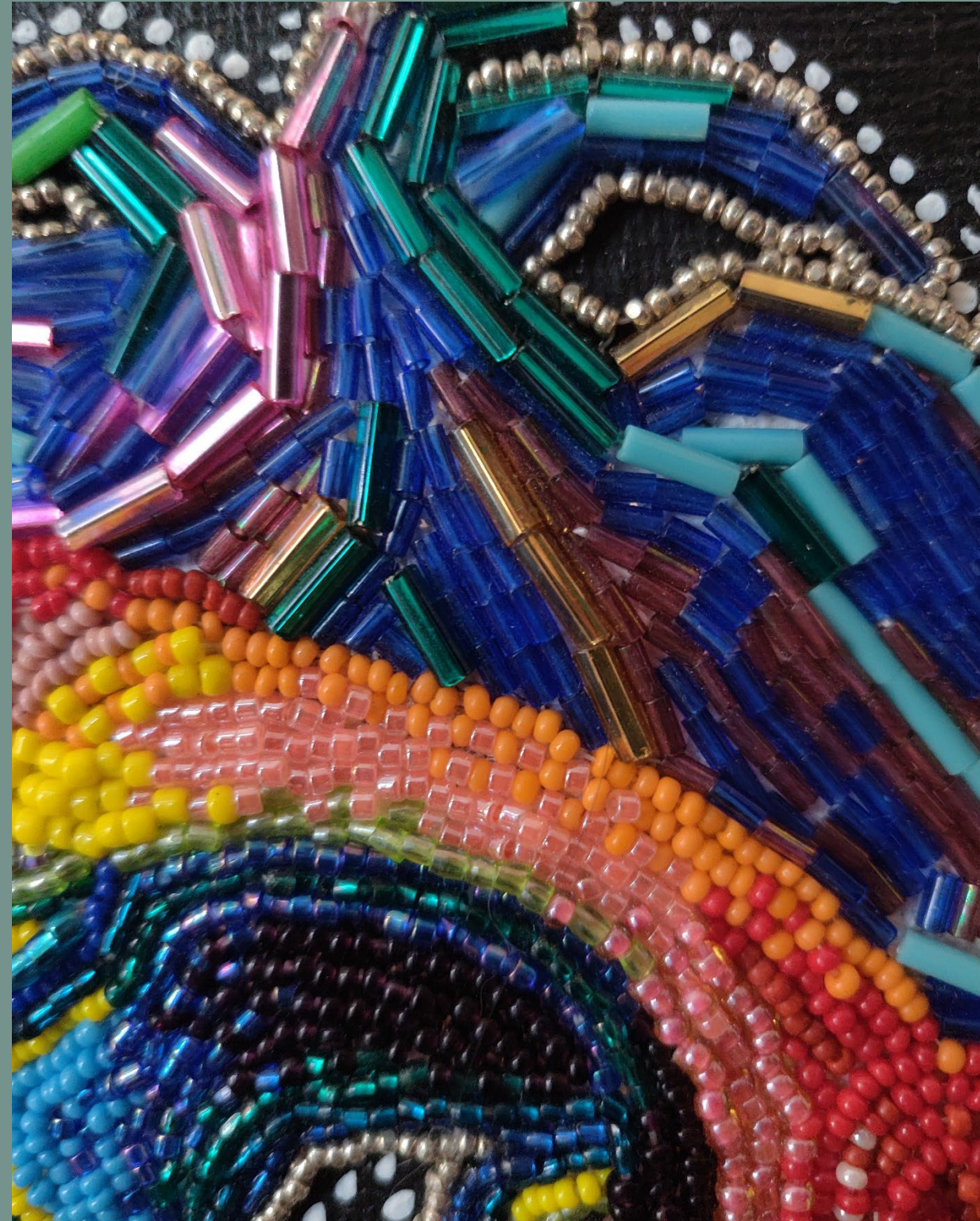


TITLE: The Impact of Policy and Regulatory Changes in the Access and Delivery of Medications for Opioid Use Disorder during COVID-19 among American Indian and Alaska Native Communities

