

Canoncito Band of Navajos Health Center Recovery Care Clinic

A rural tribal clinic's response to opioid use disorder

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Disclosures

- The presenters do not have financial arrangements related to the content of this activity.

Objectives

- Become familiar with opioid use disorder in Native America and the importance of addressing this issue.
- Learn about one Navajo tribal community health center's response to address opioid use disorder.
- Learn of a process to create an interdisciplinary clinical guideline for treating opioid use disorder.
- Discuss challenges to creation of an interdisciplinary team for treating opioid use disorder in a small tribal community.

Definitions and abbreviations

- AI/AN: American Indian/ Alaska Natives
- CBNHC: Canoncito Band of Navajos Health Center, Inc.
- DSM-5-TR[®]: Diagnostics and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision
- NMDOH: New Mexico Department of Health
- SUD: Substance Use Disorder
- OUD: Opioid Use Disorder
- TOR: Tribal Opioid Response

What is Substance Use Disorder?

National Institute of Mental Health: Substance Use and Co-Occurring Mental Disorders³

- “Substance use disorder is a treatable mental disorder that affects a person’s brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications.”

American Society of Addiction Medicine: National Practice for the Treatment of Opioid Use Disorder⁴

- “Substance use disorder is marked by a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues to use alcohol, nicotine, and/or other drugs despite significant related problems”

Diagnostic and Statistical Manual of Mental Disorders, Fifth edition, Text Revision¹

- “Problematic pattern of substance use leading to clinically significant impairment or distress manifested by two (2) or more of the following within a 12-month period.”

Diagnostic and Statistical Manual of Mental Disorders, Fifth edition, Text Revision¹

Impaired Control

- Consuming the substance in larger amounts and for a longer amount of time than intended
- Persistent desire to cut down or regulate use. The individual may have unsuccessfully attempted to stop in the past.
- Spending a great deal of time obtaining, using, or recovering from the effects of substance use.
- Experiencing craving, a pressing desire to use the substance.

Social Impairment

- Substance use impairs ability to fulfill major obligations at work, school, or home.
- Continued use of the substance despite it causing significant social or interpersonal problems.
- Reduction or discontinuation of recreational, social, or occupational activities because of substance use.

Risky Use

- Recurrent substance use in physically unsafe environments.
- Persistent substance use despite knowledge that it may cause or exacerbate physical or psychological problems.

Pharmacologic

- Tolerance: Requires increasingly higher doses to achieve the desired effect, or the usual dose has a reduced effect.
- Withdrawal: A collection of signs and symptoms that occurs when blood and tissue levels the substance decrease. Individuals are likely to seek the substance the relieve symptoms.

Opioid Use Disorder

Definitions

- **Opioids:**

- Overarching term that refers to natural (aka opiates), semi-synthetic and synthetic opioids that resemble morphine in pharmacological effects.
- Ex: Heroin, morphine, oxycodone, hydrocodone, fentanyl

- **Opiates:**

- Refers to natural opioids derived from the poppy plant, *Papaver somniferum*, with the ability to induce analgesia, euphoria, and, in higher doses, stupor, coma and respiratory depression.
- Ex: Heroin, morphine, codeine



Opioid Use Disorder

DSM-5-TR Criteria

“A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:”

Opioid Use Disorder

DSM-5-TR Criteria

Impaired Control

- Opioids are often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
- A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
- Craving, or a strong desire or urge to use opioids.

Social Impairment

- Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
- Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
- Important social, occupational, or recreational activities are given up or reduced because of opioid use.

Risky Use

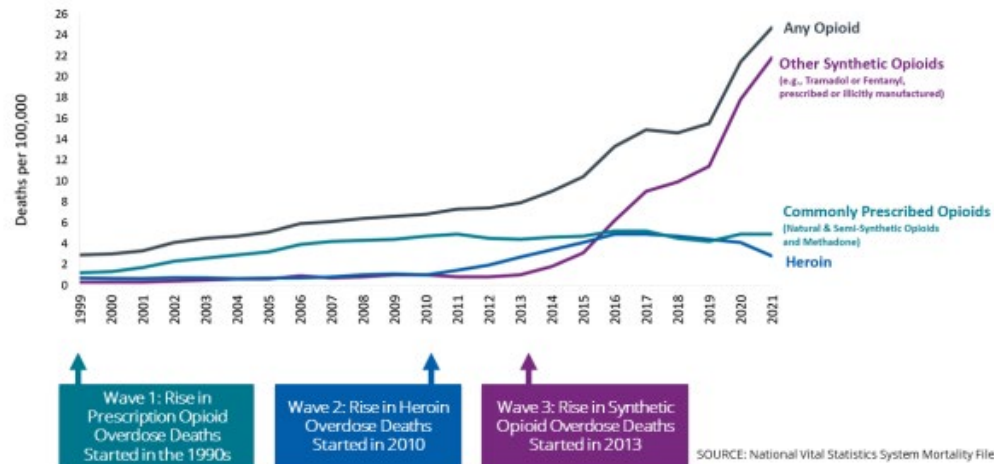
- Recurrent opioid use in situations in which it is physically hazardous.
- Continued opioid use despite knowledge of having persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

Pharmacologic

- Tolerance: Requires increasingly higher doses to achieve the desired effect, or the usual dose has a reduced effect.
- Withdrawal: A collection of signs and symptoms that occurs when blood and tissue levels the substance decrease. Individuals are likely to seek the substance the relieve symptoms.

