



EASTERN BAND OF CHEROKEE PUBLIC HEALTH AND HUMAN SERVICES DIVISION
HEALTH PRIORITY ISSUES: FACTS AND RESOURCES
JUNE 1, 2019

EBCI HEALTH PRIORITY- SUBSTANCE USE AND RELATED ISSUES

The World Health Organization defines Substance Abuse as:



The harmful or hazardous use of psychoactive (affecting the mind) substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena (incidents) that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.¹

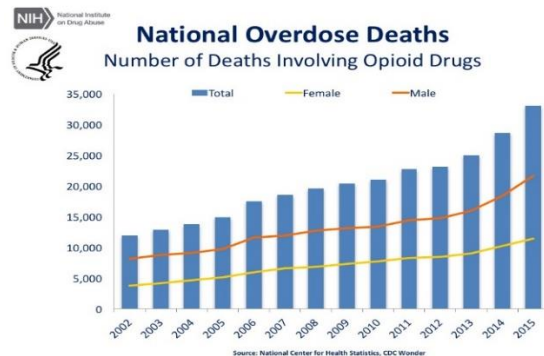
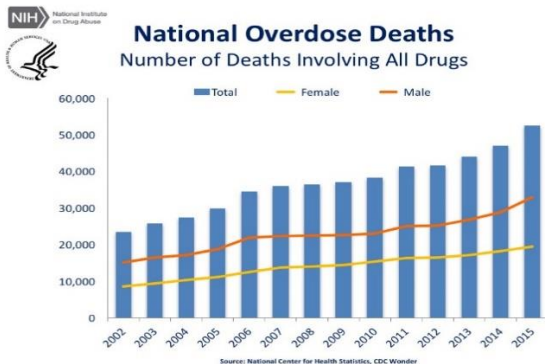
Related issues to substance use can include death from overdose. The main cause of overdose deaths in the US and in WNC are opioids, which are a class of drugs used to reduce pain and including such drugs as prescription drugs (for example, oxycodone), synthetics (for example, fentanyl), and heroin.

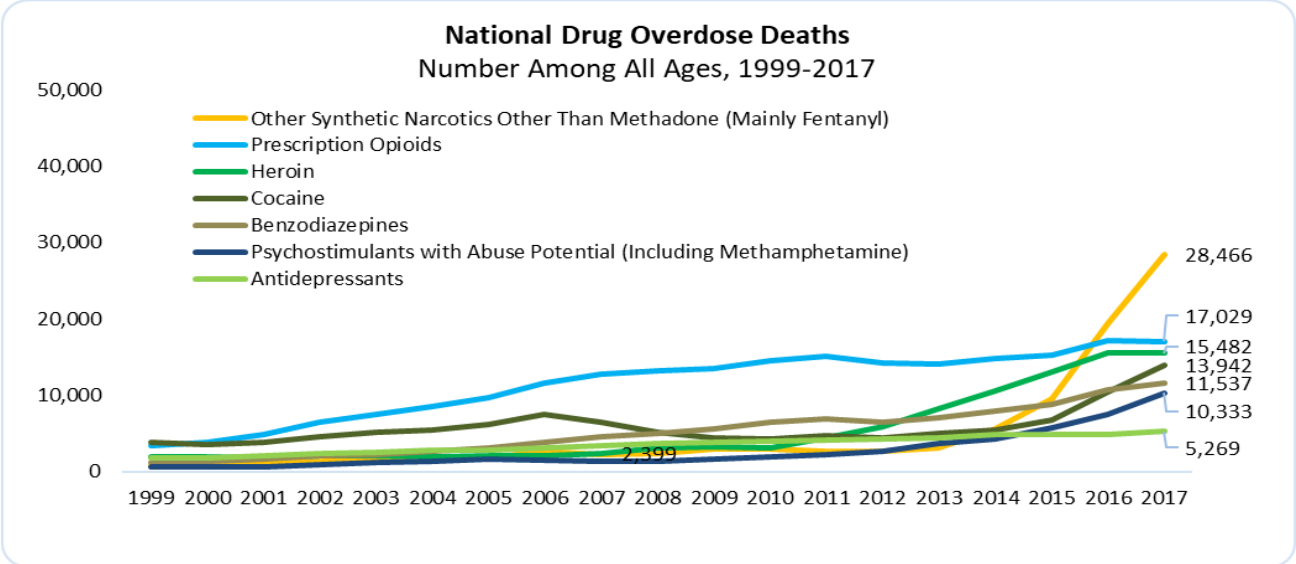
Substance Abuse was a priority during the 2015-2017 Tribal Health Improvement Plan (THIP) and the THIP team made good progress in helping raise awareness and getting residents the help they need. One positive impact was the significant increase in the number of patient behavioral health visits: from 6,942 in 2014 they increased in 2015 to 13,150, and in 2016 to 13,239 behavioral health visits.