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ABSTRACT SUMMARY

COVID-19 exacerbated the opioid-related poisoning crisis among many American Indian/Alaska Native (AI/AN) communities. There is a lack of research examining the extent of the impact of the pandemic on the delivery of treatment for opioid use disorder (OUD) in this population. In collaboration with an Indigenous Collaborative Board, Tribal leadership and administration, this study explored AI/AN SUD-serving treatment providers' experiences delivering treatment for OUD from 2020-2022. Eligible providers (N=25) represented 6 programs and organizations serving Tribal and urban areas primarily in the Pacific Northwest. Two members of the research team independently reviewed transcripts before reaching consensus on a finalized codebook and analyses was informed by a qualitative descriptive approach. Findings indicted providers viewed the changes to telemedicine, medication dosing, and the introduction of mobile services as positive and increased access to care. Barriers remained however, including when programs discontinued services and reverted to pre-pandemic policy (e.g., no longer mailing prescriptions). Our study highlights the impact of the COVID-19 pandemic and what was perceived as effective in the delivery and sustainment of telemedicine, medications, as well as the continued necessity to provide a menu of treatment and social service options to meet the unique needs of AI/AN communities. Study results may inform future programmatic and organizational systems change among AI/AN communities to enhance access and SUD service engagement beyond emergency response efforts.



The Impact of Policy and Regulatory Changes in the Access and Delivery of Medications for Opioid Use Disorder during Covid19 among American Indian and Alaska Native Communities

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Acknowledgements

Funders

CTN-NIDA

NIAAA



AI/AN Research Partners



Big Thank You to the Research Team:

Kamilla Venner, Aimee Campbell,
Kelsey Bajet, Meena Richardson,
Mariah Brigman, Sara Mills, Maia McCluskey & the
CTN-0096 Collaborative Board/Working Group (Karen
Lizzy, Raquel Shaffer, Karen Anderson Oliver, & Frankie
Kropp)



*No conflicts of interest to disclose beyond receiving Tribal, Federal & State funding for research, training and technical assistance of evidence-based interventions

Land Acknowledgement

Montreal: Kanyen'kehà:ka Kahnawake, Akwesasne a Kahnésatake

Washington State University acknowledges that its locations statewide are on the homelands of Native peoples, who have lived in this region from time immemorial. Currently, there are 42 tribes, 35 of which are federally recognized, that share traditional homelands and waterways in what is now Washington State. Some of these are nations and confederacies that represents multiple tribes and bands.

University expresses its deepest respect for and gratitude towards these original and current caretakers of the region. As an academic community, we acknowledge our responsibility to establish and maintain relationships with these tribes and Native peoples, in support of tribal sovereignty and the inclusion of their voices in teaching, research and programming. Washington State University established the Office of Tribal Relations and Native American Programs to guide us in our relationship with tribes and service to Native American students and communities. We also pledge that these relationships will consist of mutual trust, respect, and reciprocity.

As a land grant institution, we also recognize that the Morrill Act of 1862 established land grant institutions by providing each state with "public" and federal lands, which are traced back to the disposition of Indigenous lands. In 1890, Washington State received 90,081 acres of Indigenous Lands designated to establish Washington State University (data). Washington State University retains the majority of these lands to this day. We acknowledge that the disposition of Indigenous lands was often taken by coercive and violent acts, and the disregard of treaties. For that, we extend our deepest apologies. We owe our deepest gratitude to the Native peoples of this region and maintain our commitment towards reconciliation.