Opioid Use Disorder

Three Waves of Opioid Overdose Deaths

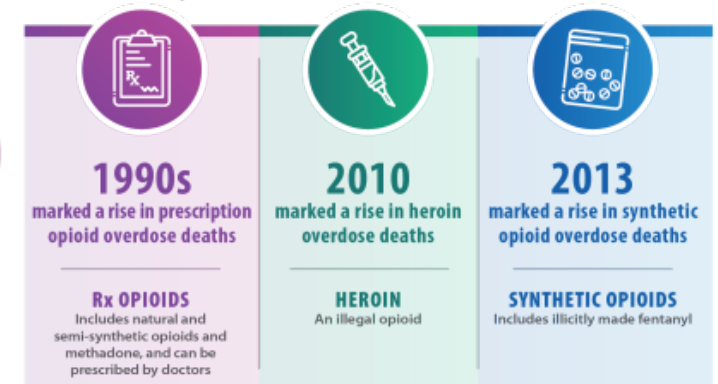


RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

NEARLY
645,000
PEOPLE DIED FROM AN
OPIOID OVERDOSE
(1999-2021)

www.cdc.gov

A Multi-Layered Problem in Three Distinct Waves



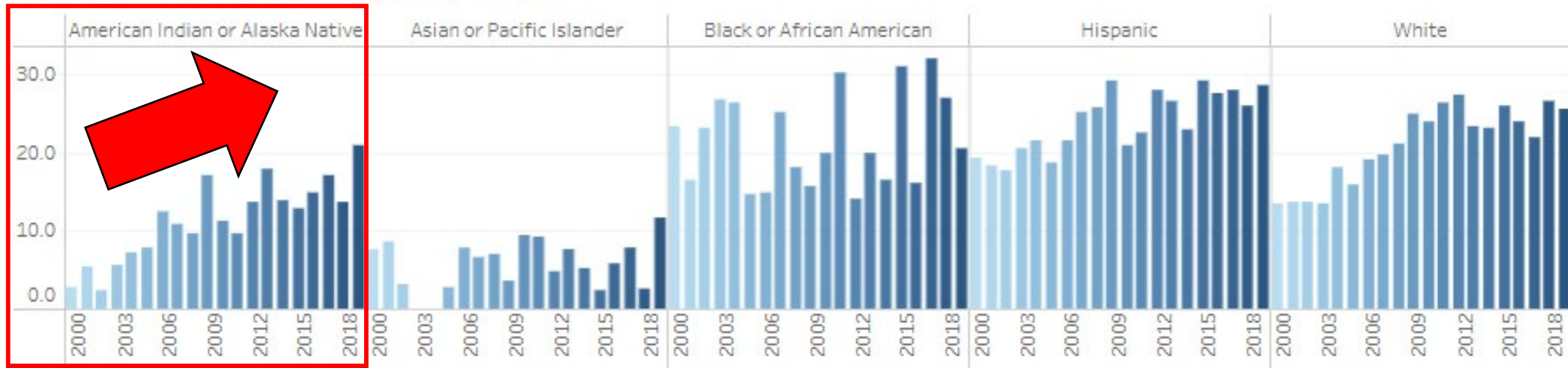
Learn more about the evolving opioid overdose crisis: www.cdc.gov/drugoverdose

2018 National Survey on Drug Use and Health³

- 10% of Native Americans have a substance use disorder.
- 4% of Native Americans have an illicit drug use disorder.
- 7.1% of Native Americans have an alcohol use disorder.

NMDOH statistics on Drug Overdose Deaths

Trends in Drug Overdose Deaths by Race/Ethnicity, New Mexico
Deaths per 100,000 population (age-adjusted)



- In 1999, there were 2.9 deaths per 100,000 AI/AN persons
- In 2018, there were 20.9 deaths per 100,000 AI/AN persons