Data Highlights

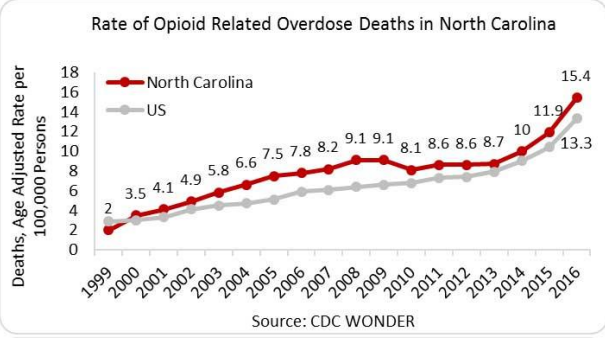
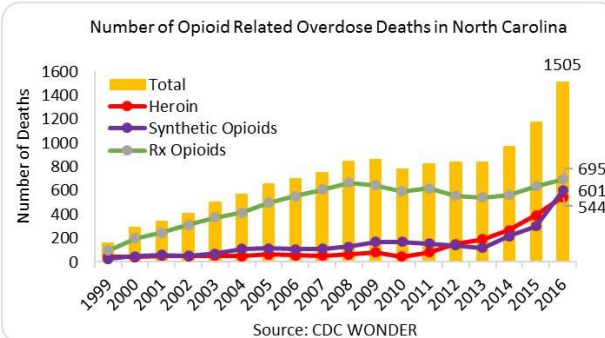
Health Indicators

In the US, overdose deaths have been on the rise with more than 350,000 people dying between 1999-2016.² Of the 63,600 nationwide overdose deaths in 2016, opioids have accounted for 66%, and on average 115 Americans are dying every day from opioid overdose.²





North Carolina has been highly affected by substance abuse and overdose deaths. In 2016, there were 1,505 opioid-related overdose deaths in North Carolina, a rate of 15.4 per 100,000, which was higher than the national average of 13.3 deaths per 100,000.³ In a 2018 CDC report, North Carolina’s overdose emergency department visits increased 31% from 2016 to 2017.⁴ North Carolina was identified as one of 10 states with significant increase during that period.⁴ The rise in North Carolina overdose emergency department visits has been seen all over North Carolina, including rural and metropolitan areas.⁴

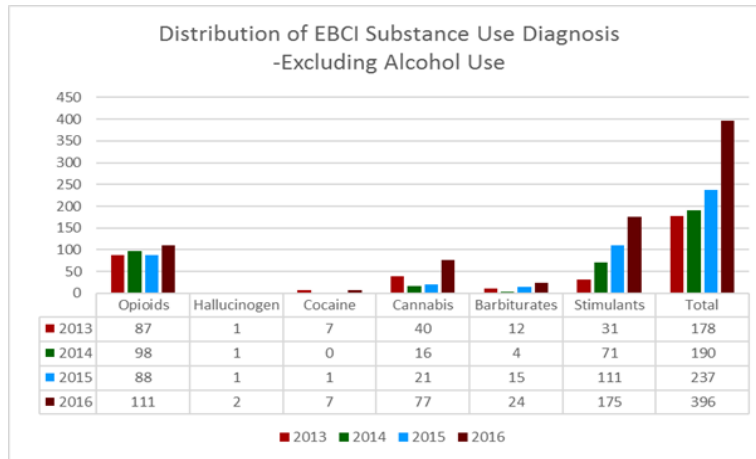


Western North Carolina and EBCI have been heavily impacted by substance abuse and overdose. The 5-county PRCSDA (Purchased and Referred Care Service Delivery Area—Swain, Jackson, Haywood, Graham, and Cherokee) (All races) age-adjusted unintentional poisoning mortality rate of 24.4% far exceeded that of North Carolina’s 13.7% rate from 2012-2016 reporting.

UNINTENTIONAL POISONING MORTALITY RATE								
Age-Adjusted Rate per 100,000 Population								
All Races	2009-2013		2010-2014		2011-2015		2012-2016	
	#	Rate	#	Rate	#	Rate	#	Rate
Cherokee	41	35.8	40	36.8	32	30.5	24	23.0
Graham	14	n/a	13	n/a	11	n/a	11	n/a
Haywood	60	23.5	60	23.1	64	23.4	77	27.2
Jackson	34	18.8	31	17.1	28	16.1	37	23.1
Swain	22	32.4	21	30.4	10	n/a	9	n/a
PRCSDA	171	27.6	165	26.9	145	23.3	158	24.4
NC	5,346	11.1	5,531	11.4	6,015	12.3	6,697	13.7

Unintentional Poisoning Mortality Rates per 100,000 [years as noted]. NC SCHS County Health Databook. <http://www.schs.state.nc.us/data/databook/>

Substance use diagnosis (excluding alcohol use) has gone up dramatically from 2013 to 2016. In 2013 there were 178 substance use/misuse diagnoses; in 2016 there were 393. Stimulants, such as Ritalin, have seen the largest increase in the EBCI area with 31 in 2013 to 175 in 2016.



