Why Am I Needed?

Native Americans are losing Tribal members rapidly due to prescription drug overdoses. Tribal poverty increases the severity of the prescription drug epidemic and impacts generations of Native American. Many more families and outside agencies are raising children who have lost parents to opioid poisoning.

Despite knowledge of prescription drug use, many family members are not intervening where opportunity exists. Tribal communities are uniquely positioned to have a significant impact on overdose death rates by educating community members about the prescription drug epidemic and equipping them with naloxone rescue kits. Naloxone is the antidote for an opioid poisoning and reverses the overdose effects. By being equipped with naloxone at the scene of an overdose, community and family members can drastically reduce the death toll.

What Do I Need to Know?

The HIS Primary Care Provider is a journal for health professionals working with American Indians and Alaska Natives. In an article published in February 2013, Lee Hyde, MD, Staff Family Physician for Cherokee Indian Hospital in Cherokee, NC, stated, “In 2007, we were experiencing nearly one death a month from drug overdoses, many in young people, usually involving opioids, on a Reservation with approximately 13,400 enrolled members at this time. We were admitting an average of 168 patients a year to our 20-bed hospital for drug treatment services.” With others, Hyde began a Substance Abuse Task Force and implemented several strategies to address the epidemic.

Project Lazarus Rescue Kits are being prescribed at the Cherokee Indian Hospital. A Buprenorphine Clinic was opened in 2008 to provide Medication-Assisted Treatment (MAT) to those with an opioid dependence. Hyde found that Buprenorphine is available through a VA contract for a discounted price. The average age of patients in treatment at the clinic is 18-25. Hyde reported that when appropriate, the Tribe pays for residential treatment for younger patients who would not use MAT services where it is available outside the community, but there is usually a long waiting list. The program has treated 352 since inception and currently treats approximately 85 patients. Cherokee saw a success in reducing narcotic prescribing to 6-7% which is below the national average (Hyde).*

Preventing prescription drug abuse strengthens tribal communities. Using other people’s medication increases the risk of overdose fatality. Combining prescription medications with other prescriptions, alcohol, and even over-the-counter drugs can lead to a fatal overdose.

There are alternative treatments that work for pain relief including yoga, physical therapy, and routine stretching and exercise, MAT treatment modalities for opioid addictions are effective. Opioids and benzodiazepines in combination may be harmful and even fatal.
What Needs To Be Done?

- Implement permanent pill disposal sites.
- Disperse Naloxone rescue kits to family members and train on use.
- Naloxone saves lives and cannot be diverted for illicit use.
- Know the signs and symptoms of misuse/abuse/diversion/overdose from prescription medications.
- Prevention begins in the home through education: *Take Correctly, Store Securely, Dispose Properly, Never Share.*™
- Encourage harm reduction and MAT programs.
- Locate additional treatment centers for substance use disorders and specialized trauma clinics.
- Media campaigns can increase public awareness about the potential for harm when prescription medications are not used properly and how easily they can be diverted. Educated citizens can prevent crime that starts in the home medicine cabinet.

Resources


The Centers for Disease Control reported: “About 1 in 10 American Indian or Alaska Natives aged 12 or older used prescription painkillers for nonmedical reasons in the past year, compared to 1 in 20 whites and 1 in 30 blacks.”

“Whites and American Indian or Alaska Natives are more likely to overdose on prescription painkillers.”

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