

# INDIAN HEALTH SERVICE (IHS) NATIONAL COMMITTEE ON HEROIN, OPIOIDS, AND PAIN EFFORTS (HOPE)

## ***Indian Health Care: Ensuring a Coordinated, Holistic Response to the Opioid and Heroin Epidemic***

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RECOMMENDATIONS ON NEONATAL OPIOID WITHDRAWAL SYNDROME,  
SUBSTANCE USE WARMLINE COLLABORATION, NALOXONE ACCESS, AND  
THE CLOUD PROJECT**

CLINICIAN-TO-CLINICIAN  
**SUBSTANCE USE WARMLINE**  
**(855) 300-3595**

6 am—5 pm PST (Mon-Fri)  
Submit cases online: [nccc.ucsf.edu](http://nccc.ucsf.edu)

Additional details on page 2

## **IHS Partners with AAP: Recommendations on Prevention & Management of Neonatal Opioid Withdrawal Syndrome**

The American Academy of Pediatrics (AAP) Committee on Native American Child Health (CONACH) in collaboration with IHS releases clinical recommendations focused on prevention and management of Neonatal Opioid Withdrawal Syndrome (NOWS). Released in December 2019, these [guidelines](#) are available through the [Child Health](#) and [Maternal Health](#) page of the [IHS opioids website](#).

Maintaining relationships and forging new partnerships with tribes and tribal health organizations in rural and urban Indian communities is essential to addressing the opioid epidemic and caring for AI/AN mothers, infants, and families affected by NOWS. The IHS engages with communities and partners with tribes to promote evidence-based programs and policies to support recovery and prevention efforts. The IHS is committed to developing strategies to implement these new recommendations that include sharing best practices in comprehensive care approaches and collaboration with community service providers as well as sharing training and patient education resources.

The goal of the [Recommendations to the IHS on Neonatal Opioid Withdrawal Syndrome](#) is to provide standards of care surrounding screening, diagnosing, and treatment of pregnant mothers and infants affected by prenatal opioid exposure including prescription narcotics and illicit opioids. A comprehensive approach to care for pregnant and parenting women, infants, and children starts with prenatal care and extends well into childhood.

The IHS recognizes that preserving the infant-mother dyad is of the utmost importance, and every effort should be made to keep AI/AN infants in their families and/or communities. These recommendations further establish the need for ongoing monitoring and clinical management of opioid-exposed infants to improve outcomes. Treatment strategies include medications to assist with withdrawal symptoms as well as non-pharmacological approaches that include rooming in, skin-to-skin contact, and initiation of breastfeeding and ongoing lactation support when appropriate. These interventions have shown to reduce the length of hospital stay. Additionally, the role of care coordination and infant plans of safe care following discharge are included in these recommendations.

Prevention of NOWS begins with identifying women at risk for opioid withdrawal to improve outcomes for both mothers and newborns as well as help to keep the family unit together. Frequent prenatal care visits can create an opportunity for patient engagement in the recovery process, foster a supportive patient-provider relationship, assist with coordination of care, and result in referral to substance use treatment. Fostering relationships and improving awareness surrounding trauma-informed approaches to this complex problem can lead to recovery, hope, and healing.

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Visit: [www.ihs.gov/opioids](http://www.ihs.gov/opioids) & [www.ihs.gov/painmanagement](http://www.ihs.gov/painmanagement) for more information

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## **Clinician-To-Clinician: Substance Use Warmline**

### **Improving Support for Clinicians Managing Alcohol & Substance Use**

A goal of the IHS opioid strategy is to support IHS/Tribal/Urban clinicians in the provision of patient-centric care for patients with an Opioid Use Disorder diagnosis. The IHS is pleased to announce a new collaboration that will provide an additional resource for the provider 'toolbox' that will also support sites with increasing access to Medication Assisted Treatment. The [Substance Use Warmline](#) (1-855-300-3595) offers on-demand Clinician-To-Clinician support for IHS providers managing alcohol and substance use disorders. The Warmline is available Monday through Friday from 6am to 5pm Pacific Standard Time (PST) for all health care providers in IHS federal, tribal, and urban facilities. Calls are answered by trained clinical support specialists with diverse experience and substantial training in substance use disorder interventions.

The prevalence of alcohol and substance use disorders makes it likely that every clinician will come across substance use related issues in their practice. The Substance Use Warmline brings together clinicians who face these challenging cases in order to share knowledge and information about evidence-based clinical interventions.

The Substance Use Warmline aims to be a highly accessible, free, and confidential resource that clinicians can use to seek support and build on one another's knowledge. The overall purpose of the Warmline is to maximize clinical services offered to patients, families, and communities facing substance use disorder.

What to expect: Calls during regular hours will be screened by a specially training advanced practice nurse after a quick caller registration process. Detailed case information will be obtained, however, *no protected health information is collected*. Case information will then be relayed to principal substance use consultants as indicated (the team includes expert Addiction Medicine-certified physicians, clinical pharmacists, and nursing professionals), who will complete the consultation. If screeners are unavailable or if attempting to reach the Warmline after hours, voicemail capabilities and call-back information will be available.

- Learn more about the [Substance Use Warmline](#) on the HOPE Committee's [Opioids website](#)
- The [Substance Use Warmline](#) is a collaboration between the IHS, NW Portland Area Indian Health Board and the Clinician Consultation Center at the University of California, San Francisco

## **Assuring Access to Naloxone: A Co-prescribing Initiative**

Early access to the opioid reversal agent, naloxone, through community-based models has demonstrated positive outcomes during its use in the last decade. Patients at risk for overdose and their loved ones can be educated on opioid overdose symptoms and administration of naloxone in the community setting. Prescribers and pharmacists can be trained to identify patients at high risk for overdose.



- Contact a [naloxone mentor in your IHS Area](#) for assistance creating a naloxone co-prescribing initiative at your site.
- For more information, visit the HOPE Committee's [co-prescribing naloxone](#) page hosted on the [opioids](#) website.
- Indian Health Manual Policy for [Dispensing of Naloxone to First Responders](#) is available.

### **CLOUD Project:**

The National Association of State Alcohol and Drug Abuse Directors have been working with partners at the [Center for Evidence-based Policy](#) at Oregon Health & Science University to create a centralized repository of resources on opioid-related issues. This project, "CLOUD" (Curated Library about Opioid Use for Decision-makers), is live at [www.opioidlibrary.org](http://www.opioidlibrary.org)!

For additional resources regarding opioid use disorder, visit the HOPE Committee's [opioids](#) website, which also hosts basic information regarding the [CLOUD](#) project.