

Prevention & Treatment of  
Substance Abuse in  
Native American Communities

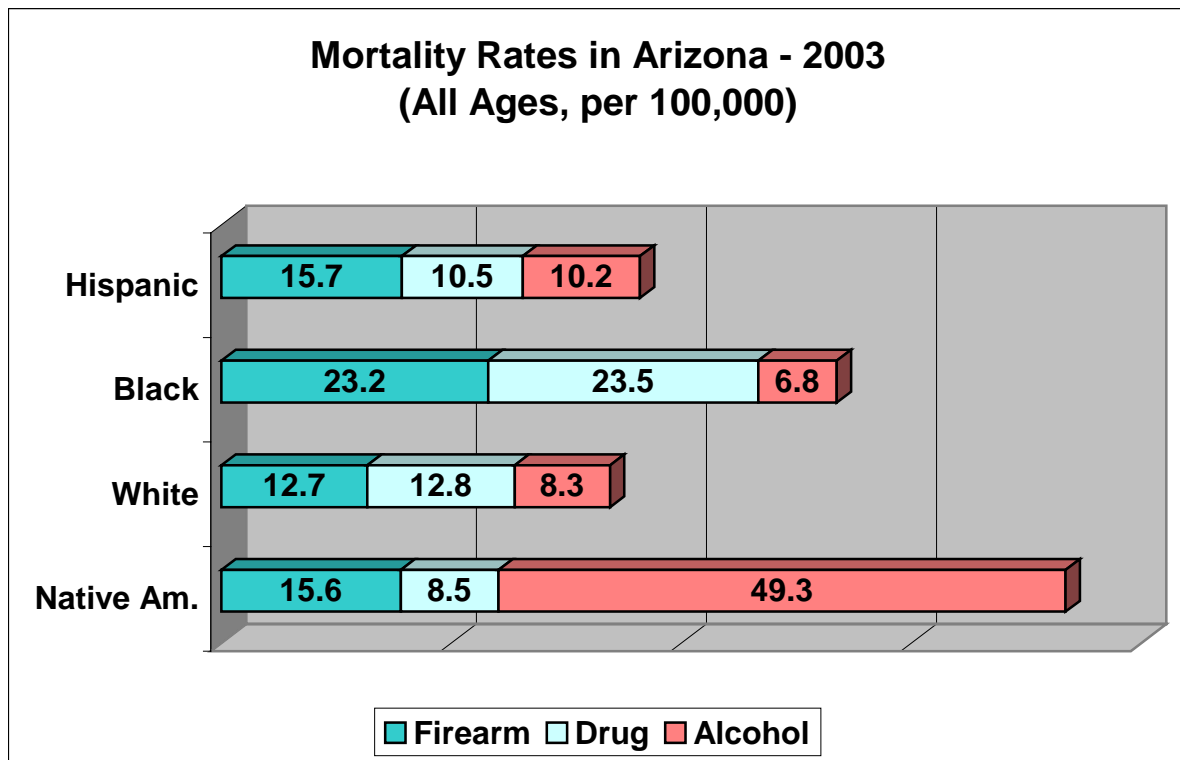
**Phoenix IHS Area Health Summit**

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Arizona Department of Health Services

**June 16, 2005**

## Impact of Substance Abuse for Native American People

Substance abuse is a major cause of death and disability among native people both on and off reservation lands. In many ways, substance abuse has a disproportionate impact on native people in Arizona, due to the rural and remote character of Indian lands, the lack of infrastructure on reservations to deliver treatment and prevention services and significant social and cultural differences in urban areas where many native people move for education and work opportunities. In addition, Native American communities are challenged by the same issues of inadequate workforce, lack of specialized programs, and language and distance barriers that face most rural areas.