Opioid Use Disorder and the Tóhajiileeh community

Canoncito Band of Navajos Health Center



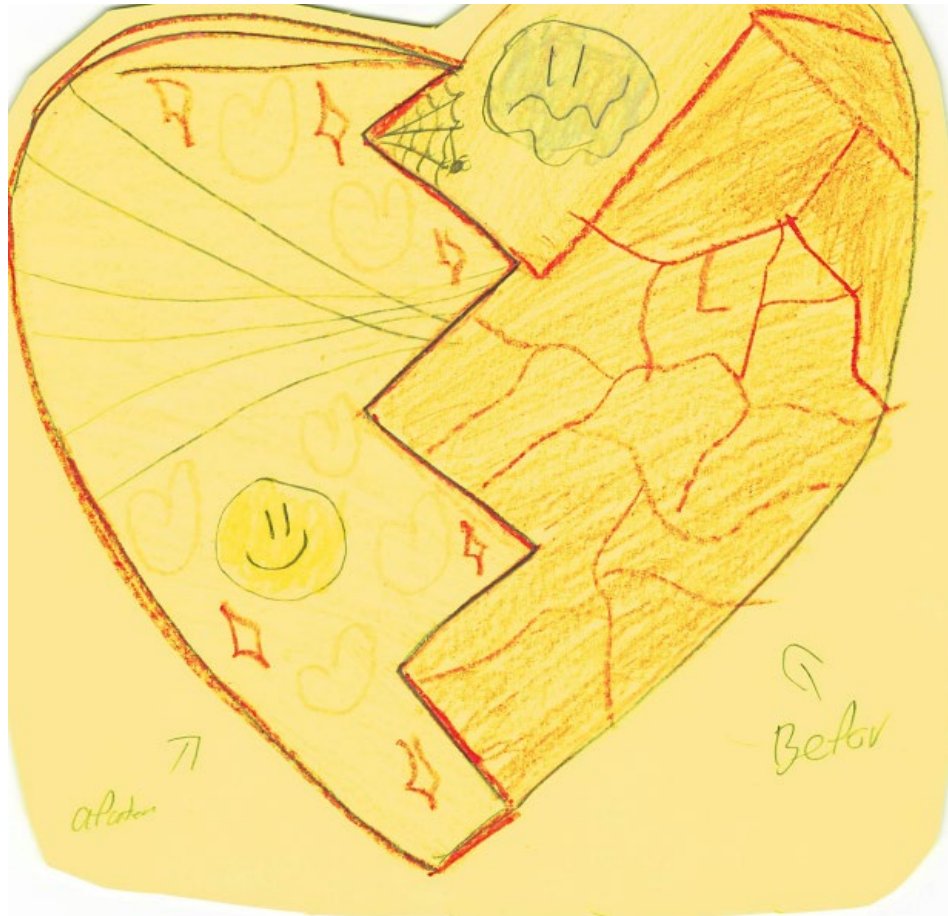
Tóhajiileeh community



Patient Case

- 42 yo Male with fentanyl and cocaine use
 - Experiencing withdrawal symptoms on day of presentation
 - Cannot tolerate withdrawal symptoms
 - Takes approximately 10 pills daily
 - Works in Albuquerque
- Family Support encouraged him to “get help”
 - Heard from community members that he could receive treatment at CBNHC
- Engaged with multiple providers
 - PCP
 - Psychologist
 - Substance Use Counselor
 - Peer Support Specialist
 - Pharmacist
- Peer Support: Patient support and assist in navigating MOUD services in ABQ
- Pharmacist: Educated and provided Narcan to patient

15 y/o Adolescent Lost Mom to Fentanyl



Substances of concern

1. Alcohol
2. Methamphetamine
3. Fentanyl
4. Cannabis
5. Polysubstance abuse

Tribal Opioid Response (TOR) grant

- Memorandum of Agreement (MOA) between CBNHC and Albuquerque Area Indian Health Board, Inc. (AAIHB)
- Grant awarded to AAIHB, CBNHC awarded as a sub-recipient
- “...focuses on prevention, recovery, and harm reduction activities among American Indian/ Alaska Native youth and adults to create awareness of opioid use disorders and prevention strategies to increase access to substance abuse services, harm reduction practices, and enhance recovery supports.”

TOR Projects

- Prevention and harm reduction practices
 - Narcan training and availability
 - Fentanyl and Xylazine test strips availability
- *In progress:*
 - Prevention and harm reduction practices
 - Informational CNBHC opioid booklet
 - Highway advertisement signs

TOR Projects

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 - Highway advertisement signs
 - ***Medication Assistance Treatment Clinic***
 - ***Not required as part of TOR grant***
 - ***Decreased patient distance traveled***





HOW I DID IT
By
Victor Frankenstein

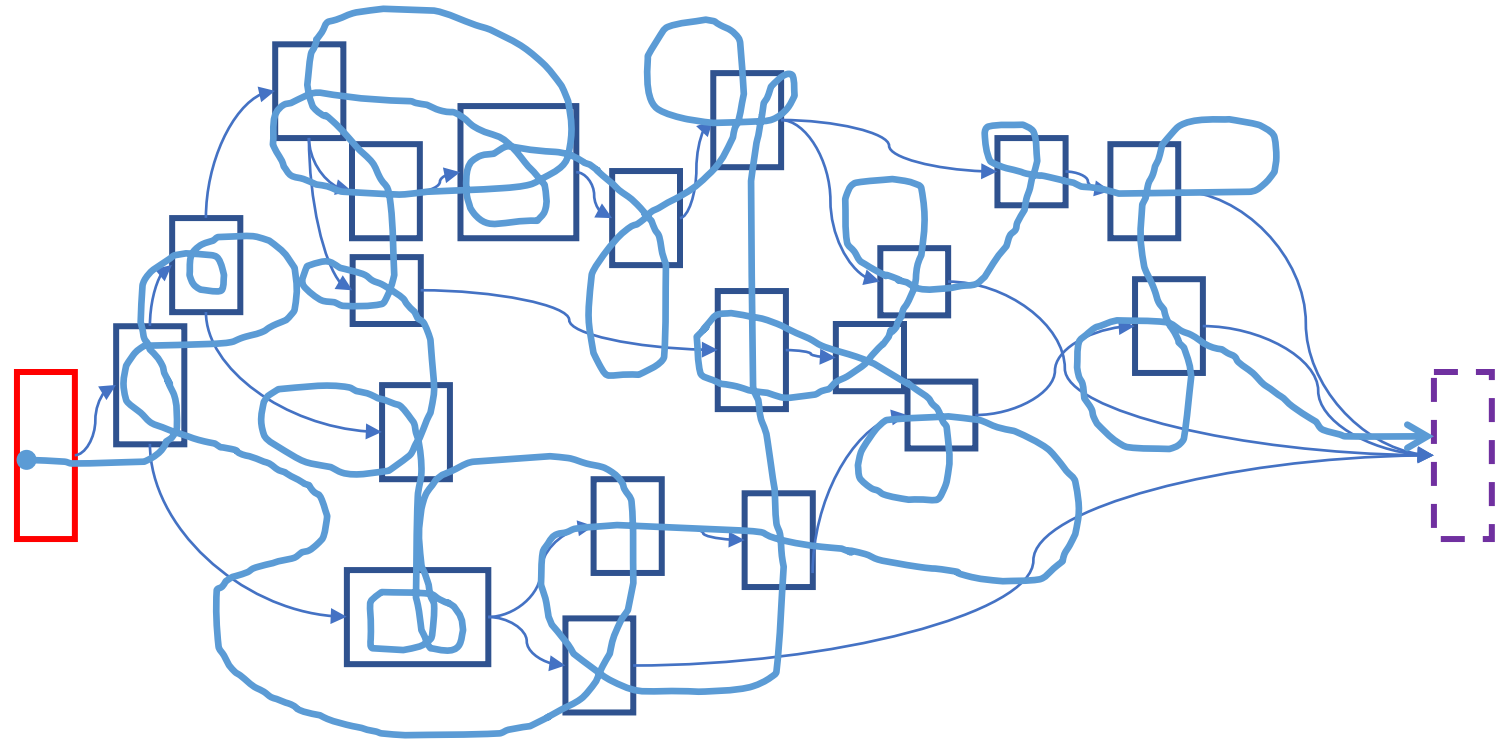


Question

Considering your experiences, how would you approach this process?