Introduction



The Opioid Crisis in American Indian & Alaska Native Communities

Increased Opioid Poisonings and COVID-19 Related Mortality

- 39% increase in rates of fatal drug poisonings from 2019 to 2020 among AI/AN adults
- COVID-19 led to a mortality rate for AI/AN adults that was 3.1 times higher than the rate for White Americans

Gaps and Implications

- There is a gap in research on the impacts of COVID-19 on treatment services for opioid use disorder (OUD) among AI/AN people
- More research is needed to continue to improve treatment services during public health emergencies and beyond

Aims

- 1) Examine the impact of the COVID-19 pandemic on service delivery for the treatment of opioid use disorder from the provider perspective working with American Indian and Alaska Native Communities
- 2) Assess the impact of the COVID-19 pandemic on the treatment experiences of participant-relatives and their family receiving medications for opioid use disorder (MOUD)

Community Engagement and Collaboration

- Indigenous Collaborative Board (CB) of convened subject matter experts from across the US from the CTN096 Study
 - Subset joined the working group (N=6)
 - Service providers
 - Researchers
 - People with lived/living experience
- CB assisted with study design
- Tribal leadership and administration included
- Programs and organizations serving Tribal and urban American Indian and Alaska Native communities primarily in the Pacific Northwest



Methods



Research Approvals

- This study was approved by Tribal leadership through fully executed data sharing agreements
- All materials undergo additional review and written approval form partnering Tribes
- Tribal research partners kept confidential as outlined in the data sharing agreements
- WSU & National Portland Area Indian Health Board Institutional Review Boards (IRB)
- NIDA-CTN 0096 Indigenous Collaborative Board Working Group
- NIDA-CTN Publications Review Committee



Methods

Question Development

- CB Working Group co-developed the interview questions with the research team

Coding

- Two members of the research team independently reviewed 25% of the total transcripts before reaching consensus on a finalized codebook
- Four members of the study team coded all the transcripts

Data Analysis

- Qualitative Descriptive Approach





Sample Content Areas: Interview Questions

Providers

- Policy and regulatory changes
- Adoption or discontinuation of policy/regulatory changes
- Impacts of COVID19 on participantrelatives andproviders

“How did your program go about getting regulatory and policies up and running? What did the process look like? What were the challenges related to implementation?”

ParticipantRelatives

- Access to Services
- Changes in Treatment Delivery
- Cultural Support
- Indigenous/Social Determinates of Health

“Has there been any positive or negative changes in accessing opioid use disorder treatment medication (e.g., easier access to needed treatment, diversion)? so, please describe.”

Eligibility Criteria and Recruitment

Provider Eligibility Criteria

- Employed at an AI/AN addiction or related program offering MOUD
- Have direct participant relative contact
- 18+ older

Impact of COVID-19 on services and substance use



Are you a substance use disorder treatment provider?
Do you work at a program that provides opioid use disorder treatment for American Indian and Alaska Native adults?

- Are you 18 years or older?
- Do you have direct contact with consumers?

If you answered **YES**, you may be eligible to participate in a research study sponsored by Washington State University.

You can earn a \$100 gift card for participating in this study!

What will I be expected to do?
Complete a 1 to 1.5 hour interview

For more information, please call or text us at 503-877-5702 or email us at qalsearchwsu@gmail.com

Washington State University IRB has reviewed and approved this study for human subject participation

Participant Relative Eligibility Criteria

- Self-identifying as an AI/AN adult (18+ older)
- Using opioids or in recovery
- Family member of someone using opioids or in recovery

Impact of COVID-19 on services and substance use



Do you or someone you know struggle with opioid use or other substance use?
Have your treatment services or the treatment services of a loved one been impacted by COVID-19?

- Are you an American Indian or Alaska Native adult?
- Are you 18 years or older?
- Do you have internet access and a messaging device?

If you answered **YES**, you may be eligible to participate in a research study sponsored by Washington State University.

You can earn a gift card for participating in this study!

What will I be expected to do?
Complete a 1 to 1.5 hour interview

For more information, please call or text us at 503-877-5702 or email us at qalsearchwsu@gmail.com