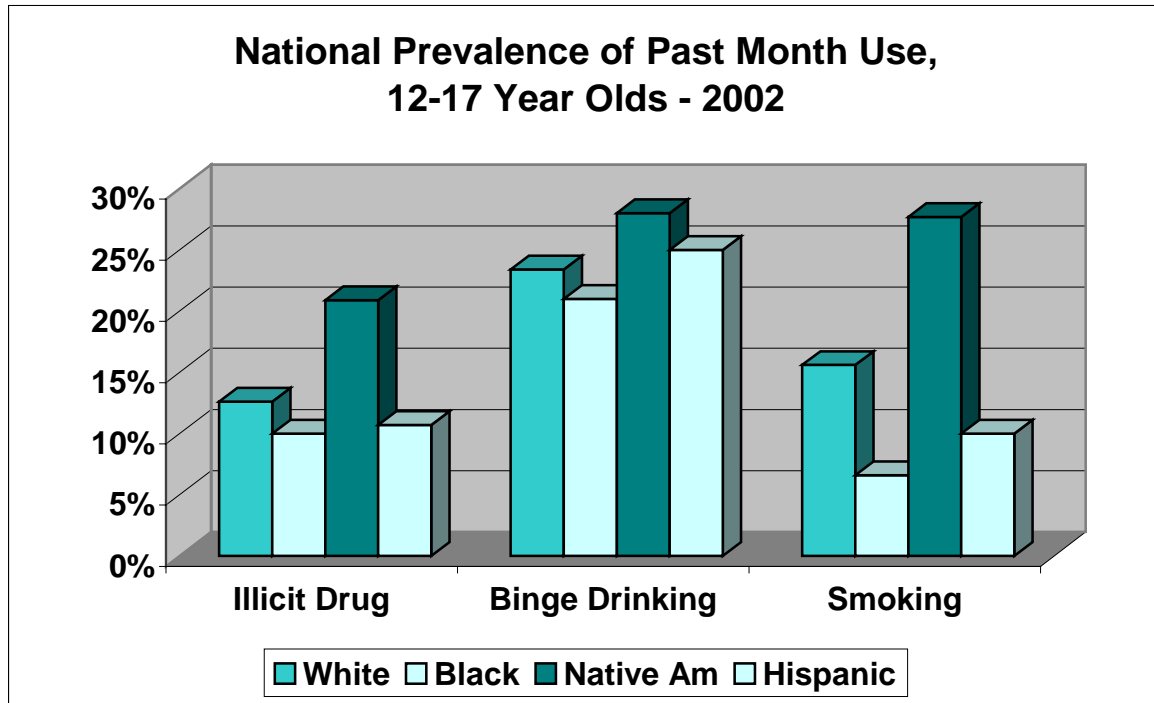
Health Status and Vital Statistics, Arizona Dept. of Health Services 2004

### Alcohol Abuse and Alcoholism

- Alcohol remains the single most serious substance abuse problem facing Native American communities today.
- Alcohol abuse is characterized by progressively severe patterns of drinking, whose hallmark is an increasing inability to control use, even with severe and sometimes life-threatening consequences.
- In 2003, the alcohol related mortality rate among Native people was 49.3 deaths per 100,000, compared with significantly fewer deaths due to drug abuse and firearms.

### Drug Abuse Among Native American Youth

- Substance abuse also impacts young Native people disproportionately, and threatens the health, vitality and future productivity of the next generation of Indian leaders.



2002 National Survey on Drug Use and Health, U.S. Dept of Health and Human Services (2003)

- According to the 2002 National Drug Use Survey, Native American youth are more likely to have used an illegal drug, smoked cigarettes and participated in binge drinking (five or more drinks at one time) in the past 30 days than any other race/ethnic group.
- Alcohol and drug abuse is also associated with increased rates of domestic violence, suicide and gang participation among Native American youth.

### Methamphetamine

- Methamphetamine is a growing threat on reservation land. Navajo Nation, featured in a 2004 *Newsweek* article called “New Menace on the Rez” reported 14 methamphetamine deaths since 2003.
- Easily manufactured using common household products and over-the-counter medications, seizures of methamphetamine labs in Arizona more than tripled between 1997 and 2000 from 116 seizures to 389 seizures.

