neural oscillations** by using auditory tones to reflect dominant brain frequencies in near real time.

HIRREM





Fond du Lac BWO Study

Methodology

- A quasi-experimental study was conducted and collected by the BWO Supervisor and her staff in 2009.
- To qualify, participants had to be active participants in outpatient treatment (Tagwii). Participants of both the control group and experimental group were chosen randomly in 2010. The Becks Depression Inventory was given to the experimental group before and after Brainwave optimization treatments.
- Patients identified a minimum of three goals for themselves while participating in the program.
- 20 participants in the experimental group. 20 participants in the control group. Randomly selected for gender balance.

Is there a correlation between the number of Brainwave Optimization sessions & number of days in outpatient treatment?

Days in Tx	# Of Brainwave optimization Tx
0	1
4	5
8	5
9	15
13	11
14	6
19	11
22	15
27	15
29	15
31	18
43	15
46	15
49	15
50	18
52	18
72	15
76	15
78	15
113	15

<u>Overall</u>	<u>Sobriety after one yr</u>
-Range of tx days: 0 to 113	-Range of tx days: 29 to 113
-Brainwave Tx days: 1 to 18	-Brainwave Tx days: 15 to 18



* Green indicates Sober after one year

Findings

Sobriety 1 yr post Tx	#	%
Brain Wave Optimization + Outpatient Tx (n=20)	7	35%
Outpatient Chemical Dependency Tx (n=20)	3	15%



Thank You

Jennifer DuPuis

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Human Services Division

Fond du Lac Band of Lake Superior Chippewa

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