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Building Blocks for Promising Practice Models

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Methamphetamine Epidemic--Partnering to Confront the Issue

WILBUR WOODIS: Good morning.

THE AUDIENCE: Good morning.

WILBUR WOODIS: Let me find my -- Maybe I can see it.

Okay.

I'm going to start with this definition here, when you talk about methamphetamine, sometimes I hear in presentations and people talking about meth and what it does. So one of the things I always like to start off with is this fight or flight reflex that, you know, when people are so high, so strung out on this, they either want to fight somebody or flee, and it's pretty much sort of a protective mechanism in our body. So that's just a protective device. But it's just, you know, looking at there's something harming us and I think their body does that when you're on this.

Now one of these things we talked about and you heard about this morning, this thing where the parents are on methamphetamines and the kids are in danger and law enforcement and just on and on, and, you know, why are people doing this? And we look at the fight or flight reflex, but also what happens is people are so intoxicated on this, that even a close family member, you've seen people talk about really, really hurting somebody or even killing a family member or a relative, they get so intoxicated that the other person, just imagine, they are seeing somebody else as a -- as a different type of being, like a creature. You hear all these stories like, "I saw this monster coming at me," when they are high on this stuff. And I just wanted to make sure that you understood that, and that's really what's going on with a lot of these folks is that they are so high that they don't even know where they are at.

The other part of that is -- sometimes we forget that sometimes people get so high there's a term in addiction called the highest highs being the lowest lows. And what that means is that these people get so high that when they are coming down, they get very depressed. They are strung out and, you know, they are moving really quick, and as it starts wearing off, they get very depressed. And so what do you do when you're getting very, very depressed? You need to come back up. And so they are constantly chasing

this thing of coming up and going down, and so they are constantly dealing with this addiction within themselves. But also the withdrawal.

One of the things we forget to talk about also is that alcohol is still the number one substance of abuse, and especially working with Indian tribes in rural areas, there's a lot of places where, you know, what are you going to do when you're strung out and really down? What's the quickest substance you can think of is the alcohol. So you don't know how much these people are taking, so -- and then again, you're compounding the withdrawal process. So it's something that we are -- we are -- you don't really know about, I mean, unless you follow somebody through this whole process. But you can just see how somebody is really damaging to a body, but not themselves.

I would like to show this picture. This is a picture of research that is being done -- actually was done in the mid '90s on fractals. And what they were doing is through the Los Alamos Laboratories in the University of New Mexico studying the flow, it's a fluid flow in the body. And realized that the formula to calculate the flow in the greater -- you know, where all like leaves. You see a leaf in the background, you see a tree, but you also see the profile of a human circulation. The formula was exactly the same. So when you talk about this, I thought, well, this kind of makes sense. So we are talking about people

cooking up methamphetamines and damaging their body, it's not only damaging the body, but it's also damaging the environment. So there's a term in a lot of tribes that we say, well, all our relations, and it means we are all connected. And that brought that out and I wanted to make sure you saw that. I think that's really appropriate for when we deal with tribal communities or Indian Health Service does, that's pretty much what we focus on.

Now, there's a -- there's some tribal leaders, and this is a clinician out of Montana, and there's some work -- a lot of the initial work began in the State of Montana, and it's just a quote that he put together, and you can read that, and basically, going through, you know, people get you to -- we are used to alcohol, we are used to pot and all these other chemicals. But this one is, you know, is very deceptive and we're still trying to figure out what methamphetamine is all about.

So at risk population, I'll just put them up, quick view of that, and of course the Native American Indian population. And I think for methamphetamines, we hear about drug runners and being so remote and cookers and things like that. A lot of our places are so remote, for example in the State of Montana, I think there's around, what, less than a million people in that population, you know, I hear sometimes 600,000. It's a small state,

and so you can see the vast area that you can use deceptively, however you want, cooking, running drugs and things like that. Then, plus, also close to the west coast where a lot of things probably come in off the ocean along the ocean there, the beaches.

Okay. This is a slide from '92 to 2000, and, you know, positive for methamphetamine. You can see from '92 across the top over here as it's moving across, you can see, you know, the reds, as you see it moving, you know, toward the east coast. And just recently even in Maryland, you know, you have the post where they are talking about the guy from -- I forget, I think China or somewhere that was a drug runner or drug dealer, and they confiscated him or found him there in Silver Spring and ended up having a whole connection through Mexico. So you can see it spreading across the country. I just wanted to show you that.

Now, this is again -- this one ended up in 2000, so this is '04, and this is just the positives for amphetamine. And that's one thing also that most of our ICD-9 classification for methamphetamine, we are using amphetamine because we don't have a specific code for meth. But, you know, nine times out of ten, if you see amphetamine in an admission diagnosis, it's probably amphetamine. So that's probably how we are doing it. I know in

ICD-10, it's coming up, there's a specific meth code. We are not there yet. I'm told it's coming out in 2012 or so. So I just wanted to show you again going across the country.