Process



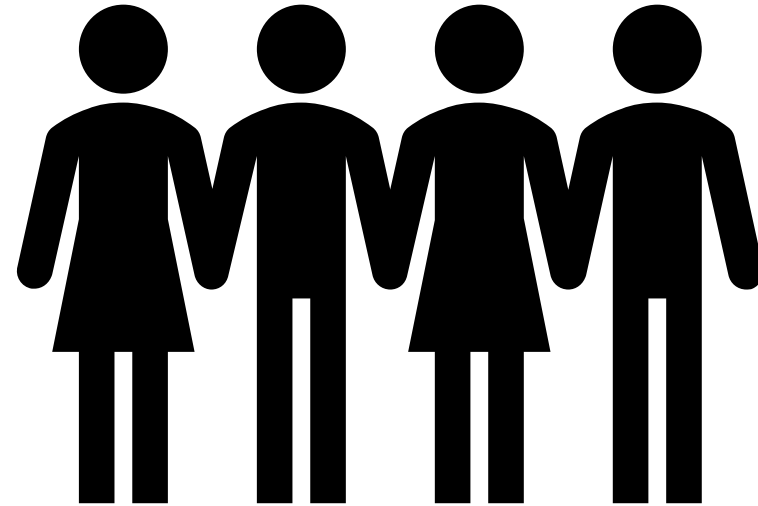
Community

- Mental Health Community Readiness Assessment
 - Conducted: 10/5/2023
 - 17 participants
 - Requested Behavioral Health support, substance use support, etc.
- Patient(s) presenting to CBNHC asking for help



CBNHC, Inc.

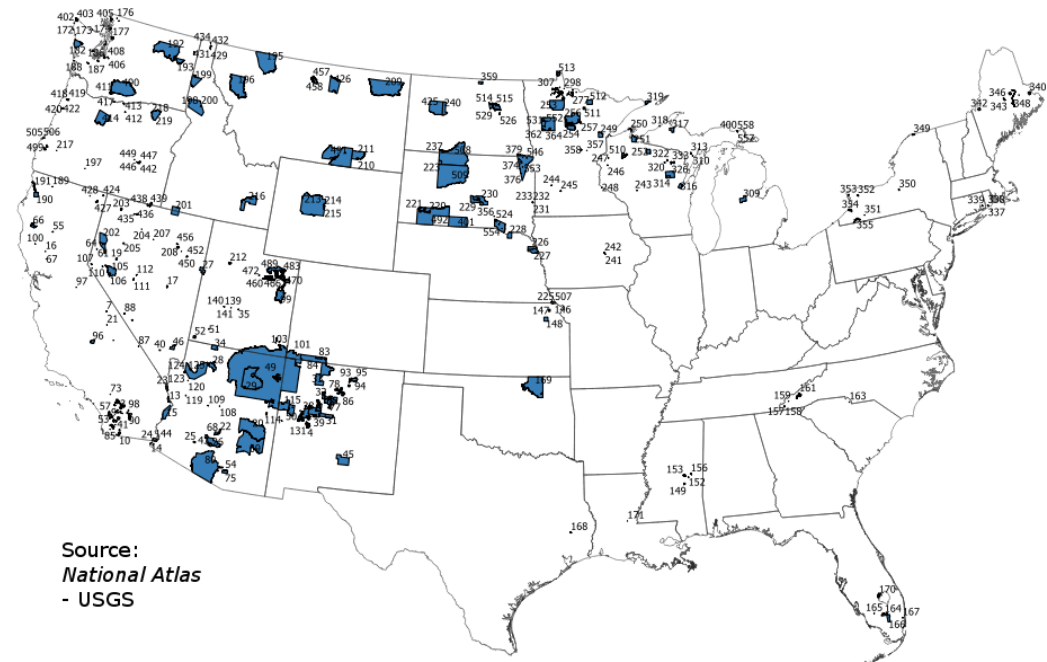
- Active Behavioral Health sessions that include substance use counseling
- Ongoing discussions on treatment
- Tribal Opioid Response Grant
 - How to meet the goals
 - What more can be done?



Nationally

- Trends of opioid-related deaths in Native America
- Consolidated Appropriations Act of 2023
 - Buprenorphine waiver (aka X-waiver) is no longer required to treat patients with buprenorphine for OUD.
 - No more patient limits or caps.
 - Any prescriber is able to prescribe buprenorphine, without limits or caps.