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- Jurisdictional issues challenge tribes attempting to address the issue:
  - (1) Many tribes have not adopted newer versions of the federal Controlled Substance Act, which addresses “designer” and lab-made drugs, so that methamphetamine may in fact not be illegal on Indian land. Navajo Nation banned methamphetamine in early 2005.
  - (2) Tribes may not have jurisdiction to prosecute non-Indians who commit crimes on reservation.
  - (3) Tribal justice systems often lack resources to address these cases effectively. For example, few tribes can afford detention centers to incarcerate offenders.

**Arizona’s Behavioral Health System**

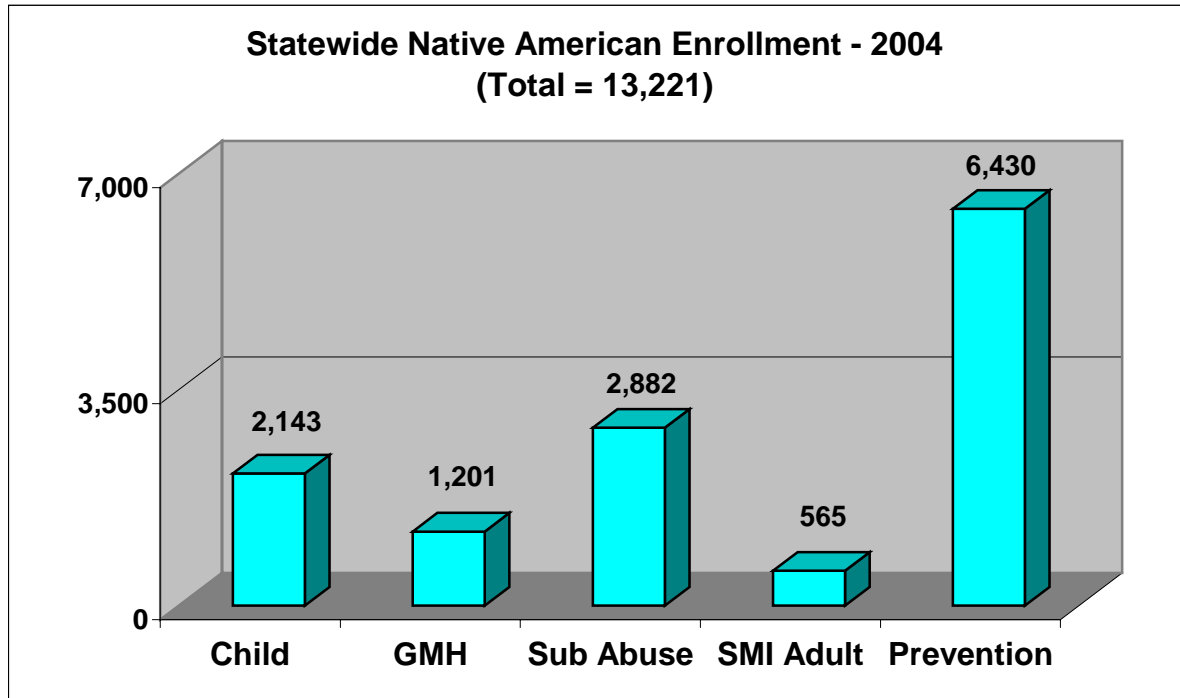
The Arizona Department of Health Services, Division of Behavioral Health (ADHS/DBHS) is responsible for administering the public treatment and prevention system for mental health and substance abuse in the state. Through contracts with five Regional and three Tribal Behavioral Health Authorities, ADHS/DBHS provides a range of covered treatment services for adults and children with serious mental illness, severe emotional disorders, general mental health and substance abuse problems. RBHA and TRBHA contractors are responsible to plan, manage and/or deliver mental health and substance abuse services for Medicaid-eligible (Title XIX or Title XXI) and state-funded individuals and families within their region. (NOTE: Many tribes also operate local 638 Tribal Programs for substance abuse and mental health services.)