These are Indian Health Service areas, I know I'm focusing on tribal areas, but we are here in Rockville, and so you can see from left to right there, it was the with a number of tribes in Phoenix, for example in Albuquerque there's 27 tribes, and as you go further west, there's more and more tribes including Aberdeen and the Oklahoma area. So you can see the different places that it covers. And also Alaska. There's over 200 some odd different tribes and small communities in the State of Alaska. So most of the tribes are west of the Mississippi and very remote areas. So that's just for your information. So that's pretty much in.

We do have our tribal populations, it kind of fluctuates from urbans to rural tribal reservation communities. In fact, there was a recent article that just came out, I'm not going to cover it, but it's in the American and Alaskan Mental Health Research, they did a research study. Los Angeles County admissions, and they looked at 3,000 admits and found out that most of the meth users were women, which is consistent overall in the general population, that women are the ones coming in with the problems. And there's a

lot of reasons for that, I'm sure you can come up with a -- you know, talk to all of you guys, there's a lot of reasons for that.

What we are doing is -- the IHS is looking at a lot of different areas, working with tribes. And I know we are talking about collaboration. And tribes cross from states, they go to federal funding, state funding and then your federal and tribal specific jurisdictions.

So one of the things that -- in '05, there were three laws that came out, Arrest Meth Act came out, Cleanup Act and then Combat Meth. And it ranged from working with justice, treatment, cleaning up the environment and dealing with sales. And so of those, the one that was passed was the Combat Meth Epidemic Act, and that was just to decrease the supply of people making meth. So you can see the decrease in the numbers in the ingredients for making it. So that was the one that was passed in '06, it's called the Combat Meth Epidemic Act, Public Law 10977.

IHS response, we look at the chronic disease, we look at behavior health, and then health promotion-disease prevention. And then the system-wide efforts, so we are always looking for partners and looking for ongoing funding opportunities, and then looking for clinically sound interventions. And a lot of the ones we are working with right now are

SAMHSA, HRSA, and a number of other agencies, the Department of Justice, and actually NIH, National Institute of Drug Abuse, there's Dr. Valkoff over there that does a lot of research on brain scans that you probably have seen. So they are very interested in working with us on research efforts with our population that we serve.

And just kind of going over -- I'm want to go over this. These are -- ITU stand for Indian Health Service Tribal and Urban Activities. There's a number of round tables that were going on and still are going for this year, Office of Minority Health under Health and Human Services; NIH, like I mentioned. SAMHSA, NIDA, HRSA, Office of Justice programs. We are continuing to meet with tribes and talk about this issue. The national Congress of American Indians. The National Labor American Law Enforcement Association. So you can see -- Oh, and DCP working with their high incident drug trafficking areas. There's a lot of that are tribes located on borders, and that's where that comes in, making sure they work with us there. The EPA, of course, and the Bureau of Indian Affairs, the Department of Interior. And then through interagency agreements and, you know, interagency agreements, MOU's to work together on this effort.

And there's actually an urban program in San Francisco called Friendship House who actually did a native specific intensive outpatient treatment model. And that comes from

the work out of UCLA which there's a Dr. Rick Rossen there who's done a lot of research over the past couple of decades dealing with stimulants. So it just kind of was a good transition into addressing methamphetamine addiction.

And that's just a couple of websites.

And then there's an effort again, this is an effort with outreach in the communities, education efforts, and then information, media campaigns that we are talking about, and funding that's ongoing last year and this year involving a number of different partners in tribal communities and urbans.

I want to mention the Oregon Health and Sciences Center is compiling a lot of this information that we are talking about. National Congress of American Indians do a lot of media work with tribes. And a number of tribes in the east and the west doing a number of work with methamphetamines.

Just recently, and I want to close with this one, is there's some funding that was released out of SAMHSA called Access to Recovery. And basically, it's a voucher program, and you can see they just funded a year before or three years before, it was only one tribal

organization, that was the California Rural Indian Health Board that was funded in Sacramento for that grant. It's three-year grant. So this year, they funded a tribal -- Alaska South Central Foundation, again CRIB, are working with a number of tribes in Oregon and Washington and Idaho. And the Cherokee Nation was funded. Michigan Tribal Community was funded. And then Montana-Wyoming Tribal Leaders Counsel. So, basically, it's a voucher program. You can go and seek treatment from a tribal community into wherever you can find some good treatment for this effort.

So I think that was really helpful because a lot of our tribal communities, we just don't have the capacity or infrastructure to deal with a lot of these meth issues. So we do the best we can as far as coordinating services, but for treatment, this is a good program to get out and seek a little further expertise to help our people.

So anyway, I'm going to stop with that. This will be online. It's a long presentation, and I want to make sure that you have that, that's what I'm told.

And I'm going to close with this: This comes from the tobacco research sometime back, Spiral of Change, so you can see -- you've seen a lot of this, we talk about, you know, "Do I have a problem?" People contemplating and they say, "Okay, maybe I might." And they prepare and go and then the -- you know, they do some contemplation, they take

action, and then they do some recovery work. But there's always this thing with falling back. So that's something we do the best we can to move somebody forward. But there's always a chance to fall back. So it's just kind of a constant learning process. So, you know, we can get some, we lose some, that's just how it is. Thank you.

(Applause.)