Native American Reservations in the Continental United States

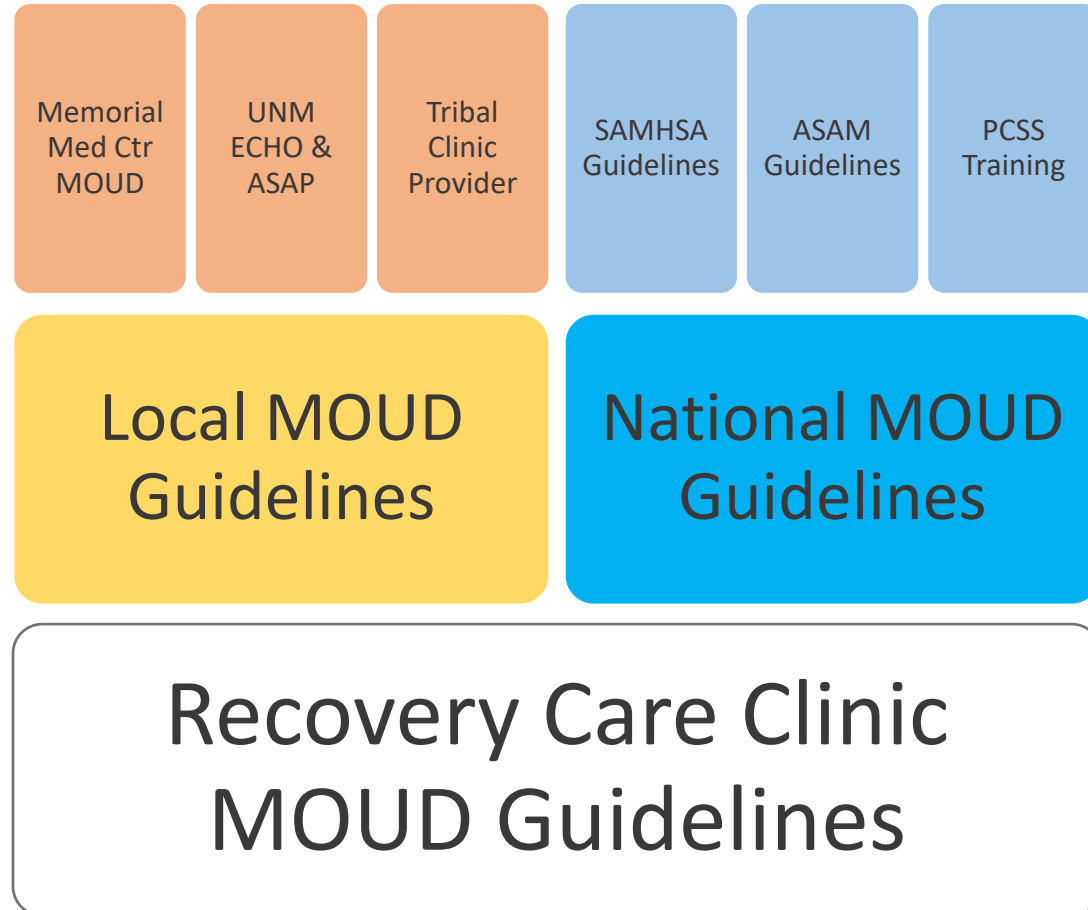


Brainstorming

- What are we going to do?
 - Treat opioid use disorder!
- How are we going to do it?
 - Evidence Based Treatment!
- Who is going to do it?
 - We [CBNHC] are [is]!
- When should we start?
 - As soon as possible!
- Where are we going to do it?
 - Clinic, of course!