| <b>Regional and Tribal Behavioral Health Authorities</b> |                                  |           |                                |
|--|----------------------------------|-----------|--------------------------------|
| <b>Counties:</b>   | <b>RBHA</b>                      | <b>OR</b> | <b>TRBHA/Tribal Contractor</b> |
| Apache, Coconino, Mohave, Navajo, Yavapai                | Northern Az Behavioral Health    |           | Navajo Behavioral Health       |
| La Paz, Yuma   | Excel Group                      |           | Colorado River Indian Cmty     |
| Cochise, Graham, Greenlee, Santa Cruz                    | Community Partnership of So. Az. |           |                                |
| Gila, Pinal  | Pinal Gila Behavioral Health     |           | Gila River TRBHA               |
| Pima   | Community Partnership of So. Az. |           | Pascua Yaqui TRBHA             |
| Maricopa   | ValueOptions                     |           | Gila River TRBHA               |

\*Note: Effective July 1, 2005, Cenpatico Behavioral Health of Arizona will assume responsibility for La Paz, Yuma, Gila and Pinal Counties.

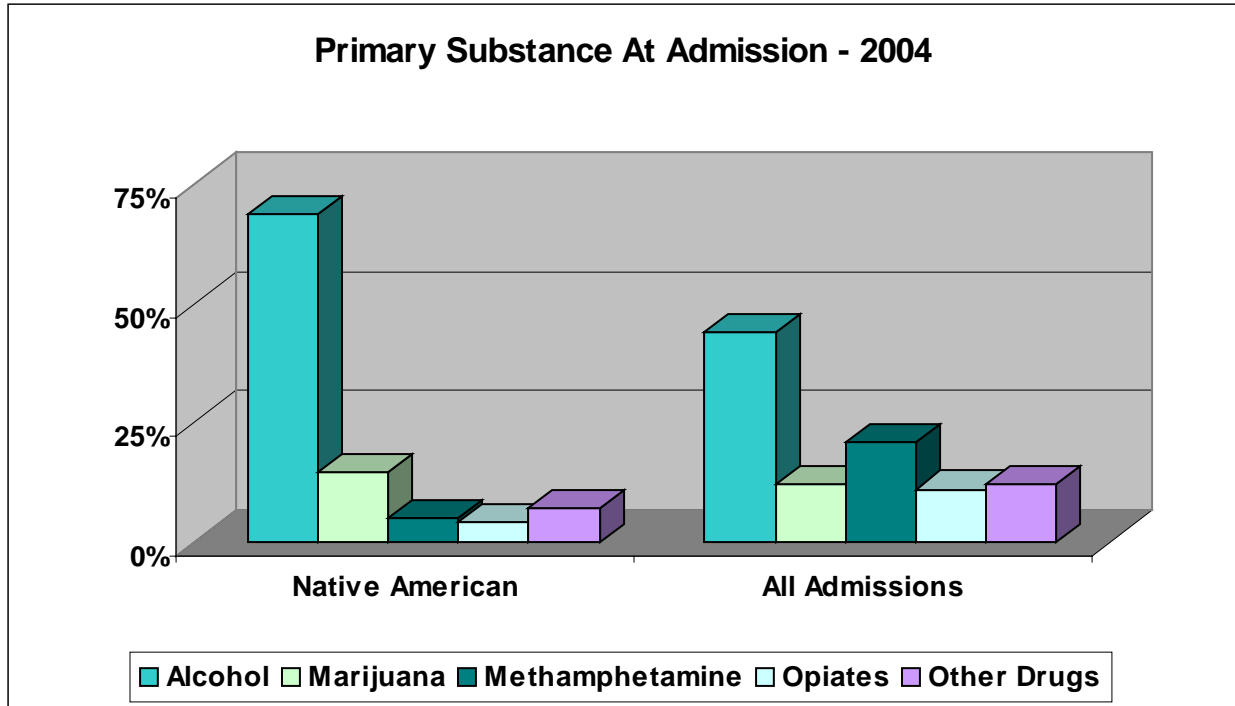
In addition, Regional and Tribal Authorities contract with more than 50 agencies to provide prevention programs addressing substance abuse, suicide and child abuse across the state. During 2004, nearly 224,000 individuals and families received prevention services through the behavioral health system.