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Results



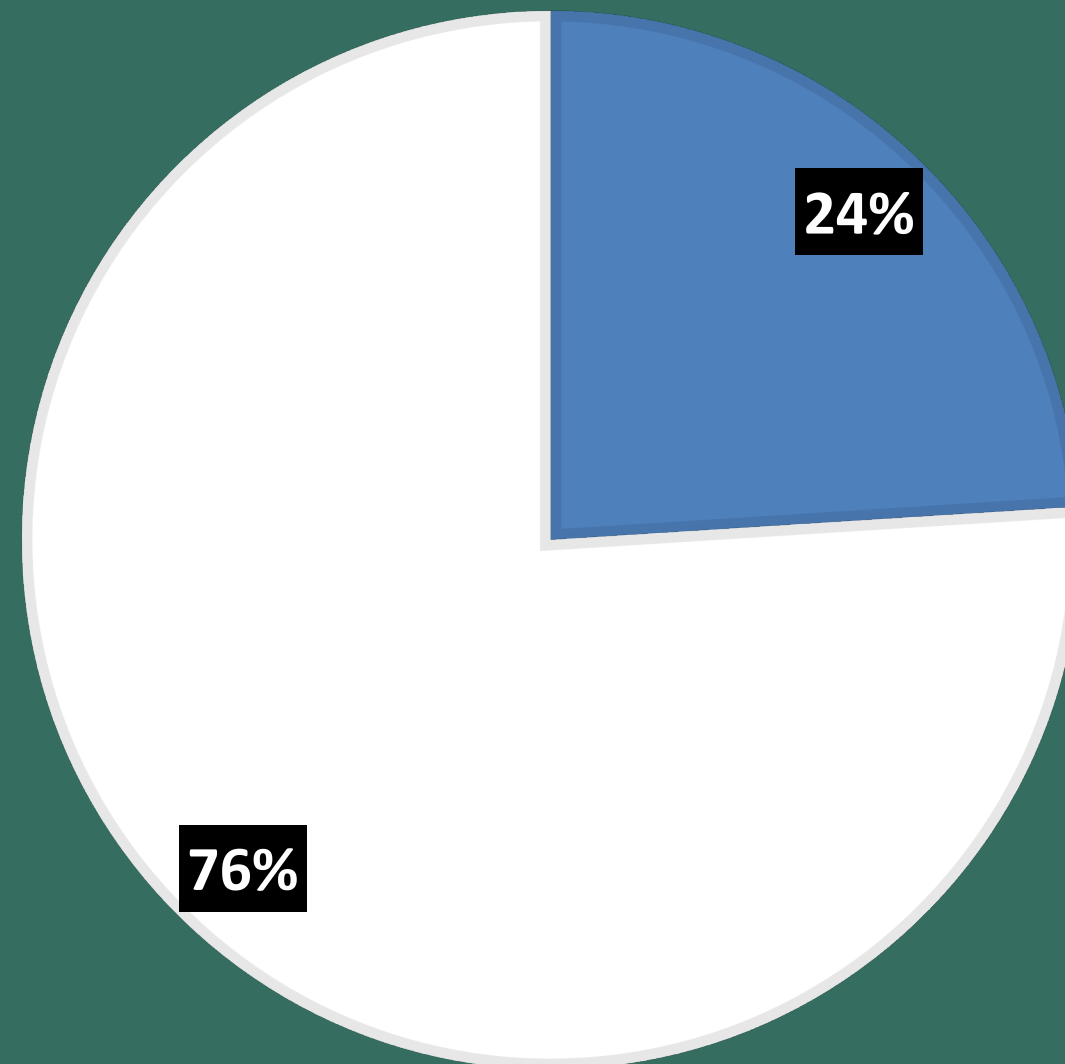
Provider Characteristics (N=25)