From 2002 to 2014, there have been 131 deaths due to drug use. This accounts for 13.2% of all EBCI deaths. This rate is over 4% greater than that of the USET region.

Age at Death, Between 2002 - 2014	EBCI		USET Region	
	#	%	#	%
under 1 year old	1	0.8%	1	0.4%
1-14	0	0.0%	1	0.4%
15-24	21	16.0%	32	13.2%
25-34	17	13.0%	34	14.0%
35-44	22	16.8%	54	22.3%
45-54	42	32.1%	73	30.2%
55-64	21	16.0%	34	14.0%
65+	7	5.3%	13	5.4%
Total deaths due to substances	131	13.2%	242	8.1%
Total deaths due to all causes	990		2,972	

Understanding the Issue

Highlights from 2017 Tribal Community Health Survey:

- 16% of respondents selected “addiction and/or drug use” among their biggest concerns about the health of their family.
- 25% of respondents identified “personal, friend or family member’s addiction and/or drug use” among the top three things negatively impacting their own quality of life in the past month.
- 78% of respondents identified “drug and/or alcohol abuse” among the top issues most negatively affecting the health and well-being of the EBCI Tribal community.
- Of the of the 251 written comments received, 59 were aimed at substance use in the community. Below are a few of their responses.
 - “We need more concern over drug addiction.”
 - “Get rid of the drugs”
 - “Work on the rampant drug abuse.”
 - “More emphasis on the drug and alcohol issues facing the youth of the community.”

- “More concern over drug addiction.”
- “Help for people with addictions.”

Specific Populations At Risk

American Indians and Alaska Natives (AI/AN) have the highest rate of substance abuse compared to other races.⁵ Some of the reasons AI/AN have higher rates than other populations may include many tribes’ rural location, historical grief and trauma experienced by AI/AN, health and other services not congruent to AI/AN cultures, and high rates of poverty, unemployment, and homelessness.⁵

Health Resources available/needed

Cherokee Indian Hospital’s Analenisgi Recovery Center uses evidence-based practices including Cognitive Behavioral Therapy, Matrix Model, Seeking Safety, Motivational Interviewing, Narrative Therapy, Dialectical Behavioral Therapy, Trauma Informed Cognitive Behavioral Therapy, Parent Child Interactive Therapy, Child Parent Psychotherapy, and Anger Replacement Therapy. In addition to these, Analenisgi staff use several resources very helpful in Indian Country such as White Bison, The Red Road to Wellbriety, and works by noted Native American author Eduardo Duran.

Some of the services offered by Analenisgi include outpatient individual, group, and family therapy and a recovery center that offers classes and peer support, psychiatric evaluation, medication management assistance, and intensive outpatient substance abuse treatment. Analenisgi’s hours of operation are from 7:45am-4:30pm Monday through Friday. Analenisgi’s location and contact information is:

Location: 375 Sequoyah Trail. Cherokee, NC 28719

Phone: 828-497-9163 Ext. 7550

Fax: 828-497-6977

Unity Healing Center provides a long-term intensive residential treatment program for youth ages 13 to 18 years old that have had a diagnosis of substance abuse or dependence. They offer counseling services, education, cultural and spiritual programs, medical and dental care, and follow-ups and continuing care. The average length of stay is 80-90 days depending on needs. For more information, Unity Healing Center can be contacted at 828-497-3958, or visit their website at

<https://www.ihs.gov/Nashville/healthcarefacilities/unity/>

Public Health and Human Services’ Syringe Services Program is a community-based public health program for people who use drugs by injection. The program provides comprehensive harm reduction services such as providing participants with sterile syringes and clean injection equipment. Syringe service programs help to ensure that syringes and needles are disposed of safely therefore reducing the number of discarded syringes in our playgrounds, parks, and community gathering spaces.

Syringe Services offers syringes, safer injection supplies, biohazard/sharps containers, HIV and HCV testing and referrals for care, Naloxone by referral, safer injection education, referrals for drug treatment and medical care, community resources per request, and community syringe disposal.

Syringe Services goals are to provide a safe, non-judgmental environment for anyone participating in the program, and to develop meaningful relationships with our participants in hopes of nurturing the need to recover.

Syringe Services is open Monday, Thursday, and Friday from 11:00am to 5:30pm. Syringe Services location and contact information is:

Location: 174 John Crowe Hill Dr. Cherokee, NC 28719

Phone: 828-359-6879

Fax: 828-497-8178

References

1. http://www.who.int/topics/substance_abuse/en/
2. <https://www.cdc.gov/drugoverdose/epidemic/index.html>
3. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/north-carolina-opioid-summary>
4. <https://www.cdc.gov/media/releases/2018/p0306-vs-opioids-overdoses.html>
5. <https://www.ncbi.nlm.nih.gov/books/NBK83240/>