## Tribal Members Accessing Behavioral Health Services



April 8, 2005 Enrollment Update – ADHS/DBHS; Annual Prevention Evaluation Report - 2004

- Among Native American clients, substance abuse treatment was the most common reason for enrollment during 2004.
- The most frequent diagnoses for Native American children and adults treated in the behavioral health system in 2005 were:
  - Alcohol Abuse and Dependence
  - Depressive Disorder
  - Attention Deficit/Hyperactivity Disorder
  - Opioid Dependence
  - Cannabis Abuse and Dependence
  - Post Traumatic Stress Disorder
- Among Native American children and adolescents, the top substance abuse diagnoses in 2005 were:
  - Alcohol Abuse
  - Cannabis Abuse
  - Alcohol Dependence
  - Cannabis Dependence



April 8, 2005 Enrollment Update – ADHS/DBHS

- Throughout the state, methamphetamine accounts for a growing percentage of admissions to drug treatment. During 2002, methamphetamine accounted for just 11% of all treatment admissions among RBHAs and TRBHAs; by 2004, methamphetamine related admissions rose to 21%.
- Although Native American clients receiving treatment were more likely to report problems with marijuana and less likely to report problems with methamphetamine than non-Native clients, the rising availability of methamphetamine on reservations may signal a future shift in the pattern.
- Tribal members may choose to enroll in services both on and off reservation.

## Sources of Substance Abuse Funding

The ADHS receives funds for prevention and treatment of substance abuse through a variety of sources. These include funds for persons who are federally eligible for the Title XIX (Medicaid) and Title XXI (KidsCare) program, as well as state-only (or Non-TXIX) funds. Non-Title XIX funds are available but limited and the behavioral health services offered through this source are not considered entitlements.

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| <b>ADHS Funding 2004 –<br/>Substance Abuse<br/>Services</b> | <b>Treatment<br/>Services</b> |          | <b>Prevention<br/>Programs</b> |          |
|---|-------------------------------|----------|--------------------------------|----------|
|   | <b>\$</b>                     | <b>%</b> | <b>\$</b>                      | <b>%</b> |
| Title XIX & Title XXI<br>(AHCCCS)                           | \$29,761,600                  | 41.8%    |                                |          |
| SAPT Block Grant  | \$21,799,354                  | 30.6%    | \$5,876,904                    | 55.3%    |
| State Appropriations <sup>1</sup>                           | \$14,557,453                  | 20.4%    | \$4,759,330                    | 44.7%    |
| Intergovernmental <sup>2</sup>                              | \$ 5,056,238                  | 7.1%     |                                |          |
| Other   | \$ 47,025                     | 0.07%    |                                |          |
| <b>TOTAL</b>  | <b>\$71,221,669</b>           |          | <b>\$10,636,234</b>            |          |

<sup>1</sup>Includes \$1.7 million appropriated per ARS 36-2005 for DUI treatment.

<sup>2</sup>Includes \$3 million from the Arizona Dept of Corrections for the COOL program.

Projected ADHS behavioral health expenditures for Native Americans receiving mental health, substance abuse and children’s services in 2005 totals more than \$41 million.

| <b>2005 Projection for Native American Behavioral Health Services<br/>(Mental Health, Substance Abuse &amp; Children’s Services)</b> |                     |
|--|---------------------|
| Medicaid (TXIX) Treatment Services by TRBHAs   | \$20,000,000        |
| State Funds in Addition to TXIX Match  | \$11,673,194        |
| State Funds Used for Administration  | \$ 1,706,728        |
| Treatment Services Provided by RBHAs   | \$ 7,649,048        |
| Prevention Services  | \$ 642,006          |
| <b>TOTAL</b>   | <b>\$41,670,976</b> |

## **Collaboration with Native American Communities to Address Methamphetamine**

Effective treatments for methamphetamine abuse and addiction require a more intensive and prolonged course of services, including services to address the high rates of relapse typically observed among methamphetamine users:

- Aggressive engagement strategies to address the high relapse risk.
- Psychotropic medications to manage and reduce symptoms of methamphetamine withdrawal.
- Non-traditional “brief” residential treatment models.
- High intensity outpatient services over a longer period of time (up to 12 months)
- Secure care settings, particularly for chronic users and persons experiencing significant aggression and agitation related to acute intoxication.