Represented 6
AI/AN-serving
addiction
programs

PROVIDER
AGE
Avg = 43.2
Std Dev = 8.1

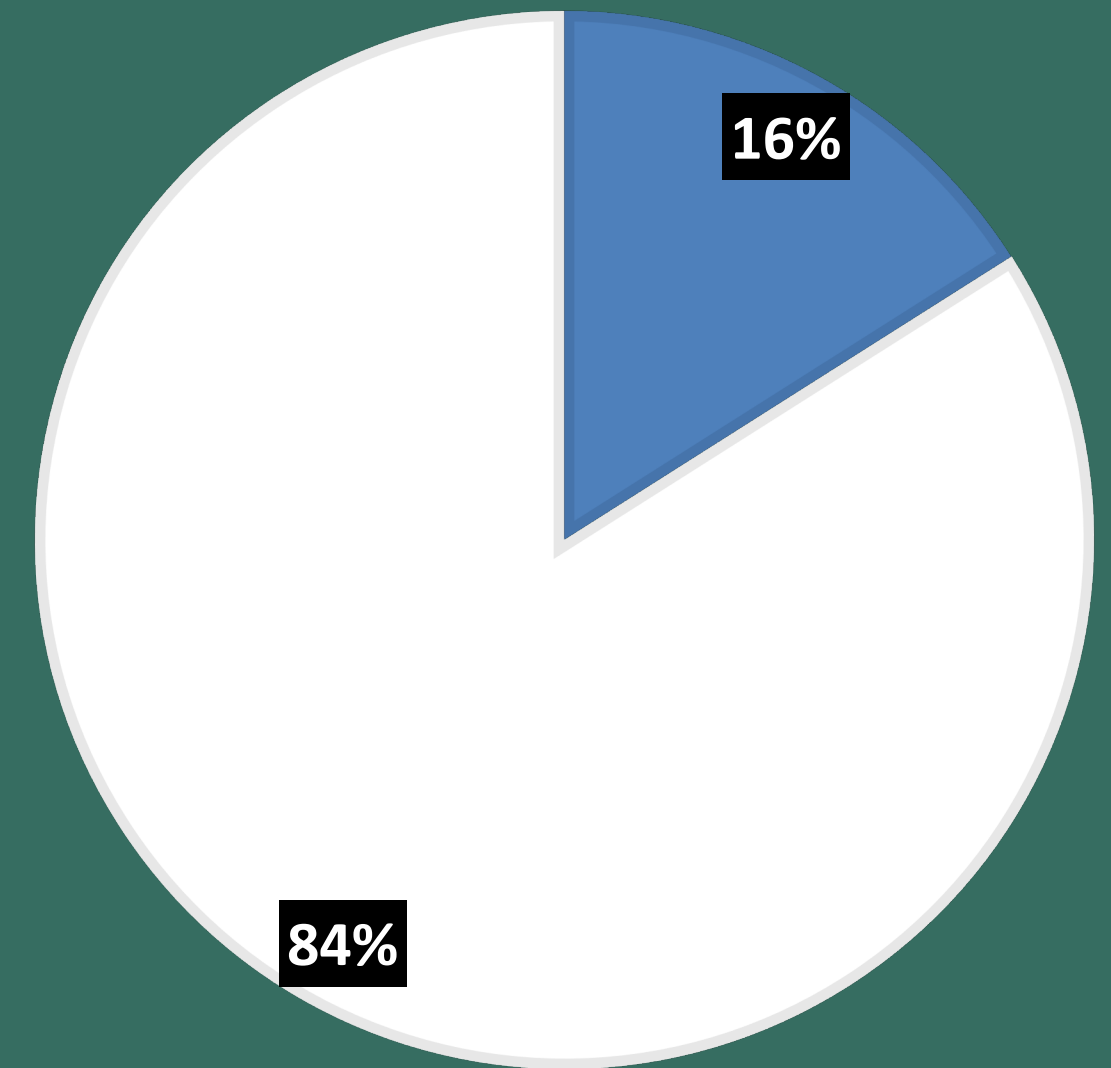
GENDER

■ Male ■ Female