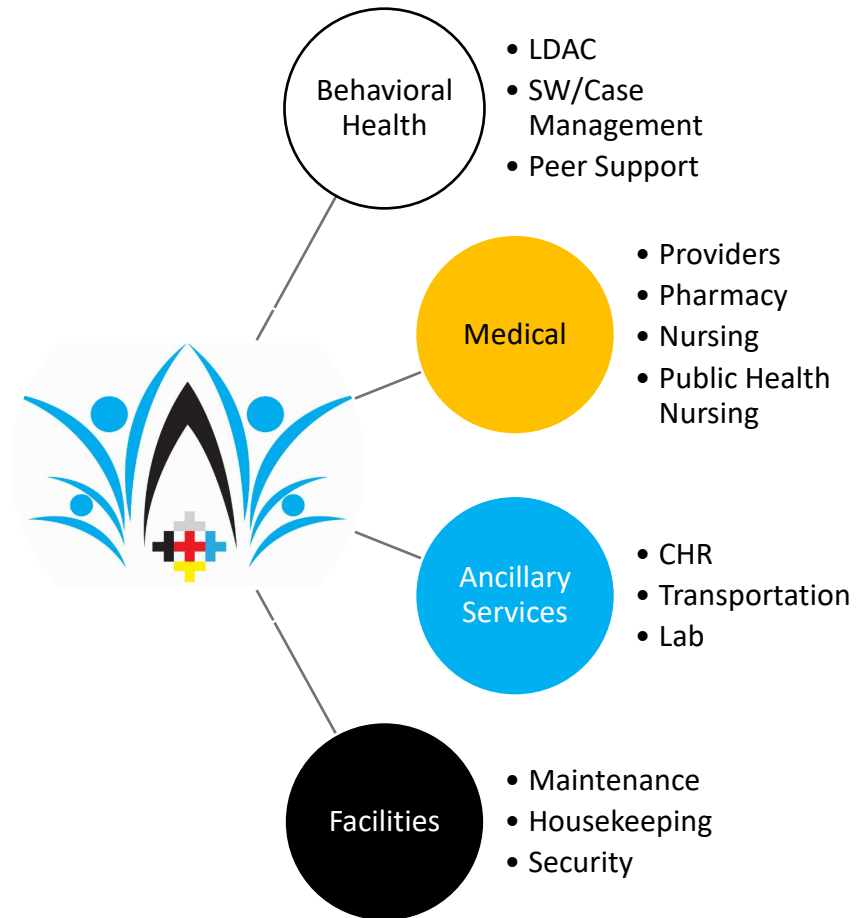


MOUD Guidelines



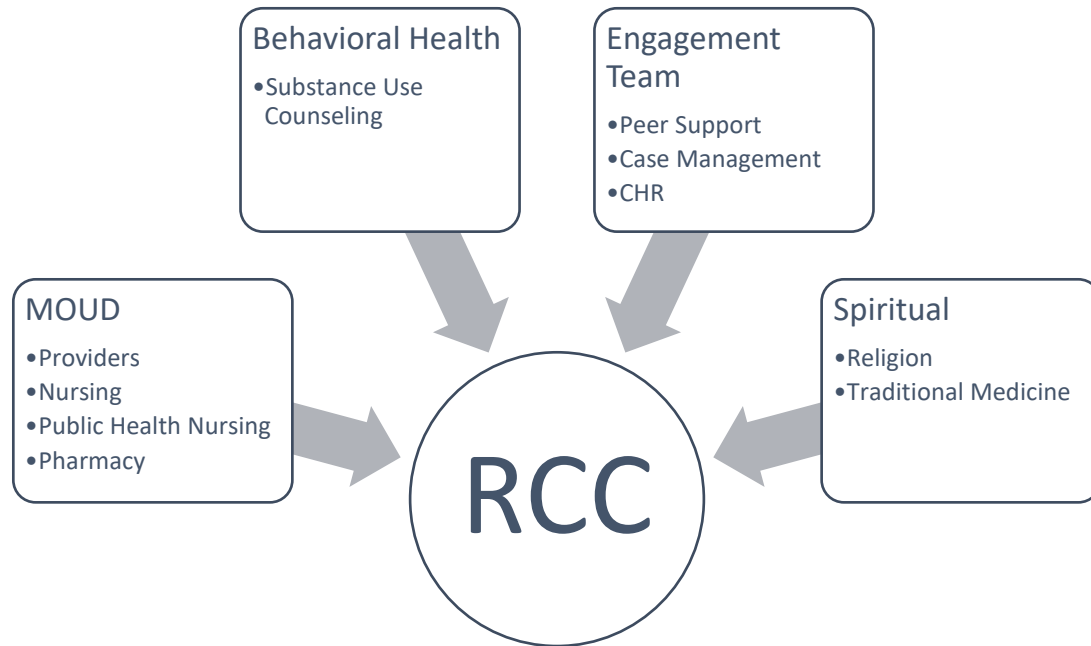
- Review local guidelines
 - Memorial Medical Center Family Medicine Center, Las Cruces, NM
 - UNM ECHO and ASAP Clinic, Albuquerque, NM
 - Tribal Clinic
- Review National Guidelines
 - SAMHSA Guidelines
 - ASAM Guidelines
 - PCSS Training Modules

Mass Participation



- Disciplines were approached to discuss new treatment services
 - Garner interest
 - Encourage participation
 - Reinforce community need
 - Request direct input

Recovery Care Clinic Guidelines



- Requested for disciplines' inclusion into creating the guideline document
 - Each discipline completed writing their own responsibility within the RCC
 - Each discipline writing edits of procedures into the document

Challenges



Patient-based

- Personal Lives
 - Jobs, childcare
 - Language barriers
 - Health literacy
- Stigma
 - Embarrassment
- Experience
 - Some may have had bad experiences with MOUD



Patient-based



- Transportation
 - Low/No access to transport
- Financial
 - Low to no funds for gas
 - No health insurance coverage

Community-based



- Poor cellular service
 - Residents live in various locations without cell service
- Poor roads
 - 2 paved roads
- Stigma
 - “Drug users are no good”
 - People with addiction seen as weak

Team-based Challenges

- Buy-In
- Interdisciplinary Communication
 - Speak various dialects of language (LINGO)
 - Psychology \neq Medical \neq English
 - Urgency can be hard to translate
 - Interest Maintenance
- Perception of Time
 - Time is Relative
 - Time slows on the “Rez”
 - Individual perception of time is variable



Clinic-based Challenges



- Business Hours
 - Appointments restricted to 8 am to 3:30 pm
- Limited Space
 - Use of exam room for induction during active clinic days
- Safety
 - When inductions go awry
 - Securing medication
 - Patients, proxy and meds

The Recovery Care Clinic

The Recovery Care Clinic is an interdisciplinary program within CBNHC that works with patients with addiction and/or dependence to opioids. The goal is to help patients navigate the path to recovery through medical and counseling treatment. Future visioning will include services to address other substances.