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**Addressing Methamphetamine on Reservations**

- ADHS/DBHS has begun development of a statewide Methamphetamine Initiative with a focus on infusing effective, culturally appropriate treatment and prevention strategies for stimulant abuse.
- A series of four regional First Responder Forums on Methamphetamine are under development, with the first scheduled in Window Rock on August 11, 2005. The Forum will provide intensive training to hospital staff, tribal law enforcement, social services and tribal substance abuse professionals on crisis intervention, treatment and recovery for methamphetamine users.

(For more Information on the Methamphetamine First Responder Training Program – Merv Lynch, ADHS/DBHS Bureau for Substance Abuse Treatment and Prevention (602) 364-4610 or [lynchm@azdhs.gov](mailto:lynchm@azdhs.gov))

**Prioritizing New and Unexpended Substance Abuse Funds for Tribal Initiatives**

ADHS/DBHS has dedicated portions of new and unexpended federal Block Grant funds to target specific initiatives on reservation lands, including:

- Providing funds to support the Hopi Tribe in developing a community Drug Summit held in April 2005.
- Establishing the Gila River Indian Community TRBHA as a SAPT-funded program in 2002.
- Providing on-going support to Native American Connections Guiding Star Lodge, an evidence-based residential treatment program for women with children that blends Western treatment methods with native healing practices.
- Targeting \$122,500 to fund native suicide prevention activities in rural and urban settings, including a culturally-based initiative for 10 tribes in northern Arizona and the Gila River Suicide Prevention Conference.
- Supporting the Tribal Suicide Prevention Coalition, a consortium of 11 tribes whose mission is to “change the conditions that result in suicidal acts in Arizona’s Native American communities through awareness, intervention and action.”

**Developing Tribal-Friendly Contracts**

- ADHS/DBHS is re-designing its existing contracts with Navajo Nation, Pascua Yaqui and Gila River behavioral health to align expectations of the agreement with tribal infrastructure and capacity.
- ADHS/DBHS is continuing discussions with San Carlos Apache Tribe and working with Cenpatico Behavioral Health regarding outreach to San Carlos.



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**Incorporating Traditional Healing Practices and Maximizing Local Resources**

- ADHS/DBHS has established the Tribal Traditional Healing procedure code (HOO46) to allow for delivery of mental health and substance abuse treatment services by traditional practitioners.
- During 2005 RBHAs provided \$2.9 million in services to more than 2,600 clients through Native Traditional Healers.

**Supporting Tribal Prevention Programs**

- Hopi Tribe - The Hopi Nation has organized a task force to address the methamphetamine problem.
- White Mountain Apache Tribe - Have experienced a decline in suicide through the efforts of the White Mountain Suicide prevention task force.
- Gila River Indian Community: Implemented a prevention program that demonstrated positive increases in participants' ability to address stress and resolve conflict.
- Tohono O'odham Tribe: Demonstrated increased youth perception of positive community conditions through prevention programming on the reservation.
- Zuni - Wrote a suicide prevention curriculum that has been recognized as a best practice by the Suicide Prevention Resource Center.

**Other Strengths from the ADHS Collaboration with Arizona's Tribes**

- Strong tribal leadership dedicated to improving conditions on the reservations
- Substantial increases in Native American enrollment in behavioral health services
- A number of exceptional tribal programs have emerged.
- ADHS and the tribal nations are committed to continuing the partnership to improve services in all of Arizona's communities.

**For More Information on Substance Abuse Prevention & Treatment**

Merv Lynch, Program Representative  
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