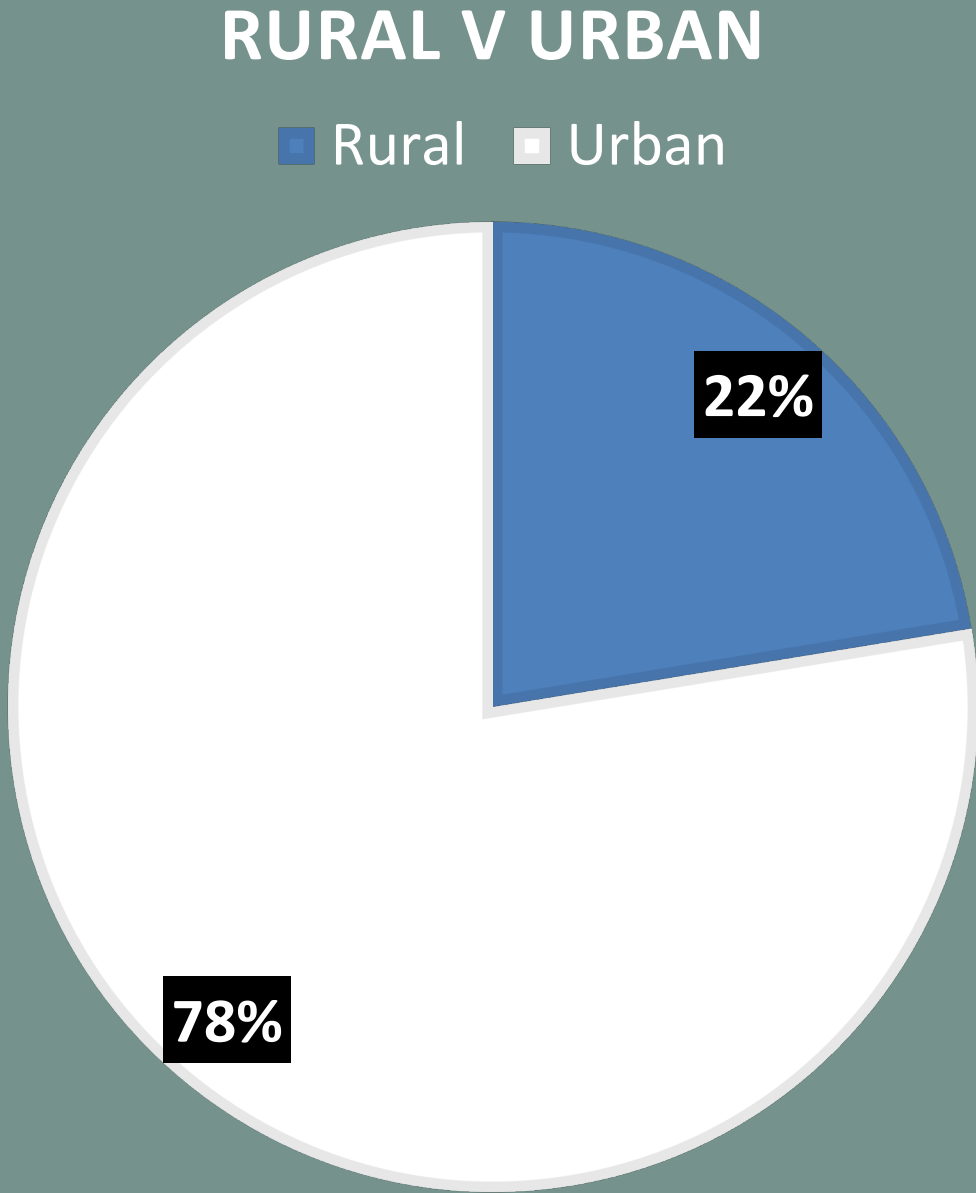
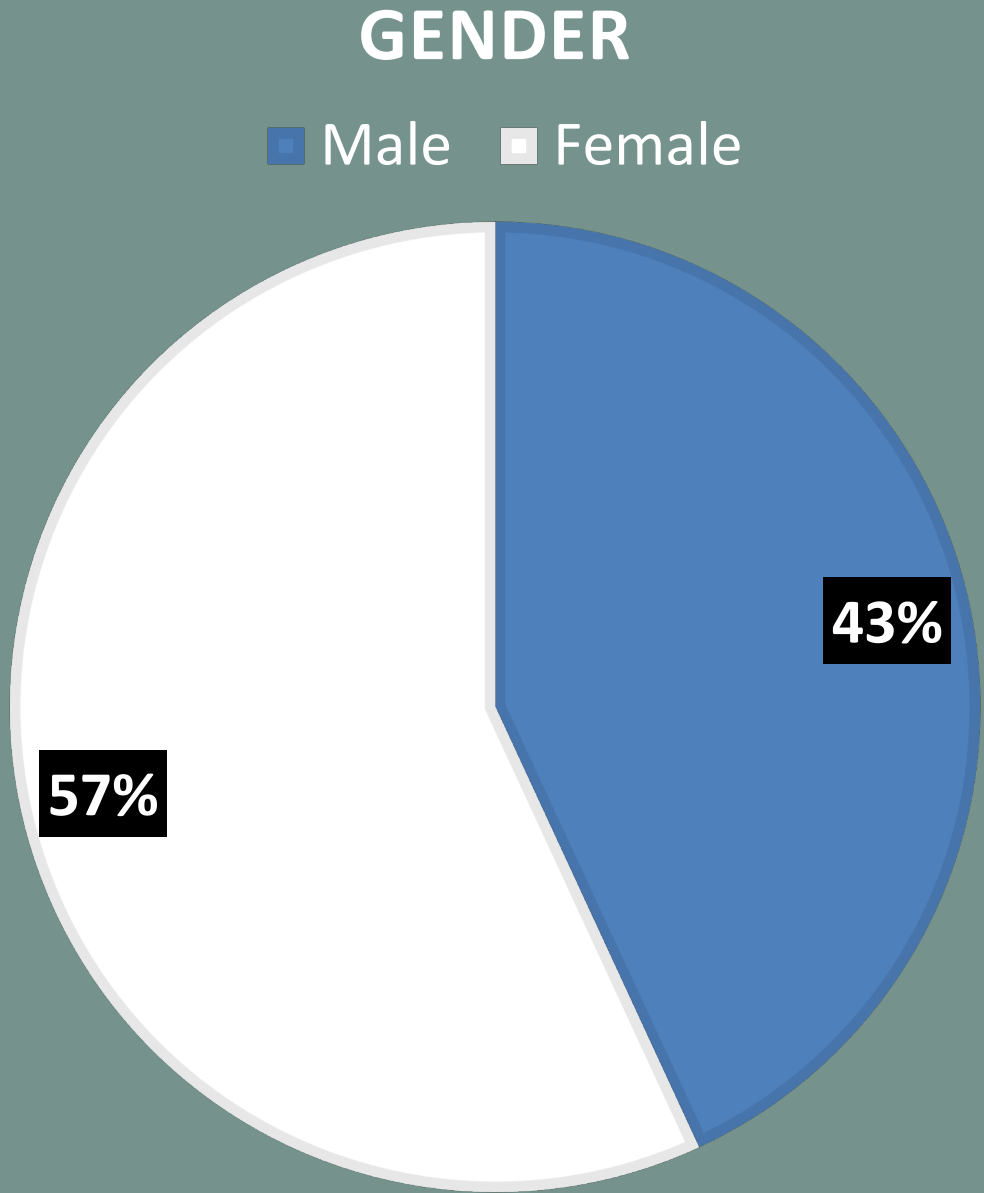