Results of Challenges

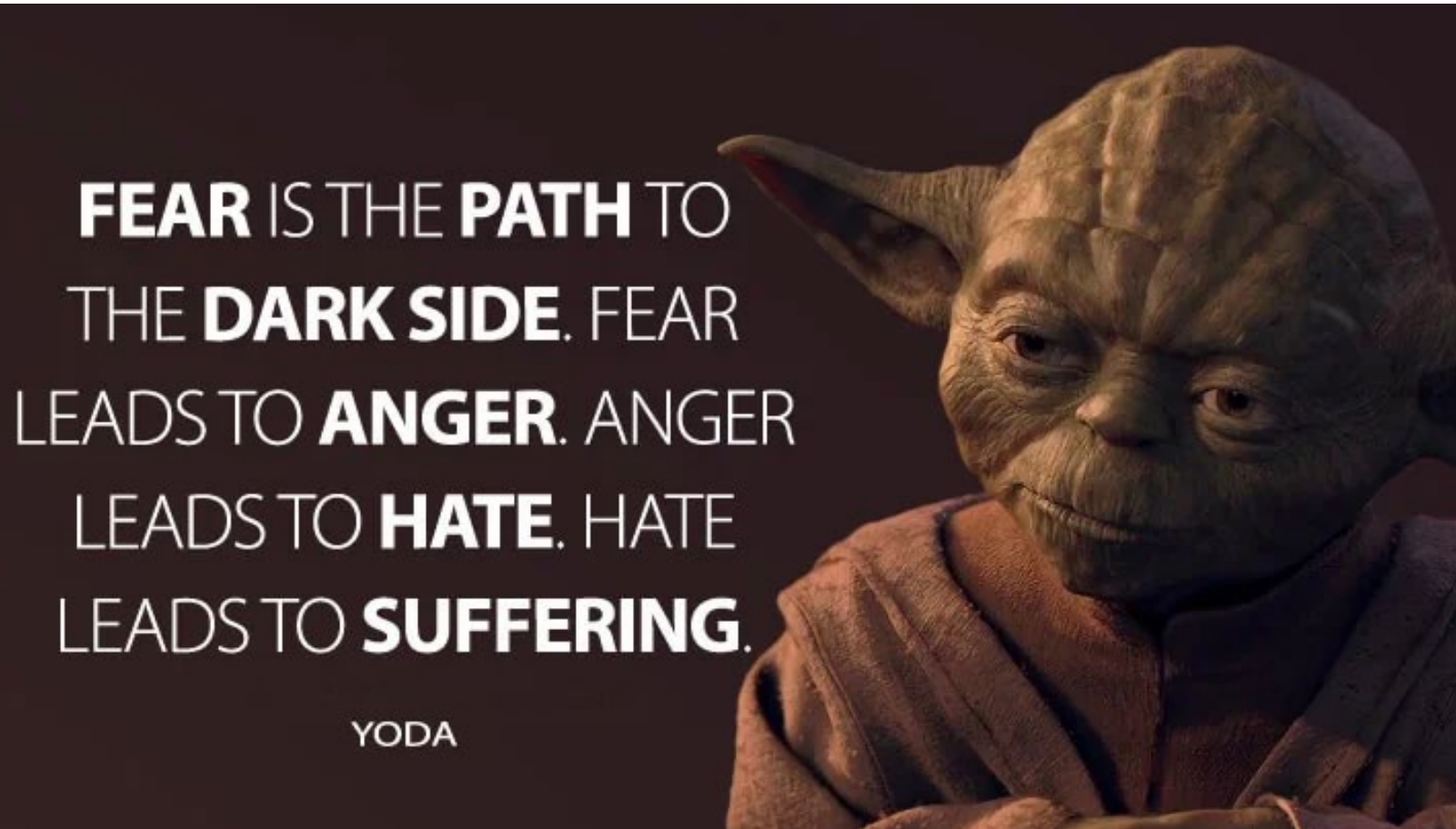
Patient & Community Challenges

- Missed Appointments
- Discontinuity of Care
- Inadequate Treatment
- Increased Morbidity and Mortality

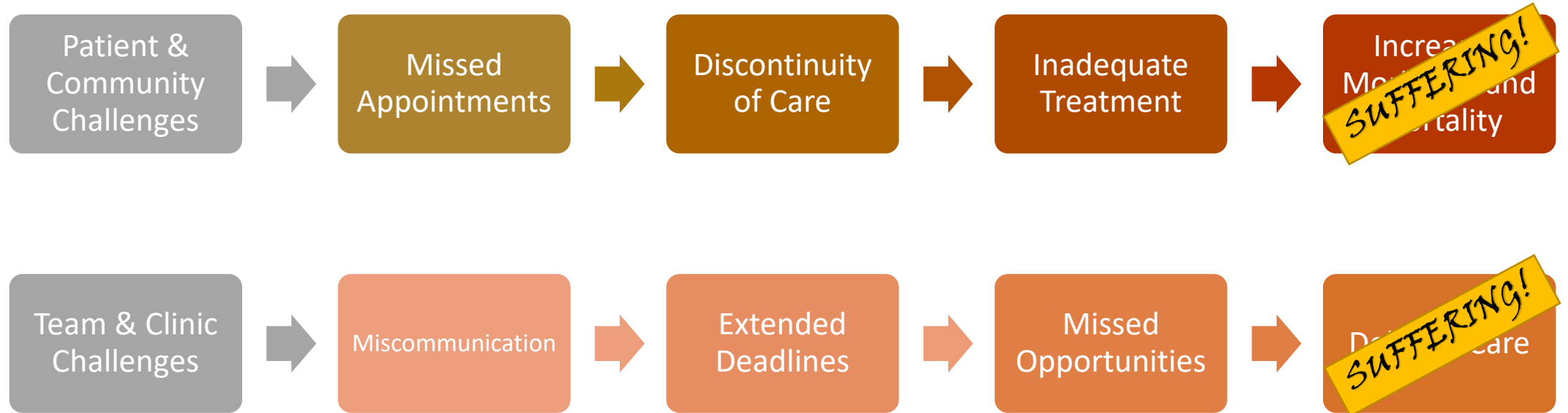
Team & Clinic Challenges

- Miscommunication
- Extended Deadlines
- Missed Opportunities
- Delay of Care

Results of Challenges



Results of Challenges



RCC Response to Patient & Community Challenges

- Offering Home vs In Office Inductions
 - Pharmacy currently working on procedure for CHR medication delivery, medication pick-up by proxy
- Limit medical jargon
- Provide education on forms of MOUD
 - Personalize patient's experience
 - Allow patient's to say when they are ready
- Provide standing orders for Clinic Transport Service
- CBNHC does not charge co-pays and will not charge for services rendered to Tohajiilee community members ("beneficiaries")