RURAL V URBAN

■ Rural ■ Urban



Participant Relative Characteristics (N=57)



AGE

Avg = 38.3, Std Dev = 9.0

Represented 33 Tribes

Results: Providers



Beneficial policy changes for MOUD delivery during COVID-19

“The only changes that come to mind for me are around telehealth around telephone services being allowed and video services being allowed. And that did allow us to serve clients from further outside of our local area now I have some clients who are a little bit further. They're still Tribal members, but they're, you know, a two-hour drive away or something and wouldn't be able to come into the office.”

Both opportunities and challenges to providing services

“...Some people, the internet out in the county where they live, they live remotely, and they get horrible internet.... So, having **high-speed, reliable internet for everyone would be a huge, huge thing that would allow better engagement**. Because that kind of break-up when your connection's unstable, it takes a lot of time out of a group, and it makes it really hard to have a fluid conversation and discussion where people feel like they can jump in.”

Participant Relative Themes

Changes in Service
Availability

Reactions to
Telemedicine

Experiences with
Medications for Opioid
Use Disorder

Historical Trauma and
Grief

Cultural and Spiritual
Supports during COVID-
19



Results: ParticipaRelatives

Changes in Service Availability

“... I was in early recovery as well Well, that first year, you go to treatment, you go to support groups, women groups, and circle. And you have all this, and then all a sudden, the pandemics here and it's seized... and we're isolated ...And it was very difficult because we don't have that ~~bond~~ that we have with people looking forward to meeting people and like seeing everybody and seeing our counselors. ~~Just~~ social media like the messenger, Instagram, Snapchat and stuff like that, you know, it's not the same. That was taken away from us all the sudden

“The only thing that upset me was that we couldn't do ~~o~~ person meetings anymore. And as people would just talk and share their stories, there was fun things that you could do. Like crafts and ~~Stu~~ stuff we don't get to do that anymore since we're not ~~pe~~ person. We can go in and pick up the supplies and stuff, and then do it at home. But it's not the same.”

Results: Participant Relatives

Reaction to Telemedicine

“...with Zoom, you can pretty much see everybody on the screen. You get to talk to everybody, you get to say hi. Learn some new faces, new names... Sometimes I have a hard time remembering names.”

“'Cause it's better to get a one-on-one and to see everybody, cause everyone feels so far away online. You just see their face when you're in group and you don't really get to know and see 'em, so it's like a little different. So, you still kind of feel more lonely.... so just being around other people and meeting with them get...closeness.”

Results: Participants' Relatives

Experiences with Accessing Medications for Opioid Use Disorder

“Yeah, it’s been pretty easy [to access suboxone]. We don’t really have a hard time picking up the staff and the doctor are pretty easy to work with and they’re understanding if you have to pick up the next day.”

“...I think it was in the beginning of COVID, it could be FedEx’ed to you, or UPS would drop it off. But I didn’t like doing that because one of my prescriptions didn’t show up. So, I decided to change my mind and was like, ‘No. I want to go back to a regular pharmacy.’ So yeah. Every two weeks now I just go into a local pharmacy and pick it up.”

Results: Participant Relatives

Historical Trauma and Grief

"Yeah, entire Tribal nations were being and are wiped out still. And so, it just brought up a lot of grief and loss and sadness. And those conversations were just really sad and really hard to have mean having had them with my children already before, and then coming back to them having those conversations again about our people, and how important it is to have our culture, and to know our traditions, and to learn our songs and our languages, and because it's all we got left, all we have left, a lot of us."

"...I lost a lot of family members. I lost 19 family members in a year.... It was the pandemic that got me into treatment and stuff and everything because of so many losses of my family members."



Results: Participatory Relatives

Cultural and Spiritual Supports during COVID

“... traditional medicines, you know, sage, cedar, bear root. Learning, you know, hey, these things not only [have] power because we believe in them, and they’re our medicine, and they have power that they have homeopathic power. It’s the uses like boiling. We turn to boiling bitter root and bear root, having that boiling in the house, and burning sage and cedar. Even though we were already doing those things, but it just became more so—was—we were doing those all the time.”

“...sage and sweetgrass and the smudging stuff, and the shells, and the feathers in packages for homes. Or you could get a virtual tea one, where they sent us all this, dandelion root, and lavender, and lemon balm, and put it in bags and a tea diffuser, and then did a tutorial over the website. Or they just sent materials they’ve sent them before—these necklace kits, and then we watch the tutorial online. Some elders got to go out and do the necklace together.. I think it was good that they were making it more available to the Tribe and were just trying it out.”

Summary



Conclusions



FACILITATORS

Telehealth

Mobile and dosing flexibilities

Creative solutions to sustain cultural activities.



BARRIERS

Discontinuation of services and reverting to pre-pandemic policy

Internet

Transportation.



HIGHLIGHTS

Effective delivery, accessibility and sustainment of telemedicine/medications

Continued necessity to provide a menu of treatment, cultural and social service options to meet the needs of AI/AN communities.



Please reach out!

Kait Hirschak

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