RCC Response to Team & Clinic Challenges

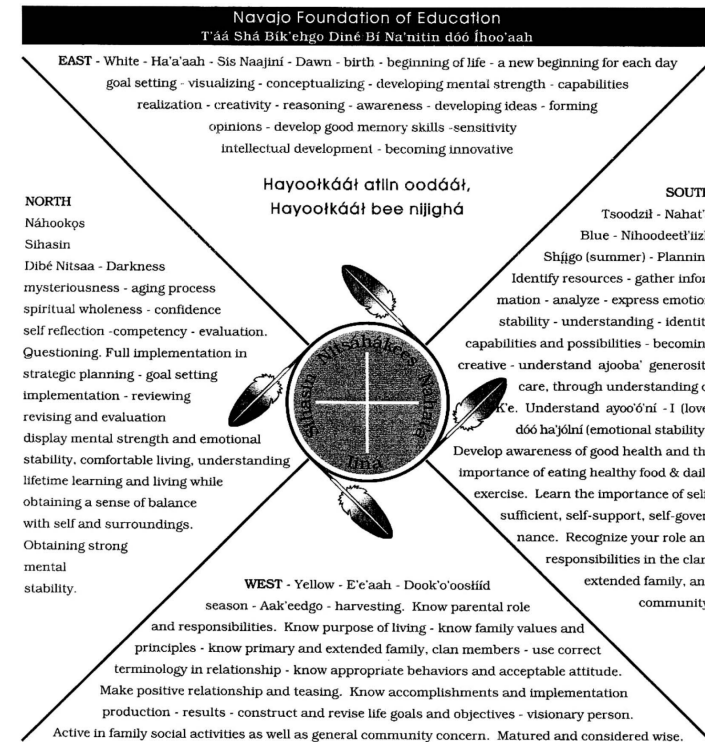
- Maintain open communication between all disciplines
 - Request definitions for unknown words
 - Meet at regular intervals
- Maintain team deadlines
 - Pick a date and stick with it...as much as possible
 - If they're not ready, they're not ready
- Maintain interest
 - Revisit the WHY and the visioning regularly
 - Discuss new guidelines or information with all disciplines

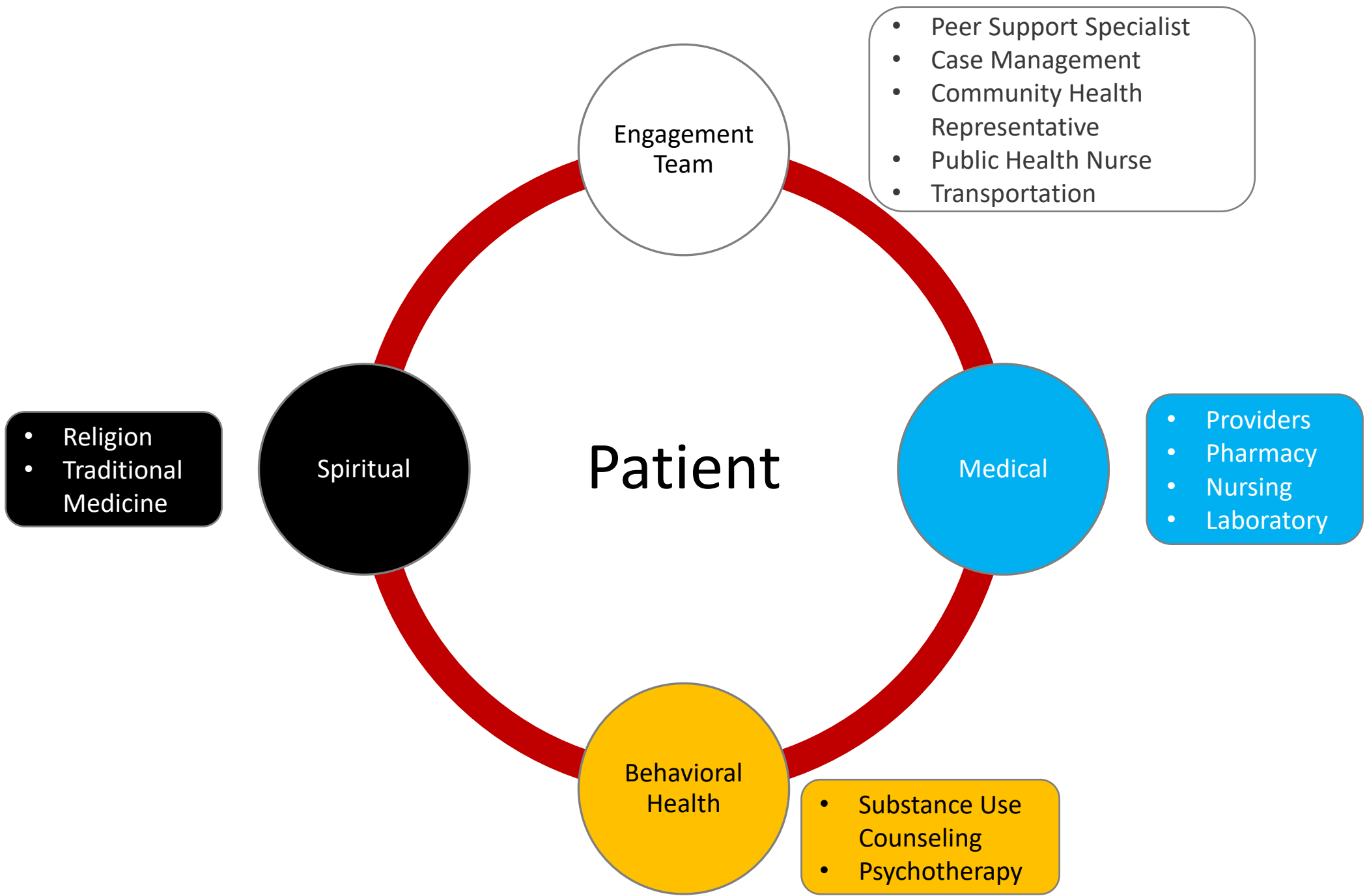
Inspiration for Model

Navajo Worldview



Navajo Philosophy of Education





Discussion

Question 1

- Considering your experiences, how would you approach this process?

Question 2

- What have you done at your practice site or seen that would benefit our model or practice?

Question 3

- For those who have created a guideline document, what was your timeline from project start to seeing your first patient?

Question 4

- What critiques do you have about our model?

Questions?

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